

RESEARCH DOSSIER: HIV PREVENTION FOR GIRLS AND YOUNG WOMEN JAMAICA

This Research Dossier supports the **Report Card on HIV Prevention for Girls and Young Women in Jamaica** produced by the International Planned Parenthood Federation (IPPF), under the umbrella of the Global Coalition on Women and AIDS, and with the support of the United Nations Population Fund (UNFPA) and Young Positives.

The Report Card provides an 'at a glance' summary of the current status of HIV prevention strategies and services for girls and young women ages 15-24 years in Jamaica. It focuses on **five cross-cutting prevention components**:

1. Legal provision
2. Policy context
3. Availability of services
4. Accessibility of services
5. Participation and rights

The Report Card also includes background information about the HIV epidemic and key policy, programmatic and funding **recommendations** to improve and increase action on this issue in Jamaica.

This Research Report is divided into two sections:

PART 1: DESK RESEARCH: This documents the extensive desk research carried out for the Report Card by IPPF staff and consultants based in the United Kingdom.

PART 2: IN-COUNTRY RESEARCH: This documents the participatory in-country research carried out for the Report Card by a local consultant in Jamaica. This involved:

- o Two **focus group discussions** with a total of 24 participants, 18 girls and young women and 6 boys, ages 15-24 years. The participants included girls, young women and boys who are: living with HIV; in/out-of-school; married with children; and living in urban and suburban areas.
- o Five **one-to-one interviews** with representatives of organisations providing services, advocacy and/or funding for HIV prevention for girls and young women. The stakeholders were: an advocate of a national PLWHA network; two United Nations agency representatives; a Chief Executive Officer of a family planning association; and a clinician of an STI treatment centre.
- o Additional **fact-finding** to address gaps in the desk research.



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Focus group discussion: 15-24 year olds

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One-to-one interview: Representative of an UN Agency

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Abbreviations

ARVs	Antiretrovirals
BCC	Behaviour Change Communication
CBOs	Community Based Organisations
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CIA	Central Intelligence Agency
CRC	Convention on the Rights of the Child
CSW	Commercial Sex Worker
FBOs	Faith-Based Organisations
FHI	Family Health International
GOJ	Government of Jamaica
IEC	Information, communication and education
ILO	International Labour Organisation
IPPF	International Planned Parenthood Federation
IWICC	Ionie Whorms Innercity Counselling Centre
JAS	Jamaica AIDS Support
JASL	Jamaica AIDS Support for Life
JHANSF	Jamaica HIV/AIDS/STI National Strategic Plan
JN+	Jamaica Network of Seropositives
M&E	Monitoring and Evaluation
MOH	Ministry of Health
MSC	Mustard Seed Communities
MSM	Men-who-have-Sex-with-Men
MTCT	Mother-to-Child Transmission
NAP	National HIV/STI Control Programme
NFPB	National Family Planning Board
NGOs	Non-Governmental Organisations
OIs	Opportunistic Infections
PIOJ	Planning Institute of Jamaica
PLHA	People living with HIV
PLWHA	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission
PSI	Population Services International
SRH	Sexual and Reproductive Health
STD	Sexually transmitted disease
STI	Sexually transmitted infection
UNAIDS	United Nations Program on AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
UNGASS	United Nations General Assembly
UNHCR	United Nations High Commissioner for Human Rights
UNICEF	United Nations Children's Fund
VCT	Voluntary, Counselling and Testing
VCCT	Voluntary Confidential Counselling and HIV Testing
WHO	World Health Organisation

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PART 1: DESK RESEARCH

COUNTRY PROFILE

- **Size of population:** 2.73 million (July 2005 estimate) (CIA – The World Factbook – Jamaica (2006) <http://www.odci.gov/cia/publications/factbook/print/jm.html>, (Date accessed 29/03/06))
- **Life expectancy at birth:** Total population: 73.33 years; male: 71.63 years; females: 75.12 years (2005 estimates) (CIA – The World Factbook – Jamaica (2006) <http://www.odci.gov/cia/publications/factbook/print/jm.html>, (Date accessed 29/03/06))
- **% of population under 15 (ages 0 – 14):** 27.5% (male 385,099/female 367,398) (CIA – The World Factbook – Jamaica (2006) <http://www.odci.gov/cia/publications/factbook/print/jm.html>, (Date accessed 29/03/06))
- **Population below income poverty line of \$1 per day and under \$2 per day:** under \$1 per day 2% in 2000 (The World Bank Group, Millennium Development Goals: Jamaica, http://ddp-ext.worldbank.org/ext/ddpreports/ViewSharedReport?REPORT_ID=1305&REQUEST_TYPE=VIEWADVANCEE (Date accessed 29/03/06)); under \$2 per day is 13.3% (from 1990-2003) (UNDP Human Development Reports 2005: Jamaica, <http://hdr.undp.org/statistics/data/indicators.cfm?x=245&y=1&z=1> (Date accessed 29/03/06))
- **Female youth literacy¹ (ages 15-24):** 97.8% (UNDP Human Development Reports 2005: Jamaica, <http://hdr.undp.org/statistics/data/indicators.cfm?x=245&y=1&z=1> (Date accessed 29/03/06))
- **Youth literacy rate (female rate as % of male rate, ages 15-24):** 107% UNDP Human Development Report (2005), Indicators: Gender Inequality in Education, <http://hdr.undp.org/statistics/data/indicators.cfm?x=246&y=1&z=1> (Date accessed 10/07/06)
- **Median age at first marriage for women (ages 25-49) in 2003:** No data available
- **Median age at first sex among females (ages 15-24)²:** 17 years (National Centre for Youth Development, Ministry of Education, Youth and Culture (2003) National Youth Policy: Jamaican Youth Shaping the World (2004), <http://www.moec.gov.jm/youth/YouthPolicy.pdf#search=jamaica%20national%20youth%20policy%20%20Jamaica%20national%20youth%20policy> (Date accessed 24/05/06))
- **Median age at first sex among males (ages 15-24):** 14 years (National Centre for Youth Development, Ministry of Education, Youth and Culture (2003) National Youth Policy: Jamaican Youth Shaping the World (2004), <http://www.moec.gov.jm/youth/YouthPolicy.pdf#search=jamaica%20national%20youth%20policy%20%20Jamaica%20national%20youth%20policy> (Date accessed 24/05/06))
- **Health expenditure per capita (2002):** \$234 (UNAIDS Country Profile: Jamaica, http://www.unaids.org/en/Regions_Countries/Countries/jamaica.asp (Date accessed 29/03/06))
- **Contraceptive prevalence³:** 66% (from 1995-2003) (UNDP, Human Development Reports 2005: Jamaica, <http://hdr.undp.org/statistics/data/indicators.cfm?x=99&y=1&z=1> (Date accessed 29/03/06))
- **Youth unemployment rate:** 34% total in 2000 (The World Bank Group, Millennium Development Goals: Jamaica, http://ddp-ext.worldbank.org/ext/ddpreports/ViewSharedReport?REPORT_ID=1305&REQUEST_TYPE=VIEWADVANCEE (Date accessed 29/03/06))
- **Maternal mortality rate:** 87 per 100,000 live births (for 2000) (UNDP, Human Development Reports 2005: Jamaica, <http://hdr.undp.org/statistics/data/indicators.cfm?x=99&y=1&z=1> (Date accessed 29/03/06))
- **Ethnic groups:** Black 90.9%, East Indian 1.3%, White 0.2%, Chinese 0.2%, Mixed 7.3%, Other 0.1% (CIA – The World Factbook – Jamaica (2006) <http://www.odci.gov/cia/publications/factbook/print/jm.html> (Date accessed 29/03/06))
- **Religions:** Protestant 61.3% (Church of God 21.2%, Baptist 8.8%, Anglican 5.5%, Seventh-Day Adventist 9% Pentecostal 7.6%, Methodist 2.7%, United Church 2.7%, Brethren 1.1%, Jehovah's Witness 1.6%, Moravian 1.1%), Roman Catholic 4%, other including some spiritual cults 34.7% (CIA – The World Factbook – Jamaica (2006) <http://www.odci.gov/cia/publications/factbook/print/jm.html> (Date accessed 29/03/06))
- **Languages:** English, patois English (CIA – The World Factbook – Jamaica (2006) <http://www.odci.gov/cia/publications/factbook/print/jm.html> (Date accessed 29/03/06))
- **Adult HIV prevalence rate (ages 15-49) in 2005:** 1.5% (range: 0.8% - 2.4%) (UNAIDS (2006) *2006 Report on Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 29/03/06))

¹ The percentage of people ages 15-24 who can, with understanding, both read and write a short, simple statement related to their everyday life.

² The age by which one half of young people ages 15-24 have had penetrative sex (median age).

³ The percentage of married women (including women in union) ages 15-49 who are using, or whose partners are using, any form of contraception, whether modern or traditional.

accessed 13/06/06))

- **HIV prevalence rate in females (ages 15-24) in 2005:** No data available (UNAIDS (2006) *Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 16.6.06))
- **HIV prevalence in males (ages 15-24) in 2005:** No data available (UNAIDS (2006) *Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 16/06/06))
- **Number of deaths due to AIDS in 2005 (adults and children):** 1,300 (range: 710 – 2200) (UNAIDS (2006) *2006 Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 13/06/06))
- **Number of women (ages 15-49) living with HIV in 2005:** 6,900 (range: 3,300 – 12,000) (UNAIDS (2006) *2006 Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 13/06/06))
- **Number of children living with HIV (ages 0-14) in 2003:** less than 0.5 in thousands (UNICEF HIV/AIDS Statistics Table 4, http://www.unicef.org/aids/files/SOWC06_Table4.pdf (Date accessed 29/03/06))
- **Estimated number of orphans by AIDS (ages 0-17) in 2005:** No data available (UNAIDS (2006) *2006 Report on the Global AIDS Epidemic*, http://data.unaids.org/pub/GlobalReport/2006/2006_GR_ANN2_en.pdf (Date accessed 13/06/06))

PREVENTION COMPONENT 1: LEGAL PROVISION (national laws, regulations, etc)

Key questions:

1. What is the minimum legal age for marriage?

- According to the Marriage Act in Jamaica, Under Section 3, No. 2, "A marriage solemnized between persons of either of whom is under the age of 16 shall be void." (Jamaica's The Marriage Act, p. 5, http://law.moj.gov.jm/laws_2005//volume_xiv-xvii/VolumeXVII/Marriage%20Act//Marriage%20Act.pdf (Date 29/03/06))

2. What is the minimum legal age for having an HIV test without parental and partner consent?

- Under section 4.4 Objective 4: Enabling policy regulatory and legislative environment:
 - Strategies: Reviewing existing policy guidelines and legislation to determine the current situations and gaps:
 - "Expand current policy guidelines facilitating access of contraceptives (including condoms) to sexually active minors (under 16 years) to include access to VCT and ARV services."

(Draft National HIV/AIDS Policy, Jamaica (2005) p. 22,

http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search

= 'National%20HIV%20Policy%20in%20Jamaica

(Date accessed 05/04/06))

3. What is the minimum legal age for accessing SRH services without parental and partner consent?

- According to Jamaica's Law Reform (Age of Majority), Under Section 8, Nos. 1 and 2, (1) Where a minor has attained the age of sixteen years his consent in respect of any surgical, medical or dental treatment to himself shall be as effective as it would have been if he were of full age; and where a minor has, by virtue of the provisions of this section given an effective consent in respect to such treatment, it shall not be necessary for consent to be obtained from the parent or guardian of that minor in respect to that treatment. (2) In this section, "surgical, medical or dental treatment" includes any procedure undertaken for the purposes of diagnosis in respect of any surgical, medical or dental matter and any procedure ancillary to any such surgical, medical and dental treatment. (Law Reform (Age of Majority), p. 6, [http://law.moj.gov.jm/laws_2005//volume_xiv-xvii/VOLUME%20XVI/The%20Law%20Reform%20\(Age%20of%20Majority\)%20Act//The%20Law%20Reform%20\(Age%20of%20Majority\)%20Act.pdf](http://law.moj.gov.jm/laws_2005//volume_xiv-xvii/VOLUME%20XVI/The%20Law%20Reform%20(Age%20of%20Majority)%20Act//The%20Law%20Reform%20(Age%20of%20Majority)%20Act.pdf) (Date accessed 29/03/06))
- "The Jamaican Ministry of Health amended its Reproductive Health Service Delivery Guidelines in

1999 to provide legal protection to health professionals who wanted to provide information or services to youth below the legal age of consent (16 years), many of whom are already sexually active.” (Boswell and Baggaley (2002) *Voluntary Counselling and Testing (VCT) and Young People*, http://www.usaid.gov/our_work/global_health/aids/TechAreas/docs/vctyouth.pdf (Date accessed 29/03/06))

- Table 3: Programs, Policies to Address the Needs of Adolescents:
 - Access to RH Services: Guidelines established for service provision for youth <16. (Women’s Centre of Jamaica Foundation, p. 57, [http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='ant enatal%20care%20protocol%20in%20jamaica'](http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='ant%20enatal%20care%20protocol%20in%20jamaica') (Date accessed 05/04/06))
- From the Final Draft National Youth Policy 2003:
Health
GOAL: “To foster an environment where young people embrace healthy lifestyles and enjoy optimum physical and mental health.”
“Review and revise existing legislation around youth health, such as the age of consent to sexual intercourse, marriage and for accessing health services.”
(National Centre for Youth Development, Ministry of Education, Youth and Culture (2003) National Youth Policy (Final Draft National Youth Policy 2003), [http://www.moec.gov.jm/youth/YouthPolicy.pdf#search='jamaica%20 national%20youth%20policy'%20%20-%20Jamaica%20national%20youth%20policy](http://www.moec.gov.jm/youth/YouthPolicy.pdf#search='jamaica%20national%20youth%20policy'%20%20-%20Jamaica%20national%20youth%20policy) (Date accessed 24/05/06))

4. What is the minimum legal age for accessing abortions without parental and partner consent?

- From Jamaica’s Abortion Laws. The Offences Against the Person Act. Attempts to Procure Abortion:

72. Every woman, being with child, who with intent to procure her own miscarriage, shall unlawfully administer to herself any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent; and whosoever, with intent to procure the miscarriage of any woman, whether she be or be not with child, shall unlawfully administer to her, or cause to be taken by her, any poison or other noxious thing, or shall unlawfully use any instrument or other means whatsoever with the like intent, shall be guilty of felony, and, being convicted thereof, shall be liable to be imprisoned for life, with or without hard labour.

73. Whosoever shall unlawfully supply or procure any poison or other noxious thing, or any instrument or thing whatsoever, knowing that the same is intended to be unlawfully used or employed with intent to procure the miscarriage of any woman, whether she be or be not with child, shall be guilty of a misdemeanour, and, being convicted thereof, shall be liable to be imprisoned for a term not exceeding three years, with or without hard labour.

(World Health Organization Health Legislation website, Jamaica Abortion Laws, <http://www3.who.int/idhl-rils/frame.cfm?language=english> (Date accessed 29/03/06))

- From Women of the World: Laws and Policies Affecting their Reproductive Lives: Latin America and the Caribbean: Legal Status of Abortion: “It is a felony for anyone to perform an abortion or for pregnant women to attempt to abort her foetus by using any instrument, poison, or other means with the intention of causing herself to miscarry. Where the abortion is performed by another person, the woman’s consent to the abortion is no defence... It is also a criminal offense to procure any poison or instrument for another person knowing that she/ he intends to use it for the purpose of performing an abortion,” (Centre for Reproductive Law and Policy (1997) *Women of the World: Laws and Policies Affecting their Reproductive Lives: Latin America and the Caribbean*, p. 134)
- From Women of the World: Laws and Policies Affecting their Reproductive Lives: Latin America and the Caribbean: Legal Status of Abortion: In 1975 the Ministry of Health in a Statement of Policy on Abortion made it “lawful for a registered medical practitioner acting in good faith to take steps to terminate the pregnancy of any woman if... he forms the opinion that the continuation of the pregnancy would be likely to constitute a threat to the life of the woman or inure to the detriment of her mental and physical health. The Statement of Policy called for the amendment for the Offences Against the Person Act (1864) in order to make ‘make clear when abortion would be

lawful in Jamaica' and 'to take steps to make rape carnal abuse and incest a lawful ground for abortion.' Despite this statement, Jamaica has not amended the Offences Against the Person Act. Legal abortions are performed both at government clinics and by private doctors. The government finances the service at public health facilities. A pregnant teenager under the age of 17 can obtain an abortion if she is accompanied by her parent and provides documentation proving her age. A woman who has been the victim of rape or incest can also obtain an abortion, but she must provide documented evidence of the crime that caused her pregnancy..." (Centre for Reproductive Law and Policy (1997) *Women of the World: Laws and Policies Affecting their Reproductive Lives: Latin America and the Caribbean*, pp. 134-135)

- From Table 1: Reproductive Health Rights (Part 3)
 - Measures to prevent and manage unsafe abortion: Abortion illegal; management of unsafe abortion is part of routine obstetric care in hospitals. (Women's Centre of Jamaica Foundation, p. 46. <http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20jamaica'> (Date accessed 04/05/06)

5. Is HIV testing mandatory for any specific groups (e.g. pregnant women, military, migrant workers, and sex workers)?

- "Employees living with HIV/AIDS may soon face less discrimination from employers as a result of the National HIV/AIDS Workplace policy document, which is being prepared for tabling in Parliament. It also deals with the fact that there is no justification for HIV/AIDS in screening for the purposes of exclusion from employment or work processes." (Brown, Ingrid, Ministry of Health: "HIV/Policy Document to Combat Discrimination" (2005) http://www.jis.gov.jm/health/html/20050226t10000-0500_4974_jis_hiv_aids_policy_document_to_combat_discrimination.asp (Date accessed 05/04/06))
- Section 3.3.7 Ten ILO Principles on HIV/AIDS and the World of Work "Non-screening for purposes of exclusion from employment or work process. HIV/AIDS screening should not be required of job applicants or persons in employment." (Draft National HIV/AIDS Policy, Jamaica (2005) p. 16, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica' (Date accessed 05/04/06))
- From Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006: Draft Logical Framework for the JHANSP: Activities: 1. Multi-sectoral response to the HIV/AIDS Epidemic: 1 (b).ii. Development, enactment, and presentation of regulations under the Public Health Act making provision for issues such as testing, partner notification, contact tracing, duty to treat, duty to warn, informed consent, confidentiality, counselling, experimental research, living conditions in prisons and other places of safety, universal precautions and compensation for health care workers (Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006, p. 15)

6. Is there any legislation that specifically addresses gender-based violence?

- The Jamaica Information Service reports the following: "Development Minister, Dr. Paul Robertson, has said that government was seeking to strengthen and implement appropriate legislation to reduce and eliminate gender-based violence....Dr Robertson....said that chief among the government's strategies was the recent ratification of the Inter-American Convention on the Prevention, Punishment and Eradication of Violence Against Women (Belem do Para)... "The ratification of this instrument speaks to the government's commitment to the fight against violence against women," the Development Minister said....(*Government Moves to Address Gender-Based Violence*, Kingston (JIS) (2005) http://www.jis.gov.jm/development/html/20051126t110000-0500_7461_jis_gov_t_moves_to_address_gender_based_violence.asp)
- Section 4.4 Objective 4: Enabling policy regulatory and legislative environment
 - Strategies: Amending legislation to minimize human rights violations:
 - Ensure that women and girls are protected against violence, including sexual violence, rape and other forms of coerced sex.
 - Access to prophylaxis, treatment, and effective recourse in event of coerced sex, including complaining mechanism, investigation and punishment. (Draft National HIV/AIDS Policy, Jamaica (2005) p. 23, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica' (Date accessed 05/04/06))
- From the Second periodic reports of States parties due in 1986: Jamaica, 07/03/97 to UNHCR for the ICCPR: Article 3

- 15. The Government has recognized that violence against women is an obstacle to the achievement of gender equality and the advancement of women. Steps taken to address this problem include the establishment of a Sexual Offences Unit in 1992, a Women's Crisis Centre, and increased public education and training.

(State Report on International Covenant on Civil and Political Rights to the United Nations High Commissioner on Human Rights (1997)

http://www.bayefsky.com/reports/jamaica_ccpr_c_42_add.15_1997.php (Date accessed 29/03/06))

- o The law defines statutory rape as any man having sexual relations with a young woman under the age of 16 years, resulting in a mandatory 5-year prison sentence. (McNeil, Pamela, Women's Centre, Jamaica: Preventing Second Adolescent Pregnancies by Supporting Young Mothers, from Family Health International's (FHI) YouthNET website
<http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/ProjectHighlights/womenscentrejamaica.htm> (Date accessed 24/05/06))
- o From Laws of Jamaica, Vol XIX: Nurses and Midwives Passport: The Offences Against the Person Act (1864): Rape, Abduction and Defilement of Women: Procuring defilement of girl under eighteen 1/1979: 45. "Whosoever shall, by false pretences, false representation, or other fraudulent means, procure any woman or girl under the age of eighteen years to have illicit carnal connection with any man, shall be guilty of a misdemeanour..." (Laws of Jamaica, Vol XIX: Nurses and Midwives Passport, p. 21)
- o Personating husband: "...By personating her husband, is or is not guilty of rape, it is hereby enacted and declared that every man so acting shall be deemed guilty of rape." (Laws of Jamaica, Vol XIX: Nurses and Midwives Passport, p. 21)
- o Defilement of female idiot or imbecile: "Any person who unlawfully and carnally knows or attempts to have unlawful carnal knowledge of any female idiot or imbecile woman or girl, under circumstances which do not amount to rape but which prove that the offender knew at the time of the commission of the offence that the woman or girl was an idiot or imbecile, shall be guilty of a misdemeanour..." (Laws of Jamaica, Vol XIX: Nurses and Midwives Passport, p. 21)
- o Carnally knowing girl under twelve 42/1963: "Whosoever shall unlawfully and carnally know and abuse any girl under the age of twelve years shall be guilty of a felony." Laws of Jamaica, Vol XIX: Nurses and Midwives Passport, p. 21)
- o Forcible abduction: Whosoever shall by force take away or detain, against her will any woman of any age, with intent to marry or carnally know her, or cause her to be married or carnally known by any other person, shall be guilty of felony..." (Laws of Jamaica, Vol XIX: Nurses and Midwives Passport, p. 25)
- o Table 4: Gender Equity, Equality and Empowerment: "Legal, administrative and policy measures to protect the rights of girls and women include: DV Act (1995), Incest Punishment Act, Family Property Act, Sexual Harassment Act (drafted); Child Care and Protection Act (draft)." (Women's Centre of Jamaica Foundation, p. 64,
<http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20jamaica'> (Date accessed 05/04/06))

7. Is there an AIDS Law – or equivalent – that legislates on issues such as confidentiality for testing, diagnosis, treatment, care and support?

- o No, but the Draft National HIV/AIDS Policy (April 2005) provides the following:
 - Under Section 4.2 Objective 2 – Treatment, care and support of person living with or affected by HIV:
 - "Special services include voluntary and confidential counselling and testing (VCT) services, which is undertaken with informed consent of the individual, and access to ongoing counselling is ensured. Currently VCT sites are established at all major health centres and at all antenatal clinics with over 90% of relevant staff trained in VCT. HIV testing has been decentralized with rapid testing introduced in peripheral clinics." (Draft National HIV/AIDS Policy, Jamaica (2005) p. 20,
http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica' (Date accessed 05/04/06))
 - "Employees living with HIV/AIDS may soon face less discrimination from employers as a result of the National HIV/AIDS Workplace policy document, which is being prepared for tabling in Parliament. The policy document is aimed at sensitizing and educating employers on the issues relating to the disease...The policy further addresses confidentiality, continuation of employment relationship, prevention, care, and support." (Brown, Ingrid (2005) Ministry of Health: HIV/Policy Document to Combat Discrimination', <http://www.jis.gov.jm/health/html/20050226t100000->

0500_4974_jis_hiv_aids_policy_document_to_combat_discrimination.asp (05/04/06))

- Section 4.0 The Way Forward: *"The National HIV/AIDS Policy will help to create the supportive environment for the: "Development, enactment and dissemination of legislation addressing human rights, including issues of employment, education, access to care, housing, transportation; discrimination in all its forms including on the basis of sex and disability; protection of HIV infected persons in schools, workplaces and the health care system."* (National HIV/AIDS Policy, Jamaica, May 2005, p. 16,
http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search=National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 25/05/06))
- 3.3.7 Ten ILO Principles on HIV/AIDS and the World of Work: Confidentiality: "There is no justification for asking job applicants or workers to disclose HIV related personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. Access to personal data relating to worker's HIV status should be bound by the rules of confidentiality consistent with the ILO's code of practice on the protection of worker's personal data, 1997." (National HIV/AIDS Policy, Jamaica, May 2005, p. 14)

8. Is there any legislation that protects people living with HIV/AIDS, particularly girls and young women, from stigma and discrimination at home and in the workplace?

- "Employees living with HIV/AIDS may soon face less discrimination from employers as a result of the National HIV/AIDS Workplace policy document, which is being prepared for tabling in Parliament. The policy document is aimed at sensitizing and educating employers on the issues relating to the disease. According to the Policy Advocate and Technical Officer with the National HIV/STD Control Programme, Faith Hamer, ... "there should be no discrimination in terms of perceived or real HIV status'. Another key principle deals with gender equality, healthy work environment, and social dialogues which means developing an environment for trust and dialogue on the issue among management and employees...It also aims at contributing to the reduction of HIV transmission at the worksite and to the reduction of HIV/AIDS related stigma and discrimination through continuous education, training and involvement of persons living with HIV/AIDS". The policy paves the way for appropriate legislation so that employers can be aware that no one worker who is HIV positive or perceived to be HIV positive should be discriminated or stigmatized. (Brown, Ingrid (2005) Ministry of Health: *HIV/Policy Document to Combat Discrimination*,
http://www.jis.gov.jm/health/html/20050226t100000-0500_4974_jis_hiv_aids_policy_document_to_combat_discrimination.asp (Date accessed 05/04/06))
- From Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006: Time to Care, Time to Act, Ministry of Health: Gaps in the national response: Policy, legal protections and support for HIV infected persons are not well developed; Discrimination and stigmatisation have not been systematically addressed (Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006, pp. 11-12)
- From Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006: Draft Logical Framework for the JHANSP: Activities: 1. Multi-sectoral response to the HIV/AIDS Epidemic: 1(b) Legal and Policy Framework for the Protection of Human Rights of PLWHA and Those Affected by HIV/AIDS: 1 (b).i. "Development , enactment, and dissemination of legislation addressing HIV human rights, including issues of employment, education, access to care, housing, transportation, and discrimination in all forms including sex and disability discrimination, protection of HIV infected persons in schools, workplaces and the health care system..." (Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006, p. 12)
- From The Sunday Gleaner, June 11, 2006, article titled, *Anti-discrimination laws coming for HIV/AIDS*: "Law firm, McNeil and MacFarlane, commissioned by the National HIV/STI Control Programme, has made a number of recommendations to reform existing legislation in an effort to improve protection of human rights of people living with the disease. The law firm has made 11 recommendations to amend existing laws and establish new ones to help treat HIV/AIDS related issues in schools and workplace and other public and private institutions. The recommendations were made based on a review of international conventions and treaties pertaining to HIV/AIDS and human rights. Among the recommendations are calls for amendments tot the Public Health Act to redefine the term communicable diseases' so HIV is not seen as an air borne infection, and also a repeal of the buggery law under the Offences Against the Person Act to reduce the incidence of discrimination based on sexual orientation... The law firm also points out that there is need for correlation of both the Public Health Act and Child Care and Protection Act to protect the right to privacy as it relates to HIV/AIDS of both the victim and the perpetrator in cases where a sexual offence has been committed..." (The Sunday Gleaner (2006) *Anti-discrimination laws*

coming for HIV/AIDS)

- From The Sunday Gleaner, June 18, 2006, article titled, *In the House: Constitutional protection for People living with HIV/AIDS*: "...Chairman of the Joint Select Committee, said the proposed bill did not ensure that persons' health care rights are protected. The bill (Charter of Rights Bill) in its present form does not guarantee the right of access to health care, neither does (it) provide for protection against discrimination on grounds of health or disability... In a submission to the House, the AIDS Committee proposed that the bill be amended to include that persons have the rights to health... The group is also proposing that the right to free tuition at the primary level should be included in the Charter of Rights Bill..." (The Sunday Gleaner (2006) *In the House: Constitutional protection for People living with HIV/AIDS*, p. A7)
- There is recognition of non-discrimination and gender equality in the Draft National HIV/AIDS Policy (April 2005) as follows (from Section 3.3.7 Ten ILO Principles on HIV/AIDS and the World of Work)
 - "Non-discrimination. In the spirit of decent work and respect for the human rights and dignity of persons infected or affected by HIV/AIDS, there should be no discrimination against workers on the basis of real or perceived HIV status. Discrimination and stigmatization of people living with HIV/AIDS inhibits efforts aimed at promoting HIV/AIDS prevention.
 - Gender equality. The gender dimensions of HIV/AIDS should be recognized....Therefore, more equal gender relations and the empowerment of women are vital to successfully prevent the spread of HIV infection and enable women to cope with HIV/AIDS." (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 16, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica' (Date accessed 05/04/06))

9. Are sex workers legally permitted to organise themselves, for example in unions or support groups?

- Section 4.0 The Way Forward. Under Section 4.1 Objective 1 'Prevention of new HIV infections', "... commercial sex work is illegal in Jamaica" (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 18, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica')
- The Draft National HIV/AIDS Policy (April 2005) states that: "*Commercial sex workers have a responsibility for protecting themselves, their clients and their sexual partners from the risk of HIV infection. They should have access to peer education training, condoms, condom-use and condom negotiation skills, VCT and proper diagnosis and treatment of STIs. More user-friendly clinics should be established and sustained to improve the non-threatening access of CSWs to prevention information, skills and services.*" (Draft National HIV/AIDS Policy, Jamaica, April 2005, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica' (Date accessed 25/05/06))

10. Are harm reduction methods for injecting drug users (such as needle exchange) legal?

- From Laws of Jamaica: Vol VII: Dangerous Drugs- Drug Offences: Drug Court (Treatment and Rehabilitation of Offenders) Act: "A person referred to the Drug Court under section 6 or brought before it pursuant to section 7 shall be assessed by an approved treatment provider who shall make a recommendation to the Drug Court as to the person's suitability for participation in a prescribed treatment programme and shall furnish to the Court, a plan of that programme." (Laws of Jamaica: Vol VII: Dangerous Drugs- Drug Offences: Drug Court (Treatment and Rehabilitation of Offenders) Act , p. 6)

Discussion questions:

- **Which areas of SRH and HIV/AIDS responses are legislated for?**
- **What are the biggest strengths, weaknesses and gaps in legislation in relation to HIV prevention for girls and young women?**
 - The law defines statutory rape as any man having sexual relations with a young woman under the age of 16 years, resulting in a mandatory 5-year prison sentence. (McNeil, Pamela, Women's Centre, Jamaica: Preventing Second Adolescent Pregnancies by Supporting Young Mothers, from Family Health International's (FHI) YouthNET website <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/ProjectHighlights/womenscentreamai.ca.htm> (Date accessed 24/05/06))

- **Is action taken if laws are broken (e.g. if a girl is married below the legal age)?**
 - In regards to the National HIV/AIDS policy, Faith Hamer, the Policy Advocate and Technical Officer with the National HIV/STD Control Programme, states that “For those employers that continue to discriminate...there will be nothing in the policy to address taking action against such employers. This issues she says will have to be dealt with in the legislation.” (Brown, Ingrid, Ministry of Health: “HIV/Policy Document to Combat Discrimination”, March 1, 2005, http://www.jis.gov.jm/health/html/20050226t100000-0500_4974_jis_hiv_aids_policy_document_to_combat_discrimination.asp (Date accessed 05/04/06))
 - The law defines statutory rape as any man having sexual relations with a young woman under the age of 16 years, resulting in a mandatory 5-year prison sentence. (McNeil, Pamela, Women's Centre, Jamaica: Preventing Second Adolescent Pregnancies by Supporting Young Mothers, from Family Health International's (FHI) YouthNET website <http://www.fhi.org/en/Youth/YouthNet/Publications/FOCUS/ProjectHighlights/womenscentrejamaica.htm> (Date accessed 24/05/06))
- **Is there any specific legislation for marginalised and vulnerable groups⁴? If yes, is the legislation supportive or punitive? And what difference does it make to people's behaviours and risk of HIV infection?**
- **To what extent are 'qualitative' issues – such as confidentiality around HIV testing – covered by legislation?**
- **How much do girls and young women know about relevant legislation and how it relates to them? Are there any initiatives to raise awareness about certain laws?**
- **Overall, how is relevant legislation applied in practice? What are the 'real life' experiences of girls and young women? What difference does it make to their vulnerability to HIV infection?**
- **How do the effects of legislation vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PREVENTION COMPONENT 2: POLICY PROVISION (national policies, protocols, guidelines, etc)

Key questions:

11. Does the current National AIDS Plan address the full continuum of HIV/AIDS strategies, including prevention, care, support and treatment?

- Jamaica's Draft National HIV/AIDS Policy completed on April 2005 states that the policy is based on four specific objectives: (1) Prevention of new HIV infections; (2) Treatment, care and support for persons living with and affected by HIV/AIDS; (3) Mitigation of the socio-economic impact of HIV/AIDS; (4) Ensuring a supportive policy, regulatory and legislative environment. (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 4, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica')
- From The National AIDS Committee Parish AIDS Association Bi-Annual Workshop Report, Mrs. Ruth Jankee, Executive Director of the NAC of the National AIDS Committee stated that the priorities of the National HIV/STI Control Programme for 2005-2006 includes the following: “increasing universal access to anti-retroviral treatment, promoting and protecting legal, ethical and human rights of PLWHA, increasing multi-sectorial response, increasing HIV/AIDS policies and programmes in private sector and strengthening PAA to implement effective base responses, etc.” (Final Draft National Youth Policy 2003), <http://www.moec.gov.jm/youth/YouthPolicy.pdf#search='jamaica%20national%20youth%20policy'>

⁴ Examples include: people living with HIV/AIDS, sex workers, injecting drug users, migrant workers, refugees and displaced people, street children, school drop-outs, lesbians and ethnic minorities.

12. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of girls and young women?

- The Draft National HIV/AIDS Policy (April 2005) contains some specific language that addresses the needs of girls and young women, particularly women, adolescents and youth. There is mention of the following:
 - “Gender sensitive approaches must be adopted to maximise the effects of these messages within the context of prevailing social and cultural norms. This is especially important since female adolescents in the age group of 15 to 19 are particularly vulnerable because of reported transactional and coercive relationships with older men;
 - “Increasing condom use and strengthening condom negotiation skills among women and other vulnerable populations”;
 - “Promote Voluntary Counselling and Testing (VCT) for HIV, with appropriate pre and post-test counselling, ensuring improved access to vulnerable groups including adolescents and youths”;
 - “Strengthening the Prevention of Mother to Child (Vertical) Transmission (PMTCT) including the promotion of universal VCT for pregnant women, access to ARV treatment, counselling and optimal infant feeding options.” (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 19, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

13. Does the National AIDS Plan specifically address the HIV prevention and SRH needs of marginalised and vulnerable groups, including people who are living with HIV/AIDS?

- The Draft National HIV/AIDS Policy (April 2005) refers to ‘Most Vulnerable Groups’:
 - “To affirm the rights of persons living with and affected by HIV/AIDS and the rights of those most vulnerable to HIV/AIDS through an environment that:
 - Reduces HIV/AIDS related stigma and discrimination.
 - Improves access to condoms, prevention, information and skills, ARV and other treatment for opportunistic infections (OI), infant formula, VCT and family and community support.
 - includes increased access to affordable ARV for persons, including children, living with HIV/AIDS (PLWHA) and the provision of optimal infant feeding counselling and options for babies born to HIV positive mothers.”
 - Adolescent and Youth have the right to knowledge of HIV modes and transmission and prevention methods of abstinence, mutual faithfulness and consistent condom use. They have the right to participate as a key resource during policy and programme development, implementation and evaluation and given the opportunity to voice their concerns about strategies and interventions developed for them.
 - Street & Working Children have the right to HIV prevention knowledge and skills including abstinence, condom-use, and to treatment, care and support, protection from statutory rape, sexual assault and VCT.
 - Commercial sex workers have a responsibility for protecting themselves, their clients and their sexual partners from the risk of HIV infection. They should have access to peer education training, condoms, condom-use and condom negotiation skills, VCT and proper diagnosis and treatment of STIs. More user-friendly clinics should be established and sustained to improve the non-threatening access of CSWs to prevention information, skills and services.
 - Men Who Have Sex With Men. MSM should have the right of access to prevention, knowledge, skills and services and to treatment, care and support within a non-threatening environment.
 - Inmates should not be denied the right to access, prevention knowledge, skills and services and voluntary counselling and testing...” (Draft National HIV/AIDS Policy, Jamaica, April 2005, pp. 13, 19, 26-7, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

14. Does the National AIDS Plan emphasise confidentiality within HIV/AIDS services?

- There is a clause in the Draft National HIV/AIDS Policy (April 2005) under Section 3.3.7 Ten ILO Principles on HIV/AIDS and the World of Work:
 - Confidentiality. There is no justification for asking job applicants or workers to disclose HIV-related

personal information. Nor should co-workers be obliged to reveal such personal information about fellow workers. Access to personal data relating to a worker's HIV status should be bound by the rules of confidentiality consistent with the ILO's code of practice on the protection of workers' personal data, 1997. (Draft National HIV/AIDS Policy, Jamaica, April 2005, pp. 17, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

- The Draft National HIV/AIDS Policy states the following:
 - "Special services include voluntary and confidential counselling and testing (VCT) services, which is undertaken with informed consent of the individual, and access to ongoing counselling is ensured. Currently, VCT sites are established at all major health centres and at all antenatal clinics with over 90% of relevant staff trained in VCT. HIV testing has been decentralized with rapid testing introduced in peripheral clinics."
(Draft National HIV/AIDS Policy, Jamaica (2005) pp. 19-21, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

15. Does the national policy on VCT address the needs of girls and young women?

- The Draft National HIV/AIDS Policy (April 2005) contains the following clauses:
 - "Expanding VCT access outside of the traditional public health sector to other authorized entities within other sectors to ensure greater coverage of men, young people and other vulnerable groups.
 - Promote Voluntary Counselling and Testing (VCT) for HIV, with appropriate pre and post-test counselling, ensuring improved access to vulnerable groups including adolescents and youths;
 - Strengthening the Prevention of Mother to Child (Vertical) Transmission (PMTCT) including the promotion of universal VCT for pregnant women, access to ARV treatment, counselling and optimal infant feeding options.
 - Under Section 4.4 Objective 4: Enabling policy regulatory and legislative environment, Strategies include: "Reviewing existing policy guidelines and legislation to determine the current situation and gaps: Expand current policy guidelines facilitating access of contraceptives (including condoms) to sexually active minors (under 16 years) to include access to VCT and ARV services. (Draft National HIV/AIDS Policy, Jamaica, April 2005, pp. 19-22, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

16. Does the national protocol for antenatal care include an optional HIV test?

- 2.2.2 The National Response: "The prevention of mother to child transmission programme has grown from its pilot phase to a countrywide undertaking requiring universal Voluntary Counselling and Testing (VCT) for all pregnant women with access to ARV and infant formula." (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 11, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

17. Does the national protocol for antenatal care include a commitment that any girl or young woman testing HIV positive should automatically be offered PMTCT services?

- 2.2.2 The National Response: "The prevention of mother to child transmission programme has grown from its pilot phase to a countrywide undertaking requiring universal Voluntary Counselling and Testing (VCT) for all pregnant women with access to ARV and infant formula." (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 11, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

18. Is there a national policy that protects the rights and needs - including HIV prevention, SRH services, employment opportunities and education - of young women or girls at risk or affected by early marriage?

19. Is HIV prevention within the official national curriculum for both girls and boys?

- Section 2.0 Introduction, 2.1 Background and Purpose of the Policy: "For school age children not yet infected, HIV/AIDS issues have not been adequately incorporated into the formal education system. Although a Health and Family Life Education (HFLE) curriculum and a Management Policy for HIV/AIDS in Schools exist, policy direction is needed to help educators own their responsibility in preparing young people as sexual beings." (Draft National HIV/AIDS Policy, Jamaica, April 2005, p.

5,

http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

- Section 4.4 Objective 4: Enabling policy regulatory and legislative environment
 - Strategies: "Incorporate appropriate reproductive and sexual health education into the early childhood, primary and secondary school curricula for all students and school personnel and ensure that similar reproductive and sexual education is made accessible to youth out of school to protect them from HIV and other STIs." (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 23, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

20. Is key national data about HIV/AIDS, such as HIV prevalence, routinely disaggregated by age and gender?

- The Jamaica HIV/AIDS Indicators Country Report 1999-2000, disaggregates certain HIV/AIDS information by gender, but not age. (Jamaica HIV/AIDS Indicators Country Report 1999-2000, http://www.measuredhs.com/hivdata/reports/start.cfm?LoadingDisplay=0&Ctry=151&sttype_id=&showIndicators=all&Survey_Pop_Based=&char_type=all&char_urban=0&char_age=0&char_ed=0&report_action=view (Date accessed 04/-5/06))
- The National AIDS Committee Jamaica, Facts and Figure: HIV/AIDS, the epidemic is documented by year (from 1982 to 2003) and disaggregated by gender, age and area. (National AIDS Committee Jamaica, Facts and Figure: HIV/AIDS, http://www.nacjamaica.com/aids_hiv/facts_figures.htm (Date accessed 04/05/06))

Discussion questions:

- **To what extent are relevant bodies – such as the Ministry of Education, NGO networks, religious organisations, etc – engaged in policy-making around HIV prevention for girls and young women?**
- **To what extent do those bodies work in partnership or in isolation? What areas of HIV prevention responses (e.g. behaviour change, counselling, treatment, home-based care) have national protocols or guidelines?**
 - 2.2.2 The National Response: "The National HIV/STI Control Programme has responded to the epidemic since 1986.....Since then, the national programme has been improving the technical, managerial and implementation capacity of key players in government and civil society. Over this time frame, the national programme has enhanced the planning, management and implementation capacity of its partners at national, regional and parish levels. The programme has collaborated with other public sector partners, private sector, civil society including faith based organisations (FBOs), community-based organisations (CBOs) and regional and international bodies. This partnership has resulted in a participatory approach to the components of surveillance, laboratory services, the syndromic management and treatment of STIs, voluntary counselling and testing (VCT), prevention of mother-to-child transmission (PMTCT), a prevention programme utilizing the strategy of behaviour change communication (BCC), condom social marketing and training, research, monitoring and evaluation.)..." "...outreach has been expanded in 2002 to include the Ministry of Labour and Social Security, the Ministry of Industry and Tourism, the Ministry of Development and Sport, and the Ministry of National Security." (Draft National HIV/AIDS Policy, Jamaica, April 2005, pp. 9-10, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 04/05/06))
 - A report on "Measuring the Degree to Which the Policy Environment in Jamaica Supports Effective Policies and Programs for Adolescent Reproductive Health: 2002 Round", a total of 44 out of 60 respondents participated in this survey between November and December 2002. "Analysis of the 2002 Expanded PES data provides evidence of improvements in the degree to which the policy environment in Jamaica is supportive of effective reproductive health policies and programs for adolescents. While not a perfect instrument, the Expanded ARH PES provides a measure that is useful for evaluating the changing status of the policy environment and reflects the initiatives that have been undertaken in the past few years to improve ARH in Jamaica. The government and donors have recognized the need among adolescents for reproductive health information and services. Evidence of this recognition is seen in:
 - The MOH's *Strategic Framework for Reproductive Health 2000-2005* where adolescents are noted as a primary target group for reproductive health services (MOH, 2000).

- o Donor funding has increasingly been targeted to ARH activities.
 - o The USAID-funded project Youth.now is being implemented in a number of parishes in J Jamaica.
 - o Two working groups—one co-chaired by the MOH and the Planning Institute of Jamaica (PIOJ) and another of Parliamentarians—are addressing policy issues related to ARH.
 - o The 1999 *Jamaica Family Planning Service Delivery Guidelines* (MOH and NFPB, 1999) includes a chapter on serving adolescents. Still, the Expanded ARH PES for 2002 was 58 percent, up only 7 percentage points from 2001 indicating that the policy environment for adolescents, as measured by both the expanded and the original set of items for the seven components, has much room for improvement.
(Wynter, Newton, Karen Hardee and Pauline Russell-Browne (2003) *The Policy Environment Score (PES) – Measuring the Degree to Which the Policy Environment in Jamaica Supports Effective Policies and Programs for Adolescent Reproductive Health: 2002 Round*, http://www.policyproject.com/pubs/countryreports/JAM_PES2003.pdf (Date accessed 24/05/06))
- **To what extent do those protocols address the needs of girls and young women, including those that are marginalised and vulnerable?**
 - o 2.2.2 The National Response: “Approval of a National Plan of Action for Orphans or Other Children Made Vulnerable by HIV/AIDS (2003-2006)” (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 9, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 04/05/06))
 - **What does school-based sex education cover? Does it help to build young people’s confidence and skills, as well as knowledge?**
 - **To what extent do policies help to reduce stigma and discrimination? For example, do they encourage people to stop using derogatory language or ‘blaming’ specific groups for HIV/AIDS?**
 - o Section 4.0 The Way Forward: “The National HIV/AIDS Policy will help to create the supportive environment for the: “Development, enactment and dissemination of legislation addressing human rights, including issues of employment, education, access to care, housing, transportation; discrimination in all its forms including on the basis of sex and disability; protection of HIV infected persons in schools, workplaces and the health care system.” (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 19, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 04/05/06))
 - o Section 4.2 Objective 2 – Treatment, care and support of person living with or affected by HIV. Strategies: “Implementing public education campaigns so that every person has access to accurate information regarding HIV/AIDS treatment including where and how to access treatment, care and support. Anti-stigma and behaviour change components will be infused to ensure that myths are dispelled and risk reduction behaviours are simultaneously promoted.” (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 21, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 04/05/06))
 - **To what extent are different areas of policy provision – such as for HIV/AIDS and antenatal care – integrated or isolated?**
 - o From the Draft National HIV/AIDS Policy, 2.2.2 The National Response: “Through universal antenatal screening and a system of contact investigation, rates of syphilis have declined....Health facilities are now more equipped to handle the syndromic management of STIs, contact tracing and treatment; and the laboratory infrastructure has improved. An HIV/AIDS tracking system and behavioural surveillance are also in place.” (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 10, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 04/05/06))
 - o From the Final Draft National Youth Policy 2003:
Health
GOAL: “To foster an environment where young people embrace healthy lifestyles and enjoy

optimum physical and mental health.”

PRIORITY TARGET GROUPS

- Youth at risk of early pregnancy, substance misuse, HIV and other STIs
- Younger and under-served rural youth
- Youth in institutional care
- Adults (parents, teachers, health care providers) influential in young people’s lives and responsible for the implementation of youth focused health activities

STRATEGIC OBJECTIVES

1. “To create through advocacy networks, a supportive policy environment that fosters positive health outcomes.
 - Review and revise existing legislation around youth health, such as the age of consent to sexual intercourse, marriage and for accessing health services
 - Support the review of legislation on penalties around drug, weapons, violence and sexual offences against youth.
 - Support the establishment of youth-focused advocacy coalitions to promote positive youth policies.”
2. “To provide spaces and opportunities to increase participation
 - By supporting the participation of young people in planning and the process of making decisions about their own futures;
 - By creating opportunities for young men and women to participate in statutory, private and voluntary boards and organisations at the decision-making level
 - By facilitating inter-island, regional and international youth exchange opportunities.
 - Through programmes and activities aimed at recognizing youth who have achieved.
 - By endorsing the use of sports as an avenue to foster increased participation, develop leadership skills and build character.”
3. “To enhance cultural dynamism through enhanced opportunity for creative expression and unique Jamaican talents.
 - By advocating for the development of localized and comprehensive cultural development spaces
 - Through programmes and activities aimed at supporting and recognizing youth who have an interest in cultural development.
 - Through support for after-school programmes focusing on values and attitudes, sports, culture etc.”

EMPOWERMENT & PARTICIPATION

“GOAL: To foster a culture that allows for the full participation of youth in the social, spiritual, economic and political processes of the society.”

PRIORITY TARGET GROUPS

- Youth not affiliated
- Youth with disabilities
- Youth infected and affected by HIV/AIDS

STRATEGIC OBJECTIVES

1. “To enhance the capacities of young people to participate in societal processes
 - Through support for programmes to build capacity of young people to participate in societal processes;
 - By strengthening programmes for mentorship and volunteerism among youth, and;
 - By promoting the development of mechanisms to allow youth greater access to information and opportunities to express their perspectives and have input into planning and decision-making.”
2. “To provide spaces and opportunities to increase participation
 - By supporting the participation of young people in planning and the process of making decisions about their own futures;
 - By creating opportunities for young men and women to participate in statutory, private and voluntary boards and organisations at the decision-making level;
 - By facilitating inter-island, regional and international youth exchange opportunities;
 - Through programmes and activities aimed at recognizing youth who have achieved;
 - By endorsing the use of sports as an avenue to foster increased participation, develop

leadership skills and build character.”

3. “To enhance cultural dynamism through enhanced opportunity for creative expression and unique Jamaican talents.
 - By advocating for the development of localized and comprehensive cultural development spaces;
 - Through programmes and activities aimed at supporting and recognizing youth who have an interest in cultural development;
 - Through support for after-school programmes focusing on values and attitudes, sports, culture etc.”

(National Centre for Youth Development, Ministry of Education, Youth and Culture (2003) National Youth Policy (Final Draft National Youth Policy 2003),
<http://www.moec.gov.jm/youth/YouthPolicy.pdf#search=jamaica%20national%20youth%20policy%20%20-%20Jamaica%20national%20youth%20policy> (Date accessed 24/05/06))

- **What policy measures exist in relation to consent, approval and confidentiality? For example, can girls and young women access services such as VCT without having to notify their parents and/or partner? And are they informed of their right to confidentiality?**
 - Section 4.0 The Way Forward - The National HIV/AIDS Policy will help to create the supportive environment for the: “Development, enactment and presentation of regulations under the Public Health Act making provision for issues such as testing, partner notification, contact tracing, duty to treat, duty to warn, informed consent, confidentiality, counselling, experimental research, living conditions in prisons an other places of safety, universal precautions and compensation of health care workers.” (Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 10,
http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search=National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))
- **Overall, how are relevant policies applied in practice? What are the ‘real life’ experiences of girls and young women? How much do they know about them and how they relate to them? What difference do these policies make to their vulnerability to HIV infection?**
 - From the National Youth Policy 2003:
Health, Sexual Activity and Childbearing
“Adolescence and young adulthood are generally a healthy time of life. Health problems specific to youth include anaemia, which affects one in five youth, and suicide, whose rate doubled between 1996 and 1998. Violence and accidents which affect males disproportionately are the leading cause of illness and death among adolescents and older youth...The median age at sexual debut for females has apparently changed little in Jamaica over the past three decades, remaining virtually constant at slightly over 17 years. Males start sexual activity earlier than females, with some studies showing that half of males have had sexual intercourse by age 14. For many young Jamaicans, sexual activity is coercive, with one in four 15 to 19 year-olds reporting being forced to have sex at least once in their lives. Most older youth are currently involved in a sexual relationship, and about one-third of males ages 15 to 24 have multiple sexual partners...HIV prevalence among youth 15 to 24, roughly 1 percent, is still relatively low compared to the regional average of over 2 percent. However, the majority of AIDS cases occur in the 20 to 39 age group, meaning most people are infected with HIV as adolescents and young adults. Moreover, the risk of an escalating epidemic is high. Adolescents and young adults also suffer disproportionately from other sexually transmitted infections (STIs). While knowledge of sources of treatment for sexually transmitted infections is high, perception of individual risk and use of preventative methods is significantly lower. Almost one in five women ages 15 to 19 have an unmet need for pregnancy prevention. Moreover, over three out of every four pregnancies among 15 to 24 year-old women are unplanned.” (p. 17-18)

 - Violence, Crime and Physical and Sexual Abuse
“Violence, both in the community and within the home, is an unfortunate feature of Jamaican society. Youth both contribute to this violence and are victims of it. About 15 percent of students ages 10 to 18 carry a weapon to school. Fourteen percent of boys and 5 percent of girls have been stabbed or shot in a fight, and 8 percent of all adolescents have been knocked unconscious as a result of a fight. One in six adolescents belong to a gang at some point during their youth. Meanwhile, youth are arrested, jailed, and murdered at twice the rate of the general population.

Over 400 youth are in Juvenile Correctional facilities with another large percentage in the general correctional services. A category of violence to which young people are particularly vulnerable is physical and sexual abuse, which affects roughly one in ten youth.” (p. 18)

(National Centre for Youth Development, Ministry of Education, Youth and Culture (2003) National Youth Policy (Final Draft National Youth Policy 2003),
<http://www.moec.gov.jm/youth/YouthPolicy.pdf#search='jamaica%20national%20youth%20policy%20%20-%20Jamaica%20national%20youth%20policy> (Date accessed 24/05/06))

- **How do the effects of policies vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PREVENTION COMPONENT 3: AVAILABILITY OF SERVICES⁵ (number of programmes, scale, range, etc)

Key questions:

21. Is there a national database or directory of SRH and HIV/AIDS services for young people?

- Section 6.0: Monitoring, Evaluation and Review of the Policy: Specific activities include: “establishing a national HIV/AIDS data management system with linkages to other national data collections systems.” (National HIV/AIDS Policy, Jamaica (2005) p. 25)

22. How many SRH clinics or outlets are there in the country?

- From Table 6.4: Reproductive Health and Family Planning:
 - The number of public service delivery points in 2000 was 366.
- From Table 6.5: Other Reproductive Health Indicators:
 - Centre with sexual and reproductive health services for adolescents:
 - 0 in 1990 and 10 in 2000
 - Service Delivery Points offering 3 or more RSH services: 320 in 2000 (Women’s Centre of Jamaica Foundation,
<http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20jamaica'> (Date 05/04/06))

23. At how many service points is VCT available, including for young women and girls?

- The Draft National HIV/AIDS Policy states the following:
 - “Special services include voluntary and confidential counselling and testing (VCT) services, which is undertaken with informed consent of the individual, and access to ongoing counselling is ensured. Currently, VCT sites are established at all major health centres and at all antenatal clinics with over 90% of relevant staff trained in VCT. HIV testing has been decentralized with rapid testing introduced in peripheral clinics.
 - Promoting Voluntary Counselling and Testing VCT for HIV, with appropriate pre and post-test counselling, ensuring improved access to vulnerable groups including adolescents and youths.
 - Expanding VCT access outside the traditional public health sector to other authorized entities within other sectors to ensure greater coverage of men, young people and other vulnerable groups.”(Draft National HIV/AIDS Policy, Jamaica (2005) pp. 19-21,
http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%20AIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

24. Are male and female condoms available in the country?

- From Table 1: Reproductive Health Rights (Part 2)

⁵ (Refers to the full range of SRH and HIV/AIDS services relevant to girls and young women. These include antenatal care, STI information and treatment, HIV prevention, condoms, VCT and other counselling, positive prevention, treatment of opportunistic infections, care and support, treatment (including ARVs), skills building, economic development, etc).

- Expanded contraceptive choice including female condom and emergency contraception: Emergency contraception (since 2003) and female condoms available (Women's Centre of Jamaica Foundation, p. 40

[http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenat al%20care%20protocol%20in%20jamaica'](http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenat+al%20care%20protocol%20in%20jamaica') (Date accessed 05/04/06))

o Section 4.1 Objective 1: Prevention of new HIV infections

- "Ensuring access to male and female condoms for the prevention of the sexual transmission of HIV." (Draft National HIV/AIDS Policy, Jamaica (2005) p. 19,

http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%20Policy%20in%20Jamaica' (Date accessed 05/04/06))

o From a Situation Assessment Report Youth in Jamaica, 2001:

Finding: *Most sexually active youth use contraception, with condoms as the most popular method.*

Overall contraceptive use in Jamaica (66 percent of women in union in 1997) is high and has steadily increased over the past two decades. Rates of use for youth are also high. 14 As figure 14 shows, 71 percent of female youth and 80 percent of male youth report using contraception with their last sexual partner. For females, this percentage was unchanged from 1993; men report a significant increase in contraceptive use from 68 percent in 1993 (NFPB 1999b). Another encouraging trend is in the use of contraception at first intercourse. Although still low, it is rising. Among young women, use of contraception at first intercourse increased from 40 percent in 1987 to 56 percent in 1997; in young men the increase was from 11 percent to 31 percent (NFPB 1999b). The choice of current method is significantly different for males and females. Male youth were most likely to report using a condom with their last partner (61 percent), while females were equally likely to report having used either a condom or the oral pill (27 percent for each method). Very few youth reported using other methods such as the IUD, diaphragm, spermicide, or implant. Use of contraception by women in union ages 15 to 19 (59 percent) is lower than among older women (between 66 and 68 percent) (NFPB 1999a).

Policy and Program Implications: Programs need to maintain and continue to increase relatively high levels of contraceptive use by youth. Special attention needs to be placed on raising the proportion of youth who use a method the first time they have sex. Further, programs should redouble efforts to promote the already-popular condom—currently the only method that provides protection against both pregnancy and disease transmission. Programs also need to make condoms more affordable, because cost remains a barrier for many youth. According to one study of sexually active boys and girls in Grades 7 and 8 (aged 10-15), of those not using a condom at last sex, over 90 percent report the reason for non-use as "can't afford them" (sourced from Hope Enterprises 2000).

(Aleph, S.A., *FOCUS on Young Adults Program, Pathfinder International POLICY II Project, Futures Group International (2002) Situation Assessment Report Youth in Jamaica, 2001, National Centre for Youth Development Ministry of Education, Youth, and Culture, Jamaica,* http://www.policyproject.com/pubs/countryreports/JAM_sitassess.pdf (Date accessed 19/05/06))

o A report from The National AIDS Committee Parish AIDS Association Bi-Annual Workshop Report:

Mrs. Ruth Jankee, Executive Director of the National AIDS Committee presented at this workshop on the National Response to HIV/AIDS in Jamaica Progress and Challenges: "More creative means are being employed as part of the prevention strategies, for example, the installation of condom dispensing machines at strategic places, such as: Margaritaville in Montego Bay, The University of the West Indies (UWI) and The University of Technology (UTECH). Condom dispensing machines are also located in other areas across the island. She further stated that the challenge is to get these machines in as many locations as possible and in areas where they are easily accessible to the general public."

(The National AIDS Committee (2005) Parish AIDS Association Bi-Annual Workshop Report, http://www.nacjamaica.com/NAC_BIANNUAL_REPORT_2005.pdf (Date accessed 24/05/06))

25. Is a free HIV test available to all pregnant girls and young women who wish to have one?

o From the National AIDS Committee Jamaica HIV/STI Helpline website: It states that "The cost of the test varies but is usually cheaper at public clinics." NGOs, such as Jamaica AIDS Support, offer free testing, pre and post test counselling, to folks with incomes under JA\$1000 (National AIDS Committee Jamaica, HIV/STI Helpline, http://www.nacjamaica.com/aids_hiv/tests.htm (Date 05/04/06))

o "Strengthening the Prevention of Mother to Child (Vertical) Transmission (PMTCT) including the promotion of universal VCT for pregnant women, access to ARV treatment, counselling and optimal infant feeding options." (Draft National HIV/AIDS Policy, Jamaica (2005) p.19,

[**26. At how many service points are PMTCT services \(such as nevirapine\) available for pregnant girls or young women who are HIV positive?**](http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica%20(05/04/06)'>http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (05/04/06)</p></div><div data-bbox=)

- “Strengthening the Prevention of Mother to Child (Vertical) Transmission (PMTCT) including the promotion of universal VCT for pregnant women, access to ARV treatment, counselling and optimal infant feeding options.” (Draft National HIV/AIDS Policy, Jamaica (2005) p.19, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

27. At how many service points are harm reduction services for injecting drug users available?

- No data available.

28. Are there any specific national projects (such as camps, conferences, and training courses) for boys/girls and young people living with HIV/AIDS?

- From National Policy for HIV/AIDS Management in Schools: Statements of Intent 5: Education on HIV/AIDS 5.1: “A continuing Health and Family Life (HFLE) and HIV/AIDS education programme must be implemented at all schools and institutions for all students and school personnel...” (National Policy for HIV/AIDS Management in Schools (2001) pp. 12-13)
- From the National Youth Policy: Participation and Empowerment: Strategic Objectives 1: To enhance the capacities of young people to participate in societal processes: “By promoting the development of mechanisms to allow youth greater access to information and opportunities to express their views and have input into planning and decision-making.” (National Youth Policy: Jamaican Youth Shaping the World (2004) p. 31)
- From the National Youth Policy: Participation and Empowerment: Strategic Objectives 2: To provide spaces and opportunities to increase participation: “To institutionalize parochial and national leadership organisations and forums.” (National Youth Policy: Jamaican Youth Shaping the World (2004) p. 31)

29. At how many service points are ARVs available to people living with HIV/AIDS?

- The “3X5” Campaign for ARV treatment reports that in Jamaica the estimated number of people aged 0-49 in need of ARV therapy in 2005, was 2,600. In that year, 1,358 by August. By December, there was 56% coverage. (World Health Organisation (WHO) and United Nations AIDS Programme (UNAIDS) Treat 3 Million by 2005 (2006) *Progress on Global Access to HIV Antiretroviral Therapy: A Report on “3X5” and Beyond* (Date accessed 05/04/06))
- Section 2.2.2: The National Response: “The prevention of mother to child transmission programme has grown from its pilot phase to a countrywide undertaking requiring universal Voluntary Counselling and Testing (VCT) for all pregnant women with access to ARV and infant formula.” (National HIV/AIDS Policy, Jamaica (2005) p. 9)
- Section 4.2 Objective 2: Treatment, care and support of persons living with or affected by HIV infections: Background: “A partnership has been formed with the National Health Fund (NHF) to monitor the distribution of ARV drugs to pharmacies and clients. Private sector access to ARV drugs is being facilitated through Drug Serve pharmacies... This arrangement allows for the provision of ARV drugs to patients at reduced prices.” (National HIV/AIDS Policy, Jamaica (2005) p. 19)
- Section 4.3: Objective 3: Mitigating the socio-economic impact: Strategies: “Treating as the utmost priority the rapid scale up of universal access to ARV drugs for PLWHA.” (National HIV/AIDS Policy, Jamaica (2005) p. 20)

30. Are there specific positive prevention services, including support groups, for young women and girls living with HIV/AIDS?

- “To strengthen mechanisms for the treatment, care and support of persons living with and affected by HIV/AIDS through a policy and legal framework and enabling environment that:
 - Includes increased access to affordable ARV for persons, including children, living with HIV/AIDS (PLWHA) and the provision of optimal infant feeding counselling and options for babies born to HIV positive mothers.”
- “To affirm the rights of persons living with and affected by HIV/AIDS and the rights of those most vulnerable to HIV/AIDS through an environment that:
 - Reduces HIV/AIDS related stigma and discrimination.
 - Improves access to condoms, prevention information and skills, ARV and other treatment for

opportunistic infections (OI), infant formula, VCT and family and community support.”
(National HIV/AIDS Policy, Jamaica, May 2005, pp. 11-12,
http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 25/05/06))

Discussion questions:

- **What scale and range of HIV prevention services is available for girls and young women? For example, do programmes go beyond ‘ABC’ strategies? Do programmes cover social issues (e.g. early marriage)?**
- **To what extent are SRH, HIV/AIDS and broader community services integrated and able/willing to provide referrals to each other? For example, could most SRH clinics refer a girl testing HIV positive to a support group for people living with HIV/AIDS?**
 - Section 4.1 Objective 1 Prevention of new HIV infections. “Ensuring improved access to all services – education, counselling, partner disclosure, referral, condom access, STI treatment and syndromic management.” (Draft National HIV/AIDS Policy, Jamaica (2005) p. 19,
http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date 05/04/06))
 - In a report titled, “Youth in Jamaica: Meeting their Development Needs”, under the sections:

Health Demand for Services

Youth face a variety of different health-related problems such as early sexual debut, coercive sex, risk of acquiring HIV and other STIs, unmet need for contraception, unwanted pregnancy, and drug abuse.

Supply of Services

A relatively small number of programmes in the YPI are focused on health. Just over 10 percent of the programmes represented in the YPI are focused on health and little over 15 percent of the organisations registered in the YPI report health as their primary mandate. Involvement in health programmes appears to be fairly cross-sectoral with minimal involvement from private sector and particularly religious organisations. Twenty percent of the NGOs included in the YPI report that health is their organisation’s primary mandate. Health programmes do not appear to be youth focused. Rather, health programmes serve people from a broad age range that also includes youth. The age distribution within the group of youth beneficiaries of health programmes also appears to be evenly spread. The geographic distribution of health programmes is highly uneven. Four parishes—Hanover, St. Catherine, St. Elizabeth, and Trelawny—have no health programmes. Meanwhile, over 60 percent of health programmes are concentrated in just two parishes, St. Andrew and Kingston. The distribution of beneficiaries appears to be almost evenly distributed across male and female adolescents. Human and financial resources for youth-serving organisations are about average for those listed in the YPI. Organisations reporting a health mandate appear to have low rates of youth participation in their programmes, perhaps partly because their programmes are not youth focused.

Gaps and Recommendations

This analysis of the demand and supply of health-related services for youth suggests that:

- Health programmes need to increase their efforts to target younger adolescents in order to prevent problems such as early sexual debut, coercive sex, and drug abuse. At present, health-related programmes do not appear to target younger adolescents.
- Programmes should be implemented in the parishes currently lacking health services for youth.
- Further, it may be useful to encourage religious institutions to get involved in health programmes. Although religious organisations may be currently involved in dealing with the underlying issues surrounding health problems, few of the programmes implemented by religious organisations focus on health issues. Since a large proportion of youth in Jamaica attends church regularly, religious organisations have

(Aleph, S. A. (2002) FOCUS on Young Adults Program, Pathfinder International POLICY II Project, Futures Group International, Youth in Jamaica: Meeting Their Development Needs, National Centre for Youth Development Ministry of Education, Youth, and Culture, Jamaica,

- **To what extent are HIV prevention services available through 'non-traditional' outlets (e.g. religious organisations, youth clubs)?**
- **Are there community programmes on gender awareness/dialogue for girls/boys and young women/men? Do they explore power differences and social 'norms' for sexual behaviour? Is there mentoring, peer support and economic development that targets females?**
 - Table 4: Gender Equity, Equality and Empowerment
 - Attitudes to women as equals instilled in boys and men's support for women's rights: Bureau of Women's Affairs: Sensitisation workshops in schools; Ministry of Education: Development of teaching material for schools; women's organisations and men's group 'Fathers Incorporated' conduct workshops with men in communities; Women's Centre Foundation: 'Young Men at Risk' workshops for young fathers (17-25 years), early intervention programmes for youth (10-18 years).
 - Male responsibility for reproductive health: Education programs: HIV/AIDS and STD safe sex campaigns: Ministry of Health in collaboration with 'Sound System Association': 'safe sex dances': recordings to advocate condom use and safe sex; National Family Planning Board (NFPB): promotion of FP; Bureau of Women's Affairs: sensitization programs for both sexes.
 - (Women's Centre of Jamaica Foundation,
<http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search=antenatal%20care%20protocol%20in%20jamaica> (Date 05/04/06))
 - From a report titled, "The Policy Environment for Male Youth in Jamaica: Findings from a Pilot of the Gender Equitable Male Involvement (GEMI) Tool" (2005):
Descriptions of Selected Programming and Initiative
Please note that the below short descriptions of selected male involvement programming (identified by stakeholders) are provided to give a snapshot of efforts across sectors.

Programming related to reproductive health and healthcare services

The Ministry of Health. The MOH has addressed male involvement primarily through selected efforts to increase men's presence in reproductive health and maternal health programs. The Policy Planning Unit focuses on policies that include men in programs delivering services to women and children in maternal and child health. For example, the ministry has made a concerted effort to increase men's involvement in antenatal care. To date, implementation barriers include a lack of physical infrastructure to accommodate men at labour and delivery and a lack of staff required to support additional communication and interaction with male partners.

The MOH's Policy Planning Unit, with the POLICY Project, has also developed the *Strategic Framework for Reproductive Health within the Family Health Program, 2000-2005* that includes comprehensive strategies for men. However, respondents feel that its strategy for reaching men has not yet translated from paper into practice. More recently, the MOH initiated a campaign to educate men about their risks of prostate cancer. MOH stakeholders described their programs as combining the approaches of male involvement, including family planning, men and family planning, and male equality, with some elements of gender equity in their reproductive health approach.

The National Family Planning Board (NFPB). The NFPB focuses on increasing men's responsibility for reproductive healthcare and increasing their access to services and information. It also focuses on educating men, including young men, on adopting healthier behaviours in the workplace. Past efforts include a UNFPA and NFPB co-sponsored March 15, 2001, conference entitled "Performance, Manpower, and Sexuality." Although the NFPB has sought to include a gender equity approach, respondents noted a gap between this ideal and what has been achieved in practice.

Youth.now. Youth.now programs aim to improve quality and access to reproductive healthcare services for youth, improve youths and providers' knowledge and skills related to reproductive healthcare and STI/HIV, and develop an enabling policy environment for adolescent reproductive health. Their interventions related to developing master trainers among community leaders in particular include a focus on reaching men—one of the five groups of trainers recently trained was comprised of men and their training examined relationships between masculinity, sexuality, and health. Some of these male trainers have positions as sports coaches, which again seems to be a promising venue for reaching young men. Past efforts for increasing male involvement include staff participation in the young men's Summer 2002 conference in Brasil; they are now looking toward incorporating aspects of the Project H curriculum (focused on young men's masculinity) into their

programming. Youth.now also supported a literature review on young men in Jamaica titled "Male Survivability," by Herbert Gayle (2002a), and a retrospective assessment of the Women's Centre of Jamaica Foundation's program for teen fathers (Gayle 2002b). Youth.now feels its programming currently follows the male equality framework, with the gender equity framework as a goal.

Women's programs with a focus on male involvement

The Women's Centre of Jamaica Foundation. To reach young men, the Women's Centre has established programming designed to support young men who are fathers of their young women clients. Their programming for young men includes the following: counselling for the "baby-father" and parents of teen mothers; skills training for young men (as well as women) in the 17–25 age group; and a continuing education and counselling program, "Young Men at Risk," which includes education and job placement help and reproductive health information. The centre uses the gender equity in reproductive health approach to male involvement. For example, it promotes women and men's rights by increasing women's access to education and offering legal services to young men respectively. The centre is one of the few programs in Jamaica that has fully implemented this approach.

FAMPLAN – "Brothers for Change." FAMPLAN is an International Planned Parenthood Federation (IPPF) affiliate located in St. Ann's Bay, with a branch in Kingston. FAMPLAN's programming includes a focus on gender based violence (GBV) and, in particular, a pilot program in collaboration with the Ministry of Justice for domestic violence offenders. The pilot, called "Brothers for Change," offers men the option of participating in the GBV program and attending meetings, and in addition, has a male group that meets once a month and is part of the International Men's Group in Trinidad. The FAMPLAN pilot has used the gender equity in reproductive health approach. Through educating men about women's health and bodies, as well as reflecting on their own socialization and opportunities for change, the program promoted gender equity and respect for reproductive rights, gender equality, and child rights. Although the program was supposed to be adopted and replicated throughout the court system, program funding was not available after the pilot due to the court-appointed officers' lack of interest. Note that FAMPLAN identified the pilot program for GBV as embracing a gender equity approach; however, in their main clinic programming they noted that although they would like to move toward a gender equity approach, their programming still largely follows the men and family planning and gender equality approaches.

The Women's Bureau. The bureau sees its mandate as addressing gender and thus seeks to understand how gender affects men as well as women. Its current community-level programming focuses on women's economic empowerment. The bureau is also reviewing the legislative framework to see how it affects gender (not just women's issues). This review may help to inform policy efforts related to male involvement. The Women's Bureau sees its work as philosophically consistent with the gender equity in reproductive health framework; however, how the bureau can help transform commitment into programming on the ground is currently an open question.

Male-serving organisations and programs

Fathers Incorporated. Professor Barry Chevannes established Fathers Incorporated in 1991 to support and help men become better parents. Many stakeholders pointed to Fathers, Inc. as the premier male-serving organization and key agenda setter for placing the importance of male involvement on Jamaica's agenda. Due to timing constraints, Fathers, Inc. was not reachable for an interview but is a key stakeholder to include in future dialogue.

Other community organisations. Stakeholders mentioned other groups involved in providing programming to young men through vocational training, after school programs, and peer support. Programs identified included HEART (Human Employment & Resource Training) Trust, an NGO that provides vocational training to school leavers and seeks internship employment for their qualified graduates; and the YMCA, which has a program for out-of-school youth, and through a Youth.now grant, offers counselling and other services to young men. Some respondents also mentioned that the police may be working with young men through their youth clubs. The interviewers did not reach these programs during the pilot interviews, but they should be included in future dialogue.

Organisations promoting policy dialogue

The Planning Institute of Jamaica (PIOJ). The PIOJ held a series of three community fora in Spring and Summer 2002 to highlight the importance of involving Jamaican men in reproductive and sexual healthcare and of addressing young men's needs in education. At the time of this assessment, the PIOJ was planning a conference with the theme "Challenging Masculinities: Gender, History, Education, and Development." The PIOJ describes its male involvement

programming as striving to create a platform for a gender-equity approach. *The United Nations Population Fund (UNFPA)*. UNFPA is familiar with the different male involvement approaches and programs in Jamaica, and at the time of this assessment, they were planning a 2002–2007 strategy to be modelled on the gender equity in reproductive health approach. With the NFPB, UNFPA cosponsored the 2001 conference “Performance, Man-power, and Sexuality.” (Eckman, Anne, Lute Kazembe, Kathy McClure and Karen Hardee (June 2005) *The Policy Environment for Male Youth in Jamaica: Findings from a Pilot of the Gender Equitable Male Involvement (GEMI) Tool*, pp. 9-11, http://www.policyproject.com/pubs/countryreports/GEMI_Pilot_Jam.pdf (Date accessed 24/05/06))

- **How available is prevention information and support for girls and young women living with HIV/AIDS?**
- **How available are HIV prevention ‘commodities’ (e.g. condoms)? How are they distributed?**
 - The Draft National HIV/AIDS Policy for Jamaica: “Ensuring access to male and female condoms for the prevention of the sexual transmission of HIV.” (Draft National HIV/AIDS Policy, Jamaica (2005) p. 19, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date 05/04/06))
- **How much do girls and young women know about the availability of services, such as where to get condoms or ARVs?**
- **Overall, what does the availability of HIV prevention services mean in practice? What are the ‘real life’ experiences of girls and young women? What difference do these services make to their vulnerability to HIV infection?**
- **How do the effects of availability vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PREVENTION COMPONENT 4: ACCESSIBILITY OF SERVICES (location, user-friendliness, affordability, etc)

Key questions:

31. Are all government HIV prevention and SRH services equally open to married and unmarried girls and young women?

- Under 3.0 Vision, Objectives and Guiding Principles, Section 3.2 Specific Objectives: “Increases access to prevention strategies and interventions to promote abstinence, mutual monogamy, consistent condom use and voluntary counselling and testing (VCT).” (p. 13)
 - Under 4.1 Objective 1 – Prevention of new HIV infections: “Ensuring improved access to all services – education, counselling, partner disclosure, referral condom access, STI treatment and syndromic management.” (p. 19)
 - Under 4.1 Objective 1 – Prevention of new HIV infections:
 - “Promoting Voluntary Testing and Counselling (VCT) for HIV, with appropriate pre and post-test counselling, ensuring improved access to vulnerable groups including adolescents and youths.” (p. 19)
 - “Expanding VCT access outside the traditional public health sector to other authorized entities within other sectors to ensure greater coverage of men, young people and other vulnerable groups.” (p. 21)
 - “Strengthening the Prevention of Mother to Child (Vertical) Transmission (PMTCT) including promoting universal VCT for pregnant women, access to ARV treatment, counselling and optimal feeding options.” (p. 19)
- (Draft National HIV/AIDS Policy, Jamaica (2005) pp. 13, 19-21, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))
- From Table 1: Reproductive Health Rights (Part 2): Reduce maternal mortality and morbidity: Special adolescent antenatal clinics

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(Women's Centre of Jamaica Foundation, p. 40, <http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20jamaica'> (Date accessed 05/04/06))

- From the Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006: Draft Logical Framework for the JHANSP: Activities: 3. Reduced transmission of new HIV infections: 3 (b) STI Prevention and Control: 3 (b).iii. Promotion of youth friendly health facilities. (Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006, p. 16)
- From the Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006: Output 2 (b): Affordable condoms accessible to sexually active men, women and young persons: Objective: To achieve consistent use of condoms in 90% of non-regular partner sexual activity and 85% at last sex by sexually active adult men and women during the past year: Strategies: To ensure condoms are accessible and affordable to sexually active men, women and young persons; To develop interventions to target specific and difficult to access population groups; To encourage community based condom distribution through peer educators; To ensure availability of condoms to sexually active inner-city youth, prisoners on day release, PLWHA and partners. (Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006, pp. 22-23)
- From the Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006: Output 3 (b): Improved STI Prevention and Control: Strategies: To promote the development of youth friendly health facilities in order to improve service to young people. (Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006, p. 23)

32. Are all government HIV prevention and SRH services equally open to girls and young women who are HIV positive, negative or untested?

- Under 3.0 Vision, Objectives and Guiding Principles, Section 3.2 Specific Objectives: "Increases access to prevention strategies and interventions to promote abstinence, mutual monogamy, consistent condom use and voluntary counselling and testing (VCT)." (p. 13)
 - Under 4.1 Objective 1 – Prevention of new HIV infections:
 - "Ensuring improved access to all services – education, counselling, partner disclosure, referral condom access, STI treatment and syndromic management." (p. 19)
 - "Promoting Voluntary Testing and Counselling (VCT) for HIV, with appropriate pre and post-test counselling, ensuring improved access to vulnerable groups including adolescents and youths." (p. 19)
 - "Expanding VCT access outside the traditional public health sector to other authorized entities within other sectors to ensure greater coverage of men, young people and other vulnerable groups." (p. 21)
 - "Strengthening the Prevention of Mother to Child (Vertical) Transmission (PMTCT) including promoting universal VCT for pregnant women, access to ARV treatment, counselling and optimal feeding options." (p. 19)
 - "Integrates the participation of people living with HIV and AIDS (PLWHA) and other vulnerable groups into on-going prevention interventions." (p. 19)
 - "Reduces the vulnerability of those most at risk of HIV/AIDS." (p. 19)
- (Draft National HIV/AIDS Policy, Jamaica (2005) pp. 13, 19, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica' (Date accessed 05/04/06))
- From Table 1: Reproductive Health Rights (Part 2): Reduce maternal mortality and morbidity: Special adolescent antenatal clinics (Women's Centre of Jamaica Foundation, p. 40, <http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20jamaica'> (Date accessed 05/04/06))

33. Are VCT services free for girls and young women?

- From the National AIDS Committee Jamaica HIV/STI Helpline website: "*The cost of the test varies but is usually cheaper at public clinics.*" NGOs, such as Jamaica AIDS Support, offer free testing, pre and post test counselling, to people with incomes under JA\$1000. (National AIDS Committee Jamaica, HIV/STI Helpline, http://www.nacjamaica.com/aids_hiv/tests.htm (Date accessed 05/04/06))

34. Are approximately equal numbers of females and males accessing VCT services?

- Population requesting an HIV test, receiving a test and receiving test results (from HIV/AIDS

Behavioural Surveillance Survey Jamaica for In-School Youths, 1999-2000). Definition: The percent of respondents who have ever voluntarily requested an HIV test, received the test and received their results.

Females ages: 15-19 – 6% Males ages: 15-19 – 6%

- o Population requesting an HIV test, receiving a test and receiving test results (from HIV/AIDS Behavioural Surveillance Survey Jamaica for Out-of-School Youths, 1999-2000). Definition: The percent of respondents who have ever voluntarily requested an HIV test, received the test and received their results.

Females ages: 15-19 – 10% Males ages: 15-19 – 6%

(HIV/AIDS Indicators Country Report: Jamaica 1999/2000, Program Area 5: Voluntary Counselling and Testing,

http://www.measuredhs.com/hivdata/reports/start.cfm?LoadingDisplay=0&Ctry=151&stype_id=&showIndicators=all&Survey_Pop_Based=&char_type=all&char_urban=1&char_age=1&char_ed=1&report_action= (Date accessed 20/03/06))

35. Are STI treatment and counselling services free for all girls and young women?

- o From Ministry Paper #6 - HIV/AIDS National Strategic Plan 2002-2006: Objectives: (iii) Prevention: To reduce the rate of new HIV infections by 25% by 2005, especially in the age group of 15-24 years: c. To reduce Mother to Child Transmission by 50 % by 2005: to improve access to Voluntary Confidential Counselling and HIV Testing (VCCT) for all pregnant women; To empower women to have control over and decide freely and responsibly on matters related to their sexuality, in order to reduce their vulnerability to HIV infection; To strengthen capacities of Health Care Workers in public and private sector to provide services to prevent HIV transmission from mother to child including care and counselling through workshops, seminars and materials development; to strengthen capacities of the HIV + mother and her family to access care and support services, including parenting skills, HIV prevention skills and services to reduce the impact of the virus. (Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006, p. 4)
- o From Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006: Draft Logical Framework for the JHANSP: Activities: 4. Improved Access and Quality of Care for Persons Living with HIV/AIDS: Develop and disseminate standardised counselling curricula for both clinical and non-clinical setting; Develop and disseminate guidelines for ethical partner notification that protect confidentiality and informed consent, and clearly outline the limited circumstances under which it may take place; Training of contact investigators, public health workers, nurses, NGO based personnel, school based personnel and other in HIV counselling; Universal VCCT in STI and antenatal clinics; Promote and foster ethical VCCT by NGOs, especially those that target high risk populations through training and capacity building. (Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006, p. 17)
- o From the Report to Cabinet on the Decision of the Human Resources Council Meeting No. 33/03: Policy Guidelines for Health Providers Regarding Contraceptives for persons under 16 years old: "The Human Resources Council was asked to consider policy guidelines aimed at addressing the controversial issue of how to provide medical advice and assistance to adolescents who were engaging in sexual behaviours and were at risk for unwanted pregnancies or contracting sexually transmitted infections. The policy guidelines would: a) establish a standard to address the provision of medical advice and services to adolescents; b) sanction the provision of reproductive health advice, counselling and services by health professionals to individuals under the age of 16 who are already engaged in sexual behaviour, and therefore at risk for pregnancy or sexual transmitted infections. After consideration, the Human Resources Council: i) approved the policy guidelines as recommended, with the amendment to provide for the policy to relate to other professionals and guidance counsellors in schools and not just health professionals; ii) noted that counselling could be defined to include information on gender based violence and gender relations; and iii) noted that the training of health professionals needed to include gender sensitizations in order to confront their on biases and sex stereotyping attitudes... The Cabinet noted the decision of the Human Resources Council and the report made by the Minister, and ratified the decision of the Human Resources Council." (Report to Cabinet on the Decision of the Human Resources Council Meeting held on September 15, 2003)

36. Are condoms free for girls and young women within government SRH services?

- o From a Situation Assessment Report Youth in Jamaica, 2001:
Finding: Most sexually active youth use contraception, with condoms as the most popular method. Overall contraceptive use in Jamaica (66 percent of women in union in 1997) is high and has

steadily increased over the past two decades. Rates of use for youth are also high.14 As figure 14 shows, 71 percent of female youth and 80 percent of male youth report using contraception with their last sexual partner. For females, this percentage was unchanged from 1993; men report a significant increase in contraceptive use from 68 percent in 1993 (NFPB 1999b). Another encouraging trend is in the use of contraception at first intercourse. Although still low, it is rising. Among young women, use of contraception at first intercourse increased from 40 percent in 1987 to 56 percent in 1997; in young men the increase was from 11 percent to 31 percent (NFPB 1999b). The choice of current method is significantly different for males and females. Male youth were most likely to report using a condom with their last partner (61 percent), while females were equally likely to report having used either a condom or the oral pill (27 percent for each method). Very few youth reported using other methods such as the IUD, diaphragm, spermicide, or implant. Use of contraception by women in union ages 15 to 19 (59 percent) is lower than among older women (between 66 and 68 percent) (NFPB1999a).

Policy and Program Implications: Programs need to maintain and continue to increase relatively high levels of contraceptive use by youth. Special attention needs to be placed on raising the proportion of youth who use a method the first time they have sex. Further, programs should redouble efforts to promote the already-popular condom—currently the only method that provides protection against both pregnancy and disease transmission. Programs also need to make condoms more affordable, because cost remains a barrier for many youth. According to one study of sexually active boys and girls in Grades 7 and 8 (aged 10-15), of those not using a condom at last sex, over 90 percent report the reason for non-use as “can’t afford them” (sourced from Hope Enterprises 2000).

(Aleph, S.A., FOCUS on Young Adults Program, Pathfinder International POLICY II Project, Futures Group International (2002) *Situation Assessment Report Youth in Jamaica, 2001*, National Centre for Youth Development Ministry of Education, Youth, and Culture, Jamaica, http://www.policyproject.com/pubs/countryreports/JAM_sitassess.pdf (Date accessed 19/05/06))

- o From the Report to Cabinet on the Decision of the Human Resources Council Meeting No. 33/03: Policy Guidelines for Health Providers Regarding Contraceptives for persons under 16 years old: “The Human Resources Council was asked to consider policy guidelines aimed at addressing the controversial issue of how to provide medical advice and assistance to adolescents who were engaging in sexual behaviours and were at risk for unwanted pregnancies or contracting sexually transmitted infections. The policy guidelines would: a) establish a standard to address the provision of medical advice and services to adolescents; b) sanction the provision of reproductive health advice, counselling and services by health professionals to individuals under the age of 16 who are already engaged in sexual behaviour, and therefore at risk for pregnancy or sexual transmitted infections. After consideration, the Human Resources Council: i) approved the policy guidelines as recommended, with the amendment to provide for the policy to relate to other professionals and guidance counselors in schools and not just health professionals; ii) noted that counselling could be defined to include information on gender based violence and gender relations; and iii) noted that the training of health professionals needed to include gender sensitizations in order to confront their on biases and sex stereotyping attitudes... The Cabinet noted the decision of the Human Resources Council and the report made by the Minister, and ratified the decision of the Human Resources Council.” (Report to Cabinet on the Decision of the Human Resources Council Meeting held on September 15, 2003)

37. Are ARVs free for all girls and young women living with HIV/AIDS?

- o The Draft National HIV/AIDS Policy for 2005, only mentions “Includes increased access to affordable ARV for persons, including children, living with HIV/AIDS (PLWHA)...” (Draft National HIV/AIDS Policy, Jamaica (2005) p. 13, http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))
- o From Ministry Paper 90/05: The National HIV/AIDS Programme: 3. Prices of ARV drugs “Jamaica played a leadership role in lobbying pharmaceutical manufacturing companies in order to get reduced prices for ARV drugs in the Caribbean. This resulted in a modest reduction in the prices of a few ARV drugs... With the entry of generic ARV drugs in the market place, prices for many products have decreased significantly...” (Ministry Paper 90/05: The National HIV/AIDS Programme, p. 3)
- o From Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006: Output 4 (a): Improved access to and quality of care and support for persons infected with of affected by HIV: Strategies: To foster and support collaboration and partnership with drug manufacturers, multilateral agencies and

distributors nationally, regionally and internationally to secure high quality low cost anti-AIDS drugs, perhaps through the linkages of access to treatment with participation in research initiatives. (Jamaica HIV/AIDS/STI National Strategic Plan, 2002-2006, p. 25)

38. Are issues relating to HIV/AIDS stigma and discrimination included in the training curriculum of key health care workers at SRH clinics?

- “Provides appropriate guidelines for health workers to administer treatment care and support without any form of stigma and discrimination.”
(Draft National HIV/AIDS Policy, Jamaica (2005) p. 14,
http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

39. Are issues relating to young people included in the training curriculum of key health care workers at SRH clinics?

- From Table 3: Programs and Policies to Address the Needs of Adolescents
 - Access to RH Services: Training for adolescent RH service providers
 - Access to information on RH: Training for staff in health centres to provide youth friendly services.(Women’s Centre of Jamaica Foundation, p.57,
<http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20Jamaica'> (Date accessed 05/04/06))

40. Are there any government media campaigns (e.g. television commercials and newspaper advertisements) about HIV/AIDS that specifically address prevention among girls and young women?

- Section 4.2 Objective 2: Treatment, care and support of persons living with or affected by HIV infections: Strategies: “Implementing public education campaigns so that every person has access to accurate information regarding HIV/AIDS treatment including where and how to access treatment, care and support.” (National HIV/AIDS Policy, Jamaica (2005) p. 19)

Discussion questions:

- **Are HIV prevention services truly accessible to girls and young women, including those that are marginalised and vulnerable? For example, are they: safe? affordable? reachable by public transport? in appropriate languages? non-stigmatising? open at convenient times?**
- **What are the cultural norms around prioritizing females and males for health care?**
- **To what extent are informed and supportive SRH services accessible for girls or young women living with HIV/AIDS?**
- **What are the client/service provider ratios in different types of HIV prevention services? What is the gender ratio for staff in those services?**
- **Do services make proactive efforts to attract girls and young women? For example, do SRH clinics have separate rooms for young women so that they do not risk seeing family members or familiar adults?**
- **What are the attitudes of service providers to girls and young women, including those who are marginalised and vulnerable? Are they kind, non-judgemental and realistic (for example about young people’s sexual pressures and desires)? Can they encourage girls/boys to assess their risks of HIV infection and change their behaviour? Are attitudes generally getting better or worse?**
- **Do HIV prevention information campaigns, etc, target girls and young women? For example, are they culturally and linguistically appropriate? Are materials distributed through appropriate media and outlets?**
- **Is there a national monitoring and evaluation framework? Does it encourage data to be disaggregated (according to gender and age) – to help assess the extent to which girls and young women are accessing programmes and services?**
 - 6.0 Monitoring Evaluation and Review. Objective: To develop and sustain a system for the effective collaboration, management and dissemination of data on HIV/AIDS – incorporating indicators as set out in the national plans and the UNGASS Declaration. Specific activities include:
 - Maintaining and strengthening passive and active surveillance for HIV/AIDS through

HIV/AIDS/STI sentinel surveillance and periodic behavioural surveillance among specific groups.
 - Strengthening capacities to monitor and evaluate programmes including the development and review of indicators.
 - Establishing a national HIV/AIDS data management system with linkages to other national data collection systems
 - Facilitating regular dissemination to partners and the general public.)

(Draft National HIV/AIDS Policy, Jamaica (2005) p. 28,

http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

- o UNAIDS will ensure finalization and implementation of the national monitoring and evaluation framework and continue to support the National AIDS Commission in tracking database. (UNAIDS, Mozambique Country Report)
- o "M&E of the programme components and achievements have always been a priority of the national programme. M&E is incorporated in the surveillance activities and research is an integral component of the programme Regular meetings are held to discuss progress and to plan for improvement...A national database for HIV/AIDS cases and HIV/STD research has been established....Among the weaknesses of the M&E components on the national programme ..., and the lack of qualitative studies on obstacles to condom use by women." (Lewis-Bell, k, Brathwaite, A. R., Figueroa, J., (2004) *Jamaica: Monitoring and Evaluation of HIV/AIDS programs*", *MEASURE Evaluation - - Country Report and Abstracts*, http://www.cpc.unc.edu/measure/publications/html/sr-01-04-abstract_jm.html (Date accessed 05/04/06))

- **Are referrals and follow-up provided during HIV/AIDS, SRH and antenatal care services for young women and girls?**
- **Overall, what difference does accessibility to services mean in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?**
- **How do the effects of accessibility vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PREVENTION COMPONENT 5: PARTICIPATION AND RIGHTS
 (human rights, representation, advocacy, participation in decision-making, etc)

Key questions:

41. Has the country signed the Convention on the Rights of the Child (CRC)?

- o The Convention was signed on January 26, 1990 and ratified on May 14, 1991 (CRC (2006) <http://www.ohchr.org/english/countries/ratification/11.htm> (Date 05/04/06))

42. Has the country signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW) and the Convention on Consent Marriage, Minimum Age of Marriage and Registration of Marriages (CCM)?

- o The date of signature was July 17, 1980, and declaration was October 19, 1984 (CEDAW State Parties (2006) <http://www.un.org/womenwatch/daw/cedaw/states.htm> (Date 05/04/06))
- o From the Second periodic reports of States parties due in 1986: Jamaica, 07/03/97 to UNHCR for the ICCPR - Article 3:
 - 16. Jamaica is a signatory to other conventions relating to the rights and advancement of women. These are the International Covenant on Economic, Social and Cultural Rights; the Convention on the Rights of the Child; the Convention on the Elimination of All Forms of Discrimination against Women; the Convention on the Political Rights of Women; and the Convention on the Nationality of Married Women.
 (State Report on International Covenant on Civil and Political Rights to the United Nations High Commissioner on Human Rights, 1997, http://www.bayefsky.com/reports/jamaica_ccpr_c_42_add.15_1997.php (Date 05/04/06))

43. In the National AIDS Council (or equivalent), is there an individual or organisation that represents the interests of girls and young women?

- o Yes. The Centre for Gender and Development Studies is member of the Legal and Ethical Sub-Committee, but is currently not active. (Information provided by Mr. Vivian Gray, Advocacy Officer, National AIDS Committee, Meeting held on June 7, 2006)

44. In the National AIDS Council, is there an individual or organisation that represents the interests of people living with HIV/AIDS?

- o Yes. The Jamaican Network of Seropositives (JN+) is a member of the National AIDS Committee's Education, Care and Counselling Sub-Committee and the Advocacy Officer of NAC Secretariat also represents the interests of PLWHA. (Information provided by Mr. Vivian Gray, Advocacy Officer, NAC, Meeting held on June 7, 2006)

45. Was the current National AIDS Plan developed through a participatory process, including input from girls and young women?

- o "The National Strategic Plan encourages the broadest participation of all sectors of society – including young people, people living with or affected by HIV and AIDS, women's group and service clubs." (AIDS Epidemic Update: December 2005, UNAIDS at Country Level – Progress Report: Jamaica, Country Annexes, pp. 198-199, 2005)
- o Participation in the development of the Draft HIV/AIDS Policy included the ministries and government offices, ILO/USDOL Education Workplace Programme in Jamaica, the Jamaica Confederation of Trade Unions, Ministry of Education Youth and Culture, the Jamaica Network of Seropositives (JN Plus), the Jamaica AIDS Support for Life (JASL). (p. 37)
- o Section 3.3. Guiding Principles: 3.3.4 Participation – "The meaningful involvement of people living with and affected by HIV/AIDS and most vulnerable groups in the design, implementation, monitoring and evaluation of the national response to HIV/AIDS is vital to optimise stated outcomes." (p. 15)

(Draft National HIV/AIDS Policy, Jamaica, April 2005, p. 15, 37,

http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica (Date accessed 05/04/06))

46. Is there any type of group/coalition actively promoting the HIV prevention and SRH needs and rights of girls and young women?

- o Table 3: Programs and Policies to Address the Needs of Adolescents: Participation in policy and programme development: National Secondary Youth Council; National Centre for Youth Development – Youth involvement in National Youth Policy revision; youth representation on public sector boards. (Women's Centre of Jamaica Foundation, p. 40, <http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20jamaica'> (Date accessed 05/04/06))
- o Youth.Now seeks to promote healthy sexual and reproductive behaviour among adolescents 10-19 years using an assets-based approach to youth development. The project locates adolescents at the heart of quality health care services in Jamaica to better meet their needs, build their strengths and give expression to their potentials. (National AIDS Committee Jamaica website, Summary of organisations working with HIV/AIDS, <http://www.nacjamaica.com/organisations/summary.htm#youthnow> (Date accessed 05/04/06))
- o Ionie Whorms Innercity Counselling Centre (IWICC): To provide counselling, prevention and referral services for substance abusers, HIV/AIDS/STI clients. To ensure that, regardless of race, place of abode, religion, gender or financial status, the welfare of each client is provided for equally. To educate and sensitize children, adolescents and community members across Jamaica or wherever our services are needed on substance abuse, HIV/AIDS/STIs and other health issues and in doing so make our contribution to the nation. (National AIDS Committee Jamaica website, Summary of organisations working with HIV/AIDS, <http://www.nacjamaica.com/organisations/summary.htm#youthnow> (Date accessed 05/04/06))
- o Mustard Seed Communities (MSC) was established over 22 years ago with the mission of providing exceptional care for abandoned children who are mentally and physically disabled in addition to teenage pregnant girls. Grounded in the firm belief that all persons - the healthy, the sick, and terminally ill - are entitled to live worthy lives, we are committed to the care of abandoned children

afflicted with HIV/AIDS, ensuring that they receive all the love and care they need and deserve. (National AIDS Committee Jamaica website, Summary of organisations working with HIV/AIDS, <http://www.nacjamaica.com/organisations/summary.htm#youthnow> (Date accessed 05/04/06))

- The Women's Centre of Jamaica Foundation, through its commitment to the improvement of educational attainment and Adolescent Reproductive Health, strive to promote a holistic approach to services and information for the youth of our nation.

The Foundation offers the following services through its main Centres and Outreach Stations:

- Continuing education for teen mothers 17 years and under
- Counselling for "baby fathers," their parents and parents of teen mothers
- Skills training for males and females in the 17-25 age group
- Confidential counselling services for children, adolescent, and young adults; and Group Peer Counselling sessions at the Kingston Centre Counselling Clinic
- Day Care facilities for (i) babies of teen mothers and (ii) babies of working mothers
- Youth Activity Programme under the USAID/ Uplifting Adolescents Programme
- Continuing Education and Counselling Programme for "Young Men at-risk"
- "Walk-in" Counselling services for women and men of all ages.

The Programme for Adolescent Mothers provides academic classes for pregnant school-age girls, in the core subject areas of Mathematics, English Language, Integrated Science, and Social Studies. These classes are augmented by group and individual counselling with emphasis on self-development and a practical skill area. The young women are encouraged to delay subsequent pregnancies until they have achieved their professional or vocational goals. (Women's Centre of Jamaica Foundation, <http://www.jamaica-kidz.com/womenscentre/> (Date accessed 24/05/06))

47. Is there any type of national group/coalition advocating for HIV prevention (including positive prevention) for girls and young women?

- At present there is no group advocating for HIV prevention including positive prevention for girls and young women. This is part of the activities on the 2006-2007-work plan, which will commence in July 2006. (Information provided by Mr. Vivian Gray, Advocacy Officer, NAC, Meeting held on June 7, 2006)

48. Is the membership of the main network(s) for people living with HIV/AIDS open to young people, including girls and young women?

- JN+ is the main network for PLWHA, and it admits girls and young women into its membership. (Information provided by Ms. Faith Hamer, Policy, Advocacy Technical Officer, National HIV/STI Control Programme (NAP), Meeting held on June 7, 2006)

49. Are there any programmes to build the capacity of people living with HIV/AIDS (e.g. in networking, advocacy, etc)?

- From the Jamaica's National AIDS Committee website of Local Organisations working with AIDS and HIV: The mission of the Jamaica Network of Seropositives (JN+) is to "Promote Care, Support and Respect, for the Human Rights of Persons Living with HIV/AIDS, through: the empowerment of the group; advocacy; collaboration with local, Caribbean Regional and International bodies; and resource Mobilization for sustainability. It has four priority areas: Care, Counselling and Support; Advocacy/Social Policy Development; Public Awareness Program; and Fundraising and Income Generation. (<http://www.nacjamaica.com/organisations/summary.htm#youthnow>)
- Jamaica AIDS Support (JAS): Jamaica AIDS Support (JAS) is dedicated to preserving the dignity, rights and beliefs of each individual, specifically those living with the Human Immuno-deficiency Virus/AIDS without discriminating against colour, race, disability, gender, sexual orientation, class, age or religious belief. With this in mind, the organization is dedicated to serving persons in need of education, care and support as a result of the AIDS crisis. (National AIDS Committee Jamaica website, Summary of organisations working with HIV/AIDS, <http://www.nacjamaica.com/organisations/summary.htm#youthnow> (Date accessed 05/04/06))

50. Are there any girls or young women living with HIV/AIDS who speak openly about their HIV status (e.g. on television or at conferences)?

- Yes. There are local Live Experiences Speakers who speak about their experiences as positive persons at various workshops, etc. facilitated by MOH and its partner organisations and agencies.

(Information provided by Ms. Faith Hamer, Policy, Advocacy Technical Officer, NAP, Meeting held on June 7, 2006)

Discussion questions:

- **How are international commitments (e.g. CRC, CEDAW, and CCM) applied within the country?**
 - Table 4: Gender Equity, Equality and Empowerment:
 - Legal, administrative and policy measures to protect the rights of girls and women include: DV Act (1995), Incest Punishment Act, Family Property Act, Sexual Harassment Act (drafted); Child Care and Protection Act(draft).
 - Measures undertaken to improve access to primary and secondary education: Compulsory education for all between ages 6 and 11; HEART Trust provision of technical and vocational training to extend programmes available; special outreach programmes for the poor in rural areas to increase school attendance.
 - Addressing gender disparities in education: Gaps in subject selection and school attendance between the two sexes; gender sensitization programmes for teachers through Ministry of Education; review of curricula and text books to eliminate gender stereotypes; promote training of nontraditional skills for girls (HEART).
 - Attitudes to women as equals instilled in boys and men's support for women's rights: Bureau of Women's Affairs: Sensitisation workshops in schools; Ministry of Education: Development of teaching material for schools; women's organisations and men's group 'Fathers Incorporated' conduct workshops with men in communities; Women's Centre Foundation: 'Young Men at Risk' workshops for young fathers (17-25 years), early intervention programmes for youth (10-18 years).
 - Male responsibility for reproductive health: Education programs: HIV/AIDS and STD safe sex campaigns: Ministry of Health in collaboration with 'Sound System Association': 'safe sex dances': recordings to advocate condom use and safe sex; National Family Planning Board (NFPB): promotion of FP; Bureau of Women's Affairs: sensitization programs for both sexes. (Women's Centre of Jamaica Foundation, p. 64, <http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20jamaica'> (Date accessed 05/04/06))
 - Table 1: Reproductive Health Rights (Part 1): Monitoring and reporting on reproductive rights: Reproductive Health and Reproductive Rights not included in monitoring of implementation of human rights; periodically reporting to CEDAW. (Women's Centre of Jamaica Foundation, p. 64, <http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20jamaica'> (Date accessed 05/04/06))
 - From Table 1: Reproductive Health Rights (Part 1): Government measures to enforce reproductive rights: Policy to provide contraception to minors currently under discussion. (Women's Centre of Jamaica Foundation, p. 36, <http://www.eclac.cl/publicaciones/PortOfSpain/7/LCCARG767/G0767annex.pdf#search='antenatal%20care%20protocol%20in%20jamaica'> (Date accessed 05/04/06))
 - "The National Youth Policy which sets out a common vision and framework for youth development, was tabled in Parliament yesterday (June 28) by State Minister for Education, Youth and Culture, Dr. Donald Rhodd... The document titled, 'Jamaica Youth Shaping the World' is the country's first comprehensive policy on youth....While targeting young people, the policy recognizes the need to utilize the life-cycle approach to strengthen the development of Jamaica's human capital. "It defines a common vision and a framework for youth development. It articulates the responsibility of youth in their own growth, underscoring their participation in the decision-making process while increasing the capacity of stakeholders in youth development to make available more accessible, relevant and high quality services", Dr. Rhodd said....the policy supports provision for the care, development and protection of children as outlined in the National Policy on Children (1997)...The National Youth Policy will be supported by a National Strategic Plan for Youth Development, which will act as a guide to its implementation over the next five to 10 years...While targeting persons in the 15-24 age group, the policy recognises the need to utilise the life-cycle approach to strengthen the development of the country's human capital...The National Centre for Youth Development, in its effort to develop the best framework for fostering positive youth development in Jamaica, utilized a broad consultative process in revising the 1994 policy and development of the current document...The comprised regional consultations involving youth, community groups and organisations, meetings with government, non governmental, quasi-government agencies,

representatives of the local and international donor communities and the private sector were carried out over two years across the island...Six areas were developed for the policy including: education and training, employment and entrepreneurship, health, participation and empowerment, care and protection, and living environments. These were established due to a number of issues, which were identified by young people including education, unemployment, crime, illicit drug use and trade, teenage parenting and the need for meaningful activities and opportunities."

(Ministry of Education, Government of Jamaica (June 2005) *National Youth Policy Tabled in Parliament*, Kingston (JIS), http://www.jis.gov.jm/education/html/20050629T100000-0500_6151_JIS_NATIONAL_YOUTH_POLICY_TABLED_IN_PARLIAMENT.asp (Date accessed 24/05/06))

- o 2004 Jamaican National Youth Policy,
Focal Area on Health

Goal: To foster an environment where young people embrace healthy lifestyles and enjoy optimum physical and mental health

Priority Groups:

- Youth at risk of early pregnancy, substance misuse, HIV and other STIs
- Younger and underserved rural youth
- Youth in institutional care

Strategic Objectives:

- To promote the provision of quality information to young persons on healthy life styles, including alternatives to risky behaviours such as drug use and multiple sexual partners
- To increase access to and use of quality youth-friendly health services

• To advocate for development of national legislation to foster positive health outcomes (POLICY Project, Futures Group (2004) Jamaica: Strengthening Multisectoral Coordination for Youth, Youth Reproductive Health Policy, Country Brief Series, No. 1

http://www.policyproject.com/pubs/YRHCB/S/Jam_YRH.pdf (Date accessed 24/05/06))

- o From the National Youth Policy 2003, In fulfilling the Convention on the Rights of the Child, " Free primary education and access to secondary education and vocational training are rights that the Government of Jamaica (GOJ) has guaranteed its children. Jamaica has done a good job providing the system through which these can be achieved and this is reflected in high enrolments at the early childhood level, universal access at the primary and lower secondary levels, and fairly high enrolment at the upper secondary level. Currently, 83 percent of youth aged 15 to 16 are enrolled in school. Through age 16, males and females are equally likely to attend school; at older ages, however, female enrolment rates are significantly higher, and they are more likely than males to be literate and to pass external exams, such as Caribbean Secondary Education Certificate." (National Centre for Youth Development, Ministry of Education, Youth and Culture (2003) National Youth Policy (Final Draft National Youth Policy 2003), p. 17, <http://www.moec.gov.jm/youth/YouthPolicy.pdf#search='jamaica%20national%20youth%20policy'%20%20-%20Jamaica%20national%20youth%20policy> (Date accessed 24/05/06))

- o From the National Youth Policy 2003,
The Legislative Framework

"The Policy adopts a rights-based approach consistent with international conventions of which Jamaica is a signatory. This approach is also reflected in national legislation and policies. The Human Rights Conventions speak to the universal principles of human rights that are also enshrined in the Jamaican constitution. These give every person in Jamaica fundamental rights and freedoms, regardless of race, colour, place of origin, political persuasion, creed or sex.

International treaties or agreements ratified or signed by Jamaica include:

- The UN Convention on the Rights of the Child, which outlines the rights to which children are entitled.
- The Convention on the Elimination of All Forms of Discrimination Against Women, which mandates the equal treatment of girls and young women in areas such as education and employment and its general recommendations on violence.
- The Programme of Action of the 1994 International Conference on Population and Development, which addresses the rights of young people to reproductive health information and services.
- The 2001 Declaration of Commitment of the UN General Assembly Special Session on HIV/AIDS, which sets specific targets for reducing HIV infection in young people and increasing their access to information and services.

National laws and policies that impact youth development include:

- The Draft Child Care and Protection Act, which seeks to consolidate approximately twenty

pieces of legislation, related to children.

- The National Policy on Children (1997), which addresses the survival, protection, development and participation rights of children.

Other legislations and policies critical to youth development include the Domestic Violence Act, the Status of Children's Act, the Children Guardianship and Custody Act, the Adoption of Children Act, the Affiliation Act, Education Act (1980), the Housing Act, the Maternity Leave Act, the National Policy on Persons with Disabilities, the draft HIV/AIDS Policy, the National Population Policy (1995), the Juveniles Act, the Inheritance Provisions for Family and Dependents Act, Offences against the Persons Act, the Incest Punishment Act and the reproductive health guidelines. These policies and pieces of legislation outline the nation's approach to these issues and must be duly considered in planning for our youths' development."

(National Centre for Youth Development, Ministry of Education, Youth and Culture (2003) National Youth Policy (Final Draft National Youth Policy 2003), p. 19,

<http://www.moec.gov.jm/youth/YouthPolicy.pdf#search=jamaica%20national%20youth%20policy%20-%20Jamaica%20national%20youth%20policy> (Date accessed 24/05/06))

- **Is the national response to HIV/AIDS rights-based? For example, does it recognise the SRH rights of women living with HIV/AIDS?**

- Section 3.3 Guiding Principles – 3.3.6 Promotion and Protection of Human Rights: "An important aspect of the response to the epidemic requires that the rights to equality before the law and freedom from discrimination are respected, protected and fulfilled. Discriminatory practices (including unequal gender relations) create and sustain conditions leading to vulnerability to HIV infection and to inadequate treatment, care and support as well as access to prevention services." (Draft National HIV/AIDS Policy, Jamaica (2005) p. 15,

http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica' (Date accessed 05/04/06))

- Section 4.0 The Way Forward: "The National HIV/AIDS Policy will help to create the supportive environment for the: "Development, enactment and dissemination of legislation addressing human rights, including issues of employment, education, access to care, housing, transportation; discrimination in all its forms including on the basis of sex and disability; protection of HIV infected persons in schools, workplaces and the health care system."

(Draft National HIV/AIDS Policy, Jamaica (2005) p. 19,

http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica' (Date accessed 05/04/06))

- From the Second periodic reports of States parties due in 1986: Jamaica, 07/03/97 to UNHCR for the ICCPR - Article 24 Paragraph 1

- 125. Every child has free access to health care in the public sector. The protection of the child begins with encouraging pregnant women to start antenatal care in the first trimester of pregnancy. This facilitates the early identification and management of risk factors. The giving of tetanus toxoid vaccine to the mother ensures passive immunity of the infant at birth and for some time after. Labour and delivery are mostly managed by trained personnel. All these measures help to decrease infant and child mortality. The momentum of immunization is monitored and maintained among all children up to age six in order to protect them from communicable diseases. Immunization regulations require all children entering primary school to be fully immunized prior to entry.

- Article 3

- 7. The civil and political rights set forth in the Covenant are enjoyed equally by men and women. Legislation addressing the rights of the individual, for example in the workplace, deals with the principle of gender equality.

- 8. In the delivery of health care, there is no sex discrimination. Indeed, organization of the maternal, child health and family planning services provide ample opportunity for women to be fully involved in decision-making about their own health care, as well as those of their family and their community. (State Report on International Covenant on Civil and Political Rights to the United Nations High Commissioner on Human Rights (1997)

http://www.bayefsky.com/reports/jamaica_ccpr_c_42_add.15_1997.php (Date accessed 29/03/06))

- **Do key decision-making bodies (e.g. the Country Coordinating Mechanism of the Global Fund to Fight AIDS, TB and Malaria) have a set number of seats for civil society? Are any of them specifically for**

representatives of girls and young women or people living with HIV/AIDS?

- **Are HIV prevention programmes generally developed 'for' or 'with' girls and young women, including those who are marginalised and vulnerable? Are girls and young women seen as 'implementers' as well as 'receivers' of services?**

- "Participation. The meaningful involvement of people living with and affected by HIV/AIDS and most vulnerable groups in the design, implementation, monitoring and evaluation of the national response to HIV/AIDS is vital to optimise stated outcomes.
- Develops accurate, culturally appropriate, HIV/AIDS awareness and education programmes with the active participation of the most vulnerable groups including PLWHA groups where applicable.
- Integrates the participation of people living with HIV and AIDS (PLWHA) and other vulnerable groups into on-going prevention interventions.
- Encourages social dialogue through the involvement of most vulnerable groups in the design, implementation and evaluation of prevention interventions targeted to them."

(Draft National HIV/AIDS Policy, Jamaica (2005) pp. 13-16,

http://www.moh.gov.jm/draft_national_HIV_AIDS_policy_final_april_2005_updatedb31.pdf#search='National%20HIV%2FAIDS%20Policy%20in%20Jamaica' (Date accessed 05/04/06))

- **To what extent are girls and young women aware of decision-making processes? Are they encouraged to have a voice? Are they seen as an important constituency within committees, management groups, etc?**
- **How high are issues relating to HIV prevention for girls and young women (e.g. early marriage and stigma) on the agendas of local leaders and decision-making groups (e.g. district AIDS committees)? To what extent do girls and young women participate in those type of bodies?**
- **To what extent are people living with HIV/AIDS organised, for example in networks? Are girls and young women involved in those bodies?**
- **How are issues of participation affected by stigma? For example, is it safe for people living with HIV to speak openly about their HIV status?**
- **Overall, how are participation and rights applied in practice? What are the 'real life' experiences of girls and young women? What difference is made to their vulnerability to HIV infection?**
- **How do the effects of participation and rights vary among different types of girls and young women, such as those in/out of school, married/unmarried, in rural/urban areas, living with HIV/not aware of their HIV status?**

PART 2: IN-COUNTRY RESEARCH

Focus group discussion: 15-24 year olds

Age group: 15-24 years

Number of participants: 12

Profile of participants: included some girls, young women and boys who are: in-school; out-of-school; from urban areas; from suburban areas; living with HIV; married with children; and unmarried.

Place: Kingston, Jamaica

General

At the beginning of the focus group discussion session, participants were asked to comment on the general situation of HIV prevention in Jamaica. This commentary was based on information presented in the session, research findings from key HIV/AIDS literature, and their experiences/ knowledge of the issue and circumstances within their communities. All participants argued that the situation is worsening. Participants, in relation to the issue, gave the following responses:

- *"Young women have the potential to protect themselves, but there is need for greater sensitization and education about the issue. It is getting worse especially in the inner city communities..."*
- *"It is getting worse, especially considering the fact that there are more young people here now (than back then) who are having sexual intercourse and are not practicing safe sex, even though they are aware of the risks".*
- *"It is getting worst because all young people think about is sex. If popular entertainers such as "Vybez Cartel" are singing about it, the message would be accepted and this would help."*
- *"It is getting worse because facility workers are unfriendly, normally the nurses would discuss confidential information with people inside and outside the service centre. There tends to be discrimination by facility workers, especially if they know you are from the community. It is also getting worse because parents are not available (due to work burdens) to provide counselling their child/children. This is because of the job strain, late hours on the job to finance the home."*
- *"Young people are becoming more promiscuous and experimental because of peer pressure, and curiosity about what sex feels like."*

Participants classified girls and young women's sexual activity as high. This was seen as the outcome of three factors that influence and appeal to youth: peer pressure, curiosity, and the media. All participants identified the media as a source of excessive sexual imagery and content that stimulates their curiosity to experiment and engage in sexual activity. In order to get a balanced view of the media in relation to young people's perception of it as a source of information on sex, SRH, and HIV prevention, participants were asked to comment on the extent to which it provides information on how to prevent HIV, six participants indicated that enough information was provided, but there was need for more creative ways of presenting content,

- *"They should use more dramatic forms to attract youth, they are not always going to read information, on the television, but they would watch a skit."*

The level of knowledge of girls and young women about sex and HIV prevention was also queried and the following responses were given:

- *"They know a lot about it, but still they do not protect themselves."*
- *"There is some knowledge, but not a lot... In the schools the Guidance Counsellors have too much children to attend to, therefore, it is too stressing for the Counsellor, since it is normally one Counsellor to a school."*
- *"In my community, I do not think they know, because I see several teenagers getting pregnant and if they knew they would have used the contraceptives available. However, sometimes they know and use the methods, such as condoms and the*

condoms may burst, but I think counsellors need to come into the communities and talk to youth about the need to protect themselves more."

- *"In my school, I don't think they know a lot about it, cause they have sex in the bathroom, and if they knew they wouldn't do that."*

Prevention component 1: Legal provision

What do you know about laws in Jamaica that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? do not allow girls or young women to have abortions? prevent girls from using services unless they have the consent of their parents?

Participants identified two laws in Jamaica that might affect how girls and young women can protect themselves from HIV:

- *"Sex with a minor law"*
- *"Age of Consent for marriage"*

Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

Participants' noted that their general knowledge about sex and official education on HIV and SRH came from a combination of sources: workshops, schools, peers, and the media. They cited a range of issues that they have learnt about HIV/AIDS and sex. These are:

- *"Importance of condom"*
- *"Antiretroviral (ARV) drugs"*
- *"Abstinence"*
- *"Transmission of HIV"*
- *"Skills for using a condom"*
- *"Caring for AIDS patients"*
- *"The success rate of condoms"*

What could the government of Jamaica do to fight fear about AIDS in your community?

Of the twelve respondents, four indicated by raising their hands, that there was fear of AIDS in their community. The following responses were given as strategies that the government can take to fight the fear of AIDS within communities:

- Increased one-on-one/ door-to-door counselling in the community
- Increase in the number of Peer educators within schools and communities
- Implement more government organisations to deal with the issue
- Use creative ways to provide education and information to people about HIV/AIDS

Prevention component 3: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? an HIV test?

Participants were unable to identify the types of HIV prevention services that were available for girls and young women in their communities. This spurred the Researcher to ask them pointed questions about where they would go for a range of services (information, condoms, treatment, etc.) relating to HIV prevention and SRH. None of the participants identified public health centres within their communities, and churches, primarily because of the fear of stigma and discrimination, and breaches of privacy. The responses are outlined below:

- *"The Youth Information Centre in Edgewater Portmore"*
- *"A private doctor's office"; "I would not go to the community health centre, not at all, them discriminate people pickney..." (Facial expression was I rather die not knowing anything, than going to public health centres).*
- *"I'd go to Sister Carol."* (in reference to a person in her community who gives her advice and counselling about sex and SRH in a confidential manner).

- *"I would go to a community health centre outside of my community because it is more secure, more confidential. The community health centre in the community that I reside lacks confidentiality."*
- *"I would go to Jamaica Aids Support (JAS)."*
- *"The hospital- it is very big and general, I may not see anyone who knows me personally and at the hospital, the hospital has multiple facilities, so no one can pin point what you are there for."*
- *"Jamaica Red Cross"*
- *"The Pharmacy" (all participants identified the pharmacy as the place for accessing condoms)*

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

Respondents generally expressed sentiments that pointed to boys and young men's limited knowledge about and interest in HIV prevention services within their communities. The sole male in the FGD was asked to address this question specifically, at which time he informed us that he knew about HIV prevention, but other boys at his school did not seem to know. He also reported that the Guidance Counsellor alone has responsibility for sex education (formal and informal), which does not include information on how to prevent HIV. In relation to the roles that boys and young men currently play in supporting HIV prevention for girls and young women, participants had the following comments:

- *"They do not think about contracting any disease, especially HIV; they only think about the glamour attached to sex."*
- *"Boys normally leave the responsibility to girls."*
- *"Boys don't have no role in supporting HIV prevention, cause them just sleep round with the woman dem in the community."*

Ten of the twelve respondents indicated that boys and young men should play a greater role in HIV prevention for girls and young women.

What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?

Participants could not name the types of services that they would like to see more of in the communities. As seen earlier, this could be the result of limited or no use of HIV prevention services at the community level. Therefore, it would not be possible that they are aware of what service gaps exist at such sites. When pressed by more pointed questions (for e.g. Is VCT available in your community?) all participants said, "No", except for male condoms, and pregnancy tests, which are services that they noted are also widely available at pharmacies. In order to find out if the perceived non-existence of and lack of knowledge about the availability HIV prevention services, at community health centres, was the driving force behind young people's limited use of the facilities, they were asked: Do you think that if there were more SRH services in your community health centres it would motivate you to use its services? All participants responded with a strong no. They offered the following as a justification for not using community HIV prevention services,

- *"Most people will not get up and go to the clinic cause them know that the people them too chatty chatty, so if them have more door-to-door distribution of condoms and give information on the street people would respond."*

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

Of the twelve participants, nine persons indicated that they have never used HIV prevention services within their communities. Of the nine participants who have never used these services, six persons said that they never used it because they did not think it was important. The three participants who indicated that they had used the HIV prevention services within their communities were asked to comment on the quality of service that they received, they spoke only about their experiences at private health facilities and pharmacies. The words that they used to describe how they were treated were all positive. This spurred others who had indicated that they had never used community health services to respond, and they

too confirmed positive experiences. The following response represents the sentiment of the group,

"When you go to the private doctor your in a room, with only the doctor. Whatever you're talking about is between you and the doctor, so if you hear it back on the road you know that you must go back and hit the doctor on his mouth."

When further clarity was sought from respondents about what facilities within their communities that they included as providers of HIV prevention services, they all identified the pharmacy. Therefore, most respondents initially felt that the facility, within the community, that was being referred to was the community health centre.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

Participants identified three main barriers to accessing HIV prevention services within their communities:

- *"Public service workers are charging for products that should be issued free."*
- *"The attitudes of the nurses are disgusting."*
- *"Sometimes the patients are troublemakers and behave disrespectful to the workers, creating a scene."*

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?

The response to the level of difficulty experienced by different types of girls and young women in accessing HIV prevention services varied, based on the general profile of the young person. The responses given are outlined below:

15 year old girl or younger

- *"Yes it's harder, she'll face numerous levels of discrimination, because of her age."*
- *"It's especially harder when she goes down if she has a baby. The nurses are going to class her."*

Married woman

- *"It's easier, they are more respected and according to society, it is morally accepted for married couple to reproduce."*

HIV negative persons

- *"It is easier for a negative person, because there is no discrimination against them."*

HIV positive persons

- *"It is harder for them to access the services due to discrimination".*
- *"The nurses are the ones who most times do the discriminating at the service centres. The nurses discriminate and refuse to assist because they consider the patients as dead once they are positive."*

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Only two participants indicated that there were projects in their communities to bring together girls and boys, and young men and women to talk about HIV prevention. The respondents noted that such projects/programmes would not be advertised publicly, because the neighbourhood club/group manages them, and all residents who are interested or active would be informed through their regular meetings, which are open to all community residents. This results in some residents' ignorance about special projects, and therefore their lack of participation in them. The range of activities that were identified as popular in such projects include: motivational speeches, role-plays and games.

What would encourage you to get more involved in HIV prevention in your community?

All participants misinterpreted the question. Rather than responding to "What would motivate you to get involved in HIV prevention services in your community?" their answers seemed to respond to "What would HIV prevention services do for your community?" The official question was asked more than once, but the respondents did not change their initial

interpretation. When the direction of the question was changed from their identification of motivational factors to voting on preset motivational factors, all persons responded without reservation. The only factor that seemed to motivate the participants to get more involved in HIV prevention within their communities was the knowledge that a close relative, e.g. mother, was diagnosed HIV positive. Ten participants indicated that this would encourage them to get involved in such work. Participants expressed the following sentiments about the importance of HIV prevention in their communities:

- *"It would help to decrease the level of discrimination."*
- *"It would address issues about the reality HIV that the church finds too difficult to talk about."*
- *"It would let young men and women know their risk, and enable them to think about it more."*
- *"It would educate the community, and inform them about the consequences of ignorance."*

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Jamaica to protect themselves from HIV?

All participants indicated that they did not think that girls and young women were protecting themselves enough from HIV. The following recommendations were made for improving girls and young women's protection of themselves from HIV:

- *"Door-to-door counselling, and condom distribution"*
- *"Condom walkathon"*
- *"More free testing, HIV testing is only free at health fairs and on World AIDS Day. Free testing would motivate more people to participate in HIV prevention services".*
- *"More community level workshops, for all ages."*
- *"Greater enforcement of laws that relate to HIV/AIDS, so that people feel more comfortable using the services."*

Focus group discussion: 15-24 year olds

Age group: 15-24 years

Number of participants: 12

Profile of participants: included some girls, young women and boys who are: in-school; out-of-school; from urban areas; from suburban areas; living with HIV; married with children; and unmarried.

Place: Montego Bay, Jamaica

General

At the beginning of the FGD session, participants were asked to comment on the general situation of HIV prevention in Jamaica. This commentary was based on information presented in the session, research findings from key HIV/AIDS literature, and their experiences/knowledge of the issue and circumstances within their communities. The majority of the participants argued that the situation is worsening, one person indicated that she thinks it's improving due to the greater availability of information on HIV/AIDS. A limited number of participants did not respond to the question.

Prevention component 1: Legal provision

What do you know about laws in Jamaica that might affect how girls or young women can protect themselves from HIV? For example, do you know about any laws that: allow girls to get married at a young age? do not allow girls or young women to have abortions? prevent girls from using services unless they have the consent of their parents?

Participants identified one law in Jamaica that might affect how girls and young women can protect themselves from HIV:

- Age of Consent law

It is interesting and important to note that ten of the twelve respondents believe that abortion is legal in Jamaica.

Prevention component 2: Policy provision:

What type of education have you received about issues such as relationships, sex and AIDS? For example, what have you been taught about your sexual and reproductive health in school?

Seven participants indicated that they have received some sort of formalised information about issues such as sex, relationships and AIDS. Church was portrayed as a place where abstinence was taught, but nothing else, therefore HIV prevention and SRH information was not integrated in their youth sessions. Participants noted that information on relationships, sex and AIDS was obtained from the following sources:

- School - educates them about condoms, their rate of success in preventing infections, and abstinence.
- Youth meetings

What could the government of Jamaica do to fight fear about AIDS in your community?

Six participants think there is fear of AIDS in their communities, and three indicated that they do not know if there is fear of AIDS in their communities. None of the participants could provide suggestions about what the government could do to fight the fear of AIDS in their communities.

Prevention component 3: Availability of service

What sort of HIV prevention services are there for girls and young women in your community? For example, where would you go to get: information? condoms? treatment for a sexually transmitted infection (STIs)? an HIV test?

Only one participant could name a range of HIV prevention services that were available in her community. The community that she identified was the city of Montego Bay, where there is a range of services offered through the centralisation of regional offices of

organisation like the Jamaica Red Cross Society, the Health Department, and AIDS related organisations (Jamaica AIDS Support). The range of available services is listed below:

- Condoms
- HIV test
- Pregnancy test
- Information

How much do boys and young men know about HIV prevention services in your community? What is their role in supporting HIV prevention for girls and young women?

Overall, four participants indicated that they had average knowledge of HIV prevention services in their communities. Two boys/young men indicated that they had little or no knowledge of HIV prevention services in their communities, while one male indicated that he is aware of HIV prevention services in his community. Two participants see boys and young men playing a supportive role in HIV prevention for girls and young women. This response was based on participants' assessment of the current practices of boys and young men - absconding from their responsibilities towards a girl who becomes pregnant.

What sort of HIV prevention services would you like more of in your community? How would that make a difference to your life?

When participants were asked this question, there was no response. Therefore it became important to find out their knowledge of the range of services that were available, and then to question them about what services they would like more of in their communities. Again, condoms/condom distribution came up as the most popular and well-known service that is available. The other service that was named is the pregnancy test. Participants noted that condoms were widely available from traditional and non-traditional suppliers:

- Health Centre
- Hospital
- Pharmacies
- Shops
- Stalls/ vendors
- Schools (when there is a special health faire or health related event/ activity)

By and large, participants seemed unaware of a substantive range of HIV prevention services. No one could name the services they would like to see more of and the difference it would make in their lives.

Prevention component 4: Accessibility of services

What are your experiences of using HIV prevention services in your community? In what way have those experiences been good or bad?

Eight participants indicated that their experiences using HIV prevention services for information and acquiring condoms were good.

What are the main barriers that you have faced when trying to use HIV prevention services in your community? For example, what difference does it make if a service is: expensive? too far away? unfriendly?

The major challenges experienced in accessing HIV prevention services are:

- Staff at the health department are unapproachable
- Knowing which brand of condoms is the best to purchase
- Shyness
- Fear
- Distance of the health facility, pharmacy, etc. from their community

In what way are HIV prevention services easier or harder for particular types of girls and young women to use? For example, what difference does it make if you are: unmarried? out of school? HIV positive?

The response to the level of difficulty experienced by different types of girls and young women in accessing HIV prevention services varied, based on the general profile of the young person. The responses given are outlined below:

- 15 year old girl or younger

- Ten persons indicated that it is harder for a girl under 15 years to access HIV prevention and SRH services.
- Unmarried woman
- Eight participants think it is harder for unmarried young women to access HIV prevention and SRH services
- Married woman
- Seven participants think it is easier for married women to access HIV prevention and SRH services. The rationale given was their legal status, which authorises their sexual activities.
- HIV negative persons
- Ten persons indicated that it is easier for HIV negative persons to access HIV prevention and SRH services.
- HIV positive persons
- Seven participants indicated that it is more difficult for someone who is known to be HIV positive to access HIV prevention and SRH services

Prevention component 5: Participation and rights

Have there been any projects in your community to bring together girls and boys or young women and young men to talk about HIV prevention? If yes, what did they involve and what did they achieve?

Eleven participants indicated that community projects to bring together boys and girls, and young men and women to talk about HIV prevention were unknown to them. Within the larger Montego Bay area however, due to the presence of many youth clubs, and AIDS and health related organisations, one participant indicated that such projects were common. She noted that it involved direct interaction at Westhelp group meetings, condom walkathons, and workshops.

What would encourage you to get more involved in HIV prevention in your community?

- Knowledge that a close relative/ family member or friend is HIV positive
- The need to be humanitarian and respectful, and thereby challenge the pervasive bad treatment of persons who are HIV positive

Summary

What are the 2-3 most important changes that could be made – for example by the government or community leaders – to help girls and young women in Jamaica to protect themselves from HIV?

- Sensitising children in an age appropriate manner at an early age about SRH and HIV prevention
- Sensitising parents about HIV prevention and SRH
- Enforcement of laws to protect uninfected girls and young women from men who are infected and know their status
- Increase national and local campaigns as a means of increasing people's general knowledge of HIV prevention and SRH

**One-to-one interview: Advocate (male) of a national
PLWHA Network**

General

What is your impression about the general situation of HIV prevention for girls and young women in Jamaica? Are things improving or worsening? Elaborate.

In assessing the general situation of HIV prevention for girls and young women in Jamaica, the respondent singled-out adolescent women as the currently most vulnerable group. Cultural reasons were seen as the major driving force in adolescent women's vulnerability when compared to their male counterparts. It was noted that an increase in gender and age disaggregated Information, Education, and Communication (IEC) strategies within the education sector will be an appropriate response to this vulnerability and will simultaneously transform this from an area of weakness to strength.

"Adolescents are particularly at risk and adolescent women are at the top, much more at risk than men, for a variety of cultural reasons... Enough attention has not been paid to the fact that they are at greater risk, and the reasons for that, so that specific programming can be created to target that need... Adolescent health programmes are available, and prevention is a part of that, but I am not aware of any personally that specifically targets women... That's an area of weakness."

Prevention component 1: Legal provision

In your opinion, what laws/ legislation are contributing to the improvement or worsening of HIV prevention for girls and young women?

Current legislation on Offences against the Person was identified as a contributor to the worsening of HIV prevention for girls and young women. The respondent argued that existence of the legislation on the issue was insufficient in addressing the needs and challenges that girls, in particular, face in relation to sexual abuse. It was noted that there is need for enforcement of legislation, where all stakeholders are held accountable and responsible, therefore reducing protectionism by the community and family.

"The laws pertaining to Offences Against the Person need to be strengthened, especially with regard to child sexual abuse. Part of the problem is that there seems to be a code of silence amongst some communities and some families when it comes to child sexual abuse that puts girls at risk... Something needs to be addressed, either through strengthening the legal framework or enforcing existing laws... so that people who perpetrate these kinds of crimes are consistently prosecuted and are given severe sentences."

In your opinion, what are biggest gaps/ weaknesses in current legislation on HIV prevention for girls and young women?

The respondent identified the lack of "enforcement of laws to protect girls and young women from sexual abuse," as a major weakness in current legislation on HIV prevention for girls and young women. In addition, he noted that there is need to re-examine and look at more carefully, the rape laws for all women. In concluding the response to this question it was noted that this is an issue that is currently being addressed by the Legal and Ethical Sub-Committee of the National AIDS Committee.

What are the effects/ impact of legislation on different types of girls and young women and their vulnerability to HIV?

The respondent identified the Buggery Law of Jamaica as a piece of legislation that has an inimical effect on different types of girls and young women and their vulnerability to HIV. The Buggery Law essentially prohibits anal sex and homosexual activity, which the respondent has noted is increasing for girls and young women as a viable alternative to heterosexual sex. In the argument, the respondent commented that there is an increasingly

popular belief that this mode of sexual expression leaves the woman less vulnerable to early pregnancy and the loss of feminine virginity, therefore young girls and women's engagement in this type of sexual expression does focus on the fact that it still leaves them vulnerable to HIV. Formalised and functional SRH education within the education sector was seen as an imperative in responding to this challenge, as it would serve as a vehicle for promoting accurate information about HIV transmission and prevention, and increasing girls and young women's awareness about different types of sex and its implications on reproductive health,

"Younger women are turning to anal intercourse as a prevention from pregnancy, birth control, and to protect their virginity... This is not addressed in the schools in their sexual health programming, because people don't want to talk about the issue of buggery and (the belief) that it's just a gay men's issue that straight people don't get involved in... The reluctance to deal with some of these issues is putting young girls at greater risk... People are not really aware of the implications of (the Buggery Law), not just on gay men, but on straight couples, and young women as well."

Prevention Component 2: Policy Provision

What type of Government policies or protocols, make HIV Prevention for girls and young women in Jamaica better or worse?

The respondent identified one policy/ protocol that makes HIV prevention for girls and young women worse. This relates to the distribution of condoms in schools. The respondent argued that their availability is an imperative in the preservation of children's health and as such should be made available,

"I think for the sake of a child's health they ought to be made available."

In extending the argument about policies/protocols that make HIV prevention worse, the respondent could not identify any other policies that had inimical effects on girls and young women. However, it was noted that there are several issues that, if addressed within the policy framework, would result in the improvement of HIV prevention for girls and young women. The areas identified are:

- **Sexual Health Programming** - requires focus on contemporary issues, diversification of content, and a change in attitudes in order to make it more specific to young people's development needs. SRH education for young people is seen as an imperative in counteracting incorrect messages about sex and SRH,
 - *"Sexual health programming (should address) all kinds of sexual activities that are going on... Addressing the fact that young girls and boys are having sex at a very early age... They need to re-examine when they bring up these topics, (and) do it in a age appropriate manner, but to let kids know that it's something that's being addressed, and that adults around them are taking interest in this topic, because the kids go of and they see a lot of images on television, they hear about things on Dancehall songs, and they become exposed to sexual imagery, language, and activity at a very early age, and they need to have some adults in positions of authority countering some of the negative information that they are receiving."*
- **Empowerment to facilitate increased use of HIV prevention services** - there is the need for women to negotiate condom use, and increase their access to condoms and microbicides.
 - *"It's difficult for women to negotiate condom usage; they are not empowered to do that... I think condoms should be made available to women, and we need to start fostering a culture where women are the ones that say yes and no about their sexual health and condoms are a part of protecting their sexual health, and that means female condoms as well as male condoms... Microbicides are another thing that ought to be available to adolescents, all women really, because it gives them the opportunity to be empowered for their own sexual health."*

Do girls and young women, also boys and young men, receive any type of official sex education?

The respondent confirmed that there is official sex education within schools, but expressed an inability to speak to the specificities of the curriculum. However criticisms were reported of weaknesses in relation to structural elements of the programme:

- *"It is left up to the Guidance Counsellors... (who) very often are what is called old school, and are personally very reluctant to address some of these issues."*
- *"The information needs to be presented in an age and culture sensitive way, so that they buy into it, they pay attention and they listen and they understand. If you just talk to them like a text book, it becomes another curricular thing that's boring and not of interest."*
- *"Parents need to be sensitised too about what their child will be learning and how it's gonna be presented... It would be better for them to know up front this is the programme your child is going to be exposed to and give them a chance to decline. So maybe it's a matter of educating the parents as well as the children too."*
- Advocacy for Guidance Counsellors who educate youth within schools on sensitive issues relating to SRH and HIV/AIDS,
 - *"I know that Guidance Counsellors have gotten into trouble for bringing up certain topics, whether its condom negotiation or it's a matter of parents finding out and they're upset, someone needs to go to that Guidance Counsellor and say this is within the school's policy".*

What policies or protocols could be introduced, amended, or abolished in order to bring about the greatest improvements in HIV Prevention for girls and young women?

The respondent identified two specific issues that need to be assessed from a policy framework and introduced within national policy, in order to bring about the greatest improvements in HIV prevention for girls and young women:

- *"Getting rid of restrictions (relating to) condom use."*
- Increasing awareness about child sexual abuse. *"That's something that kids need to be made aware of at an early age, and be made to understand that that's not appropriate."*

The respondent also commented on policies/protocols that might be introduced to bring about the greatest improvements for positive girls and young women. It was felt that there is a need to make education on HIV positive classmates a mainstreamed and central topic in the sex education curriculum. This mainstreaming is seen as imperative in making education about positive persons a natural companion of general knowledge on HIV/AIDS, rather than serve as a symbol that may promote suspicion about the status of someone within the specific setting. While mainstreaming is seen as important, there were concerns about discrimination towards positive persons, particularly children, who utilise sex education services that are offered in public schools nationally.

Prevention Component 3: Availability of Services

What are the types, and scale of HIV Prevention services that are available for girls and young women in Jamaica? Do programmes cover social issues such as early pregnancy?

The respondent reported that he lacked information about specific HIV prevention services that are available for girls and young women, and therefore was unable to address the types and scope of existing programmes.

What are the types and scale of HIV Prevention services that are available for particular types of (unmarried, out of school, HIV positive,⁶ vulnerable) girls and young women?

Again the respondent reported that he lacked information on the types and scale of HIV prevention services for particular types of girls and young women, due to the absence of gender mainstreaming of HIV prevention services.

What are the types and scale of HIV Prevention services and information that are available for boys and young men? How does this affect the situation of girls and young women?

The respondent noted that he had knowledge of programmes that provided information and services to MSM young men, in major geographical areas (Kingston, Ocho Rios, and Montego Bay). Despite this he argued that there is a definite need for such services for heterosexual boys and young men. Such programming would target men who are in direct relations with women, and who would be better poised to respond to and provide support to them. The respondent acknowledged that while MSM youth maybe involved in bisexual relations, and therefore are important stakeholders in women's empowerment, they would not self-identify as being bisexual.

Overall, what type(s) of services are most urgently needed in order to increase HIV Prevention for girls and young women?

In order to increase HIV prevention for girls and young women, the respondent felt that the accompanying four issues required immediate attention:

- *"Sensitisation of schools - to provide information that's appropriate to the age group and the youth culture."*
- *"Making health care centres and clinics... much more youth friendly, both for women and young men. It's intimidating for an adult to go to health centre or clinic let alone for someone that's a teenager, so whatever you can do to market the services to young people in an attractive and appealing way, let them know what kind of services are available, maybe have specific departments within the health centre that they know that they can go and get information."*
- *"An advertising campaign that goes out to the schools - (distributes) posters, flyers, and brochures, so that young women know that there are places to go if they do have questions or concerns about their health".*
- *(Encourage the formation of) youth programmes that provide information about SRH and HIV prevention. Additionally, they should provide direction to health centres as places to go for additional information and support.*

In your opinion, are HIV Prevention services truly accessible to girls and young women, including those who are marginalised and vulnerable? What barriers exist, if any?

The respondent noted that HIV prevention services and resources maybe problematic to access, particularly for girls and young women from rural areas. It was noted that one of the major barriers to girls and young women truly accessing the services is that they are primarily staffed and delivered by professionals who are essentially intimidating to youth.

"Young people in general feel like they don't have the educational level to approach a professional or service provider. I think that intimidates both young people and adults. They feel like they put these people on a pedestal somehow, and they feel intimidated to go forwards and talk and bring concerns and questions to them."

⁶ 'Positive' refers to 'Positive Prevention,' which means that HIV prevention among young PLWHA to both prevent them from becoming re-infected and transmitting the virus to others. Examples of ways to encourage positive prevention include; health promotion among individuals living with HIV; scaling up general AIDS and SRH services; and carrying out relevant advocacy and policy work.

Are HIV Prevention services easier or harder for particular types of girls and young women (in/out of school, married/unmarried, rural/ urban, HIV positive/unaware of status) to access?

The respondent reiterated the challenge that exists for rural women in accessing HIV prevention services, but was unable to address the situation of married/unmarried women. Positive women were seen as people whose knowledge, both of their HIV status and the sensitisation about the services that are available, would position them as persons who have the least difficulties in accessing HIV prevention services.

"It is more difficult in a small community, and part of that too is that the smaller your community the more people know your business, and so it's much harder to hide the fact that you might be going to a health care centre, or going to see a doctor. In an urban area you can go from one part of town to the next, people won't really know you, but that's hard to do, and it's very intimidating for a lot of people... For HIV positive girls, I would tend to think that they would have greater access because they know their health status and they are in the system."

In making final comments about the availability of services for particular types of girls and young women, the respondent argued that much of the difficulties surrounding the accessibility of services can be remedied through increased testing in the schools, using the Rapid Test Units during Safer Sex week and World AIDS Day events. Such special testing opportunities are seen as an entryway into increasing particular girls potential for accessing and knowledge of available HIV prevention services.

"If young people become more aware of the risks and the testing, it could be a kind of entryway into the health care system if they do test positive. The other side to that too is that it might start to give them a certain level of comfort or familiarity with the process of testing, so when they get older and do become more sexually active, if they aren't already, it doesn't seem as intimidating to go and get an HIV test. It also introduces them to the level of the health care system that provides that service, which may help break down some of the fears and barriers."

What role do boys and young men play in making HIV Prevention services easier and better for girls and young women?

The respondent believes that the cultural factors that push girls and young women into early sex are similarly very active for boys and young men as well. As such, it is believed that the society and adults as a whole are the ones whose responsibility it is to make HIV prevention services easier and better for girls and young women.

"There are a lot of pressures on them to prove their masculinity and to get involved in sexual activities at a young age, and I hate to say it's their responsibility to tell the women, when they're getting the same pressures that young women get to engage in these activities, so I don't know that I feel that it's really their responsibility. It's everyone's shared responsibility; adults are really the ones that need to start setting an example for young people."

The respondent noted that the situation of young women being involved with older men presented serious challenges in terms of the prioritisation of their health. The sensitisation of these men is seen as integral in making HIV prevention for girls and young women easier and better because of the level of power that they exercise in the relationships. There was scepticism regarding older men's amenability to sensitisation because they believed that this could lead to the empowerment of their young partners.

"I think there are a lot of young women who are involved with older men... Older men need to start putting the health and the needs of their young partner ahead of their own needs sometimes. I don't know if you can really convince someone that's in that kind of relationship that they should be encouraging a young partner to go see a doctor, and be tested and learn about all these things, because it starts to give them the power to walk away from a relationship."

The local musicians were also singled-out as important male actors in making HIV prevention for girls and young women better. The respondent noted that this responsibility was overshadowed by lyrical content that portray women negatively and perpetuate misinformation about sex and HIV. The respondent felt that some sort of censorship should be in place for this.

Prevention Component 4: Accessibility of Services

Overall, what priority actions could be taken to make HIV Prevention services more accessible to girls and young women?

The respondent sees education as a major priority in making young people more aware of the risks involved in sex, and the services available to them. This is not limited to youth, but also involves the educating of parents about their responsibilities such as talking to their children, explaining the value system that they believe in for their family, the sort of rules of behaviour they would like their child to uphold and the reasons why. Parents need to know more about the risks, so that they can explain it to their kids more accurately and challenge misinformation out there. The church is seen by, the respondent, as an important actor in the prioritisation and increased knowledge and awareness of youth and parents about HIV prevention services and their importance to young people.

Prevention Component 5: Participation and Rights

How are international commitments applied in Jamaica?

The respondent noted that Jamaica like other countries that have signed international conventions/commitments, do so because "it's expedient... but when it comes to really changing any of their laws or to do things, that's not so common." He illustrated how input by civil society in the Jamaican Parliamentary discourse on Human Rights seemed to be antagonistic towards international norms and cultural changes.

"This morning, while in Parliament they were debating the Charter of Rights and the issue came up of some of these international treatise, and there was a representative there from the Christian churches, and they wanted to introduce some language in there that the interpretation of the Constitution would take into consideration the norms and culture of the Jamaican people. It's kind of a problematic thing, because what they are trying to do is to say that we don't want international law entities telling us how we should run our own country."

To what extent is the national response to HIV/AIDS rights-based?

The respondent noted that the national HIV/AIDS Policy is founded in Human Rights and endorses it,

"I can't think of any examples in the National Policy that I would say are in opposition to any Human Rights. I think in that regard the National Policy has done a good job of reflecting what are some... universal rights... and how they are impacted by HIV or HIV impacts them."

To what extent are girls and young women, including those living with HIV/AIDS involved in decision-making about AIDS at the national level? Are they or the organisations they represent involved in the development of the National AIDS Plan?

The respondent noted that there is insufficient involvement of girls and young women in decision-making at the national level. It was noted that when there is involvement of these individuals/groups there are reports of little regard or actual valuing of their perspectives.

"There are people who have criticised their level of involvement in the planning, feeling that if they are included in the review sessions and planning meetings that their presence has been more for show, and their idea and comments are not necessarily incorporated at the end of the day, they will listen to what they have to

say and say thank you, and at the end of the day do what they want to do anyway."

Additionally, it was noted that during the policy development process of the National HIV Policy, *"there was an effort to try to work with as many stakeholders as possible, and there maybe cases where there were representatives who interfaced with young people and who can speak on behalf of young people."*

What priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

The respondent noted that key priority actions that would encourage girls and young women's increased involvement in decision-making about AIDS at the national level include the collaboration of the Bureau of Women's Affairs and some other agencies with similar mandates that work with women, including young women *"to convene conventions for young women, where they come together on a regular basis and discuss not just sexual health, but a variety of different issues facing young women, poverty and education issues. That information could be fed into prevention policies and programming."*

Summary

In summary, what are the 3-4 key actions, for example by the Government, donors, community leaders, that would bring the greatest improvements to HIV Prevention for girls and young women in Jamaica?

The three key actions that are deemed imperative in bringing about the greatest improvements in HIV prevention for girls and young women in Jamaica are:

- *"Research to support the risks that young women face - it was noted that such research should not just look at prevalence rate, but examine what are some of the factors that compound and create that high risk."*
- *Research should be used to focus programming (BCC, education, etc.) "specifically targeting young women".*
- *Increase in the numbers of "youth friendly service providers."*

One-to-one interview: Representative (female) of a United Nations agency

General

What is your impression of the general situation of HIV prevention for girls and young women in Jamaica? Are things improving or worsening? Elaborate

"I really don't know whether they are improving or worsening... unless one has read some kind of analysis. There's a gap in terms of:

- *"Information regarding what is going on in relation to prevention."*
- *"Specific focus on girls and young women. There is very little material and very little gender analysis of the programmes or what services are available."*
- *"Statistics. When you talk about girls and young women, who are these, what are the percentages that we are looking at, and where they are? Are they in the formal or informal sector, therefore, how can they be reached?"*

Prevention Component 1: Legal Provision

In your opinion, what laws/ legislation are contributing to the improvement or worsening of HIV prevention for girls and young women?

"I do not know. Information is very scanty about legislation specifically targeting girls and young women, let alone in the area of prevention. There is very little legislation that has specific focus or that was intended to focus on HIV response, not just prevention. There is no HIV specific law. There is legislation, for example, that focuses on children, like the,"

- *"Child Protection Act...it could have a correlative positive impact on preventing or reducing risk, and reducing vulnerability of children, including young girls to be exposed to HIV infections. That's a huge extrapolation of the possible impact that this Child Protection Act could have on young girls and young women. I'm not able to say whether it is helping, because that type of analysis has not been done and it doesn't exist."*

In your opinion, what are biggest gaps/ weaknesses in current legislation on HIV prevention for girls and young women?

The biggest gaps are:

- *"We don't have any specific legislation focusing on HIV- work I underway to looking at... HIV/AIDS specific legal reform, a legal assessment has been done, recommendations have now been submitted to Cabinet of what legislation we are proposing to put into effect, which is not just looking at prevention and young women and girls, but on HIV broadly, so the gap is that this legislation is just not there."*
- *"Some of the laws that exist already can have negative practical implications on how people behave around the legislation in order to manage. I think that rape is an offence, but again enforcement of that remains a challenge, so the gap there is not so much the existence of the law, but its enforcement. Rape presently is not defined to include marital rape, under the current law, which means young women who are married as common-law wives could be undergoing a lot of abuse and that is not caught by any law."*

What are the effects/ impact of legislation on different types of girls and young women and their vulnerability to HIV?

"If legislation existed, it would have very little direct impact on girls and young women, because existence of legislation itself does not lead to protection. Their protection would be minimal, even if the legislation existed."

- *"Prostitution is illegal, which means should anything happen to a young woman in the context of sex work, she has no recourse to law."*

- *“Abortion is illegal - young women and girls are forced to use unsafe methods to abort and in so doing expose themselves to further risks, not only of infection, but also abuse and rape in the course of someone offering them help, or asking them to sell sex for them to get abortion afterward.”*

“Once you have legislation that bars certain things like abortion, prostitution, you create a lot of clandestine activities within the sectors that fall within the prohibited legislation.”

Prevention Component 2: Policy Provision

What type of Government policies or protocols, make HIV Prevention for girls and young women in Jamaica better or worse?

“I don’t think that there are any specific protocols or policies that are tailored specifically for girls and young women. The protocols and policies that exist are generic.”

Do girls and young women, also boys and young men, receive any type of official sex education?

“Official sex education is an anomaly, there isn’t any comprehensive sex education programmes going on in schools. There is the HFLE that was piloted in several schools. After the pilot it has never been applied beyond being piloted in schools. An evaluation of the pilot was that”:

- *“There was very little seriousness attached to HFLE by schools and institutions.”*
- *“It was generally done at the end of the day.”*
- *“It was rudimentary- students turned up or didn’t turn up with no consequences.”*
- *“Most teachers had no desire to teach it...it was skipped because no teacher available.”*
- *“It is a non-examinable subject.”*

“All these qualifications are telling you that it is not taken seriously. Recently in the media, there was a call by the National AIDS Programme about the importance of teaching sex education or HIV related information formally in schools, including the various forms of prevention... and there was a huge out cry from the education institutions and the public about how this is unacceptable, and immoral. That tells you a lot as to whether young women, girls, boys are receiving any form of sex education in relation to any institution. Whenever we talk about sex education we have to juxtapose it with how they are being socialized. At the end of the day we must try to formalise sex education into the education institutions, but that is furthest away from reality in Jamaica.”

What policies or protocols could be introduced, amended, or abolished in order to bring about the greatest improvements in HIV Prevention for girls and young women?

The respondent indicated that policies/protocols are generic, and therefore none are currently tailored to respond to the needs and challenges of girls and young women. Thus, there can be no amendments. However, gaps were highlighted, which could be introduced in existing policies/ protocols.

- *“There’s nothing that’s gender specific or gender sensitive in the protocols and policies that exist. That is a gap. The gap also lies in the lack of disaggregation of approaches to specific needs of particular girls and young women. Stratified and focused programmes for specific needs of specific categories of girls and young women do not exist. A lot needs to be done in terms of gender disaggregation of programmes, and then in terms of age.”*

Prevention Component 3: Availability of Services

What are the types, and scale of HIV Prevention services that are available for girls and young women in Jamaica? Do programmes cover social issues such as early pregnancy?

“I do not know what specific services are available for girls and young women. I do not even know what specific components they cover, but I do know that they are very limited, if at all there are any, that have specific focus on girls and young women. Generally

programmes are generic, so they are developed to cover the population, and that is one of the weaknesses. There isn't that type thinking of stratifying targeting programmes. Programmes are unison and uniform, so that naturally leads to failure for those with specific needs. Peer-to-Peer services don't exist here."

What are the types and scale of HIV Prevention services that are available for particular types of (unmarried, out of school, HIV positive, vulnerable) girls and young women?

The respondent reiterated that HIV prevention services are generic and designed for the general population, therefore one will not find services for particular types of girls and young women.

What are the types and scale of HIV Prevention services and information that are available for boys and young men? How does this affect the situation of girls and young women?

Services are generic and are not designed to respond to the needs of specific groups like boys and young men.

Overall, what type(s) of services are most urgently needed in order to increase HIV Prevention for girls and young women?

The socialisation process and gender dynamics are seen, by the respondent, as critical in the creation of services to respond to the needs of girls and young women. This would make services responsive to their specific needs, and also target areas where there are definite challenges. This would limit the pressure girls and young women feel from the society to look good, which therefore compels them to engage in activities that put them at greatest risk.

Prevention Component 4: Accessibility to Services

In your opinion, are HIV Prevention services truly accessible to girls and young women, including those who are marginalised and vulnerable? What barriers exist, if any?

" 'Bashy Man' seems to be one of the most innovative programmes that have caught on to young people's attention. It's more inquisitiveness that gets them on the bus, but also they get exposed, and they think its cool and they get others to go. That is improving a little bit more, accessibility and friendliness of the services, but that is the only programme I know, that is really structured, targeted, youth enough in its conceptualisation, and speaks to the Jamaican youth, who is not an ordinary youth. The rest of the services are offered at hospitals and clinics, and I cannot see a young Jamaican really having an interest to engage with those types of services, and therefore not even accessing them. Accessibility is about location, its also about the approach of it, whether its sexy enough, and young and beautiful enough, but its also about the personnel that finally provides the services, whether they themselves are young and there is a peer-to-peer relationship. I think accessibility still remains a challenge, generally for young people and I can imagine, even more so for girls."

Are HIV Prevention services easier or harder for particular types of girls and young women (in/out of school, married/unmarried, rural/ urban, HIV positive/unaware of status) to access?

Access to services for particular types of girls and young women is seen as problematic because of the general lack of stratified/targeted services. Services are developed generically, and therefore are designed for all affected groups to access at centralised locations. This curtails specific groups from accessing the services because they are not sensitive to their needs.

What role do boys and young men play in making HIV Prevention services easier and better for girls and young women?

No response was provided for this question, as the respondent gave one general answer for the component, thus resulting in the researcher having to extract answers for specific questions contained within it.

Overall, what priority actions could be taken to make HIV Prevention services more accessible to girls and young women?

- Gender mainstreaming of HIV prevention services
- Making services sensitive to different age groups
- Establishing Peer-to-Peer services
- Establishing youth friendly sites for disseminating HIV prevention information and service delivery
- Decentralising youth oriented services from the general sites that offer HIV prevention services

Prevention Component 5: Participation and Rights

How are international commitments applied in Jamaica?

"Jamaica tends to define itself from itself. Policy articulation and legislative reform is very much focused on what Jamaica sees as its priorities, and also partly what the CARICOM the Caribbean region sees as its priorities, and only after that looks at how that relates to international commitments. It starts a little bit from in going out, which means that these international commitments are relevant to the extent that they are brought to the nose of the Government that they are important and relevant. In some areas there is a general commitment. Almost all the policies that exist, in relation to HIV and more specifically, the National Policy on HIV speaks very strongly to the fact that it is grounded on international Human Rights law, and that it is there to protect and promote the enjoyment of Human Rights in the context of HIV, and ensures that PLWHA fulfil their rights. Jamaica has ratified all the six core international Human Rights instruments. How people here are able to realise these rights will entail coming up with specific legislation that allows this to become real."

To what extent is the national response to HIV/AIDS rights-based?

The national response to HIV is rights based, in terms of its articulation of the policy, designing of the programmes, and also now the commitment that the Government has made to develop or enact specific HIV legislation.

To what extent are girls and young women, including those living with HIV/AIDS involved in decision-making about AIDS at the national level? Are they or the organisations they represent involved in the development of the National AIDS Plan?

"Generally there are not many women involved in decision-making about HIV at national level, let alone young girls. There are no young girls on the Executive board of the National AIDS Programme, and National AIDS Committee, on the Country Coordinating Mechanism (CCM), which would be the main national body that makes decision on HIV. The organisation of PLWHA is weak and also is not gender focused and youth focused. The civil society is weak, generally in Jamaica as a sector, and is also very weak in its gender focus and weak in its youth focus. Organisations that are doing programmes on HIV are also not gender focused or youth focused. There is a gap in terms of gender and youth disaggregated programmes. In relation to this whole question there are a lot of gaps."

What priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

- *"To have Government agree to set quotas - to explicitly set aside assigned positions to be occupied by young girls."*
- *"Sensitisation of current institution, to be aware that it is important to disaggregate in terms of age and sex".*

Summary

In summary, what are the 3-4 key actions, for example by the Government, donors, community leaders, that would bring the greatest improvements to HIV Prevention for girls and young women in Jamaica?

- *"There is need for a better understanding of the determinants of girls and young women's vulnerability and risk."*

- *"Gender disaggregated and youth disaggregated programmes and services to be put in place."*
- *"Emphasise positive prevention - the role that positive young people can play, not only to live responsibly and not infecting others, but also for them to educate others to not get infected."*
- *"Accessibility to user-friendly services that are looking at specific needs of specific young people."*
- *"Self-regulating/monitoring programmes for young people - will make them feel that they are in charge, and in control... That would shift the burden of responsibility... You have to take young people where you find them and let them play their role."*

**One-to-one interview: Representative (male)
of a United Nations Agency**

General

What is your impression of the general situation of HIV prevention for girls and young women in Jamaica? Are things improving or worsening? Elaborate

"There is still a lot of room for improvement in terms of the national response. The feminisation of the epidemic is affecting, in a very significant manner, young girls who are three times more likely than boys to be infected. This points to the fact that there is still a lot to do. It's not just prevention efforts. There's a lot to be done with older males, in terms of prevention with young girls. I'm not cognisant of very specific programmes targeting older males who maybe having relationships with young women. I think this points to the whole issue of social relationships as established in society, and particularly gender relationships, and young girls as particularly vulnerable to HIV."

Prevention Component 1: Legal Provision

In your opinion, what laws/ legislation are contributing to the improvement or worsening of HIV prevention for girls and young women?

The respondent identified policies not legislation that were contributing to the improvement of the situation of HIV prevention for girls and young women. The Bill of Rights was mentioned as impending legislation that would contribute to the improvement of the situation of HIV prevention, but it was argued that there needed to be national consensus about it and core elements, especially in relation to the issue of homosexuality.

In your opinion, what are biggest gaps/ weaknesses in current legislation on HIV prevention for girls and young women?

- *"Prevention education - the implementation of the HFLE programme and how sexuality is being approached in that context might be wrong. There is a structural problem with the education sector; this structural problem is the fact that a significant part of it is in the hands of Faith-based Organisations (FBOs). The enforcement implementation of that HFLE curriculum is dependent on a sector that is essentially dominated or taken over by organisations that have a different view about best practices in the delivery of information on sexuality and HIV/AIDS."*
- *"The lack of existence of certain laws might be affecting young girls. The legal framework is very old when it comes to these issues."*
- *"The lack of implementation of that law and the policies. It's about triggering change in the society so as to get social buy-in about legislation so that they can be implemented."*

What are the effects/ impact of legislation on different types of girls and young women and their vulnerability to HIV?

"Generally, there is a negative impact, because the legal framework is inadequate for this time. In some cases legislation is non-existent or they facilitate stigma and discrimination (S&D). This is a major deterrent in the national response to HIV/AIDS."

- *"Girls living in a rural environment maybe more vulnerable to S&D if anyone knows that they are positive, they don't have the capacity to be anonymous in terms of their status and this puts young girls at very high risk."*
- *"Difficulty in accessing services in rural areas - young girls don't have the capacity to access the services as well as in urban areas with conditions of confidentiality that they would have in the city."*
- *"Education, life prospects and employment, are more limited in the rural areas than in the city."*

Prevention Component 2: Policy Provision

What type of Government policies or protocols, make HIV Prevention for girls and young women in Jamaica better or worse?

- *"The HFLE programme is very limited. There is little buy-in from those who have to implement it, at all levels."*
- *"The Policy on the Distribution of Contraceptives to Minors, but there is the issue of the age of consent. Health providers and educators are extremely careful when delivering services and education to young people, because the legal framework is still a little bit blurry as to what is the responsibility of the state, and parents."*
- *"The policy on Contraceptives for Minors is a good one."*
- *"The protocol that deals with MTCT is very good."*
- *"A lot needs to be done in the area of VCT. HIV/AIDS cannot be approached only from the health sector."*
- *"There needs to be an enabling environment for persons who are positive. We are talking about public education campaigns, FBOs going beyond issues of blame and condemnation. Again it's not just existence of policies and protocols, it's the way they are being enforced."*

Do girls and young women, also boys and young men, receive any type of official sex education?

"They do in the context of HFLE, but there is a flurry of discussion as to what the content is. The education sector has a significant presence by the FBOs, that have different views about this issue. The content that some schools have provided has nothing to do with sex education that is Human Rights based, and that young people have the capacity to make choices. It's a moral education that promotes abstinence without giving out information at all, or giving wrong information about the choices that they would have. It's really counterproductive, promoting stigma, discrimination, a biased view of what HIV is about and what it means to be HIV positive."

What policies or protocols could be introduced, amended, or abolished in order to bring about the greatest improvements in HIV Prevention for girls and young women?

The respondent spoke about legislation that would need to be introduced rather than policies/ protocols, but by an large the suggestions would fit comfortably within existing policies: HFLE policy, and National HIV/ AIDS policy.

- *"Having an integrated approach in the education sector. The private education sector is totally independent from the state - that creates problems in terms of coordination, content. Private schools have their own ways of approaching things, but there are certain elements that have to be common. Bringing together the public and private education sector around those core issues, setting some minimum standards in the education system is very important."*
- *"Need for legislation for young girls accessing services. There is a lack of adolescent/ youth-friendly health services. Having provisions in the legislation and programmes targeting the specific needs of girls and young women will be very important."*
- *"Legislation involving PLWHA, and working with PLWHA is fundamental."*

Prevention Component 3: Availability of Services

What are the types, and scale of HIV Prevention services that are available for girls and young women in Jamaica? Do programmes cover social issues such as early pregnancy?

"I think it's very fragmentary in terms of response and the kinds of services that are available. There are some, but to the extent of my knowledge, most of them are being run by private institutions."

- *"ABC strategies are being promoted very strongly. For young girls, many of whom are probably being abused, abstinence and faithfulness are not choices for them. Condom use maybe very limited, because of their low negotiating power. There is a need to go beyond ABC strategies, particularly when dealing with young girls."*

What are the types and scale of HIV Prevention services that are available for particular types of (unmarried, out of school, HIV positive, vulnerable) girls and young women?

"There aren't any services specifically targeting particular types of girls and young women. The Policy on the Distribution of Contraceptives to Minors is being implemented in a very limited fashion. There are no differentiated services for adolescents being provided in the public sector."

What are the types and scale of HIV Prevention services and information that are available for boys and young men? How does this affect the situation of girls and young women?

"I don't think there are many programmes targeting boys and young men. I'm not aware of any specific programmes by the Government targeting young males. I do know that some institutions, for example, the Women's Centre Foundation of Jamaica, have programmes targeting young males, and I believe that JASL has programmes targeting young males. I don't think the country has any kind of full-fledged programmes targeting males in and out of schools."

Overall, what type(s) of services are most urgently needed in order to increase HIV Prevention for girls and young women?

- Education
- Involvement of Parents
- Creating a protective environment for them
- Improving the quality of HFLE and sex education
- Creating youth friendly services
- Reaching out to young males in non-school settings

"All these recommendations require working with adults and parents so that they can fully understand the importance of those interventions."

Prevention Component 4: Accessibility to Services

In your opinion, are HIV Prevention services truly accessible to girls and young women, including those who are marginalised and vulnerable? What barriers exist, if any?

"The further you go to the vulnerable groups, there is no legal framework supporting them. In the case of CSWs, we are dealing with a population that is a delinquent, because it's an activity that is criminalised, the same would apply with MSMs. All those things are a deterrent to the effective access to services by those populations."

Are HIV Prevention services easier or harder for particular types of girls and young women (in/out of school, married/unmarried, rural/ urban, HIV positive/unaware of status) to access?

"Services are extremely limited and accessibility is therefore extremely limited. A young girl who wants to access VCT, would probably have to go to another rural community. If she accesses a public facility and she is under-aged she may face some sort of problems because the health provider may not be willing to conduct the VCT. If it's private then it's costly. The whole environment surrounding young girls and adolescents is very difficult. The issue of stigma and confidentiality are two fundamental issues that really affect the degree of accessibility of services. I think young girls are much more vulnerable than boys in terms of accessing services. The mainstream of society thinks that young girls should not do those things."

What role do boys and young men play in making HIV Prevention services easier and better for girls and young women?

"Potentially they have a fundamental role to play; I'm not so sure they are doing it at this time. The issue is also if they are willing to promote positive behaviour when it comes to sexuality. I'm not so sure this is happening. It may have to do with education, gender roles, construction of masculinity, etc."

Overall, what priority actions could be taken to make HIV Prevention services more accessible to girls and young women?

- *"There is need to make the services available."*
- *"There is need for proper coordination of the services - if education services are good, young people will be able to make the right choices, and there will be a supportive framework which includes appropriate legislation."*

Prevention Component 5: Participation and Rights

How are international commitments applied in Jamaica?

"I don't have all the elements to have a clear picture to say how Jamaica is implementing international agreements. I do believe that for international agreements, some of them are compulsory, but many of them are policy instruments to guide policy and legislation. I believe that there is more that could be done in terms of addressing legislation to international agreements, but I think the main problem does not lie with that, but with implementation of legislation and the capacity of the state to implement the legislation."

"To be absolutely fair, Jamaica has a lot of foreign debt. You have a country where 70 percent of the revenue goes to servicing foreign debt, the capacity of the state is very limited not just in the area of HIV/AIDS, but in general - so it's a structural problem that I think it would be unfair to say that Jamaica has no commitment. I don't think there is a lack of commitment, based on my experience in the area of HIV/AIDS, I think there is plenty of commitment, but there is an issue with access to resources."

"International commitments many times are policy frameworks that are supposed to guide the development of national policies, but if one of the international agreements is not useful in the national context, that has to be taken into account. It is very important to bear in mind the cultural and national specificities of any country when dealing with HIV/AIDS. I feel that the country could do a lot more in the area of Human Rights, particularly in their legislation. I mean removing pieces of legislation that are totally outdated and putting in place pieces of legislation that protect the rights of PLA, and people affected, and even before that. I think that the country could do more in terms of guaranteeing that all Jamaicans have access to the same standards of education and health."

To what extent is the national response to HIV/AIDS rights-based?

"It cannot be rights-based with the kinds of legislation in the country as a whole. Participation and rights are very limited."

To what extent are girls and young women, including those living with HIV/AIDS involved in decision-making about AIDS at the national level? Are they or the organisations they represent involved in the development of the National AIDS Plan?

"There are organisations that include PLWA and those affected by AIDS, which generally presents an avenue for dialogue on the issues. Girls and young women aren't the ones doing the representation, but people making representation on their behalf. It's a limited capacity that girls and young women have to be involved in decision-making generally. UNFPA does facilitate the involvement of young people in AIDS programming, but this is not systematic throughout the AIDS programmes in Jamaica."

What priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

Several things need to be done at once. These include:

- *"Establishing consultative bodies that could flag girls and young women's issues and concerns without taking risks towards S&D, etc."*
- *"Affirmative action for girls and young women - as a means of ensuring that they have a place on special councils."*

Summary

In summary, what are the 3-4 key actions, for example by the Government, donors, community leaders, that would bring the greatest improvements to HIV Prevention for girls and young women in Jamaica?

- *Legislation*
- *Education*
- *Health*

**One-to-one interview: Chief Executive Officer (female)
of a Family Planning Association**

General

What is your impression of the general situation of HIV prevention for girls and young women in Jamaica? Are things improving or worsening? Elaborate

"I would hope and imagine that things are improving, because you do see the following":

- *"More information, education on radio, TV,*
- *All the youth organisations are emphasising HIV/AIDS in their activities, and*
- *The Education Ministry now has a HIV department, which should also aid the general situation for the girls."*

"So, in terms of knowledge of HIV, I think that should be improving."

Prevention component 1: Legal provision

In your opinion, what laws/ legislation are contributing to the improvement or worsening of HIV prevention for girls and young women?

The respondent made reference to policies that contribute to the improvement/ worsening of HIV prevention for girls and young women, not laws/ legislation.

In your opinion, what are biggest gaps/ weaknesses in current legislation on HIV prevention for girls and young women?

The respondent spoke to the need to strengthen existing legislation on stigma and discrimination, especially towards girls and young women, and the need for special attention to the provision of ARVs to girls who have been raped. While there is legislation addressing discrimination towards minorities, there is currently no legislation speaking to the protection of individuals from discrimination on the basis of their health status. The National AIDS Policy addresses this issue with specific reference to persons living with HIV/AIDS. Additionally, ARVs for girls who have been raped is an issue covered in the National AIDS Policy. Legislation on rape does not address prophylactic treatment.

What are the effects/ impact of legislation on different types of girls and young women and their vulnerability to HIV?

Again, the respondent answered this question in relation to policies on the treatment of girls who are raped, not legislation. There seems to be a general lack of full understanding about the differences between policies and legislation.

Prevention Component 2: Policy Provision

What type of Government policies or protocols, make HIV Prevention for girls and young women in Jamaica better or worse?

The respondent made reference to two policies/protocols. The first is seen as improving the situation of HIV prevention for girls and young women, and the other is seen as something that needs improvement, as it does not address the special needs of positive persons in relation to contraceptives:

- *"The National HIV Policy enables people who are working in the HIV field to have a better grasp of what is available and how it would impact on girls and young women. For example, at all the clinics, it is mandatory for them to have a HIV test and be given the necessary treatment if they are HIV positive, and also when the babies are born they also are treated. So that is one positive for young people, all women actually."*
- *"The Policy Guidelines for the Provision of Contraceptives to Minors provides for minors to be given contraceptives without the consent of parents in certain circumstances, but looking at it I noticed that the provision does not include anything about HIV or if the young person need services relating to HIV/AIDS, so that is something that needs to be looked at."*

Do girls and young women, also boys and young men, receive any type of official sex education?

"We help in certain schools in the area of Family Life Education and a very important part of our strategy is to integrate HIV/STI education strategies. So we really make sure that when we go to the schools, we also make sure that this is emphasized. However, I think more needs to be done, and I'm not sure what is being done at the Ministry of Education in terms of HIV/AIDS. I think there is a gap there... Depending on the Guidance Counsellor's/Principal's interest in the matter, the subject would or would not be emphasised. Again there is so much that young people have to be taught; in schools, all the social things that would not be normally taught in school, have to be taught now because of the gap in parenting, and that HIV might come to the bottom of that list. Young people are not taught about their sexual and reproductive rights."

What policies or protocols could be introduced, amended, or abolished in order to bring about the greatest improvements in HIV Prevention for girls and young women?

The respondent indicated the need to have policies/protocols amended to address:

- *"Mandatory treatment for young people regardless of their ability to pay - this impacts on the care that they are going to be given."*
- *"Confidentiality, in relation to young people - they don't trust adults at the best of times, so that needs to be looked at."*

Prevention component 3: Availability of services

What are the types, and scale of HIV Prevention services that are available for girls and young women in Jamaica? Do programmes cover social issues such as early pregnancy?

"Specific HIV programmes, at Government facilities, might not be adequate at the moment, because the clinics are overwhelmed by all the other services that they provide. At JFPA we emphasise the ABC strategies, but in terms of the clinics, I don't think they have the time to do that. The types of services that are available are outlined below":

- *"Male and female condom s- the male condom is easy to get; knowledge by the young ladies about the female condom is very inadequate, and they are also very expensive if you have to buy them in the supermarket. At our clinic we find that most women use them once or twice, but there is something about it that's not very attractive to them."*
- *Information on STIs, VCT, ARVs for children, and the PMTCT is readily available at health centres."*
- *Famplan early pregnancy programmes cover social issues, and I would imagine the National Family Planning Board would have similar programme."*

What are the types and scale of HIV Prevention services that are available for particular types of (unmarried, out of school, HIV positive,⁷ vulnerable) girls and young women?

"I don't think services are really targeted. Most of the women who access these services are unmarried."

- *"HIV positive young girls can get help at JAS, while at other AIDS Associations, that's something that needs to be scaled up."*
- *"There isn't anything for out-of-school girls. As far as FamPlan goes, we have several youth programmes targeted at rural communities, and we would deal with all these girls out-of-school, HIV positive, and unmarried and vulnerable for prevention purposes, and we would also eventually offer VCT to them (young people, men and women). So if a young girl comes to our clinic for example, contraceptives, she'll learn about HIV/AIDS, because that's integrated, so she'll not go out the door and learn something about HIV, and not be encouraged to take the test or use a condom to protect themselves from AIDS."*

⁷ 'Positive' refers to 'Positive Prevention,' which means that HIV prevention among young PLWHA to both prevent them from becoming re-infected and transmitting the virus to others. Examples of ways to encourage positive prevention include: health promotion among individuals living with HIV; scaling up general AIDS and SRH services; and carrying out relevant advocacy and policy work.

What are the types and scale of HIV Prevention services and information that are available for boys and young men? How does this affect the situation of girls and young women?

"For us at FamPlan, we try to aim at boys, not only in terms of condom use, but also in terms of gender-based violence, because that also impacts on the girls in terms of HIV/AIDS. All the strategies for the prevention of AIDS are targeted to boys and men, hopefully as time goes by we will see more of them accessing the services, as it is very hard to reach them. We can't expect them to come to the clinic, so you have to go to where they are, whether it is football or some Domino Club. We also go into schools and target boys as well, through our gender-based violence programme we try to show them how they affect girls. We also had a male clinic that we are planning to revive... to interest men in their own health in terms of prostate, blood pressure checks, and gender-based violence."

Overall, what type(s) of services are most urgently needed in order to increase HIV Prevention for girls and young women?

- *"Outreach services - young people are not disposed to coming to a clinic if they are feeling well, so you have to go to where they are and design very innovative and interesting programmes for them in order to show their vulnerability."*
- *"Self-esteem programmes - young and old women have very low self-esteem, we have to find a way to raise it, I don't know if it's education... some educated women still have low self-esteem, that's a very important thing to do as self-esteem plays an important role in condom negotiation."*
- *"Programmes that integrate information on biology and anatomy."*

Prevention component 4: Accessibility of services

In your opinion, are HIV Prevention services truly accessible to girls and young women, including those who are marginalised and vulnerable? What barriers exist, if any?

"I wouldn't say that they are truly accessible due to the following barriers":

- *"Fear"*
- *"Financial - inability to find bus fare to visit the clinic."*
- *"The health provider's attitude - young people would have a hard time, when they come in to ask for condoms."*

Are HIV Prevention services easier or harder for particular types of girls and young women (in/out of school, married/unmarried, rural/ urban, HIV positive/unaware of status) to access?

"It depends on the women, because those who have the confidence to go will go, and those who don't won't, so it just depends on who you are. If you are marginalised and vulnerable it probably means that you wouldn't be disposed to go get these services."

What role do boys and young men play in making HIV Prevention services easier and better for girls and young women?

"If they are sensitised and they have a good understanding of what HIV is all about, then they would make it easier for the young girl by not refusing to wear a condom, for example. But in truth and in fact the reality is that this not always so, in the majority of cases they are not making it easy for the young women."

Overall, what priority actions could be taken to make HIV Prevention services more accessible to girls and young women?

- *"More outreach - to steer young girls into the clinics."*
- *"Programmes addressing girls' and young women's economic situations."*
- *"Very integrated HIV prevention services, which aim at reducing excessive segmentation into services for HIV separate from services for other diseases. Looking at HIV as a special disease leads to stigma and discrimination. We need to focus on it being another disease, treat it like that... It's a holistic thing, especially for young people, they don't want people to know."*

Prevention component 5: Participation and rights

How are international commitments applied in Jamaica?

The respondent was unable to address how international commitments are applied in Jamaica. The response spoke to Jamaica's funding support from the international donor community.

To what extent is the national response to HIV/AIDS rights-based?

"They are on the right path. The Ministry of Health has their policy, and it covers a wide area. It's a good policy, but it's to disseminate this policy and make it available so that they know what the Government's feelings and services are. It has good objectives, a good vision statement, so as far as that is concerned I think we can give the Government an 'A' in that."

To what extent are girls and young women, including those living with HIV/AIDS involved in decision-making about AIDS at the national level? Are they or the organisations they represent involved in the development of the National AIDS Plan?

"I haven't seen or heard them in a public forum, so maybe more needs to be done on that."

What priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

"Making HIV/AIDS a part of National Centre for Youth Development (NCYD) strategies - they would know where the organisations are for young girls and women and really see to it that they are involved in national decision-making about AIDS. They would be in the best position, if you really need an organisation to target other organisations with young girls. There are other organisations like the NAC, which could make that one of their objectives to identify and select young girls with leadership abilities to be appointed on the decision-making bodies."

Summary

In summary, what are the 3-4 key actions, for example by the Government, donors, community leaders, that would bring the greatest improvements to HIV Prevention for girls and young women in Jamaica?

- *"Prioritising girls and young women as having special needs and a group that needs funding in order to address their special needs. The government should impress upon the donors that that is where they should spend their money."*
- *"Outreach services for community leaders from the NAC - addressing stigma and discrimination towards young girls, and how to provide support for young people."*

**One-to-one interview: Clinician (female)
with an STI Treatment Site**

General

What is your impression of the general situation of HIV prevention for girls and young women in Jamaica? Are things improving or worsening? Elaborate

"Things are improving. There is a lot of education going on, there's quite a bit of intervention, whether it does make any significant change or not is something that will have to be evaluated. We have kids trained as Peer Counsellors in schools, a lot of intervention is done from even this health department in the various schools around Montego Bay."

Prevention Component 1: Legal Provision

In your opinion, what laws/ legislation are contributing to the improvement or worsening of HIV prevention for girls and young women?

- *Age of Consent Law is protective,*
- *Offences Against the Persons Law*

"Although these laws are protective, they are ineffective because they are not enforced."

In your opinion, what are biggest gaps/ weaknesses in current legislation on HIV prevention for girls and young women?

- *"The inability of clinicians to reveal the status of persons - a man or a young boy who you know to be HIV positive, courts a little teenager - but you can't say anything, because it's not your own, you can encourage them to talk, but if they don't want to talk, you can't do anything about it."*
- *"The law dealing with Minor who access HIV/STI services or Family Planning care - many clinicians have a problem with issuing to children regardless of the age and who is with them; when they come for STI care we are not to insist that an adult come with them, but when I see them pregnant I must report it straight away."*

What are the effects/ impact of legislation on different types of girls and young women and their vulnerability to HIV?

- *"Married women probably could be seen as less protected, especially because of the popular perception that a husband can't rape his wife. The current Rape Law doesn't recognise rape within marriage."*

Prevention component 2: Policy provision

What type of Government policies or protocols, make HIV Prevention for girls and young women in Jamaica better or worse?

"Policies on:

- *Antenatal care*
- *Condoms*
- *VCT."*

Do girls and young women, also boys and young men, receive any type of official sex education?

"Most schools now, even primary schools have guidance counsellors. They are equipped, and I know that the MOE has some component of sex education in their curriculum, but some teachers might not feel comfortable discussing sex with their students, so that might be a deterrent. There are the Peer Counsellors, and we do go out and sensitise in some of the schools. The information given is mainly sensitisation about contracting HIV, how to protect

self and where to get specific services, a few persons will however tell the young people about their rights.”

What policies or protocols could be introduced, amended, or abolished in order to bring about the greatest improvements in HIV Prevention for girls and young women?

- *“Policies relating to the opening hours of clinics should be changed to facilitate youth who have to go to school in the day,s and young people who have to work and can’t get the time off to come within the traditional opening hours. So there is need for the clinic to open early or very late.”*
- *“The policy on the provision of services to persons who can’t afford to pay does not operate very smoothly, amendments are needed in order for it to operate effectively.”*
- *“Amendment to the protocol on partner notification, giving the nurse the capacity to do so.”*
- *“Mandatory HIV testing for everybody who visits the STI clinic, rather than the current protocol on Informed Consent.”*

Prevention component 3: Availability of services

What are the types, and scale of HIV Prevention services that are available for girls and young women in Jamaica? Do programmes cover social issues such as early pregnancy?

“The MOH has STI clinics in every parish and region. This clinic here is equivalent to Comprehensive clinic in Kingston. We have two satellite clinics. Referrals are very strong from doctors, friends, and satellite sites, etc. Right now we have a shortage of staff in order to deal with all the cases. When the patient comes to the clinic for the first time they would register, do blood tests, and if the patient accepts that they would like an HIV test VCT is executed.”

What are the types and scale of HIV Prevention services that are available for particular types of (unmarried, out of school, HIV positive, vulnerable) girls and young women?

“Most of the prevention services go across the board. We used to have the Drop-In Centre for Commercial Sex Workers, where they would be sensitised about HIV, given STI services, and trained as Peer Educators. There is a Teen Clinic for boys and girls, where they are sensitised, and scheduled for medicals.”

What are the types and scale of HIV Prevention services and information that are available for boys and young men? How does this affect the situation of girls and young women?

- *“We have an integrated clinic for boys and girls, which facilitates cross dialogue about a variety of issues affecting them.”*
- *“We also have some intervention with MSM, and young men are also in that. The Department has employed MSM Peer Educators to counsel MSMs.”*

Overall, what type(s) of services are most urgently needed in order to increase HIV Prevention for girls and young women?

- *“Flexible opening hours.”*
- *“Mobile HIV Prevention and STI treatment services.”*
- *“Stores/ supplies of pregnancy kits to avoid the inconvenience of having to send patients to go outside to purchase one and come back.”*

Prevention component 4: Accessibility of services

In your opinion, are HIV Prevention services truly accessible to girls and young women, including those who are marginalised and vulnerable? What barriers exist, if any?

“They are accessible in a way, because people know that the services are available. But because of the nature of the service you are offering there are some people like young children who don’t want mommy or daddy to know, so they will not want to go to a health centre where they might be known. So they’ll either stay away or travel far, even to another parish to access the service. Health care workers are barriers, their behaviours, especially towards the little ones do not encourage them to seek the services.”

Are HIV Prevention services easier or harder for particular types of girls and young women (in/out of school, married/unmarried, rural/ urban, HIV positive/unaware of status) to access?

"It is easy to access. It relates to where you have to go. Children who come in school uniforms, married women who come for treatment for STDs usually have greater difficulty because of people's perceptions of youth and marriage. The opening hours are a barrier to students accessing the services."

What role do boys and young men play in making HIV Prevention services easier and better for girls and young women?

"Those who know about HIV and SRH can go a far way to help by using what they know to protect themselves and the young ladies."

Overall, what priority actions could be taken to make HIV Prevention services more accessible to girls and young women?

- *"Dedicated clinics for adolescents and young adults with adjusted opening or closing hours to facilitate their needs, it might mean more staff."*
- *"Greater outreach to schools via a mobile STI clinic."*
- *"Special programmes to motivate youth in schools to deal with HIV/STI treatment and prevention, e.g. STI clubs."*

Prevention component 5: Participation and rights

How are international commitments applied in Jamaica?

"Jamaica signs a lot of the international commitments, but when programmes and services are assessed they are usually deficient."

To what extent is the national response to HIV/AIDS rights-based?

"They respect rights and try to protect the rights of people generally, but in terms of drug users I don't think it supports them."

To what extent are girls and young women, including those living with HIV/AIDS involved in decision-making about AIDS at the national level? Are they or the organisations they represent involved in the development of the National AIDS Plan?

"The MOH is trying hard. It takes representatives from many HIV support groups (JN+, JAS) in key decision-making processes".

What priority actions could be taken to support girls and young women to be more involved in national level decision-making about AIDS?

"The appointment of a Youth Health Ambassador to speak on behalf of and to youth about their health."

Summary

In summary, what are the 3-4 key actions, for example by the Government, donors, community leaders, that would bring the greatest improvements to HIV Prevention for girls and young women in Jamaica?

- *"Government - needs to make all policies seem to link, and ensure that they and legislation are enforced."*
- *"Donors - need to establish greater collaboration with Government to identify areas for expenditure and attention, based on local knowledge of the situation."*
- *"Community Leaders - need to form a youth group that truly has a voice that can talk about issues of sex and HIV and to host meetings and talks."*
- *"There is need for greater involvement of the church."*