



## RECOMMENDATIONS

» Based on this Report Card, a number of programmatic, policy and funding actions could be recommended to enhance HIV prevention for girls and young women in Jamaica. These are that key stakeholders - including government, relevant intergovernmental and non-governmental organizations, and donors - should consider:

- Review and strengthen Jamaica's action in the light of the aspects of the **Political Declaration on HIV/AIDS** from the 2 June 2006 High-Level Meeting (to follow up on UNGASS) that particularly relate to HIV prevention for girls and young women. These include sections: 7, 8, 11, 15, 21, 22, 26, 27, 29, 30, 31 and 34.
- Maximize and implement the many positive commitments contained in the National HIV/AIDS Policy by introducing a range of **specific HIV & AIDS legislation**. For example, enact measures to protect confidentiality in voluntary counseling and testing and ensure that health workers face firm action if they discriminate against people living with HIV.
- Expand existing **gender-related legislation** to fully protect the rights of all girls and young women. For example, ensure that rape is re-defined to include that of legal and common law wives.
- Clarify the legislative and policy position in relation to **age of consent**, for example for voluntary counselling and testing - and recognise its vital role in encouraging girls and young women to seek relevant services.
- Implement a comprehensive rights-based approach to universal access to HIV prevention, treatment, care and support for **sex workers**. This includes addressing the economic, social, and gender-based reasons for entry into sex work, providing health and social services to sex workers, and providing opportunities for sex workers to find alternatives to sex work for those who choose to do so.
- Strengthen the commitment to women's health, to deal with the health impact of **unsafe abortion** as a major public health concern and to reduce the recourse to abortion through expanded and improved family-planning services. Note that any measures or changes related to abortion within the health system can only be determined at the national or local level according to the national legislative process.
- Undertake campaigns and interventions to **raise awareness** on HIV prevention services among girls and young women, and expand **voluntary counselling and testing services**.
- Work to **strengthen the linkages** between adolescent sexual and reproductive health and HIV prevention, treatment, care and support, in order to provide **integrated** and more comprehensive services.
- Ensure that high quality, appropriate, and **comprehensive education** about sexual and reproductive health and HIV prevention takes place in schools. Also, strengthen protocols and capacity relating to educational environments, for example by enabling condoms to be distributed in schools and ensuring that Guidance Counsellors develop adequate knowledge and skills to communicate enthusiastically and accurately.
- Promote universal access to **antiretroviral therapy**, while also scaling up support services for people living with HIV, including **Positive Prevention** (prevention for, and with, people living with HIV). Ensure that girls and young women can receive treatment within an environment that not only addresses their HIV status, but recognizes their broader needs relating to gender, age and social status.
- Promote models of HIV prevention programmes for girls and young women that:
  - Are based on **evidence of the determinants of their vulnerability** within the specific youth culture of Jamaica.
  - Respond to those realities and move **beyond abstinence-only approaches**, expanding young peoples' access to a wider range of information and commodities, including male and female condoms.
  - Disaggregate needs by age and social status - identifying and addressing the needs of **girls and young women**, especially those that are highly vulnerable.
  - Use **imaginative and creative strategies** that capture the imagination of young, female audiences, as well as content that is clearly linked to contemporary issues and lifestyles.
- Design HIV prevention programmes that are specifically tailored to **young and older men** and address their role in supporting HIV prevention for girls and young women. In addition, more aggressively promote the **involvement of men** in sexual and reproductive health programmes. Ensure that such efforts involve: building life skills (such as listening skills); examining gender dynamics and coercion in sexual relations; and providing opportunities for dialogue with girls and young women.
- Strengthen HIV and AIDS awareness campaigns that target **parents and community leaders**. Ensure that they: challenge negative socio-cultural 'norms' about masculinity and femininity; address stigma within communities; and articulate why girls and young women are vulnerable and need services.
- Facilitate appropriate opportunities for girls and young women to **participate in decision-making about HIV and AIDS**. For example, hold consultations where individuals and groups can come together, discuss issues and identify priorities to be fed into national policies and programmes.

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# REPORT CARD HIV PREVENTION FOR GIRLS AND YOUNG WOMEN



## JAMAICA

### COUNTRY CONTEXT:

Size of population:	2.73 million <sup>1</sup>
Life expectancy at birth:	73.33 years <sup>2</sup>
Percentage of population under 15 years:	27.5% <sup>3</sup>
Population below income poverty line of \$1 per day:	2% <sup>4</sup>
Female youth literacy rate (% ages 15-24):	97.8% <sup>5</sup>
Youth literacy rate (female rate as % of male rate ages 15-24):	107% <sup>6</sup>
Median age at first marriage for women (ages 25-49) in 2003:	No data available <sup>7</sup>
Median age at first sex among females (ages 15-24) <sup>8</sup> :	17 years <sup>8</sup>
Median age at first sex among males (ages 15-24):	14 years <sup>9</sup>
Health expenditure per capita per year:	\$234 <sup>10</sup>
Contraceptive prevalence rate <sup>11</sup> :	66% <sup>11</sup>
Maternal mortality rate per 100,000 live births:	87 <sup>12</sup>
Main ethnic groups: Black 90.9%   East Indian 1.3%   White 0.2%   Chinese 0.2%   mixed 7.3%   other 0.1% <sup>13</sup>	
Main 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% <sup>14</sup>	
Main languages: English   patois English <sup>15</sup>	

### AIDS CONTEXT:

Adult HIV prevalence rate in 2005:	1.5% <sup>16</sup>
HIV prevalence rate in females (ages 15-24) in 2005:	No data available <sup>17</sup>
HIV prevalence in males (ages 15-24) in 2005:	No data available <sup>18</sup>
Number of deaths due to AIDS in 2005:	1,300 <sup>19</sup>
Estimated number of orphans (ages 0-17) in 2005:	No data available <sup>20</sup>

### HIV PREVENTION FOR GIRLS AND YOUNG WOMEN CONTEXT:

Girls and young women in Jamaica benefit from relatively high levels of literacy<sup>21</sup>, levels of contraceptive use<sup>22</sup> and age of sexual debut (about 17 years)<sup>23</sup>. There is also quite low HIV prevalence (about 1% among 15-24 year olds)<sup>24</sup>, with the majority of cases occurring among those aged 20-39 years.<sup>25</sup> Girls and young women also, however, face many factors that make them particularly vulnerable to HIV. These include that: sexual activity is often coercive<sup>26</sup>; young people are disproportionately affected by sexually transmitted infections<sup>27</sup>; high adolescent fertility rate at 112 per 1,000, with 40% of girls having given birth before age 20<sup>28</sup>; and a third of young men have multiple partners.<sup>29</sup> They also include that there are high levels of violence in society (particularly physical and sexual abuse)<sup>30</sup> and unplanned pregnancy (three quarters of those occurring among 15-24 year olds)<sup>31</sup>.

## INTRODUCTION

### THIS REPORT CARD AIMS TO PROVIDE A SUMMARY OF HIV PREVENTION FOR GIRLS AND YOUNG WOMEN IN JAMAICA.

This Report Card is one in a series 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 is an **advocacy tool**. It aims to increase and improve the programmatic, policy and funding actions taken on HIV prevention for girls and young women in Jamaica. Its key audiences are **national, regional and international policy and decision-makers, and service providers**. It builds on global policy commitments, particularly those outlined in the Political Declaration on HIV/AIDS from the 2 June 2006 High-Level Meeting, to follow up on the United Nations General Assembly Special Session on AIDS (UNGASS).

The Report Card summarizes the **current situation of HIV prevention strategies and services for girls and young women ages 15-24 years in Jamaica**. It contains an analysis of five key components that influence HIV prevention, namely:

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

It also provides **recommendations** for key stakeholders to enhance action on HIV prevention strategies and services for girls and young women in Jamaica.

The Report Card is the basis of extensive research carried out during 2006 by IPPF, involving both desk research on published data and reports, and in-country research in Jamaica to provide more qualitative information. This research is detailed in full within a 'Research Dossier on HIV Prevention for Girls and Young Women in Jamaica' (available on request from IPPF).

## 1

## PREVENTION COMPONENT 1 LEGAL PROVISION (NATIONAL LAWS, REGULATIONS, ETC)

### KEY POINTS:

- According to the Marriage Act (2005), the legal **minimum age of marriage** is 16 years.<sup>32</sup>
- The legal **age of consent** for medical procedures is also 16. However, the National HIV/AIDS Policy (2005) commits to expanding key services, such as voluntary counselling and testing and antiretroviral therapy, to those under 16 years.<sup>33</sup>
- **Abortion** is generally illegal, except in specific circumstances, such as threat to a woman's life and health; rape and incest; and to girls under 17 years of age. However, some girls and young women are unaware of this, while the management of unsafe abortions is part of routine obstetric care in hospitals.<sup>34</sup>
- A number of legal measures address issues relating to **gender-based violence**. These include the Domestic Violence Act, Incest Punishment Act, Family Property Act, Sexual Harassment Act and Child Care and Protection Act. However, the Law defines statutory rape as any man having sexual relations with a woman under the age of 16 and does not cover marital rape.<sup>35</sup>
- The **Buggery Law** prohibits anal sex - a practice that is reported to be increasingly used by girls and young women to protect their virginity and avoid pregnancy.<sup>36</sup>
- **Sex work** is illegal, although the National HIV/AIDS Policy acknowledges the need to support sex workers, including by giving them access to peer education and safe, user-friendly clinics.<sup>37</sup>
- There are **no laws that are specific to HIV and AIDS**, not even to support the many positive national policies being promoted (such as to address discrimination against people living with HIV or to provide antiretrovirals to girls who have been raped). The government is, however, assessing the situation and identifying potential legislative measures.<sup>38</sup>
- The **HIV/AIDS/STI National Strategic Plan 2002-2006** makes provision for testing, partner notification, informed consent, confidentiality, counselling and other issues. It also notes that the policy, legal protections and support for HIV infected persons are not well developed, and discrimination and stigmatisation have not been systematically addressed.<sup>39</sup>

### QUOTES AND ISSUES:

- “[There is a] lack of information about **legislation** specifically targeting girls and young women, let alone in the area of prevention... There is no HIV-specific law.” (Interview, Representative, International Agency)
- **“Lack of implementation of law and policies.** [There is a need to] get social buy-in about legislation so that they can be implemented.” (Interview, Representative, International Agency)
- “There are two laws in Jamaica that might affect how girls and young women can protect themselves from HIV: sex with a **minor**; and age of **consent** for marriage.” (Focus group discussion with girls and young women, Kingston)
- **“Younger women are turning to anal intercourse as a prevention from pregnancy and to protect their virginity. 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 for gay men, but straight couples and young women.”** (Interview, Advocate, HIV and AIDS network)
- “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...silence amongst some communities and families when it comes to child sexual abuse... 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.” (Interview, Advocate, HIV and AIDS network)
- **“Married women probably could be seen as less protected, especially because of the popular perception that a husband can't rape his wife.”** [Current Rape Law doesn't recognise rape within marriage.] (Interview, Clinician, STI Treatment Site)
- **“Sex work** is illegal - which means that, should anything happen to a young woman in the context of sex work, she has no recourse to law.” (Interview, Representative, International Agency)
- **“Young women and girls [often] 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 to get an abortion.”** (Interview, Representative, International Agency)
- “There is a need to strengthen existing legislation on **stigma and discrimination**, especially towards girls and young women.” (Interview, Chief Officer, national sexual and reproductive health organisation)

## 2

## PREVENTION COMPONENT 2 POLICY PROVISION (NATIONAL POLICIES, PROTOCOLS, GUIDELINES, ETC)

### KEY POINTS:

- The **National Youth Policy** (2005) defines a common framework for youth development. It emphasizes the participation of young people in decision-making and enhancing stakeholders' capacity to increase accessible, relevant and high quality services. The policy identifies priority groups, such as girls at risk of early pregnancy and those living with HIV, and promotes gender equity and transforming 'norms' of masculinity and femininity. It also aims to create a supportive policy environment, for example by reviewing the age of consent for sexual intercourse, marriage and accessing health services.<sup>40</sup>
- The National HIV/AIDS Policy (2005):
  - addresses the full **continuum of HIV and AIDS strategies**, including prevention, care, support, treatment, mitigation and policy development.<sup>41</sup>
  - contains some specific language about the needs of **girls and young women**. For example, it commits to gender-sensitive approaches and **antenatal care** that includes universal access to voluntary counselling and testing and the provision of antiretrovirals for prevention of mother-to-child transmission.<sup>42</sup>
  - commits to comprehensive support for **people living with HIV**. This includes promoting their rights, reducing stigma and increasing access to affordable antiretrovirals, including for children.<sup>43</sup>
  - commits to addressing the needs of **marginalised groups**, such as street children, prisoners and **sex workers**. For the latter, it promotes a range of support, including peer education, condom negotiation skills and access to more user-friendly clinics.<sup>44</sup>
  - stresses **confidentiality** in HIV and AIDS services, including **voluntary counselling and testing**. It opposes mandatory testing, while stating that services should be made accessible to young people and be expanded to those under 16 years.<sup>45</sup>
  - commits to incorporating age-appropriate reproductive and sexual health **education** into the early childhood, primary and secondary school curricula for all students. 'Health and Family Life Education' sessions include attention to areas such as life skills, including self-awareness and decision-making.<sup>46</sup>
- Despite the strengths of the National HIV/AIDS Policy, some relevant areas, such as the distribution of condoms in schools and sex education, remain **absent or unclear**.<sup>47</sup>
- Key data (such as that of the National AIDS programme) is **disaggregated by both age and gender**. This enables a specific analysis of how the AIDS-related context, and the impacts on girls and young women, are changing.<sup>48</sup>

### QUOTES AND ISSUES:

- “The Ministry of Health has a good **AIDS policy**, but they need to disseminate it. It has good objectives and vision.” (Interview, Chief Officer, national sexual reproductive health organisation)
- **“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.”** (Interview, Chief Officer, national sexual and reproductive health organisation)
- “Policy issues, such as sexual and reproductive health programming and increased use of HIV prevention services, need to be re-examined and revised to reflect **contemporary realities**.” (Interview, Advocate, HIV and AIDS network)
- **“I think for the sake of a child's health, [condoms] ought to be made available in schools.”** (Interview, Advocate, HIV and AIDS network)
- “We need a policy about **confidentiality** in relation to young people.” (Interview, Chief Officer, national sexual and reproductive health organisation)
- **“The Policy Guidelines for the Provision of Contraceptives to Minors provides for minors to be given them without the consent of parents in certain circumstances. But they do not include anything about HIV.”** (Interview, Chief Officer, national sexual and reproductive health organisation)
- “Policies relating to the **opening hours of clinics should be changed** to facilitate youth who have to go to school in the days, and who have to work and can't get the time off. So there is a need for the clinic to open early or very late.” (Interview, Clinician, STI Treatment Site)
- **“Sex education is provided at schools but there are weaknesses with how the topic is approached and taught. Guidance counsellors...are characterized as 'old school' and are personally very reluctant to address some of these issues.”** (Interview, Advocate, HIV and AIDS network)
- “There needs to be an **enabling environment for persons who are positive** – public education campaigns, FBOs [faith-based organisations] going beyond issues of blame and condemnation. It's not just existence of policies and protocols, it's the way they are being enforced.” (Interview, Representative, International Agency)

»» **KEY POINTS:**

- Core **sexual and reproductive health services** - such as voluntary counseling and testing and information about sexually transmitted infections - are widely available at government clinics, with, in 2000, 366 general outlets and 10 specifically for adolescents. In practice, however, the provision of services varies greatly from area to area and is more limited in rural areas. Also, with clinics often overwhelmed by the demand for services, staff can not always provide young people with comprehensive support. Also, girls and young women are **generally unaware** of what type of services might help them and where they could get them.<sup>49</sup>
- The National HIV/AIDS Policy states that sites for **voluntary counselling and testing** are already established at all major health centres and antenatal clinics, with over 90% of relevant staff trained. There are also efforts to expand testing outside of traditional health outlets in order to increase access for specific groups.<sup>50</sup>
- Male **condoms** are widely available through a variety of traditional and non-traditional suppliers, including health centres, hospitals, pharmacies, shops, stalls and condom machines. Female condoms are also available, but in fewer numbers.<sup>51</sup>
- By December 2005, 56% of the estimated 2,600 people living with HIV that needed **antiretroviral therapy** were receiving the drugs.<sup>52</sup>
- Girls and young women get **education on sex and HIV prevention** from a combination of sources, such as workshops, school, their peers, youth meetings and the media. The information that they receive in schools is often varied in quantity and quality, largely depending on the interests and commitments of the Guidance Counsellors that provide it, as well as the moral stance of the teachers and Principals.<sup>53</sup>
- There are a variety of community-based **HIV prevention initiatives** taking place, including some that aim to target 'hard to reach' groups, such as those in rural areas. However, most programmes tend to be very generic in nature and few specifically target girls and young women.<sup>54</sup>
- Working with **young and middle-aged men** is seen as key to HIV prevention for girls and young women. However, there are few services that specifically target them for this purpose.<sup>55</sup>

 »» **QUOTES AND ISSUES:**

- "The MOH [Ministry of Health] has **STI clinics in every parish and region**." (Interview, Clinician, STI Treatment Site)
- "There is a lack of HIV prevention services that integrate **gender** components and target young women and girls." (Interview, Advocate, HIV and AIDS network)
- "There are programs targeting young men who have sex with men. But there is also a need for programmes targeting heterosexual **young men and boys**. These males would be in a better position to provide support to females." (Interview, Advocate, HIV and AIDS network)
- "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 girls in terms of HIV and AIDS. We can't expect them to come to a clinic, so you have to go to where they are, whether it is football or some club." (Interview, Chief Officer, national sexual and reproductive health organisation)
- "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 may be very limited, because of their low negotiating power. There is a need to **go beyond ABC strategies**, particularly with young girls." (Interview, Representative, International Agency)
- "A lot needs to be done in the area of **VCT**. HIV/AIDS cannot be approached only from the health sector." (Interview, Representative, International Agency)
- "We need an **advertising campaign** in schools that 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." (Interview, Advocate, HIV and AIDS network)
- "[Introduction of] formalized sexual and reproductive health **education** is important - it could provide accurate information about HIV transmission and prevention and increase young women's and girls' awareness about the different types of sexual activity and the implications on [their] reproductive health." (Interview, Advocate, HIV and AIDS network)
- "**Schools** need to provide information that's appropriate to the age group and the youth culture." (Interview, Advocate, HIV and AIDS network)
- "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 sensitized about HIV, given STI services, and trained as Peer Educators." (Interview, Clinician, STI Treatment Site)
- "HIV prevention services are **generic** and designed for the general population. Stratified and **focused programmes** for the specific needs of specific categories of girls and young women don't exist. A lot needs to be done in terms of gender disaggregation and then in terms of age." (Interview, Representative, International Agency)


 »» **KEY POINTS:**

- There are multiple **social, political and financial barriers** to girls and young women accessing sexual and reproductive health and HIV prevention services. These include:
  - **Lack of knowledge** about what services they need and where they are.
  - Distance to services and travel costs.
  - Lack of youth-friendly services.
  - Unapproachable and **judgemental** health workers.
  - Religious and cultural pressures, such as to be 'passive' in sexual relations.
  - **Costs** (for condoms, etc).
  - Lack of confidentiality and privacy.
  - Pressure from males and peers.
  - **Stigma** linked to HIV and AIDS.<sup>56</sup>
- Access to services varies enormously for **different types of girls and young women**. For example, generally, it tends to be easier for those that are married or live in urban areas and harder for girls or those living with HIV.<sup>57</sup>
- The cost of **voluntary counselling and testing** varies. It is usually cheaper at public clinics, but some NGOs offer free services for those with low income. About equal numbers of females and males are accessing testing.<sup>58</sup>
- Data indicates that, although widely available, the cost of male **condoms** can prevent as many as 90% of sexually active 10-15 year olds from using them. Meanwhile, the cost of female condoms, combined with concerns about their use, can also be a barrier.<sup>59</sup>
- The National HIV/AIDS Policy commits to increasing access to affordable **antiretrovirals** for people living with HIV, including children.<sup>60</sup>
- Issues relating to youth-friendly approaches are incorporated into the training for some key **health workers**.<sup>61</sup>
- Some HIV prevention projects (such as 'Bashy Bus') have developed **dynamic and creative strategies** to make them more accessible to young people.<sup>62</sup>

 »» **QUOTES AND ISSUES:**

- "Services need to speak to the Jamaican **youth**, which is not an ordinary youth... Accessibility is about location. It's also about the approach - whether it's sexy and young enough." (Interview, Representative, International Agency)
- "It's harder [for a girl]... she'll face numerous levels of **discrimination, because of her age**." (Focus group discussion with girls and young women, Kingston)
- "**[Married women]** are more respected. According to society, it is morally accepted for a married couple to reproduce." (Focus group discussion with girls and young women, Kingston)
- "**The nurses discriminate and refuse to assist because they consider the patients as dead once they are [HIV] positive**." (Focus group discussion with girls and young women, Kingston)
- "Facility **workers** are unfriendly. Normally the nurses discuss confidential information with people inside and outside the service centre." (Focus group discussion, 15-24 year old girls and young women, Kingston)
- "It depends on the woman... If you are **marginalised and vulnerable**, it probably means that you wouldn't be disposed to go and get these services." (Interview, Chief Officer, national sexual and reproductive health organisation)
- "I would go to a community health centre outside of my community because it is more secure, more **confidential**." (Focus group discussion, 15-24 year old girls and young women, Kingston)
- "...The whole environment surrounding young girls 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 society thinks that young girls should not do these things." (Interview, Representative, International Agency)
- "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 in order to show their vulnerability." (Interview, Chief Officer, national sexual and reproductive health organisation)
- "**The opening hours are a barrier** to students accessing the services." (Interview, Clinician, STI Treatment Site)
- "Knowledge of young women about the **female condom** is very inadequate and they are also very expensive if you have to buy them in the supermarket." (Interview, Chief Officer, national sexual and reproductive health organisation)
- "**[Sex education]** information needs to be presented in an age and culture - sensitive way, so that [young people] buy into it, pay attention, listen and understand. If you just talk to them like a text book, it becomes another curricular thing that's boring." (Interview, Advocate, HIV and AIDS network)
- "**Young women** have the potential to protect themselves, but there is need for greater sensitization and education about the issue." (Focus group discussion with girls and young women, Kingston)



**KEY POINTS:**

- The **Conventions** on the Rights of the Child and the Elimination of all Forms of Discrimination against Women were signed in 1990 and 1980.<sup>63</sup>
- The **National HIV/AIDS Policy** was developed through a process that involved the Ministry of Education, Youth and Culture and the Jamaican Network of Seropositives, plus liaison with groups representing young people. In general, however, the involvement of girls and young women in national decision-making is sometimes seen as 'token' rather than genuine.<sup>64</sup>
- The National HIV/AIDS Policy commits to encouraging the **participation** of all sectors of society, including young people and people living with HIV, in the national response to HIV and AIDS. It also opposes gender-based discrimination and emphasizes that adolescents and young people have rights, including a voice in all aspects of interventions developed for them.<sup>65</sup>
- The **National Youth Policy** resulted from a two-year process, including consultations with young people and community groups. It promotes a rights-based approach and identifies youth infected or affected by HIV and AIDS as a priority for participation and empowerment. It also commits to supporting programmes to provide spaces to increase young people's participation and to build their capacity to engage in societal processes.<sup>66</sup>
- Groups such as the Jamaica Network of Seropositives and Jamaica AIDS Support are open to all **people living with HIV, including young women and girls**, and offer support.<sup>67</sup>
- At the community level, girls and young women report that there are few, if any, projects that bring together **girls/boys or young women/young men** to discuss HIV prevention.<sup>68</sup>
- There have, however, been several initiatives to increase **male involvement in sexual and reproductive health**, including those by the Bureau of Women's Affairs, Ministry of Health, National Family Planning Board, Women's Centre of Jamaica Foundation, Jamaica Family Planning Association and UNFPA. These have sought to build understanding about women's rights, facilitate workshops for young fathers and include men in the delivery of antenatal programmes. In practice, however, many of these efforts have struggled to be fully implemented and sustained on the ground.<sup>69</sup>

**QUOTES AND ISSUES:**

- "Jamaica, like other countries that have signed international **conventions**, does so because it's expedient. But when it comes to really changing any of their laws, or doing things, that is not so common." (Interview, Advocate, HIV and AIDS network)
- "*Policy articulation and legislative reform is very much focused on what **Jamaica** sees as its priorities and also partly what the Caribbean region sees as its priorities... and only after that does it look at how that relates to international commitments.*" (Interview, Representative, International Agency)
- "The national response to HIV is **rights-based**, in terms of its articulation of the policy, designing of the programmes and also, now, the Government's commitment to developing specific HIV legislation." (Interview, Representative, International Agency)
- "*During the policy development process of the National HIV **Policy**, there was an effort to try to work with as many stakeholders as possible.*" (Interview, Advocate, HIV and AIDS network)
- "The **Ministry of Health is trying hard**. It takes representatives from many HIV support groups (Jamaica Network of Seropositives and Jamaica AIDS Support) in key decision-making processes." (Interview, Clinician, STI Treatment Site)
- "*[Community talks] would address issues about the reality of HIV that the church finds too difficult to talk about.*" (Focus group discussion with girls and young women, Kingston)
- "There are not many women, let alone girls, involved in **decision-making** about HIV at the national level. There are no girls on the National AIDS Programme, National AIDS Committee or [the Global Fund] Country Coordinating Mechanism." (Interview, Representative, International Agency)
- "*I haven't seen or heard girls and young women in a **public forum** about HIV and AIDS, so maybe more needs to be done on that.*" (Interview, Chief Officer, national sexual and reproductive health organisation)
- "The organisation of **people living with HIV** is weak and is also not gender or youth focused." (Interview, Representative, International Agency)
- "*Young people are not taught about their sexual and reproductive **rights**.*" (Interview, Chief Officer, national sexual and reproductive health organisation)
- "We need to start fostering a **culture** where women are the ones that say yes and no about their sexual health." (Interview, Advocate, HIV and AIDS network)


**REFERENCES**

- <sup>1</sup> The percentage of people ages 15-24 who can, with understanding, both read and write a short, simple statement related to their everyday life.
- <sup>2</sup> The age by which one half of young people ages 15-24 have had penetrative sex (median age).
- <sup>3</sup> 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.
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