

KEY INFORMANT  
INTERVIEWS  
REPORT

# Key Informant Interviews Report

## Methodology for Key Informant Interviews

The Key Informant Interviews were conducted among members of civil society engaged in sexual and reproductive health and rights work. This included persons working in organisations which worked for key populations impacted by sexual and reproductive issues and those whose sexual and reproductive health issues have been cause of concern.

Many respondents were chosen because of their ongoing work in the field and the knowledge and insight they would have as experts for various populations. The interviews were conducted by the Consultant in person, via email, telephone and Skype.

## Interviewees:

1. St. Rachel Ustanny – Executive Director, Jamaica Family Planning Association
2. Taitu Heron – National Programme Coordinator, UN Women Jamaica
3. Joy Crawford – Director of Programmes and Training, Eve for Life
4. Marion Scott – All IN Coordinator, Ministry of Health
5. Olive Edwards – Representative, Jamaica Community of Positive Women
6. Marlon Taylor – Executive Director, Sex Workers Association of Jamaica
7. Glenroy Murray – Policy and Advocacy Manager, J-FLAG/Equality for All Foundation
8. Glenroy Murray & Nicolette Bryan – Policy Officer & Assistant Director, WE-Change
9. Dr. Zola Simpson – Executive Director, Womans Centre
10. Jumoke Patrick – Executive Director, Jamaica Network of Seropositives
11. Christopher Harper – Policy and Advocacy Officer, Jamaica Youth Advocacy Network

## Questions

The main questions which were used to guide the conversations with the key informants were:

1. What are the key issues which have to be addressed in the SRH policy to ensure that it is a strong document which speaks to the realities of the various populations?
2. Which populations have to be addressed specifically? What are the main SRHR issues they face and how can the policy address these issues?
3. Which issues do we need to flag as emerging issues which SRH services need to be focused on or begin to consider?
4. Which current laws and policies have to be strengthened, challenged, amended or removed to ensure that the SRH policy can be implemented in a meaningful way?

## **Report of Key Informant Findings**

General issues which were raised included the need for the policy to be gender sensitive, that is, to address the issues of both men and women, but also emerging gender identities, as well as age-sensitive, to speak to the issues which have arisen for young persons and to continue to consider how the policy may impact their SRHR.

It was also stressed that the policy should be created from a human rights framework and should consider the legal and cultural climate within which the policy is to operate. The issue of embedded discrimination and how it impacts programmatic interventions was also noted.

It was noted that the SRHR policy should not only seek to examine reproductive health, procreation and the prevention from contracting sexually transmitted diseases but should also speak to how persons can enjoy their sexual rights and sexual health.

The importance of data gathering and use in determining how best to tackle existing and emerging SRH issues was noted. There was a general belief that the policy should remain responsive to emerging issues.

### **Legal Barriers**

The question of how the policy would be implemented in a meaningful way to address sexual and reproductive health and rights issues in consideration of the laws that exist was raised. This includes the criminalisation of anal sex and male intimacy and the criminalisation of abortion. Additionally, note was made of the Constitution which saves these laws which exist within the Offences Against the Person Act. Both things impact how sexual and reproductive health and rights are addressed. It is noted that the Constitution is not framed in a way which seeks to protect SRHR and informants were concerned about the difficulties which may arise in attempting to implement a Sexual and Reproductive Health Policy in a legal framework that would hinder its effectiveness.

### **Youth and Adolescents**

- Informants flagged that the policy should be framed in a way which acknowledges the evolving capacities of young persons and the fact that some young persons, including those below the age of sexual consent, are sexually active.
- Informants noted the impact that the age of consent laws have on young persons' capacity to seek certain information and services in relation to their SRHR and the result it has on young persons engaging in sexual activities without sufficient knowledge or commodities to protect themselves. This continues to result in high rates of STI's among young people and the high levels of new HIV infections emerging in the adolescent populations, as well as the high rates of teenage pregnancy.
- The policy must speak to Comprehensive Sexuality Education (CSE). Efforts must be made to examine how it is taught and the training which is used to equip teachers with the skills to undertake teaching this course. It was flagged that research into schools

and the impact that the current HFLE program was having on sexual and reproductive health should be noted so as to determine how best to craft a more integrated CSE program. There needs to be ongoing monitoring and evaluation efforts from the relevant Ministries to manage the implementation of the curriculum.

- There should be reproductive and sexual health support for young persons in juvenile detention centres and state run facilities including children's homes and other places of safety. This must include CSE. Their special vulnerabilities should be contemplated and sex and sexuality education interventions crafted to suit them.
- The high rates of pregnancy among teenage girls, especially in rural parishes, was flagged as an area for concern. The policy should seek to address how interventions are done in rural areas among young populations. These interventions should consider where pregnancies are a result of sexual violence and incest.
- Informants noted that the policy should address societal issues such as intergenerational sex as well as transactional sex. These both have a negative impact on the SRHR of young girls and should be considered when interventions are being developed.
- The rights of the child and their sexual and reproductive health must be examined, especially in relation to parental responsibility. The policy must acknowledge the importance of the best interest of the child principle and must address how the rights of the child and parental responsibilities can be managed.
- An informant noted that the policy should provide health care professionals with a reasonable amount of autonomy to act to aid in tackling SRH issues for youth and adolescents, without fear of prosecution. This includes the provision of information, services and commodities.
- Provisions should be made to speak to children that are at risk, including those who do not live with parents, mature minors who run households, adolescent mothers, children who are the victims of sexual violence and LGBT youth. These groups of young persons will need different forms of support and assistance in navigating their sexual and reproductive health. Accordingly the policy should be mindful of their realities.
- Data shows that adolescents and youth are far more likely to practice high risk sexual behaviours than adults however programmes and interventions focus primarily on adults. Efforts need to be made to curb these behaviours and find methods to channel interventions and resources into young people
- There is need for interventions aimed at reducing teenage pregnancy and repeat pregnancies during adolescence. The policy must explore a rights -based approach to deal with the reproduction issues of adolescent girls and teenage mothers and to ensure that meaningful conversations are being had about contraception, spacing of children and delaying pregnancies.

## Women

- The issues of women from a number of backgrounds was raised. This includes women living with HIV, rural women, young women, women who are victims of domestic and other violence and women with disabilities.
- The issue of mandatory or coerced sterilization or family planning should be addressed. The position is that women should not be put into situations where they are sterilized without their complete and informed consent or forced to be on contraception. The basis of any conversation on contraception must be informed consent. And all women should be provided with information, which they can easily understand, and counselling where necessary before being put on any form of contraception.
- There should be an examination of human papillomavirus (HPV) and whether efforts should be made to introduce programs to provide the HPV vaccine to women and girls.
- An examination could be done for the introduction of colposcopies and alternate methods of examination of the reproductive organs of women, specifically women living with HIV to aid in the improvement of their reproductive health.
- There should be general consideration for women with chronic illnesses and women living with HIV in determining which tests may be most relevant to them and which may provide the most accurate results and outcomes for their SRH. These women given their specific vulnerabilities need different and nuanced interventions.
- Emphasis was placed on the provision of mammograms and pap smears, and the importance of their accessibility to women from all economic backgrounds. The timeliness of results being returned was flagged as a concern. Additionally, the barriers that women from rural parts of the island faced in gaining access to these services was also noted as a concern. The suggestion was for widescale provision of these services for free or at a reduced cost, ensuring that women were actively reminded through national campaigns about the importance of these tests.
- There was emphasis on the access to termination of pregnancy services, especially for young women and women who have been victims of rape or incest. The fact that abortion remains illegal was noted as a large hindrance to women being actively able to exercise their sexual and reproductive rights
- The impact of gender-based violence must be tackled in the policy. The fact that sexual violence is not covered in the Domestic Violence Act and the resulting issues that arise from this lack of coverage was flagged as problematic in the protection of women's SRHR.
- The provision of tubal ligation services and the surrounding processes to provide the services must be clearly outlined, including what requirements need to be met before these services are provided.
- Informants raised the importance of having female-centred sexual and reproductive health initiatives and commodities and flagged the importance of female condoms in

women being able to dictate condom usage in their sexual activities. The necessity of the provision of dental dams and spermicides were also noted as key in women, including lesbians, being able to have safer sexual relationships.

- The importance of providing women with limited resources with free reproductive and sexual health commodities and services was also flagged as an important initiative. Special provisions were deemed as necessary for women who needed economic assistance.

## **Men**

- There should be an examination of the sexual and reproductive health of men. This should include information on circumcision and the benefits which may stem from the promotion and encouragement of male circumcision. This included both hygienic benefits and potential sexual and reproductive health benefits.
- The role of men in dictating sexual practices including condom usage and the rate at which a family reproduces were flagged as issues to examine in how the policy will speak to the role of men in relation to the SRHR of women. The gender dynamics and gender roles which exist in many Jamaican relationships remains a concern and the policy must contemplate the existing realities as it explores sexual and reproductive health.
- Examination into prostate cancer, sperm count monitoring and male fertility treatment were noted as areas for concern in relation to men. These are both under researched and under reported on. Additionally, men in the general populace were noted as not having sufficient knowledge on these areas and how to seek assistance where necessary.

## **Persons Living with HIV (PLHIV)**

- The issue of the human rights approach being applied for the sexual and reproductive health of persons living with HIV has been raised as a major area of concern. This meant the inclusion of persons living with HIV as crucial elements in formulating the policy especially in areas that would impact their SRHR. Additionally, it included appreciating that HIV was not a death sentence and that PLHIV were not to be stigmatised and discriminated against because of their health status.
- Informants stressed the importance of facilities being made to aid sero-discordant couples to reproduce. Mention was also made of the importance of providing counselling aid for these couples to assist with how they can safely enjoy their sexual interactions.
- The ideologies that PLHIV are unable to lead healthy sexual lives should be tackled, and the policy should be framed in a way to acknowledge that PLHIV are sexual and will engage in sexual activities.

- The Constitution does not consider health as a status that should be protected under its anti-discrimination provisions. Amending the Constitution to allow this would help to bolster the position of PLHIV in Jamaica and to protect their rights.

## **LGBT Persons**

- The role of an anti-discrimination policy or provisions in the SRHR policy to cover issues of discrimination were flagged as essential for LGBT persons to be able to gain better access to SRHR information, services and commodities.
- The policy should be framed in a way which has inclusive language and which acknowledges the sexual behaviours and sexual activities of all persons, it should not be framed in a way to disregard same sex relations or to reinforce negative stereotypes about LGBT persons.
- The question of how the policy will interact with laws which criminalise anal sex and same sex male intimacy was flagged as an issue to be explored in determining how effective the policy may be in the current legislative landscape, noting that laws are enforceable while policies are not.
- The informants noted the importance of the policy understanding the existence of gender roles within LGBT relationships and should be mindful of the gender dynamics of gay men in Jamaica. This would impact how to target different members of the gay community and identify how gender roles impact condom usage and the negotiation of safe sexual health.
- The issue of anal health and how it is treated with in the public health care system as well as the kind of information which is necessary for persons engaging in anal sex to be safe is not provided through the public system. The policy should address the broadening of the provision of information to address the sexual behaviours of all persons.
- Informants flagged that there was need for research to be done on the SRH of transgender persons. Much of their issues have not been examined by the current healthcare system. There are no programs which provide hormone treatment. Additionally, as the transgender population increases, the issue of trans men having periods and reproductive health problems and how the system treats with them should be considered. Trans men should be targeted for pap smears, mammograms and other SRH services in a respectful and sensitive way. Trans women are often lumped and treated as men who have sex with men (MSM), which is a concern given that their issues are often very different.
- If the policy seeks to speak to diverse gender identities, the question arises whether there will be a law which requires the acknowledgment and identification of different gender identities.

- The reproductive services being provided for LBT women was flagged, including the non-discriminatory provision of fertility treatment, sperm from sperm banks and counselling where necessary to aid in them in child bearing.

### **Additional issues which were flagged:**

- The importance of finding unconventional means to fund programs and initiatives to tackle SRH issues in the coming years as major funding becomes increasingly problematic with Jamaica's new Upper Middle Income Status under the Global Fund.
- Jamaica should explore opportunities to build partnerships which are not solely based on monetary gain, but which may expose the country to best practices for SRHR that have had success in different parts of the world.
- The implementation of the policy must be in a meaningful way and accordingly more Inter Ministerial work will have to be done to ensure that the policy is widespread and impactful.
- Steps should be taken to better monitor health financing, making note of how all monies which are earmarked for SRHR interventions are spent.
- It was flagged that the policy should speak to populations which are affected and impacted by SRHR issues and which there is anecdotal information to support their issues and not solely focus on the persons which international donors deem as "key populations"
- Informants flagged the importance of spaces being made available for the provision of safe, non-discriminatory SRH services. It was recommended that the policy speaks to simple issues such as the placement of condoms in pharmacies in order to increase condom being purchased without fear or discomfort.