

NATIONAL HIV AND SRH POLICY CONSULTATION REPORT

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National Family Planning Board – Sexual and Reproductive Health Agency

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Table of contents

Introduction	2
Findings	3
Quantitative Analysis	3
Qualitative Analysis	24
Consultation Content	25
Benefits of Consultation	26
Expectations	26
Suggestions for Improvement	27
Conclusions and Recommendations	30
Conclusion	30
Recommendations from the Stakeholders	31
Recommendations from the Monitoring, Evaluation and Research Unit	31

Introduction

The National Family Planning Board - Sexual and Reproductive Health Agency (NFPB-SRHA) was mandated by the Ministry of Health to develop a Sexual and Reproductive Health Policy, and Revise the National HIV/AIDS Policy (2005). These mandates were based on Cabinet directives in an effort to efficiently and effectively uphold due diligence regarding the national HIV/AIDS response.

The call for the revision of the HIV/AIDS Policy in particular was a Cabinet Decision (number 22/15) of June 1, 2015. This would involve consultation processes across Jamaica, among a wide range of stakeholders who are reflective of multi-sectoral affiliations.

The foregoing led to the Enabling Environment and Human Rights Unit of the NFPB-SRHA to embark upon an island-wide consultation involving a wide range of stakeholders over a one-month period (May to June, 2016). This was specifically to strengthen the multi-sectoral institutional framework for the coordination and implementation of HIV and AIDS interventions in Jamaica.

In achieving this objective, the revised policy would likely set the platform to define mechanisms to achieve the following:

- 1) Reduced new HIV infections by 25% by 2017
- 2) An effective enabling environment that fosters improvements in the provision and delivery of treatment, care and support to all persons infected and affected by HIV and AIDS established;
- 3) Strengthened linkages between Social Protection and the national HIV response to mitigate the social and economic effects and impacts of the epidemic
- 4) The creation of an enabling policy, regulatory and legislative environment around HIV and AIDS-related issues including a better coordinated national response.
- 5) A robust framework to support performance/results based management in the national HIV and AIDS response developed.

This National HIV and SRH Policy Consultation Report which was generated by the Monitoring, Evaluation and Research Unit of the NFPB-SHA is a reflection of the findings from the wide range of island consultations, which is presented in mixed method manner. The quantitative component depicts tables and figures, while the qualitative is being segmented according to major themes.

The recommendation in this report is two-fold. The first is informed by the stakeholders' feedback, and the latter by the MER Unit.

Findings

A total of 517 survey instruments were issued across 14 parishes in Jamaica. Three parishes, namely, Portland, Manchester and Clarendon were issued a two-page instrument consisting of 11 questions, while the remaining parishes were issued with a two-page instrument consisting of 14 questions. This instrument comprised open and close-ended questions. The data collected were merged into one dataset and analysed using SPSS 23.0. The results of the analysis are presented in this section, which is divided into two headings: Quantitative and Qualitative Analyses, being representative of the approaches taken for the instrument design and data collection process.

Quantitative Analysis

Table 1 shows the percentage distribution of questionnaires among the parishes. It is revealed that the majority (83.7%) of respondents strongly agreed that the consultation content was important. In contrast, a smaller number of individuals (4.2%) indicated that they strongly disagreed with the statement "The consultation content was important", as illustrated by Table 2 and Figure 1.

Table 1: Respondent's Parish

Parish	Frequency	Percentage
Portland	27	5.2%
Manchester	37	7.2%
Clarendon	39	7.5%
Trelawny	33	6.4%
Hanover	37	7.2%
St. James	26	5%
Westmoreland	47	9.1%
KSA	54	10.4%
St. Mary	37	7.2%
St. Thomas	49	9.5%
St. Catherine	49	9.5%
St. Ann	45	8.7%
St. Elizabeth	37	7.2%
Total	517	100%

Table 2: The consultation content was important

Responses	Frequency	Percentage
Strongly disagree	20	4.2%
Disagree	6	1.3%
Agree	52	10.9%
Strongly agree	401	83.7%
Total	479	100%

Figure 1: The consultation content was important

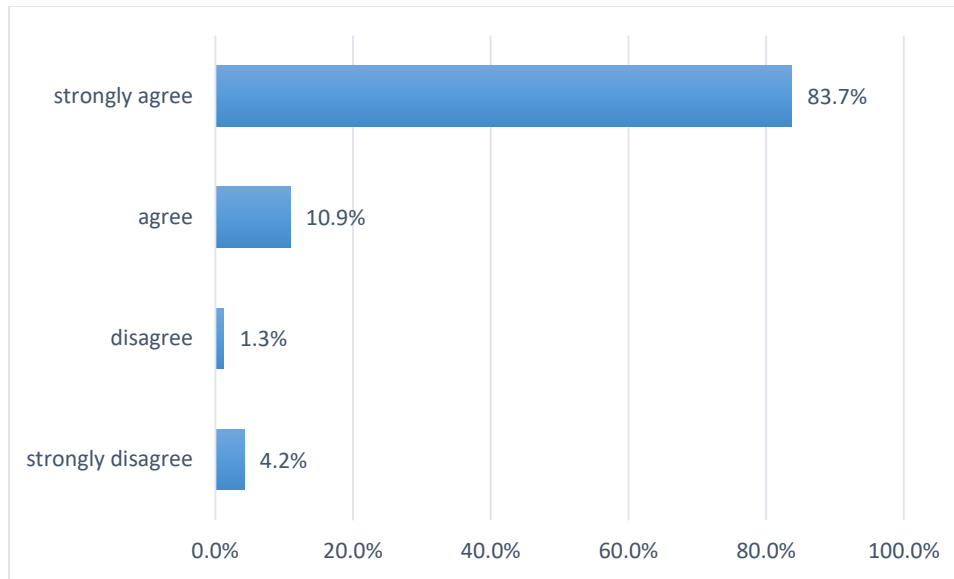


Table 3 and Figure 2 show that the majority of respondents (67.0%) strongly agreed that the consultation was easy to understand, while 26.2% agreed to same. However, 3.7% of the respondents strongly disagreed and 3% indicated that they disagreed.

Table 3: The consultation content was easy to understand

Responses	Frequency	Percentage
Strongly disagree	17	3.7%
Disagree	14	3.0%
Agree	121	26.2%
Strongly agree	309	67.0%
Total	461	100.0%

Figure 2: The consultation content was easy to understand

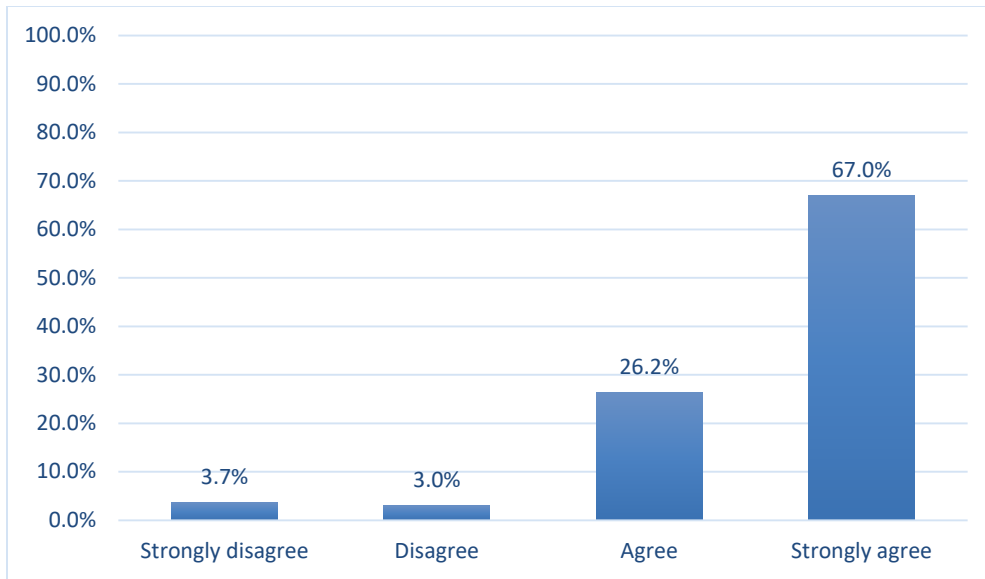


Table 4 and Figure 3 reveal that 69.1% of respondents strongly agreed that the consultation content was a good mix between listening and discussion, while, 24.5% indicated that they agreed. In contrast, 3.4% of respondents disagreed that the consultation content was a good mix between listening and discussion and 3.0% strongly disagreed. The survey also highlighted that the majority of the participants (77.7%) strongly agreed that the hand-outs provided useful information as indicated in Table 5 and Figure 4.

Table 4: The consultation content was a good mix between listening and discussion

Responses	Frequency	Percentage
Strongly disagree	14	3.0%
Disagree	16	3.4%
Agree	115	24.5%
Strongly agree	324	69.1%
Total	469	100.0%

Figure 3: The consultation content was a good mix between listening and discussion

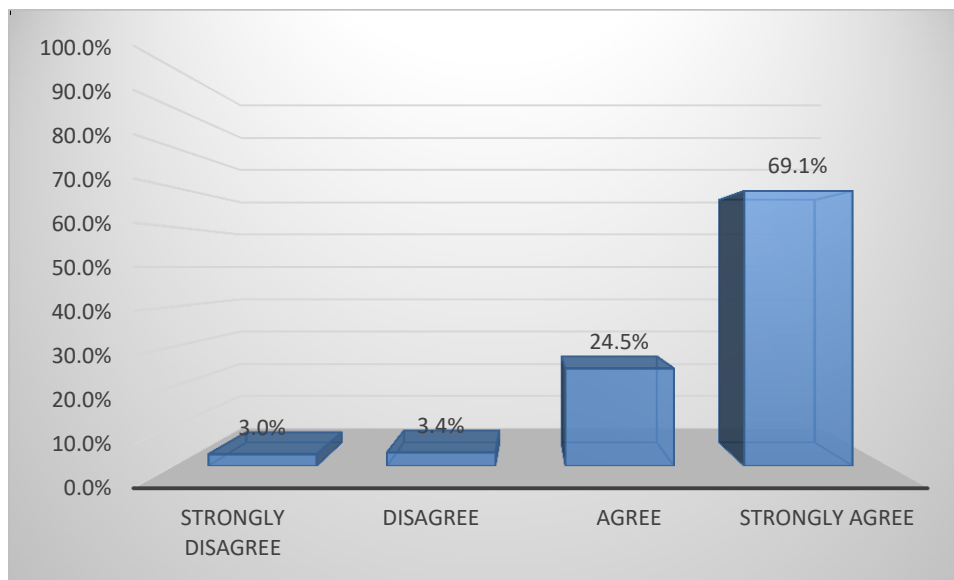
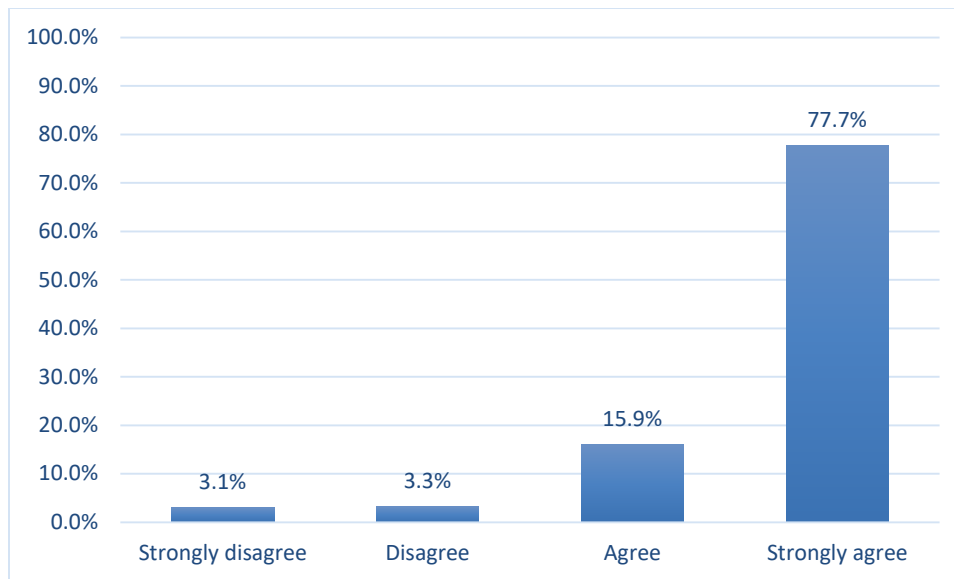


Table 5: The hand-outs provided useful information

Responses	Frequency	Percentage
Strongly disagree	14	3.1%
Disagree	15	3.3%
Agree	73	15.9%
Strongly agree	356	77.7%
Total	458	100.0%

Figure 4: The hand-outs provided useful information



The respondents were given a list and asked to indicate what they liked about the consultation with the option of making multiple selections. A total of 418 (40.2%) individuals indicated that they liked the consultation presentation; 230 (22.1%) posited that they liked the consultation organization; while 354 (34.0%) pointed out that they liked the consultation delivery. A few other persons indicated that there were other factors that they liked about the consultation (3.7%) as displayed in Table 6.

Table 6: What did you like about the consultation? Tick all that apply

Questions	Frequency	Percentage
Did you like the consultation presentation?	418	40.2%
Did you like the consultation organization?	230	22.1%
Did you like the consultation delivery?	354	34.0%
Other	38	3.7%
Total	1040	100.0%

The majority of respondents indicated that they benefited from the consultation (99.1%) and that the consultation lived up to their expectations. Similarly, 97.1% confirmed that they would attend another consultation of that nature.

Table 7: Have you benefited from the consultation?

Responses	Frequency	Percentage
Yes	477	99.0%
No	5	1.0%
Total	482	100.0%

Figure 5: Have you benefited from the consultation?

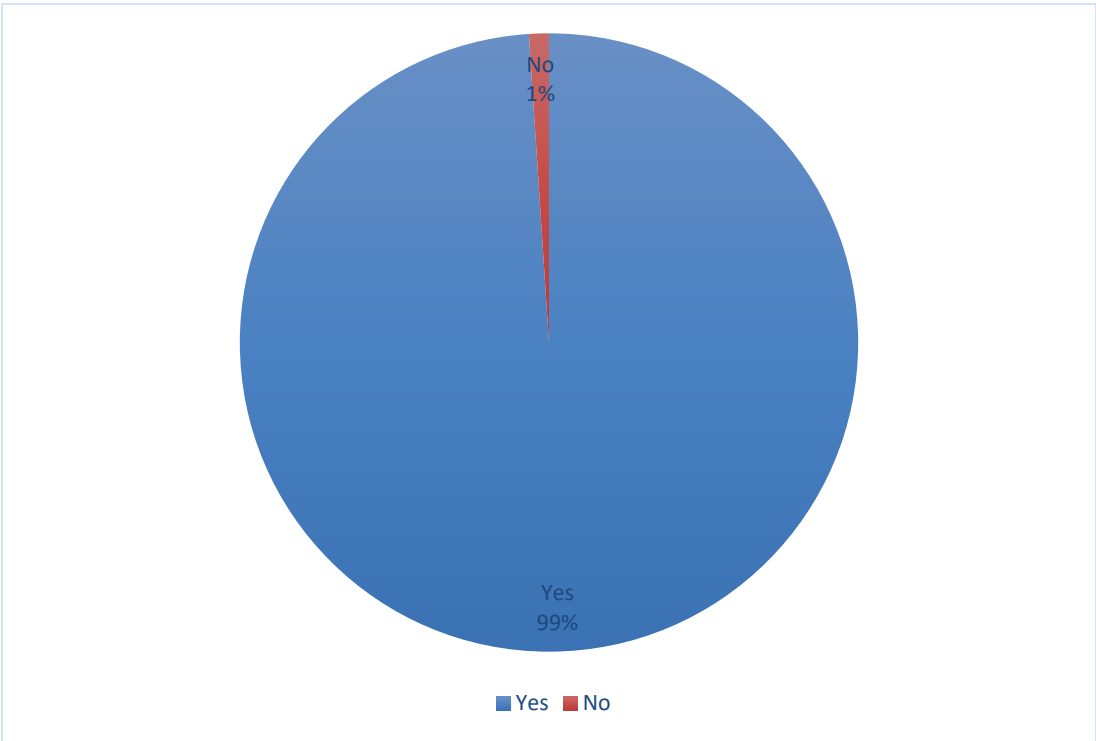


Table 8: Did the consultation live up to your expectations

Responses	Frequency	Percentage
Yes	421	96.6%
No	15	3.4%
Total	436	100.0%

Figure 6: Did the consultation live up to your expectation?

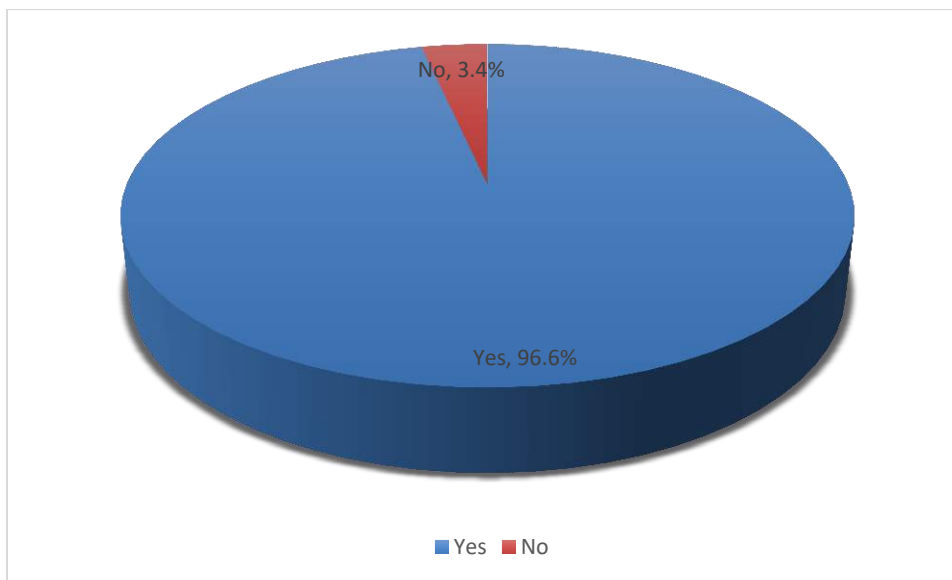
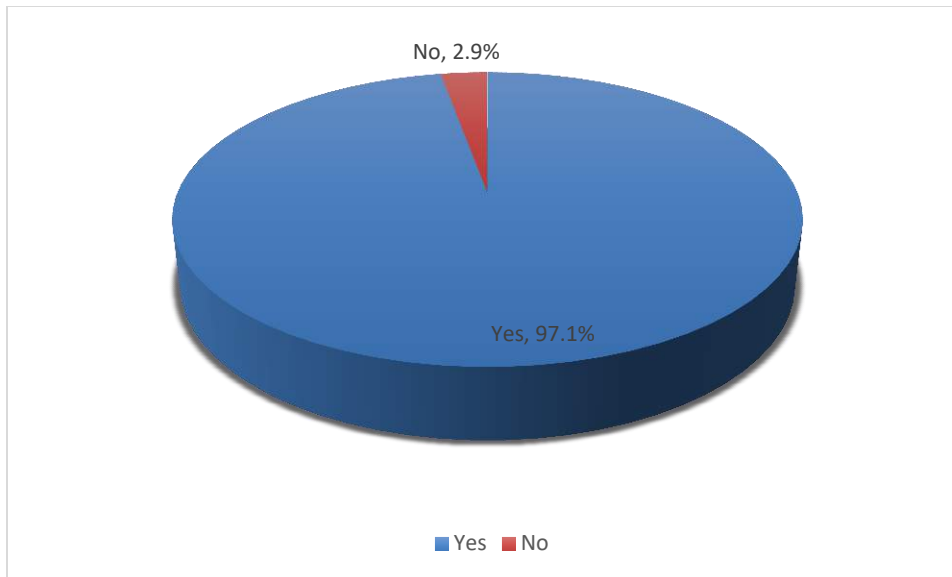


Table 9: Would you attend another consultation

Response	Frequency	Percentage
Yes	477	97.1%
No	14	2.9%
Total	491	100.0%

Figure 7: Would you attend another consultation?



The respondents were asked the question, “Do you think the Charter of Rights should be revised to include freedom from discrimination of health, sexual orientation or neither?” The respondents were allowed to select multiple options, and so 357 (61.2%) indicated that freedom from discrimination on the basis of health should be included in the Charter of Rights, while 191 (32.8%) expressed a similar perspective. On the other hand, 35 (6.0%) indicated that neither should be included in the Charter of Rights.

Table 10: Discrimination

Questions	Frequency	Percentage
freedom of discrimination on health	357	61.2%
freedom of discrimination on sexual orientation	191	32.8%
neither health nor sexual orientation	35	6.0%
Total	583	100.0%

Table 11 shows that the majority of respondents would support the Government’s introduction of an anti-discrimination legislation. However, Table 12 indicates that a slightly greater proportion of respondents did not believe that consensual anal sex between consenting adults should be decriminalized.

Table 11: Would you support anti-discrimination legislation?

Responses	Frequency	Percentage
Yes	407	87.9
No	56	12.1
Total	463	100

Figure 8: Would you support anti-discrimination legislation?

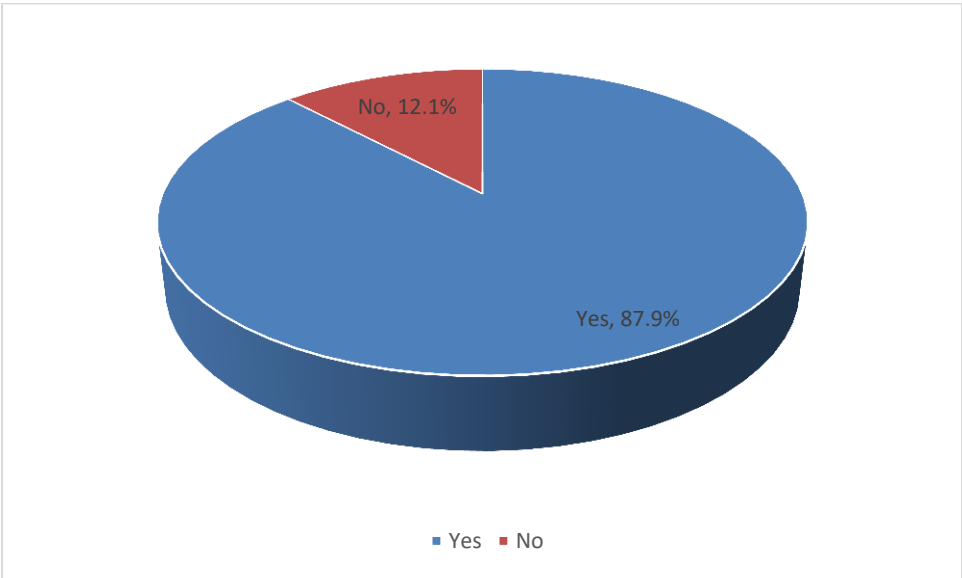


Table 12: Anal sex should be de-criminalized

Response	Frequency	Percentage
Yes	188	41.6%
No	262	58%
Undecided	2	0.4%
Total	452	100%

Figure 9: Anal sex should be de-criminalized

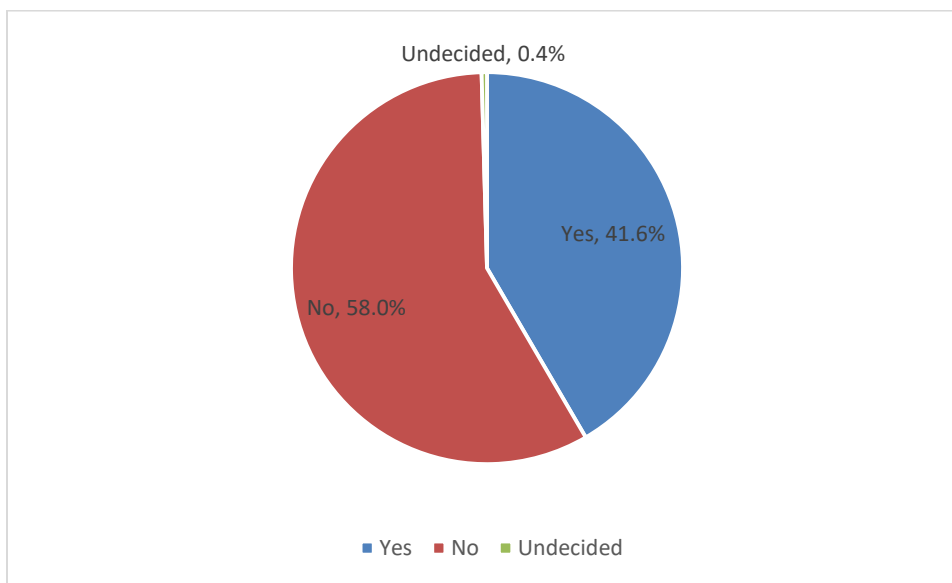


Table 13 and Figure 10 intimate that the majority of participants (84.7%) expressed that the Sexual and Reproductive Health Policy and the National HIV Policy should be joined as one document and be used to address all sexual and reproductive health and rights issues. Table 14 and Figure 11 is showing that the majority of respondents (91.8%) shared that young people should have access to sexual and reproductive health services and commodities (including condoms and other contraceptive devices).

Table 13: SRH & HIV policy joined

Responses	Frequency	Percentage
Yes	316	84.7%
No	57	15.3%
Total	373	100.0%

Figure 10: SRH & HIV policy joined

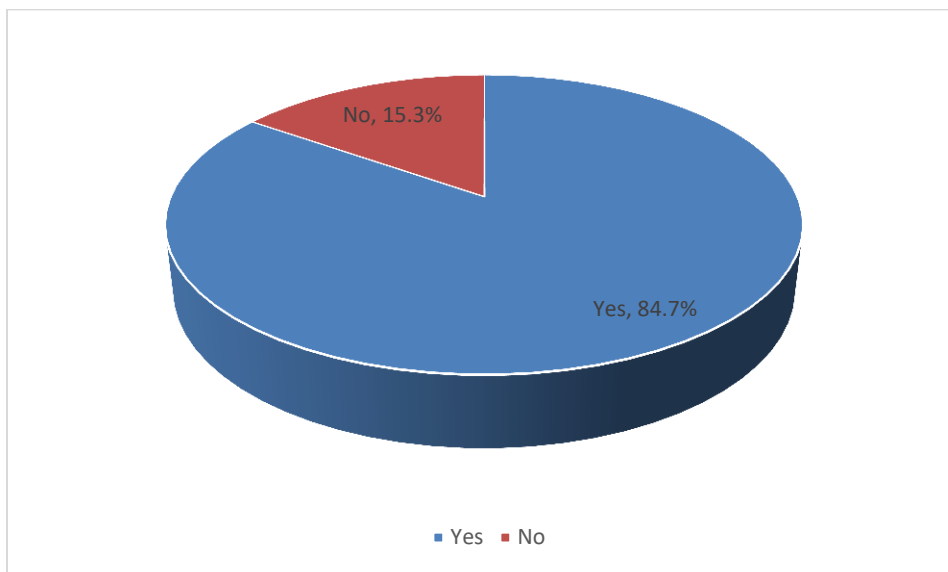


Table 14: Younger people should have access SRH services and commodities

Responses	Frequency	Percentage
Yes	348	91.8%
No	31	8.2%
Total	379	100.0%

Figure 11: Younger people should have access to SRH services and commodities

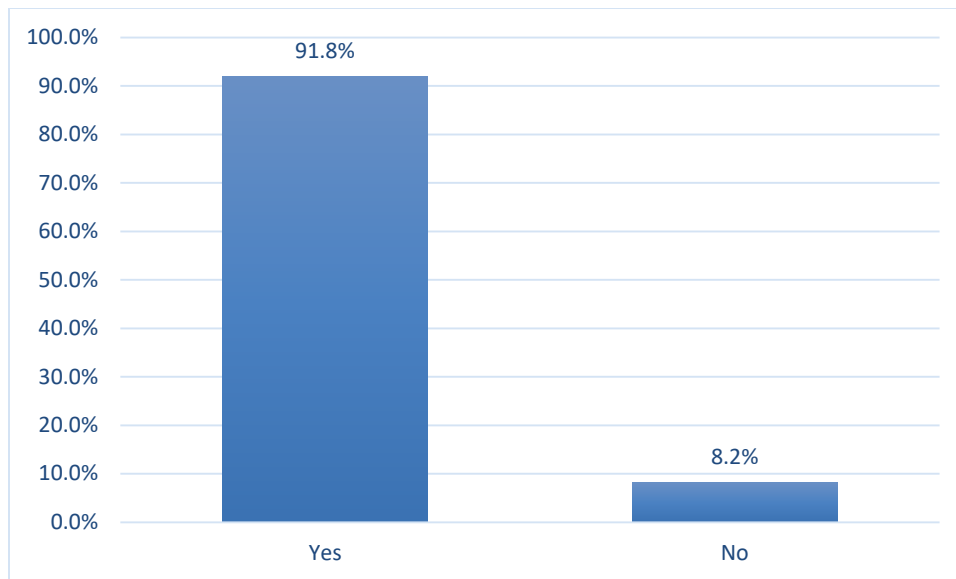


Table 15 and Figure 12 note that the majority of respondents (71.3%) would support the provision of health services to allow the legal termination of pregnancy where the pregnancy is as a result of rape or incest. Similarly, Table 16 and Figure 13 indicate that the majority of respondents (86.3%) would support the provision of health services to allow the legal termination of pregnancy where the pregnancy poses a risk to the health of the woman. In addition, 77.7% of the respondents confirmed that they would support the provision of health services to allow the legal termination of pregnancy where the pregnancy is a risk to the child, as indicated in Table 17 and Figure 14. On the other hand, the majority of respondents would not support the provision of health services to allow the legal termination of pregnancy where the woman is unable to provide financially for the child or if the pregnancy is mistimed or unwanted.

Table 15: Abortion if pregnancy results from rape

Responses	Frequency	Percentage
Yes	259	71.3%
No	103	28.4%
Undecided	1	0.3%
Total	363	100.0%

Figure 12: Abortion if pregnancy results from rape

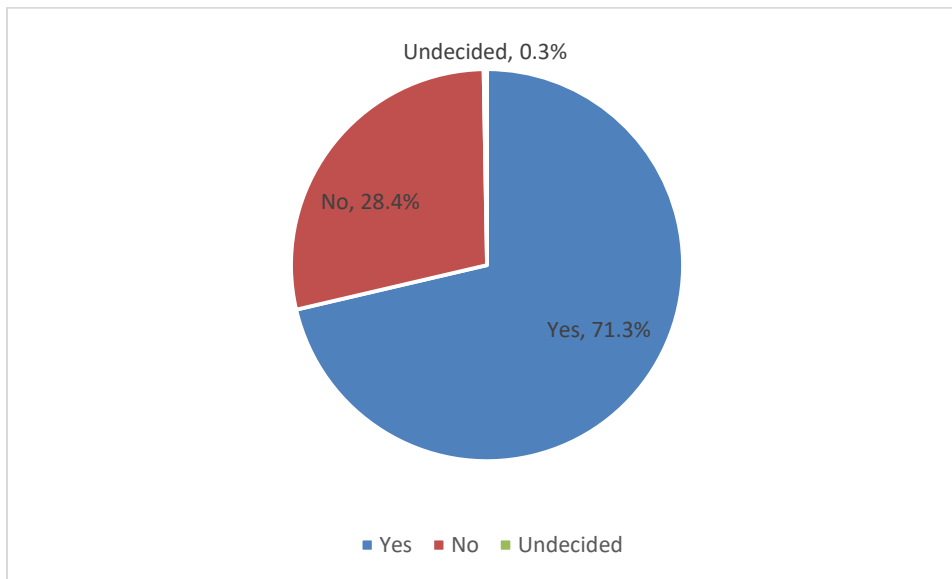


Table 16: Abortion if pregnancy is a risk to woman

Responses	Frequency	Percentage
Yes	316	86.3%
No	49	13.4%
Undecided	1	0.3%
Total	366	100.0%

Figure 13: Abortion if pregnancy is a risk to woman

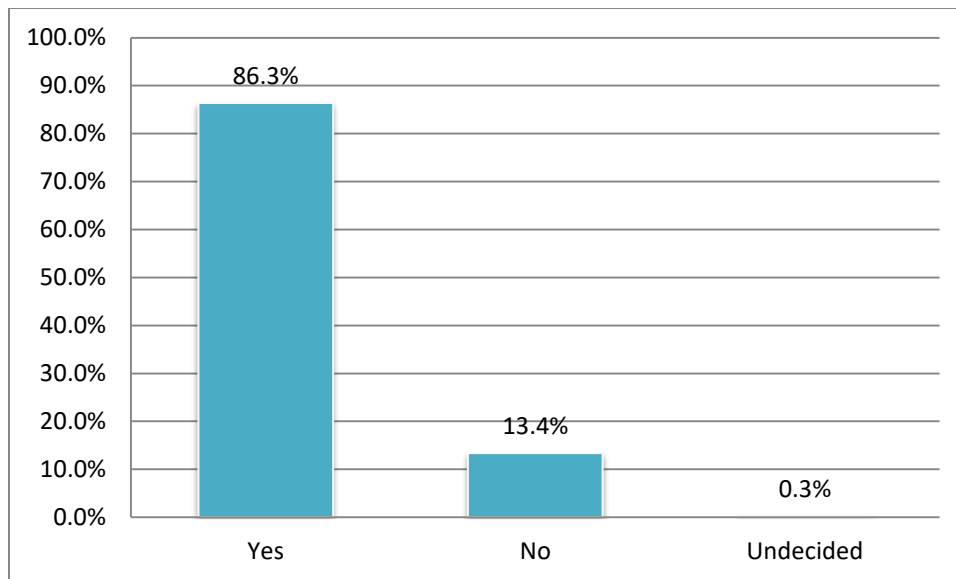


Table 17: Abortion if pregnancy is a risk to child

Responses	Frequency	Percentage
Yes	275	77.7%
No	77	21.8%
Undecided	2	0.6%
Total	354	100.0%

Figure 14: Abortion if pregnancy is a risk to child

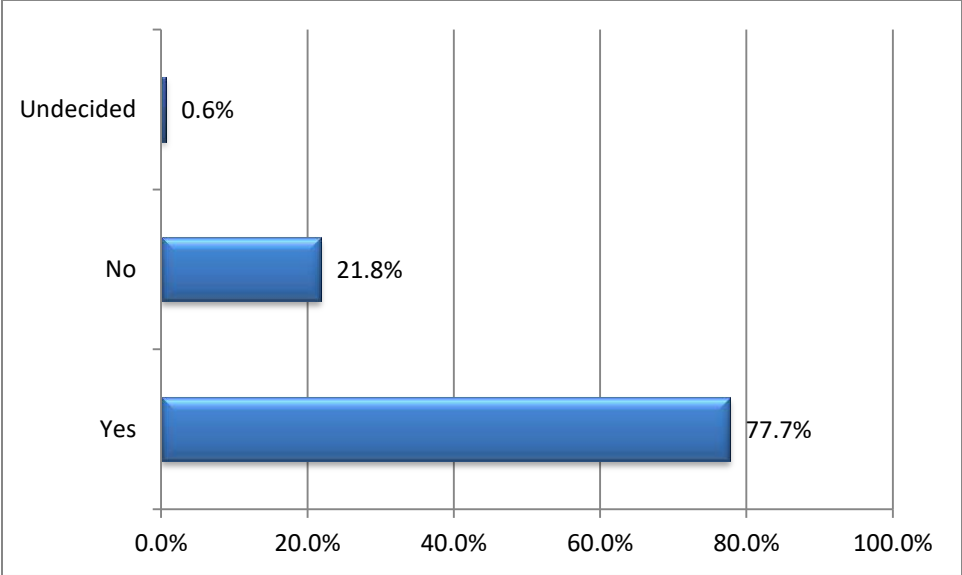


Table 18: Abortion if unable to provide financially for child

Responses	Frequency	Percentage
Yes	99	27.7%
No	258	72.1%
Undecided	1	0.3%
Total	358	100.0%

Figure 15: Abortion if unable to provide financially for child

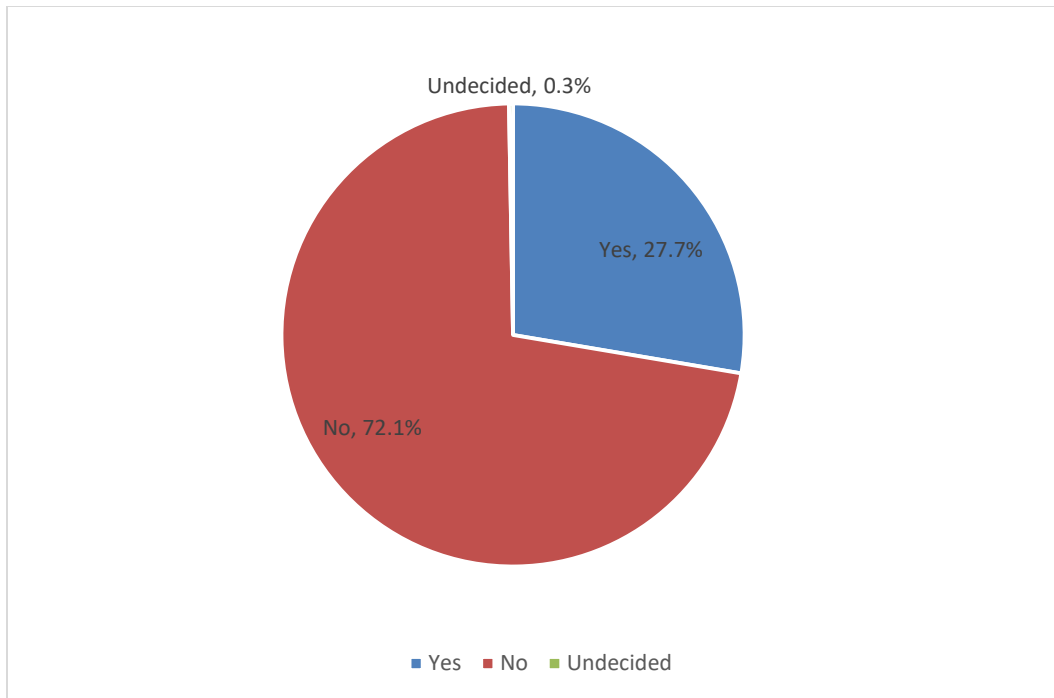
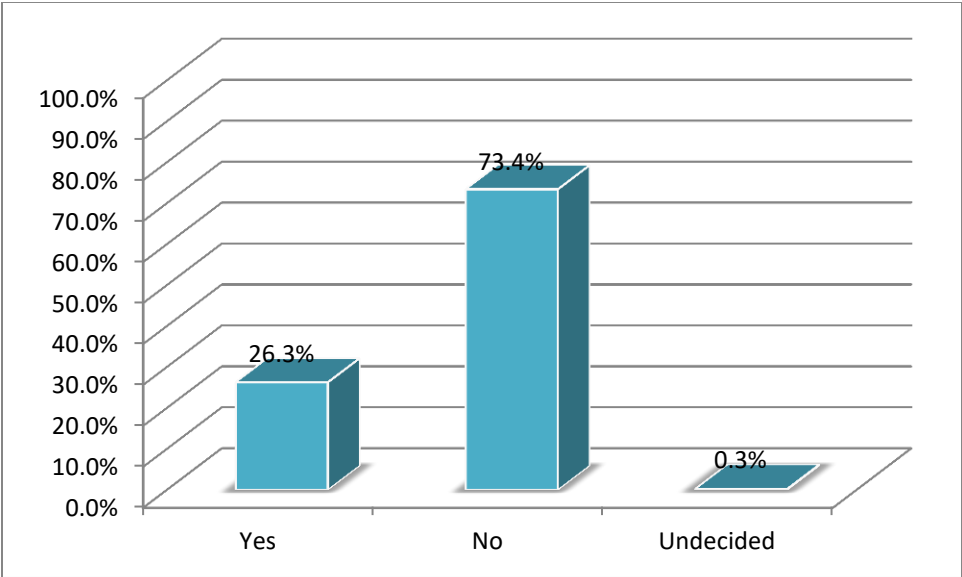


Table 19: Abortion if pregnancy mistime or unwanted

Responses	Frequency	Percentage
Yes	92	26.3%
No	257	73.4%
Undecided	1	0.3%
Total	350	100.0%

Figure 16: Abortion if pregnancy mistime or unwanted

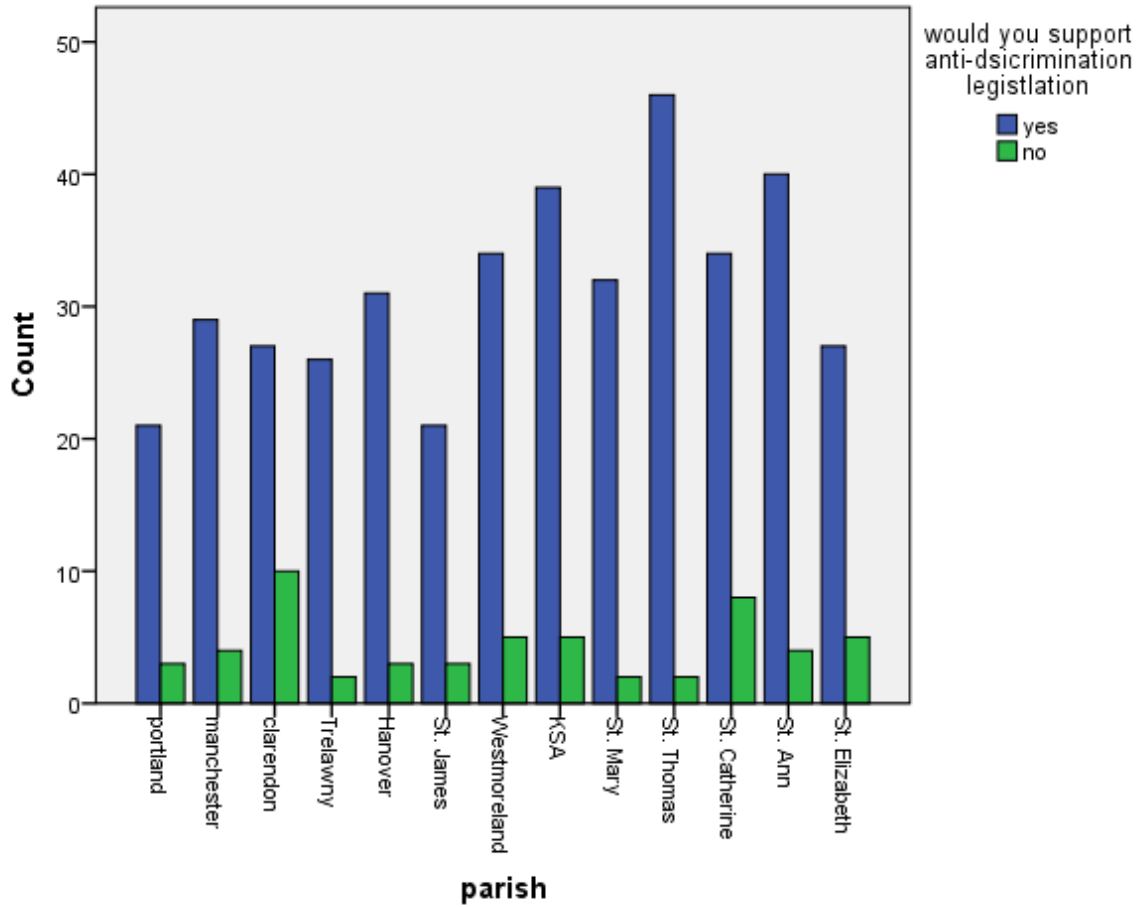


A cross-tabulation was done to examine responses to the question “would you support anti-discrimination legislation?” Table 20 and Figure 17 show that majority of the participants responded in the affirmative.

Table 20: Response to anti-discrimination question by parish

Parish	Would you support anti-discrimination legislation	
	Yes	No
Portland	21	3
	87.50%	12.50%
Manchester	29	4
	87.90%	12.10%
clarendon	27	10
	73.00%	27.00%
Trelawny	26	2
	92.90%	7.10%
Hanover	31	3
	91.20%	8.80%
St. James	21	3
	87.50%	12.50%
Westmoreland	34	5
	87.20%	12.80%
KSA	39	5
	88.60%	11.40%
St. Mary	32	2
	94.10%	5.90%
St. Thomas	46	2
	95.80%	4.20%
St. Catherine	34	8
	81.00%	19.00%
St. Ann	40	4
	90.90%	9.10%
St. Elizabeth	27	5
	84.40%	15.60%
Total	407	56
	87.90%	12.10%

Figure 17: Response by parish

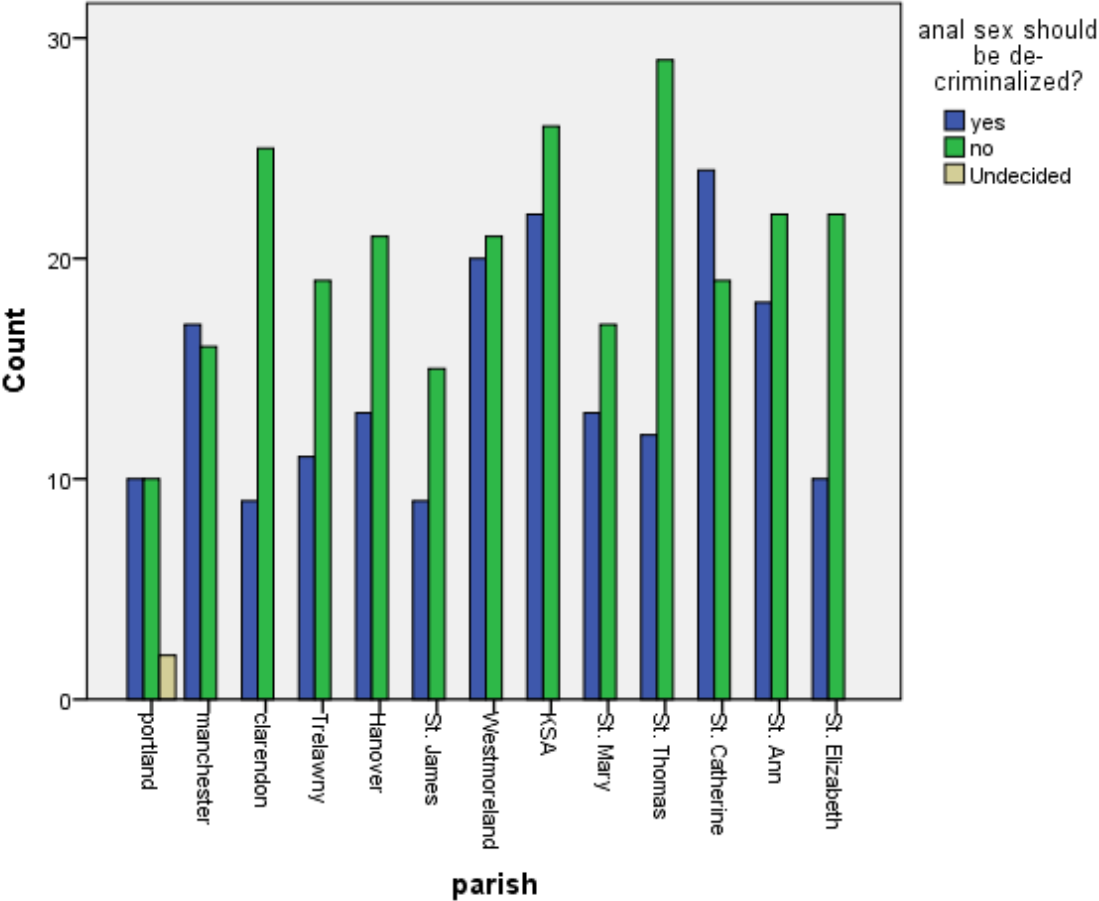


A cross-tabulation was done to examine responses to the question “Do you think that consensual anal sex between consenting adults should be de-criminalized?” Table 21 and Figure 18 note the varying responses across parishes. The majority of respondents in all parishes except Portland indicated that consensual anal sex between consenting adults should **not** be de-criminalized.

Table 21: Anal sex should be de-criminalized responses by parish

Parish	Anal sex should be de-criminalized?		
	Yes	No	Undecided
Portland	10	10	2
	45.50%	45.50%	9.10%
Manchester	17	16	0
	51.50%	48.50%	0.00%
Clarendon	9	25	0
	26.50%	73.50%	0.00%
Trelawny	11	19	0
	36.70%	63.30%	0.00%
Hanover	13	21	0
	38.20%	61.80%	0.00%
St. James	9	15	0
	37.50%	62.50%	0.00%
Westmoreland	20	21	0
	48.80%	51.20%	0.00%
KSA	22	26	0
	45.80%	54.20%	0.00%
St. Mary	13	17	0
	43.30%	56.70%	0.00%
St. Thomas	12	29	0
	29.30%	70.70%	0.00%
St. Catherine	24	19	0
	55.80%	44.20%	0.00%
St. Ann	18	22	0
	45.00%	55.00%	0.00%
St. Elizabeth	10	22	0
	31.30%	68.80%	0.00%
Total	188	262	2
	41.60%	58.00%	0.40%

Figure 18: Anal sex should be de-criminalized responses by parish



Qualitative Analysis

The qualitative component is hereby segmented into four (4) themes namely:

- 1) Consultation content
- 2) Benefits of the consultation
- 3) Expectations
- 4) Suggestions for improvement

These will form headings per participant’s responses to the open-ended aspect of the two-page instrument. Two limitations to the qualitative analysis are:

- Some of the respondents gave answers that were not consistent with questions that were asked, hence they were not included in the analysis.
- Some of the respondents gave answers which were incomplete and as a result, they were not included in the analysis.

Consultation Content

The respondents were asked to comment on the consultation content. It was observed that the majority of the respondents (32.2%) indicated that the consultation content was informative, and that the overall consultation content was good (20.3%). Furthermore, 16.9% of respondents postulated that the discussions were good. The remaining respondents indicated that the consultation content was vague, and that they disliked the anal sex topics (2.4% & 1.7% respectively).

Table 22: Consultation content

Responses	Frequency	Percentage
Consultation content vague	7	2.4%
Consultation Presenters/presentations were good	28	9.5%
Consultation Discussions were good	50	16.9%
Consultation was informative	95	32.2%
Consultation Content was Understandable	24	8.1%
Overall Consultation was good	60	20.3%
Not enough hand-outs	2	0.7%
Poor presentation/discussion	24	8.1%
Dislike Anal Sex topics	5	1.7%
Total	295	100.0%

Benefits from Consultation

The respondents were asked to state how they benefited from the consultation. Table 23 is showing that the majority (96.7%) of respondents said that were more educated. Others indicated that they were empowered and that they got a chance to share their opinions as well as benefited by just being a part of the process of change.

Table 23: Benefits from consultation

Responses	Frequency	Percentage
I am more educated	386	96.7%
Being a part of the process	6	1.5%
A chance to share my opinion	4	1.0%
I am empowered	3	0.8%
Total	399	100.0%

Expectations

Table 24 is indicates that the majority (48.5%) of respondents posited that the consultation lived up to their expectations, and it was informative. Additionally, 38.7% of respondents stated that their expectations were met because the overall organization of the consultation was good and that the content was delivered as promised. A number of individuals also indicated that the interaction and discussions were the reasons why their expectations were met. However, a few participants stated that more “hand-outs were needed; the time was too short and that condoms were not provided.”

Table 24: Expectation of respondents

Responses	Frequency	Percentage
Yes, It was informative	158	48.5%
Yes, interaction and discussion were good	35	10.7%
Yes, organization was good and content delivered as promised	126	38.7%
No, more hand-outs needed	2	0.6%
No, the time was too short	3	0.9%
No, condoms were not provided	2	0.6%
Total	326	100.0%

Suggestions for Improvement

Table 25 is showing that the majority (27.4%) of respondents expressed that future consultation should have better time management. Some of the comments that were made in regards to time management were that:

- 1) “consultation didn’t start on time,
- 2) consultation needed more time to facilitate further discussions,
- 3) the sessions were ‘drawn-out’”

A number of respondents called for more consultations to be had but added that the consultations should be more organized and the discussion sessions be kept under control.

Table 25: Suggestions for improvement

Responses	Frequency	Percentage
More Consultation Needed	88	22.1%
Condoms should be issued	6	1.5%
Better time Management	109	27.4%
Discussions need to be control	40	10.1%
Hand-outs need to be review	1	0.3%
More hand-outs needed	8	2.0%
Content/Consultation should be more organized	94	23.6%
Improve food and drink	8	2.0%
Improve venue	19	4.8%
Improve turn-out	22	5.5%
HIV testing should be done	3	0.8%
Total	398	100.0%

Table 26 indicates the response to the question, “Do you think young people should have access to sexual and reproductive health information, services and commodities?” The majority (37.6%) of individuals in the affirmative, stated that this would likely aid in reducing the spread of STDs and unwanted pregnancy. A large proportion (27.1%) of participants also indicated that young people should be granted access to information for education purposes, however, they should not be issued condoms. Some (3.1%) believed that by issuing condoms to young people, this could possible encourage sexual activities.

Table 26: Access to SRH information, services and commodities

Responses	Frequency	Percentage
Yes, Information should be age appropriate	24	10.5%
Yes, It will aid in reducing STDs and unwanted pregnancies	86	37.6%
Only 18 and over should have access	3	1.3%
Yes, At any age	6	2.6%
Yes, A great number of youngsters having sex	41	17.9%
No, it encourage young people to have sex	7	3.1%
To educate youngster but no condoms	62	27.1%
Total	229	100.0%

The respondents were asked to state the main sexual and reproductive health issue which needed to be addressed in policies and programmes designed by the Government. According to Table 27, the majority of respondents indicated that the age of consent should be addressed. Individuals also suggested that HIV, disease and abortion be addressed.

Table 27: Main SRH issue to be addressed

Responses	Frequency	Percentage
Better Health Facilities	6	5.6%
Abortion	17	15.7%
Age of Consent	24	22.2%
Buggery & Homosexuality	6	5.6%
Confidentiality on the part of health workers	2	1.9%
HIV and Disease prevention	19	17.6%
Pregnancy due to rape	11	10.2%
Incest	4	3.7%
Sex with Minors	2	1.9%
Sexual education	12	11.1%
Stigma and discrimination	5	4.6%
Total	108	100.0%

Conclusions and Recommendations

Conclusion

1. The participants expressed that the Sexual and Reproductive Health Policy and the National HIV Policy should be joined as one document and be used to address all sexual and reproductive health and rights issues.
2. The respondents had committed to supporting the provision of health services to allow the legal termination of pregnancy where the pregnancy is as a result of rape, incest and/or where the pregnancy poses a risk to the health of the mother and child. However, the majority of respondents would not support the provision of health services to allow the legal termination of pregnancy where the woman is unable to provide financially for the child or if the pregnancy is mistimed or unwanted.
3. The majority of respondents shared that young people should have access to sexual and reproductive health services and commodities (including condoms and other contraceptive devices).
4. The majority of respondents would support the Government's introduction of an anti-discrimination legislation. They expressed that they do not believe that consensual anal sex between consenting adults should be de-criminalized.
5. The majority of respondents confirmed that the overall content of the consultation was important, easy to understand and was a good mix between listening and discussing. The majority of respondents also benefited from the consultation and would attend another consultation of that nature.

Recommendations from Stakeholders

Arising from the island-wide consultations, the following recommendations were captured:

1. Introduction of anti-discrimination legislation

The Government of Jamaica should introduce a comprehensive anti-discrimination legislation to protect vulnerable members of the Jamaican society.

2. Sexual and Reproductive Health Policy and the National HIV Policy should be joined

The Sexual and Reproductive Health Policy and the National HIV Policy should be joined together as one document to address all sexual and reproductive health and rights issues.

3. Younger people should have access to sexual and reproductive health services and commodities

Proper facilities and resources should be put in place to provide sexual and reproductive health services and commodities to the at risk groups regardless of their age.

4. Provide health services to allow the legal termination of pregnancy in specific cases

It is highly recommended that health services be provided to allow the legal termination of pregnancies in these cases: the pregnancy is as a result of rape or incest or where the pregnancy poses a risk to the health of the mother and child.

Recommendations from the MER Unit

The questions asked on the EEHR instrument for the island-wide consultations were not all akin to the core objectives of Cabinet Office's mandate for the development of a SRH Policy and the revision of the HIV/AIDS Policy. They were in some instances consistent with policy sensitization and awareness, as well as, the content and context of the consultation. As a result, in

future, it is prudent to pay close attention to the mandate and sole purpose of, and reason for the consultation, and the documented core objectives, so that the mission can be accomplished.

More emphasis should be placed on the areas that were akin to the core objectives from Cabinet Office, so that a wealth of specific responses from the stakeholders can be obtained to add value to the policies. In addition, the areas on which emphasis is placed must be complementary to the expected outcome of the policies.

In future, questions such as “do you think the Charter of Rights should be revised to include freedom from discrimination of health, sexual orientation or neither?” should be revisited. This question reflects four components, and at the same time, leaves scope for ambiguity, and could result in the respondents providing answers that are not consistent with the questions, and/or leaving a question incomplete (note the limitations above). In addition, at the analysis level, this becomes troublesome. It is imperative to note the other questions that were similar.