



January 11, 2001

The Committee on the Elimination of Discrimination Against Women (CEDAW)

Re: Supplementary information on Jamaica
Scheduled for review by CEDAW during the 24th Session

Dear Committee Members:

The purpose of this letter is to provide some independent information regarding Jamaica, which is scheduled to be reviewed by CEDAW during its 24th session. Non-governmental organizations, such as the Center for Reproductive Law and Policy (CRLP), can play a central role in providing the committee with information that is reliable, accurate and independent concerning the rights covered by the Convention on the Elimination of all Forms of Discrimination Against Women (Women's Convention). This letter will highlight several particular areas of concern related to laws and policies on the reproductive health and lives of women in Jamaica.

Reproductive rights are fundamental to women's health and equality and we believe that States Parties' commitment to ensuring them should receive serious attention. Further, reproductive health and rights are an explicit part of the Committee's mandate under the Women's Convention. Article 12 requires States Parties to "take all appropriate measures to eliminate discrimination against women in the field of health care," and specifies that women should have access to "appropriate services in connection with pregnancy, confinement and the post-natal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation." Article 10(h) requires women to have "access to specific educational information to help to ensure the health and well-being of families, including information and advice on family planning." CEDAW's General Recommendation on Women and Health also expands upon the integral role of reproductive health and rights on women's health and equality.

CRLP has identified for the Committee the following issues of concern, which directly affect the reproductive health and lives of women in Jamaica:

1. Right to Health Care, Including Reproductive Health Care and Family Planning (Articles 12, 14(2)(b) and (c), and 10 (h))

a. Abortion

According to a recent news article, between 20,000 and 30,000 abortions are performed each year. Abortion is *prima facie* illegal in Jamaica, with exceptions for rape, incest and to save a woman's life. In addition, there are case law exceptions to protect the mental and physical health of a woman. In cases where the pregnancy is the result of rape or incest, documented proof of the crime must be presented or the woman must be referred for an abortion by a judge or law enforcement official before the abortion can occur. In addition, a woman cannot have more than one abortion in her lifetime, even if it is the result of a criminal act. Public hospitals regularly perform abortions other than those that fall within the narrow exceptions allowed by law. Nonetheless, complications arising from unsafe abortion remain one of the leading causes of maternal mortality in Jamaica.

While there is widespread support for legislative reform and the legalization of abortion by both the Ministry of Health and the Medical Association of Jamaica, no measures have been taken to liberalize these laws.

b. Contraception

In spite of the recent increase in contraceptive use in Jamaica, only 34 percent of all pregnancies in 1997 were planned and only 11 percent of women in Jamaica had heard of emergency contraception by 1997. In addition, women still face obstacles in accessing contraception services. For example, 92 percent of family planning services in Jamaica employ a "menstruation requirement," wherein a woman must produce a negative pregnancy test or assert that she is currently menstruating before contraceptive services are provided. This discriminatory requirement not only leaves women at risk of unwanted pregnancy while waiting for the onset of menstruation, but also poses an undue burden on the women to make repeat trips to the clinic, which may discourage contraceptive use altogether.

c. Adolescents

Because of barriers to reproductive and sexual health services, Jamaica has one of the highest rates of adolescent pregnancy in the region. Forty-five percent of 15 to 24-year-old women report at least one pregnancy by age 19. Adolescent girls are also at a markedly higher risk for HIV infection: females between the ages of 10 and 19 are 2.7 times more likely to contract HIV/AIDS than their male counterparts. Despite the high risk of infection, less than 60% of sexually active women between the ages of 15 and 19 use contraception.

While the Ministry of Health launched an adolescent sexual and reproductive health program in 1999, adolescents are still hesitant to utilize family planning services due to the lack of confidentiality in the provision of services.

d. HIV/AIDS

The number of people in Jamaica with HIV/AIDS has been increasing, with estimates indicating that 14,000 HIV/AIDS cases existed as of March 1999. Women comprised 43 percent of new cases in 1998, the highest proportion since the beginning of the epidemic. Furthermore, approximately 98 percent of HIV/AIDS cases among women were the result of heterosexual intercourse. In spite of these alarming figures, there is still no legislation addressing HIV/AIDS and no law prohibiting discrimination against AIDS victims in Jamaica. In addition, there are very few programs to educate the public on AIDS and encourage preventative actions. While the government has issued a policy to deal with HIV/AIDS, it has failed to ensure the provision of adequate intervention and prevention services. Finally, because of lack of resources, the public health system can presently only treat patients for infections associated with HIV/AIDS, and does not provide anti-retroviral therapy to all of those with HIV.

2. Sexual Violence Against Women (Articles 5, 6 and 16)

a. Domestic Violence

Reported incidents of sexual assault, incest, and domestic violence have increased 30% annually since 1990. Police statistics indicate that one out of 11 women between the ages of 25 and 60 has been physically abused and almost 45% of all murders in Jamaica are the result of domestic violence.

Governmental legislative measures, such as the Domestic Violence Act of 1995, have been inadequate in dealing with increasing rates of domestic violence, failing to cover violence committed by siblings, visiting relatives, casual relationships, and those sharing homes for economic reasons. There is no provision for compensation for property damage, and the police are not exercising their power to arrest perpetrators. The Jamaican government has shown a marked lack of support for female victims of domestic and sexual violence, with almost no funding allocated to supportive services. There is only one shelter for victims of domestic violence in Jamaica. The shelter, which is located in Kingston, can provide support for only ten women at a time and is virtually inaccessible to rural women.

b. Rape

According to police records, there were 39 reported cases of incest, 540 reported cases of sexual abuse, and 880 reported rapes in Jamaica in 1998. In spite of an appalling rate of sexual violence, the government has yet to enact the proposed legislation to amend the provision on rape in the Offences Against the Person Act. It is crucial that the Parliament realize the importance of and give priority to such reforms. For example, it is necessary

to expand the definition of rape beyond vaginal intercourse, make the offence of rape gender-neutral, and include marital rape within the legislation on sexual violence.

c. Sexual Harassment

Jamaica still has no law prohibiting sexual harassment. The labor union representing civil servants has pressed the government to address the issue and some officials have publicly promised to push forward proposed sexual harassment legislation, which includes civil remedies rather than criminal penalties. However, this law is yet to be enacted.

The Committee should consider addressing the following questions to the Jamaican government:

1. What legislative and policy measures are being taken to address the issue of unsafe abortion, which is currently one of the primary causes of maternal mortality in Jamaica? What provisions has the government made for post-abortion care? In view of the widespread support of the medical community for the legalization of abortion, what measures has the government taken to reform the law that criminalizes abortion?
2. What legislation and policies have been adopted to address the barriers that women face in accessing comprehensive reproductive health and family planning services, and information about these services? What is the unmet need for contraception and what governmental efforts are being made to increase public awareness about contraceptive methods?
3. What governmental efforts are being made to address the high rates of adolescent pregnancy? In particular, has there been an effort to institute government-sponsored prevention programs such as public awareness campaigns and sexual education in schools, and to distribute contraception to adolescents?
4. What measures have been taken to increase public awareness of the risk and effects of sexually transmissible infections, particularly HIV/AIDS? Given the increased risk of HIV infection that young women face in Jamaica, have any of these measures been aimed specifically at women and girls?
5. What governmental efforts have been made to counter the increase in sexual and domestic violence? Are there any public campaigns to raise awareness about violence against women? Are there plans to increase the number of shelters for women faced with violence within the family?
6. Does the government support passage of sexual harassment legislation and what measures is the government taking to ensure that such legislation includes both criminal and civil remedies?

Finally, we have included the following supporting documentation for the Committee's reference:

1. Jamaica chapter of *Women of the World: Laws and Policies Affecting Their Reproductive Lives – Latin America and the Caribbean*, by CRLP, Estudio para la Defensa de los Derechos de la Mujer and the Association of Women's Organizations in Jamaica.
2. Draft Jamaica chapter of *Women of the World: Laws and Policies Affecting Their Reproductive Lives – Latin America and the Caribbean 2000 Update*, by CRLP, Estudio para la Defensa de los Derechos de la Mujer and the Association of Women's Organizations in Jamaica.

There remains a significant gap between the provisions contained in the Women's Convention and the reality of women's reproductive health and lives. We appreciate the active interest that the Committee has taken in reproductive health and rights and the strong concluding observations and recommendations the Committee has issued to governments in the past, stressing the need for governments to take steps to ensure the realization of these rights.

We hope that this information is useful during the Committee's review of the Jamaican government's compliance with the provisions contained in the Women's Convention. If you have any questions, or would like further information, please do not hesitate to contact the undersigned.

Very truly yours,

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