On Monday morning we met with seven young activists in Trinidad and Tobago to brainstorm about the state of young peoples’ sexual and reproductive health and rights in the Caribbean and to give them a briefing about the subregional meeting of the CDCC on the ICPD Programme of Action that was about to take place. None of them were aware of the meeting or how they can use ICPD to advocate for the protection of their health and rights. This is unacceptable.

The ICPD Programme of Action specifically calls for the full inclusion of young people in decision-making about issues that affect our lives, including our participation in policy-making and evaluation. In keeping with ICPD, governments should be ensuring that young people from their countries are included and heard. Only Caribbean youth know about the issues that are specifically affecting them and how to most effectively address them. As the background document states, “programs for adolescents have proven most effective when and where they have secured the full involvement of adolescents in identifying their development and health needs, including reproductive and sexual health” (para. 5.8).

During day one of the meeting it was great to hear all the advancements that are being made to implement ICPD, particularly in the area of youth sexual and reproductive rights. We urge you, however, to recognize past difficulties as well as the challenges that lie ahead, and take real steps, with youth as partners, to improve the realities of young people’s lives.

Young peoples’ sexual and reproductive health is a focal issue of this meeting and the lack of Caribbean youth voices hinders progress and development. Caribbean youth should be speaking about their realities, the issues that they face and their ideas about ways to move forward.

When young people are included in these processes we feel empowered and respected and able to take responsibility for our futures. This is what spawns new leaders.

The lack of young people at this table prompted us to work together with Trinidadian youth to create a statement synthesizing issues that affect young people in the region. This a just a start. We will be working to ensure that young people are actively involved in the subsequent ECLAC meetings on ICPD implementation in Santiago, Chile, and in San Juan, Puerto Rico. We call upon regional governments and NGOs to do the same.

Enough talk! We need action! Deny us our rights and you’ll deny us our futures.
A RUNDOWN OF DAY ONE FROM A YOUTH PERSPECTIVE

By: Tanya Baker and Shannon Kowalski

During the first day of the subregional meeting government delegations spoke positively about providing reproductive and sexual health education and services to adolescents and youth. But there was a noticeable lack of young people on governmental and NGO delegations. The following is a rundown of the reports of each Caribbean country with regards to adolescents and youth.

Antigua and Barbuda delegation noted that they were fully committed to the ICPD Programme of Action and the Millennium Development Goals (MDGs), however there was no specific mention of young peoples’ sexual and reproductive health and rights (SRHR).

Aruba delegation reported that they are currently dealing with a high level of teenage pregnancy and that they have introduced a responsible parenting programme for adolescents.

Bahamas delegation focused on the cultural context in their country. The delegation noted that they are integrating services for adolescents and HIV/AIDS to provide comprehensive sexual and reproductive health care. They are also implementing a policy to return teenage mothers to the education system.

The Barbados delegation reported that abortion is safe and legal in the country and is regarded as a fundamental right. One main concern was lack of access to information and services on sexual and reproductive health of adolescent girls under the age of consent, which is sixteen.

Belize delegation noted that participation of youth in decision-making is important, but that the national youth council needs more structure and support. They also noted that sexuality education is not currently implemented at the primary school level.

The British Virgin Islands delegation reports that they need to encourage adolescents to utilize reproductive and sexual health care services in private health care facilities and publicly administered family planning programmes. They also stated the need for sexuality education in the school system. They are in the process of developing a sexual and reproductive health programme that will start in 2004.

The delegation of Cuba states that Cuba recognizes adolescents as a basic social group and provides information, education and services specifically aimed towards them. They address many issues facing adolescents including teenage pregnancy, school drop-out, healthy sexuality, STIs and HIV/AIDS.

Although Dominica delegation reporting being devastated by numerous hurricanes, the government still has been able to adopt a national youth policy and it is now being implemented throughout the country.

The Dominican Republic delegation reports that it is including young peoples’ interests in the development of a sexual education program and the government is working to extend reproductive and sexual health services and information to young people with assistance from NGOs and international agencies. The delegation noted that the Catholic Church is still resistant to making available contraception to adolescents however there are increasing calls for these services from schools and other sectors.

Grenada delegation stated that adolescents and youth are “looked after” by the Ministry of Youth and the Youth Centre. They currently have a project called STRONG, which encourages young male drop-outs to return to school.

The delegation of Guyana noted that they have a national youth policy that is being implemented throughout the country and involves the introduction of peer education programmes and providing access to adolescents to reproductive and sexual health services.

The Haiti delegation stated that they are implementing an HIV/AIDS programme for adolescents and is currently integrating a sex education in schools.

The Jamaica delegation reported that the Health and Family Life Education (HFLE) has been integrated as a course in teacher training programmes. They are currently designing and integrating adolescent SRH in the national family planning programme but there remains an unmet need for adolescents which is manifested in an increase in adolescent fertility. There is a national youth policy that is currently before parliament and once adopted will be followed by a national strategic action plan on youth. High
rates of HIV/AIDS amongst young people will be addressed as a priority area within the HIV/AIDS strategic plan. The delegation noted that the country needs legal recognition of adolescents’ rights to information and services on SRH to adequately address the current situation.

St. Kitts and Nevis delegation was not heard by the Youth Coalition because we had to leave the room momentarily.

The Saint Lucia delegation stated that the vulnerability of children and adolescents continues to be an issue. This year there is a special focus on children and adolescents and November 2003 – 2004 will be the Year of the Child. St. Lucia promotes the rights of adolescents to SRH services, health care and employment and is focusing on the empowerment of women and girls in SRHR.

Saint Vincent and the Grenadines delegation reports that they have developed two exclusive clinics specifically for young people in order to facilitate direct services including teenage pregnancy and early motherhood. They state that there has been 429 teenage pregnancies and that this creates a complex range of social problems.

The Suriname delegation states that the adolescent and reproductive health is integrated into the primary healthcare. The health and rights of young people is not one of their four priority areas with respect to implementing ICPD.

According to the Trinidad and Tobago delegation, a revised policy for the provision of reproductive health services was adopted in 2001 and a key area of that policy is to ensure services for underserved population including adolescents. There is also a gender policy being developed and a mentoring programme for young men has been established.

The U.S. Virgin Islands did not have any specific mention of young people’s sexual and reproductive health and rights.

The late afternoon session involved a panel on HIV/AIDS in the Caribbean. It was reported that the incidence of HIV/AIDS in the region is concentrated in young generations and half of all new infections are amongst young people age 15 to 24. Haiti, Guyana, Trinidad and Tobago and Jamaica have the highest rates of infection amongst youth in the region. UNFPA is actively addressing this issue and researching and developing new initiatives for future action.

Ms. Senner from the Trinidad and Tobago Ministry of Health spoke about stigma and discrimination against people living with HIV/AIDS as well as the rights of adolescents to sexual and reproductive health services. Reducing stigma and discrimination was recognized as an important step in allowing space for open and frank discussions about HIV/AIDS. It was noted that people living with other major health problem, such as cardiovascular disease and diabetes, are able to form support groups and create alternative strategies for approaching their illnesses in ways that people living with HIV/AIDS can’t due to the stigma attached to their HIV positive status.

Ms. Senner noted that a challenge to protection young people’s sexual and reproductive health and rights was society’s views on adolescents. She noted that the education system is failing to relevant and meaningful information to adolescents at the time that they need it most and that the system is slow in providing adolescents with a supportive environment, especially with regard to confidentiality. No Trinidadian youth were present to comment on her characterization of the health and rights of youth within the country.

A fruitful discussion followed the presentations on the issue of HFLE implementation and the balance between responsibilities and rights. The marketing of contraception, especially the male condom, and information on sexual and reproductive health to young people was also addressed.