

# HIV and AIDS in Jamaica

October 2007

Since our arrival in Central America in 1974, Save the Children UK has contributed to the construction of a rights based framework, which has led to dramatic changes in the lives of children and young people.

This case study highlights our work in the Caribbean and Central America over the last five years and the changes we have inspired, and is a record of the lessons we have learned, the challenges we have identified and the recommendations we have for all those involved in development work and the defence of human rights, especially the rights of children.

Since the closure of our programme in the Caribbean and Central American (CARICA) in March 2007, the legacy of our work for children continues through the ongoing work of our dedicated partners throughout the region. This particular study focuses on **Reducing the Vulnerability of Jamaican Youth to HIV and AIDS.**

## The programme

The Jamaica programme's main project was "A Multi-Sectorial Response to Reduce the Vulnerability of Jamaican Youth to HIV and AIDS." It promoted a healthy lifestyle and educated disadvantaged youth about ways to minimize their risk of contracting HIV. The project was piloted from April 2002 through March 2005 with funding from the European Union and Save the Children UK, and was implemented by Jamaican partner Children First.



*Some of our programme participants pose for the camera*

## Why did we do it

The Caribbean social context makes countries like Jamaica, and their young people, more vulnerable to the HIV and AIDS epidemic than the neighbouring nations of Central America. The widespread practice of having multiple sex partners and social and cultural norms that condone this behaviour increase the risk. An unequal, male dominated gender system limits meaningful communication between partners on sexual needs and concerns. The emotional and socio-economic dependence on men weakens women's ability to negotiate safer sex practices. The Caribbean context is further complicated by high levels of sexual violence in some nations, including Jamaica, however violence against women goes largely un-noted amidst inadequate social and legal condemnation. We came to the conclusion that the media,

the courts, the school system, and faith-based organisations needed to be mobilized to counteract these harmful phenomena, principally by educating the country's youth about them.

Initial analysis of the situation in Jamaica indicated that youth were becoming sexually active at much earlier ages than is commonly believed by parents, teachers, and other adults. Nonetheless, it is socially taboo to discuss sex with young

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people, and sex education was not being taught in schools. Heavy stigma surrounding same-sex relationships has resulted in a lack of awareness within society of the high levels of risk of contracting HIV. That risk is then passed on to women by the many men who engage partners of both sexes. Although condoms are now more widely available, their use is restricted by limited acceptability. Widespread use and abuse of alcohol and other drugs helps spread the risk of contracting HIV into the lives of young people and children.

Other risk factors prevalent in the project targeted neighbourhoods include high levels of poverty, widespread crime and violence, low levels of education, lack of employment opportunities, lack of knowledge about HIV, STIs and reproductive health, and exploitative practices like the commercial sexual exploitation of young girls. There are numerous single parent households, and children additionally suffer from poor parenting skills and inadequate childcare and supervision. The loving and nurturing atmosphere associated with childhood often is lacking, which can breed low self-esteem and prompt the search for external gratification.

On the official front, Jamaica developed a National HIV Policy in 2001, but its implementation is not yet uniform. Students in the formal education system who carry the virus suffer from discrimination, being excluded by their peers and expelled from school. Teachers, meanwhile, are limited in their abilities to discuss HIV and AIDS and sex education during class.

### What we did

The project increased young people's awareness of the factors that put them at risk of contracting HIV and provided gender sensitive sexual health education on how to address those factors. The project increased young people's access to quality gender sensitive sexual health services and engaged the Ministry of Health in assessing its potential for replication.

We also increased awareness of the high rate of coercive sex with children and of the corresponding vulnerability to HIV and AIDS, and we funded advocacy for a more effective government response to this issue. Our Jamaican partners gained capacity to respond to Jamaica's HIV and AIDS epidemic and to sustain and even expand the project after our departure.

Children First maintains a Youth Wellness Centre that the programme helped create which provides at risk students with academic reinforcement. Children are grouped academically via admissions testing and given tutoring in regular subjects, as well as participating in a variety of educational activities aimed at HIV and AIDS prevention.

Experts frequently visited the Youth Wellness Centre to conduct workshops on HIV and AIDS, STIs, sexuality, reproductive health, self-esteem, communication skills, drug abuse, crime, and violence.

### Our partner

Children First is a Jamaican non-governmental organisation specialising in providing services to disadvantaged youth.

### Results

#### Direct benefits to children and adolescents

Attendance at the Youth Wellness Centre brought notable changes in the participants. The children significantly reduced their risky sexual practices and increased their knowledge and understanding of HIV and AIDS and other STIs. Children First also noted a reduction of violent tendencies and practices among participants, who generally improved their academic skills and boosted their confidence and self-esteem.

The children also improved their communication skills, learned to take responsibility for their own decisions, including with regard to sexual activity,

improved interpersonal relations with the opposite sex, and reengaged with public education. The students reported having better technical and academic skills, broader knowledge, a heightened sense of personal capacity and improved relations with their families. They also expressed a desire for continued self-improvement.

Children First helped to prepare them to face the challenges of getting a job, including training in starting small businesses. After a year with the project, children who had been idle and disoriented, getting into trouble and even living in the street had developed a desire to improve themselves, either through studies or employment. They have developed extraordinary hopes and plans for the future.

#### Impact on public policy

Children First's considerable lobbying activities during the course of the project were considered successful, largely due to the organisation's ability to retain political neutrality. The programme's model for working with adolescents has caught the attention of several government institutions. For example, in 2004, Children First was visited by the Youth Focus Counsellors of the Caribbean Ministries of Health, which invited the NGO to share its experiences with other islands of the region. Closer to home, the Sligoville Development Committee approached Children First with an invitation to replicate the project in that Jamaican neighbourhood. Trinidad's Toco Foundation, the Living Room Project in Barbados, and the Jamaican Planning Institute have also demonstrated interest in replicating the project.

#### Participation

The level of participation of young people in this programme was very high. Our partner provides children with excellent opportunities to express their points of view. They participate in many decisions related to the project, such as planning activities and setting their own standards for classroom behaviour. They play an important role in representing

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the institution locally and in its international contacts. Classes and other project activities are characterised by the open and respectful exchange of ideas and comments by both teachers and students.

### Advances against discrimination

As a by-product of the education they received, project participants expressed greater acceptance of people living with HIV and AIDS. They lost their fear of touching infected people because they learned that the disease cannot be transmitted by simple contact. These were very real issues for the students, given that 28 of the programme participants are living with HIV. Whereas they are shunned by most people, those students living with HIV find a place to fit in at the Youth Wellness Centre.

### What we learned

We learned that the HIV and AIDS prevention methodology used by Children First is also applicable to non-school settings and in other communities. Replication of the model is already being carried out in Old Harbour Bay, with 200 children, and in Spanish Town, both in Jamaica.

Children First was able to tap into popular culture and current events with exceptional results. A scandal involving students who were discovered having sexual relations on public transportation prompted the organisation to create a mobile health clinic and education bus that provided children and adolescents with general sex education.

The design of participatory learning processes not only allows participating children to become educated about a given topic, but entails a high degree of added value with regard to their self-esteem and their general outlook on life.

The experience showed us that educating young people about important, socially sensitive issues is a good way of transmitting that knowledge to the community at large. Young people are good communicators. Armed with a little knowledge they can become important agents of change.

## Other learning case studies from the Caribbean and Central America

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### Feedback:

If you have any comments regarding any of the issues highlighted in this case study or are interested in acquiring further information on the topic of "HIV and AIDS in Jamaica" or any of our other work in the Latin America & the Caribbean, Middle East & North Africa, and South East Europe region, please contact the LACMESEE Regional Office at [lacmesees@savethechildren.org.uk](mailto:lacmesees@savethechildren.org.uk)

### Learning case studies:

This case study is one of a wider series focusing on learning from experience in key areas of our programmes work. If you have ideas for topics we should examine in other learning case studies or any other comments please contact Gema Vicente at [g.vicente@savethechildren.org](mailto:g.vicente@savethechildren.org)