



# Revised Draft Belize National Sexual and Reproductive Health Policy, 2019



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## **SIGNATURE PAGE**

This Policy repeals the Sexual and Reproductive Health Policy approved in 2002 and shall become effective becomes the only effective and existing Sexual and Reproductive Health Policy and become effective upon approval by Cabinet. The Policy represents bi-partisan agreement to the Commitments made herein as well as reflects the wider society approach that we recognize is necessary to ensure comprehensive sexual and reproductive health as a foundational element of overall wellbeing.

Successive government have over the last two decades recognized the important contribution that sexual and reproductive health and wellbeing makes towards national development and productivity targets.

Further, our signatures below represents our continued commitment to the protection of sexual and reproductive health rights and wellbeing and we urge all stakeholders involved in implementation to incorporate and to give priority to these national commitments in all aspects of their work connected to sexual and reproductive health and well-being.

Signed on the      day of               , 2019

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Hon. Dean Barrow  
Prime Minister of Belize

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Hon. John Briceño  
Leader of the Opposition

## **ACKNOWLEDGEMENTS**

The Ministry of Health acknowledges with appreciation the services of the Consultant, Diana Shaw in formulating this Sexual and Reproductive Health (SRH) Policy from the contributions of the key stakeholders as well as the technical and financial support of UNFPA. Special appreciation is extended to the National SRH Committee and all stakeholders who participated in the consultations and shared data and documents to inform this Policy. Special thanks are also extended to the agencies who will be involved in the implementation of this Policy for their continued commitment to the improvement of SRH of all persons in Belize, in particular:

The Ministry of Health

The Sexual and Reproductive Rights Committee

The Ministry of Human Development, Social Protection and Poverty Alleviation

The Ministry of Education, Youth and Sports

The Attorney General Ministry

The Council of Churches

The Belize Family Life Association

The United Belize Advocacy Movement

## **ACRONYMS**

AGM	Attorney-General Ministry
ART	Antiretroviral treatment
BAPD	Belize Association of Persons with Diverse Abilities
BFLA	Belize Family Life Association
GSDS	Growth and Sustainable Development Strategy
HFLE	Health and Family Life Education
LGBTI	Lesbian, Gay, Bi-Sexual, Transgender and Intersex
MICS	Multi-Indicator Cluster Survey
MOEYSC	Ministry of Education, Youth, Sports and Culture
MOH	Ministry of Health
MSM	Men who have sex with men
NGO	Non-Governmental Organization
PLHIV	Persons Living with HIV
SDG	Sustainable Development Goals
SGBV	Sexual Gender-Based Violence
STI	Sexually Transmitted Infections
TB	Tuberculosis
UNFPA	United Nations Population Fund
UNIBAM	United Belize Advocacy Movement

## **DEFINITIONS**

**ADOLESCENCE:** The period in human growth and development that occurs after childhood and before adulthood, from ages 10 to 19.

**CHILD:** A person under the age of 18 years.

**CHILD MARRIAGE/EARLY UNION:** A formal marriage or informal union in which one or both of the parties is under the age of 18.

**COLLABORATION:** An approach that requires stakeholders to forge strong partnerships based on their alignment and commitment to the goals of the Policy while nurturing team approaches to sharing knowledge and expertise for the monitoring of progress as well as for making adjustments to implementation to ensure goals are achieved.

**GENDER:** The socially constructed roles, behaviours, activities, and attributes that a given society construct for male and female.

**GENDER BASED VIOLENCE:** An umbrella term for any harmful act that is perpetuated against a person's will and that results from power inequalities that are based on gender.

**SEXUAL GENDER BASED VIOLENCE:** Includes sexual abuse of children, rape, domestic violence, sexual assault and harassment, human trafficking of all persons and several harmful traditional practices which damage the sexual and reproductive health of women, men, girls, and boys.

**SEXUAL AND REPRODUCTIVE HEALTH:** It is a state of well-being related to one's sexual and reproductive life. It implies "that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so."

## **FORWARD**

This Sexual and Reproductive Health (SRH) Policy aligns with the Sustainable Development Goals Strategy especially the Sustainable Development Goal 3 and the Belize Children's Agenda 2017-2030. In particular, the update of the SRH Policy is informed by recent national and international statistical and other sources of data and standards on addressing sexual and reproductive health.

The data highlights the need to continue with the human-rights, life course approach in the formulation of the revised SRH Policy with emphasis on maternal health and early childhood development, adolescent SRH, adult women and men as well as elderly populations. The SRH Policy will ensure universal access to SRH information as a basic component of health care to be integrated throughout the healthcare system and in all aspects of health and well-being. The Policy will refocus efforts on closing the gaps in SRH needs of adolescents, vulnerable populations and elderly persons while mainstreaming SRH services into the general service delivery.

The methodology employed for the development of this policy included a desk review of the current laws and international legal frameworks affecting sexual and reproductive health in Belize as well all relevant international commitments made by the Government of Belize to advance sexual and reproductive health and wellbeing in light of international standards and best practices. From this review, priorities for the Policy were developed as well as a coherent structure. Consultations were then conducted with key stakeholders to gather their input as well as to submit data collection to inform the Policy. The process was supervised by the Sexual and Reproductive Health Committee under the leadership of the Ministry of Health. The desk review and the Consultations led to the production of a zero draft by the Consultant which was subjected to review by the SRH Committee and the UNFPA international technical experts supporting this process. The comments and feedback from the review processes were then incorporated into a revised draft which will be subjected to further consultations from a wider body of stakeholders nationally.

The Ministry of Health is the lead agency for this Policy. The effective implementation will depend on the collaboration and partnership amongst all service providers and stakeholders, government and non-government agencies, public and private sectors as well as community-based organizations and faith-based organizations. This SRH Policy builds on the gains made from the previous SRH Policy while charting the way forward for integrated, comprehensive provision of SRH information and services that promote sexual health as an essential component of well-being and which protects sexual health and well-being across the life course. The policy will ensure implementation of the following:

### **1. Basic SRH Services:**

Comprehensive SRH Information and Education

Screening for SRH Risks and Needs

Counseling and Psycho-social Support

Immediate to Short-Term Prevention and Treatment of Most Common Illnesses

**2. Minimum Initial Service Package in Disasters and Emergency Situations:**

Registration and Screening of Vulnerable Populations

SRH Information and Education and Services for Prevention of GBV, Unintended Pregnancies, STI

Emergency Reproductive Health Kits

All information and services will be informed by evidence and aimed at the needs of the target population while adhering to the objectives and guiding principles of this SRH Policy.

## **LEGAL AND POLICY FRAMEWORK**

### **THE INTERNATIONAL LEGAL FRAMEWORK**

- 1. Convention on the Eliminations of All Forms of Discrimination and Violence Against Women (1979):** The Convention defines discrimination against women to include violence against women and establishes basic guarantees for civil, political, economic rights of women in all social and cultural spheres. Further, the Convention calls on states to take steps to eradicate gender-based violence through policies and laws. The Convention recognizes the right of women and girls to be free from all forms of discrimination based on sex and recognizes the equality of men and women.
- 2. Convention of Belem do Para (1994):** The Convention defines gender-based violence to include, physical, sexual, economic, psychological acts of violence and calls on states to take steps to eliminate gender-based violence and to provide support and recovery for women subjected to violence.
- 3. International Covenant on Economic Social and Cultural Rights (ICESCR, 1966) and The International Covenant on Civil and Political Rights (1966):** These two Conventions support the Universal Declaration of Human Rights to provide an international guarantee of basic rights and freedoms for all people. These two conventions emphasize rights connected to protection of privacy, freedom from discrimination, freedom of expression and the right to enter marriage with full and free consent.
- 4. Convention on the Rights of the Child (CRC, 1989):** The Convention sets out basic guarantees and freedoms for children while defining a child as a person under the age of 18. The specific freedoms and rights guaranteed include freedom from abuse, neglect and exploitation; right to support and assistance to recover from abuse and exploitation; freedom of association; right to participate and be consulted on issues impacting wellbeing as well as the best interest principle.
- 5. Convention on the Rights of Persons with Disabilities (CRPD, 2006):** The Convention establishes basic guarantees for the full enjoyment of rights and protections for persons with disabilities including the right to marry, bear children, receive sexual and reproductive health information and services.
- 6. International Conference on Population and Development (ICPD) Programme of Action (1994):** The Program of Action calls on States to universal access to sexual and reproductive health services which recognizes the rights of adolescents to sexual and reproductive health information and services as well as the need to reduce maternal and infant mortality and integrate sexual and reproductive health information into all aspects of education.
- 7. Montevideo Consensus on Population and Development (2014):** The signatories re-affirmed their commitment to the ICPD Programme of Action and agreed to take specific steps to advance sexual and reproductive health and rights; to eradicate violence against women and children; to provide support and recovery for those

affected by violence and to provide access to sexual and reproductive health services to adolescents.

- 8. CARICOM Integrated Strategic Framework on the Reduction of Adolescent Pregnancy (2014):** The Framework seeks to reduce adolescent pregnancies in the region by 20 percent through comprehensive sexuality education and services to adolescents, increased prosecution of perpetrators of violence against adolescents, legal reform and increased social protection.

## THE NATIONAL LEGAL FRAMEWORK

- 1. Families and Children Act (1999):** The Families and Children's Act defines a child as a person under the age of 18 and establishes that in decisions connected to the welfare of children, the right of the child should be the paramount consideration. Although the Act does not specifically guarantee sexual and reproductive rights, the Act establishes the right of children to be heard and consulted on matters connected to their welfare and specifically guarantees the rights contained in the Convention on the Rights of the Child (CRC) to all children. Thus, the protections in the CRC guaranteeing protection from sexual abuse, sexual exploitation and inducement, coercion or unlawful use in sexual practices provides protection for the sexual and reproductive rights of children. The Rules to the Act recognizes the right of children to receive medical care and for a mandatory report to be made to the Police or Department of Human Services of a suspected case of child abuse.
- 2. Domestic Violence Act (2007):** The Act was revised in 2007 to broaden the categories of persons who make an application for a Protection Order. The Act defines domestic violence to include physical, sexual, emotional, psychological or financial abuse. Although the Act extends the categories of persons who may make an order for domestic violence, the Act restricts the right of the child to apply through a parent, guardian, care giver, social worker or Police Officer. Further, the right of the child to apply is stated in reference to the child experiencing domestic violence within the home. The Act does not specifically recognize dating violence amongst adolescents and though it includes visiting relationships, the context is restricted to the construct of a de facto spouse implying a continuous relationship between adult men and women and not necessarily casual or informal dating relationships.
- 3. Criminal Code (Amendment) Act (2014):** The Act establishes a legal framework for the protection of the right for self-determination of sexual and reproductive rights by protecting children and adults from forced sexual relationships and establishing sexual offences. The Act now makes rape a gender neutral offence in Belize and expands the categories of sexual offences that can be committed against children; protects children from incest involving anyone living with a child in a domestic context; protects children from child

pornography, sexual assaults, unlawful sexual intercourse; protects children with disabilities from sexual offences; protects children from being exploited by others for sexual purposes and also from being procured or defiled for sexual purposes. The Code also provides for therapeutic abortions in circumstances where the mother's life is at risk or the mother is under psychological stress but requires the consent of two medical practitioners for the abortion to be done.

4. **The Commercial Sexual Exploitation of Children (Prohibition) Act (2013):**  
The Act provides protection for children from being hired, lured, coerced or used in any form of sexual exploitation for the economic benefit of themselves or others. The Act prohibits sex tourism of children, child pornography and establishes offences against all intermediaries and facilitators of sexual exploitation of children.
5. **Marriage Act:** The Act sets out the requirements for valid marriage and the rights of persons in a marriage. The amendment to the Act in 2005 establishes the legal age of marriage as 16 years of age with parental consent and 18 years without parental consent.
6. **Public Health Act:** The Act establishes the right of the medical sector and the Ministry of Health to manage the public health facilities in Belize and to exercise responsibility to protect health outcomes of all persons in Belize. The Act also establishes the responsibility of the health sector to manage and provide treatment for communicable diseases including vector borne diseases, HIV/STI and TB and non-communicable diseases including breast cancers and cancers of the reproductive tract.

## **SITUATIONAL ANALYSIS**

### **1. Demographic profile:**

The Belize Postcensal National Population Estimates, 2000 to 2019 shows the country population at 408,487<sup>1</sup> with an estimated 224,651<sup>2</sup> (55%) persons residing in rural areas compared to 183,806<sup>3</sup> (44.7%) persons living in urban areas. Of the estimated total population, women were numbered at 204,240<sup>4</sup> (50%) and men numbered at 204,247<sup>5</sup> (50%). Children 0-9 numbered an estimated 97,624<sup>6</sup> (23.9%) persons while adolescents between the age of 10-19 numbered an estimated 91,657<sup>7</sup> (22.4%) persons. Persons 60 years and over numbered an estimated 25,096<sup>8</sup> (6.1%) persons.

### **2. Maternal and Child Health:**

The global fertility rate per 1,000 women 15-49 years in Belize in 2015<sup>9</sup> was 85.7 ranging from 76.4 in urban to 93.4 in rural areas. While the total fertility rate for Belize is 2.6 births per woman, fertility is higher among women of reproductive age in rural areas (2.8 births per woman) than in urban areas (2.4 births per woman)<sup>10</sup>. Rural population includes indigenous women, who are largely concentrated in the Toledo District and migrant women who are mostly concentrated in rural communities. The higher than recommended fertility rate for population stability reflects the unmet need for contraceptives and lack of family planning.

With regard to contraceptive use prevalence rate, the overall all rate among women 15-49 currently married or in union is 51.4%<sup>11</sup>. The rate ranges from 31.4% in Toledo district to 71.5% in Corozal; from 37.4% in adolescents to 55.4% in women 40-44 years<sup>12</sup>; a 20 % difference when comparing women with no education and those with higher education levels. The statistics reveal only a small difference between women living in urban and rural communities with 52.9 and 50.2 respectively<sup>13</sup> in terms of contraceptive use. Women classified as from the poorest and middle wealth index quintile had a 17.8 pp difference with 37.5 and 55.3% respectively<sup>14</sup>. By ethnicity, the rate ranged from 34.4

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<sup>1</sup> SIB, (2019). Postcensal National Population Estimates for Belize, 2000-2019.

<sup>2</sup> Ibid

<sup>3</sup> Ibid

<sup>4</sup> Ibid

<sup>5</sup> Ibid

<sup>6</sup> Ibid

<sup>7</sup> Ibid

<sup>8</sup> Ibid

<sup>9</sup> UNICEF, SIB (2015). Multiple Indicator Cluster Survey Report, 2015-2016.

<sup>10</sup> Ibid

<sup>11</sup> Ibid

<sup>12</sup> Ibid

<sup>13</sup> Ibid

<sup>14</sup> Ibid

among Mayan and 56.9 Mestizo women<sup>15</sup>. Nonetheless, the unmet need for contraception is estimated at 22.2% overall, 23.0% urban and 21.7% rural in rural communities<sup>16</sup>. The highest rate was observed among Adolescents with 40.8% and among women with no education 39.0% and 31.0% of those in the poorest wealth index quintile<sup>17</sup>.

Maternal health is also reflected in the maternal mortality rate. Belize has shown marked improvement in reducing maternal mortality. In 2019, the maternal mortality rate is 117 deaths/100,000 live births, lower than that of the world rate reported to be 211 in 2018<sup>18</sup>. This is the result of continuous work by the MOH and its partners to increase antenatal care visits and delivery care. Over 65.0 % of women with a live birth in the last two years had their first antenatal care visit during the first trimester of their last pregnancy while 93% had four or more visits<sup>19</sup>. However, women in urban areas (74%) and older mothers are more likely to have their first antenatal care during the first trimester than those in rural areas (59.0%)<sup>20</sup>.

In regard to delivery care including emergency obstetric and newborn care, 96.4% of women had most recent delivery in a health facility while 96.8% of women had a skilled health personnel during delivery<sup>21</sup>. Overall, 34.2% of women had caesarean sections in Belize.<sup>22</sup>

Women receiving post-abortion care services in public hospitals between 2012 and 2017 numbered 4,971<sup>23</sup>. Women between 20-24 years of age accounted for 1,399 cases, women between the ages of 25-29 years accounted for 1,163 cases while women between the ages of 15-19 years old accounted for 866 cases<sup>24</sup>.

One of the Core Commitments for Government for early childhood development is that children are born and remain healthy during their early years<sup>25</sup>. Progress has been made in increasing the immunization coverage for particular vaccines with 90.2% of children receiving their measles vaccine and 97.2% of children receiving their BCG vaccine by their first birthday<sup>26</sup> but full vaccination coverage still lags behind at 77.5%<sup>27</sup>. Other early development indicators contributing to overall wellbeing and healthy

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<sup>15</sup> Ibid

<sup>16</sup> Ibid

<sup>17</sup> Ibid

<sup>18</sup> MOH (2019). Ministry of Health Statistical Data.

<sup>19</sup> UNICEF, SIB (2015). Multiple Indicator Cluster Survey Report, 2015-2016.

<sup>20</sup> Ibid

<sup>21</sup> Ibid

<sup>22</sup> Ibid

<sup>23</sup> MOH (2018). Adolescent Health: Situational Analysis, Belize 2018.

<sup>24</sup> Ibid

<sup>25</sup> GOB (2017). Early Child Development, National Strategic Plan 2017-2021. Belmopan, Belize: MOH, MOE, MHD

<sup>26</sup> UNICEF, SIB (2015). Multiple Indicator Cluster Survey Report, 2015-2016.

<sup>27</sup> Ibid

transitions from infant to childhood to adolescence. Of concern, about 12% of live births are considered low birth weight (under 2,500 grams)<sup>28</sup> and in 2015 only only 33% of children are exclusively breastfeed<sup>29</sup>.

Current post-neonatal and neonatal mortality rates are estimated at 3 and 5 deaths per 1000 live births, respectively, for the 2015-2016 period<sup>30</sup>. In regard to infant mortality, the estimated under-five mortality rate is 12 deaths per 1,000 live births, and the estimated infant mortality rate is 9 deaths per 1,000 live births. Compared to the MICS 2006, both are significant reductions from the under-five mortality rate of 27/1,000 and the infant mortality rate of 22/1,000.<sup>31</sup> The leading cause of infant deaths is conditions originating in the perinatal period<sup>32</sup>.

Further, for children under 5 years, 15% have stunted growth, and 5% are under-weight<sup>33</sup>. Some interventions such as food support and counseling are already underway but additional interventions are needed to improve nutrition outcomes to contribute to overall health of children. In addition, early development stimulation by parents is still below target. Currently, only about 2/3 of children get early stimulation from mothers to improve school readiness and 23% of children get early stimulating care from fathers<sup>34</sup>.

### **3. Adolescent SRH:**

In Belize, the percentage of children and adolescents aged 0-17 living with both parents is 58.8%<sup>35</sup> this breaks down to 57.0% for those between 10-14 and 50.1% for those between the ages of 55-17 years old<sup>36</sup>. Thus, for almost half of the adolescent population, they are growing up without direct parental care and have indications of troubling or dysfunctional family situations. This has negative implications for them being able to receive appropriate sexual and reproductive health information and access to services in supportive parental settings.

Some efforts have been made to provide sexual and reproductive health education to adolescents through the Health and Family Life Curriculum developed by the Ministry of Education, however, implementation has been sporadic with resistance from privately operated schools to aspects of sexuality education contained therein<sup>37</sup>. Thus, there is no national comprehensive sexuality education equipping adolescent populations with

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<sup>28</sup> GOB (2017). Early Child Development, National Strategic Plan 2017-2021. Belmopan, Belize: MOH, MOE, MHD.

<sup>29</sup> UNICEF, SIB (2015). Multiple Indicator Cluster Survey Report, 2015-2016.

<sup>30</sup> SIB (2016). Abstract of Statistics, 2016. Belmopan, Belize: SIB

<sup>31</sup> GOB (2017). Early Child Development, National Strategic Plan 2017-2021. Belmopan, Belize: MOH, MOE, MHD.

<sup>32</sup> Ibid

<sup>33</sup> Ibid

<sup>34</sup> UNICEF, SIB (2015). Multiple Indicator Cluster Survey Report, 2015-2016.

<sup>35</sup> Ibid

<sup>36</sup> Ibid

<sup>37</sup> MOH (2018). Adolescent Health: Situational Analysis, Belize 2018

appropriate information on sexual and reproductive health<sup>38</sup>. Further, while there is no law prohibiting adolescents from accessing sexual and reproductive health services, the practice in many private and public health facilities is still not to provide sexual and reproductive health services, including contraceptives to adolescents under the age of 18 without parental consent despite increased advocacy<sup>39</sup>.

Thus, while the number of adolescents with access to modern contraceptive methods has shown some improvement with increases from 11.0% to 37.0% and 39.0% as per MICS rounds 3, 4 and 5 respectively, the unmet need for family planning within the adolescent group is significantly high (40.8%) when compared to other age groups<sup>40</sup>. For example, the unmet need for family planning is only 9.1% among women aged 45-49 years<sup>41</sup>.

Not surprisingly, this puts the adolescent birth rate (births to 1000 females 15-19 years) at 74<sup>42</sup> with the rate 1.6 times higher among adolescents living in rural communities or 55 in urban and 90 in rural areas<sup>43</sup>. Furthermore, 1.8% women aged 15-19 have had a birth before the age of 15 and 17% of women aged 20-24 years has had a live birth before the age of 20<sup>44</sup>.

In addition, the sexual and reproductive health of adolescent populations is negatively impacted by child marriage and early union. In fact, 22.1 % of women 15-19 years from urban areas are currently married or in union compared to 19.7% from rural areas, while 14.8% of males 15-19 from urban areas are currently married or in union compared to 8.0% of males from rural areas<sup>45</sup>. Though the legal age for marriage in Belize has been 16 with parental consent and 18 years without parental consent since 2005<sup>46</sup>, 4.4% of women who had only a primary school education were married by the age of 15 while 26.1% of women between ages 15-19 who only had a primary school education were currently married or in a union<sup>47</sup>. Adolescent females of Maya and Garifuna descent had the highest percentage reported to be married or in union while adolescent males of Garifuna and Creole descent had the highest percentage reported to be married or in union<sup>48</sup>.

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<sup>38</sup> UNFPA (2018). Rapid Assessment of the Provision of SRH Information and Services to Vulnerable and Marginalized Groups in Belize.

<sup>39</sup> Ibid

<sup>40</sup> Ibid

<sup>41</sup>UNICEF, SIB (2015). Multiple Indicator Cluster Survey Report, 2015-2016.

<sup>42</sup> Ibid

<sup>43</sup> Ibid

<sup>44</sup> Ibid

<sup>45</sup> Ibid

<sup>46</sup> GOB (2019). Ensuring a Better Future for Adolescent Girls and Boys: A Roadmap to End Child Marriage and Early Unions.

<sup>47</sup> UNICEF, SIB (2015). Multiple Indicator Cluster Survey Report, 2015-2016.

<sup>48</sup> Ibid

Outside of child marriage or early unions, some 40% of adolescents between the ages of 15 and 19 years old have already had sexual intercourse<sup>49</sup> and increasing early sexual debut among adolescents is being driven by changing social norms<sup>50</sup> and are doing so in a context of inadequate access to sexual and reproductive health information and services<sup>51</sup>.

#### **4. Elderly Persons:**

Data on sexual and reproductive health needs of persons over 60 years old is limited. Though Belize is a very young population, some 6% of the population consists of persons over the age of 60<sup>52</sup>. Elderly populations are not well represented in public policies and national plans with no specific actions for elderly populations being provided in the GSDS<sup>53</sup>. The last situational analysis of elderly populations was in 2010 and the current National Policy on Older Persons<sup>54</sup> as well as the Strategic Plan of the National Council on Aging<sup>55</sup> does not adequately address sexual and reproductive health needs of elderly persons<sup>56</sup>.

#### **5. Vulnerable Populations:**

Population estimates indicate that persons with disabilities represent about 6% of the population. However, there is limited data on the sexual and reproductive health needs of persons with disabilities and the sexual and reproductive health needs of persons with disabilities are not well represented in current planning instruments. In 2010 a survey of persons who were hearing impaired found that 74% of the respondents were sexually active with half of the sexually active respondents having had their sexual debut between the ages of 12-16 years<sup>57</sup>. 30.0% of respondents at one time or another felt pressured into having sexual intercourse while some 29.2% reported forced sex<sup>58</sup>. Of the number of those sexually active only 49.0% indicated that they had been tested for HIV<sup>59</sup>. Further, only 56% indicated they were able to obtain condoms with relative ease and 56% reported

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<sup>49</sup> UNFPA (2018). Rapid Assessment of the Provision of SRH Information and Services to Vulnerable and Marginalized Groups in Belize

<sup>50</sup> UNFPA (2018). Rapid Assessment of the Provision of SRH Information and Services to Vulnerable and Marginalized Groups in Belize; (2019). Consultation with NGO organizations for the SRH Policy.

<sup>51</sup> Ibid

<sup>52</sup> SIB (2019). Postcensal National Population Estimates.

<sup>53</sup> (2019). Consultations with Key Stakeholders for this SRH Policy

<sup>54</sup> GOB (2002). National Policy on Older Persons.

<sup>55</sup> GOB (2015). National Council on Ageing Strategic Plan, 2015-2019.

<sup>56</sup> (2019). Consultations with Key Stakeholders for this SRH Policy.

<sup>57</sup> NaRCIE (2010). Knowledge, Attitudes and Perception of Sexual and Reproductive Health of Hearing Impaired Adolescents and Adults. UNFPA

<sup>58</sup> Ibid

<sup>59</sup> Ibid

being taught to use a condom properly<sup>60</sup>. Only 26% indicated that they knew about contraceptive methods while 36.0% indicated they knew where to obtain contraceptives<sup>61</sup>.

Migrants are also a vulnerable population with inadequate access to sexual and reproductive health information and services. Migrants currently account for over 16% of the population of Belize<sup>62</sup>, mostly concentrated in rural areas. Consultations held for the development of this Policy found that migrants were not adequately accessing sexual and reproductive health services<sup>63</sup>. Language barrier undocumented or irregular status has been identified<sup>64</sup>.

Other vulnerable population groups not adequately covered by current sexual and reproductive health information and services are LGBTI persons<sup>65</sup>. There are indications that despite improvement in access to testing through NGO operated health facilities, LGBTI persons still face discrimination and stigma in accessing services in public health facilities<sup>66</sup>. In addition, health service delivery was not tailored to their needs<sup>67</sup>.

Consultations undertaken for this Policy also indicated the need for additional focus on the sexual and reproductive health needs of institutionalized populations such as children in care in institutions, children in prison, adult men and adult women in prison and detention facilities<sup>68</sup>. Further, persons institutionalized for mental health issues as well as elderly populations living in residential care facilities are not properly catered for in current health delivery protocols and programs<sup>69</sup>.

Stakeholders consulted emphasized the need to address vulnerability in times of natural disasters and emergency situations<sup>70</sup>. There are indications that particular focus is needed for pregnant women and vulnerable populations especially with the provision of hygiene kits and reproductive kits at all shelter facilities and registration of all expectant mothers with appropriate notification to shelter management staff so that emergency services can be planned<sup>71</sup>. In particular, there is a need to properly assess the SRH needs of displaced and affected populations during a disaster or emergency and to ensure multi-

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<sup>60</sup> Ibid

<sup>61</sup> Ibid

<sup>62</sup> SIB (2019). Postcensal National Population Estimates.

<sup>63</sup> (2019). Consultations with Key Stakeholders for this SRH Policy.

<sup>64</sup> Ibid

<sup>65</sup> Ibid

<sup>66</sup> UNFPA (2018). Rapid Assessment of the Provision of SRH Information and Services to Vulnerable and Marginalized Groups in Belize

<sup>67</sup> Ibid

<sup>68</sup> (2019). Consultations with Key Stakeholders for this SRH Policy.

<sup>69</sup> Ibid

<sup>70</sup> Ibid

<sup>71</sup> Ibid

sector coordination in the response to provide the basic complement of services and later integration into the primary health care system after a disaster or emergency<sup>72</sup>.

## **6. HIV, STIs and Reproductive Tract Cancers:**

As it relates to HIV knowledge, overall, 46.0 % of women and 47.0 % of men reported to have comprehensive knowledge<sup>73</sup>. Belize has the highest HIV prevalence in all of Latin America sub-region and the fourth highest among the Caribbean countries<sup>74</sup>. MOH data suggests that 33% of newly diagnosed infections were amongst adolescent females between 15-19 years old and 19.2% of newly diagnosed infections were adolescent males 15-19 years old<sup>75</sup>.

Currently, there are an estimated 3,665 PLHIV, 94.4% of which are adults aged 15 years and older<sup>76</sup>. More than half of PLHIV who start ART are not on treatment after 12 months (though this had dropped to 31.0% at the midyear point for 2017); at 36 months, four out of 10 PLHIV who started ART remain on treatment<sup>77</sup>. In addition, a recent study on stigma indicated that approximately 85.5% of PLHIV do not belong to any support group and some 64.2% person were unable to meet basic needs<sup>78</sup>. Further, 84.0% of the PLHIV in 2019 indicated that they experienced discrimination from family members which is up from 34% who experienced discrimination by family members in 2013<sup>79</sup>. On the other hand, discrimination from religious groups had decreased from 15.8% to 4.2% and discrimination from social groups and institutions was down from 33.1% in 2013 to 8.8%<sup>80</sup>.

Stakeholders consulted indicated that there is a gap in quality of life issues for PLHIV and in family and relationships are deteriorating with lack of adequate support networks<sup>81</sup>. Other stakeholders consulted indicated a need to promote healthy lifestyles for persons with HIV and reduce deaths and promote health seeking behaviour, adherence to medication across the life course<sup>82</sup>.

The situation is just as concerning in regard to other STIs, in 2017, there were 989 cases of STIs diagnosed with 158 cases being amongst adolescents 10-19 with 96% of that number being age groups 15-19 years old<sup>83</sup>. The most commonly diagnosed STI

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<sup>72</sup> IAWG (2018). Inter-agency Field Manual on Reproductive Health in Humanitarian Settings.

<sup>73</sup>UNICEF, SIB (2015). Multiple Indicator Cluster Survey Report, 2015-2016

<sup>74</sup> ICF (2018). Belize Transition Readiness Assessment Final Report

<sup>75</sup> UNFPA (2018). Rapid Assessment of the Provision of SRH Information and Services to Vulnerable and Marginalized Groups in Belize

<sup>76</sup> National HIV/AIDS Program. (2017). *Annual HIV Statistical Report 2016*. Ministry of Health Epidemiology Unit, Belmopan, Belize

<sup>7777</sup> Ibid

<sup>78</sup> REDCA, CNET (2019). Belize Stigma Index

<sup>79</sup> Ibid

<sup>80</sup> Ibid

<sup>81</sup> (2019). Consultations with Key Stakeholders for this SRH Policy

<sup>82</sup> Ibid

<sup>83</sup> MOH (2018). Adolescent Health: Situation Analysis, Belize 2018. GOB

was trichomonas but other frequently diagnosed STIs included anogenital warts, urethral discharge, genital herpes, syphilis, chlamydia, and gonorrhea infection<sup>84</sup>.

Belize has seen an increase in diagnosed cancers including cancers of the reproductive tract. Early unprotected sexual intercourse has been linked to increased chances of cervical cancer later in life<sup>85</sup>. The MOH has since 2016 introduced the HPV vaccine to male and female adolescents between the age of 10-14 years old in primary school and has reported a coverage of about 80%<sup>86</sup>. However, access to pap smears and screening for cervical and other reproductive tract cancers is not universally accessible due to geography, cultural and economic barriers although the provision of screening services in public hospitals and clinics is now standard and NGO organizations are also now supporting the provision of screening<sup>87</sup>. Stakeholders consulted indicated that reproductive tract cancers amongst men is also a growing concern but that men are less likely to seek early screening than women<sup>88</sup>.

## 7. Sexual and Other Forms of Gender-Based Violence:

The issue of sexual gender-based violence is significant sexual and reproductive health issue that affects women across the life course<sup>89</sup>. Gender-based violence in Belize is also closely connected to femicides with 15 women already murdered for 2019. In 2018, Belize had the third highest rate of femicides in the Caribbean region with 3.4 women per 100,000 persons being murdered, all associated to GBV<sup>90</sup>.

Amongst adolescents, child marriage/early unions indicate the highest risk for sexual gender-based violence. In 2015, 10.7% of adolescent women between the ages of 15-19 indicated that a husband is justified for beating his wife under various circumstances<sup>91</sup>. Further, 0.3% indicated that a man is justified for beating his wife if she refuses to have sex, 5.6% reports it is justified if she is seen talking to another man who is not a relative, and 4.1% think it is justified if she does not keep the house clean<sup>92</sup>.

Ministry of Health reports that during the five-year period 2013 to 2017, 14.5% of all domestic violence cases reported were among adolescents<sup>93</sup>. Of these 89.6% were among females and 75.8% were among adolescents 15-19 years of age. Sexual abuse was the leading type of abuse reported among adolescents 10-14 and 15-19 years of

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<sup>84</sup> Ibid

<sup>85</sup> MOH (2018). Adolescent Health: Situation Analysis, Belize 2018. GOB

<sup>86</sup> UNFPA (2018). Rapid Assessment of the Provision of SRH Information and Services to Vulnerable and Marginalized Groups in Belize

<sup>87</sup> Ibid

<sup>88</sup> (2019). Consultations with Key Stakeholders for this SRH Policy

<sup>89</sup> UNICEF, SIB (2015). Multiple Indicator Cluster Survey Report, 2015-2016

<sup>90</sup> Gender Equality Observatory for Latin America and the Caribbean (2019). Regional Femicide Measurement

<sup>91</sup> Ibid

<sup>92</sup> Ibid

<sup>93</sup> MOH (2018). Adolescent Health: Situation Analysis, Belize 2018. GOB

age<sup>94</sup>. Cayo District has the highest percentage of adolescent gender-based violence<sup>95</sup> in Belize. Sexual gender-based violence also impacts vulnerable populations with, persons with women with disabilities indicating forced sexual encounters as well as LGBTI women and men<sup>96</sup>.

Stakeholder consultations also indicated that sexual and gender-based violence is a particular concern for migrants, indigenous peoples and elderly persons<sup>97</sup>.

## **8. Health Services Accessibility**

While Belize managed to reach the WHO minimum target of 25 health care providers (doctors, nurses and midwives) per 10,000 persons in the year 2000 and 2005, its density of health care providers fell to 18.8 per 10,000 persons in mid-2009<sup>98</sup>. Belize has also increased the number of health facilities in rural communities, the number of community health workers and health educators, the number of mobile units and improved maternal health facilities across the country<sup>99</sup>. However, universal access is still a challenge since although 55% of Belize's population lives in rural areas, only 13.6% of health care providers reside there<sup>100</sup>.

Other initiatives to increase health service accessibility include stronger partnerships with NGO to provide some sexual and reproductive health services and medical procedures as well as subsidizing financial cost of specific surgical interventions<sup>101</sup>.

Gaps remain in accessibility for adolescents, elderly, vulnerable populations and for men to sexual and reproductive health services<sup>102</sup>. Sexual and reproductive health rights and services integrated into all aspects of the health, education and human development system, that is age appropriate will contribute towards achieving the SDGS, the new Adolescent Health Strategic Plan<sup>103</sup> seeks to do that for adolescents but coverage is not sufficient for elderly and vulnerable populations<sup>104</sup>. Further, a basic package of sexual and reproductive health information and services should be offered to target population at no out of pocket cost, at all entry points to social sector governmental institutions<sup>105</sup>.

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<sup>94</sup> Ibid

<sup>95</sup> Ibid

<sup>96</sup> UNFPA (2018). Rapid Assessment of the Provision of SRH Information and Services to Vulnerable and Marginalized Groups in Belize

<sup>97</sup> (2019). Consultations with Key Stakeholders for this SRH Policy

<sup>98</sup> IDB (2014). Quality Improvement of Healthcare in Belize: Focusing on Results.

<sup>99</sup> MOH (2018). Adolescent Health: Situation Analysis, Belize 2018. GOB

<sup>100</sup> IDB (2014). Quality Improvement of Healthcare in Belize: Focusing on Results.

<sup>101</sup> UNFPA (2018). Rapid Assessment of the Provision of SRH Information and Services to Vulnerable and Marginalized Groups in Belize

<sup>102</sup> (2019). Consultations with Key Stakeholders for this SRH Policy

<sup>103</sup> GOB (2019). Adolescent Health National Strategic Plan, 2019-2030

<sup>104</sup> (2019). Consultations with Key Stakeholders for this SRH Policy

<sup>105</sup> Ibid

## **POLICY OBJECTIVES**

The primary objectives of this sexual and reproductive health policy shall be:

1. To provide universal access to sexual and reproductive health information and services throughout the life course.
2. To increase public education on sexual and reproductive health and to promote sexual and reproductive health as an integral part of well-being and health.
3. To reduce maternal mortality and infant mortality and morbidity.
4. To strengthen psycho-social support as part of the basic complement of sexual and reproductive health services through the integration of agencies and service providers.
5. To implement legal reform required to support these policy objectives.
6. To provide universal, continuous capacity building to all service providers and stakeholder agencies on providing comprehensive sexual and reproductive health information and services.
7. To improve sexual and reproductive health outcomes and health seeking behaviour in all population groups with specialized focus on migrant populations, persons with disabilities and LGBTI populations
8. To implement research on sexual and reproductive health needs, help seeking behaviour and barriers to seeking services for men, vulnerable and elderly populations.

## **GUIDING PRINCIPLES**

This Policy will be guided by the following principles:

1. **Universality:** All persons, at all ages, in all locations using the most appropriate means and mechanism are entitled to receive comprehensive and respectful sexual and reproductive health information and such services that they may need to promote sexual health and well-being.
2. **Human Rights:** Sexual and reproductive health information and services shall be provided by all agencies, service providers, private and public facilities in a manner that promotes human dignity, and which respects individual right to make voluntary and informed sexual and reproductive health choices.
3. **Life Course:** Sexual and reproductive health and well-being and the need to receive information and services is important at all stages of the life course from birth through infancy to adolescence to adulthood to elderly years.
4. **Integration:** All agencies providing services and information to support overall well-being and any aspect of human development or educational need must integrate sexual and reproductive health and services as an important component of overall health and well-being.
5. **Collaboration:** Multi-sectoral involvement in planning, implementation, education and in all aspects of service delivery is a core requirement. The Policy shall recommend that the current SRH Committee be strengthened and be re-constituted as the Sexual and Reproductive Health Council with responsibility to promote and facilitate multi-sectoral coordination with appropriate budgetary resources.
6. **Accountability:** Empowering individual responsibility and improved health-seeking behavior for sexual health and well-being is the most effective way to achieve improved sexual health outcomes. All agencies and services providers responsible for implementation shall ensure that appropriate mechanisms to ensure individual responsibility to make good health choices while providing services that ensure appropriate accountability and protection frameworks as well as transparency, integrity and clear oversight and lines of responsibility.
7. **Quality:** Service providers and all implementers will continuous work to ensure that sexual and reproductive health information and services are age-appropriate, available, accessible, affordable and of the highest quality.

## **POLICY STATEMENTS AND COMMITMENTS**

### **Overall Policy Statement**

The Government of Belize will guarantee universal access to comprehensive sexual and reproductive health information and services to all persons throughout the various stages of the life course that is age appropriate, human rights based and of the highest quality through the integration of sexual and reproductive health into all aspects of healthcare and the expansion of service delivery entry points through collaboration and partnership. Further, all individuals are responsible for timely health seeking behavior and practices for their sexual and reproductive health and wellbeing.

### **Specific Commitments:**

In support thereof, the following national commitments are made:

#### **A. Legal and Policy Framework:**

1. Examine and enact legal, policy and program reforms to address gaps in sexual and reproductive health issues across the life course.
2. Examine and enact legal, policy and program reforms to eliminate child marriage and early union.

#### **B. Maternal and Newborn health:**

1. Ensure that sexual and reproductive health providers from all sectors provide comprehensive, respectful and human rights-based services throughout the life course, which includes but is not limited to adequate pregnancy spacing, preconception care, prenatal and postnatal care, safe delivery, post abortion care, newborn care and child health services with greater participation of males.
2. Ensure that social sector agencies will collaborate to identify and provide family support services to those living in difficult circumstances.

#### **C. Adolescent Sexual and Reproductive Health:**

1. Provide universal access to comprehensive sexual and reproductive health information and services within the continuum of care to adolescents using language and learning methodologies that are age-appropriate with or without parental consent which are equitable, affordable and based on recommended global standards for adolescent health, with a right based and life course approach.
2. Provide comprehensive sexual and reproductive health for male and female adolescents shall include but not be limited to information on rights and services, prevention of STIs including HIV, mental health, disabilities, menstrual health hygiene, all forms of injury and violence, neglect, access to contraceptive methods, protection against vaccine preventable diseases, drug use and abuse and prevention of teen pregnancy.

3. Strengthen partnerships and collaboration with faith-based organizations, NGOs and community-based organizations for improved sexual and reproductive health outcomes for adolescents.
4. Integrate into the programs of organizations from all sectors, providing services to adolescents, the provision of information on sexual and reproductive health rights and other topics to improve adolescent health.
5. Strengthen the implementation of age appropriate, comprehensive sexuality education in schools that meets the UNESCO standards, and empower adolescents to advocate for their rights.

**D. Sexual and Reproductive Health and HIV:**

1. Strengthen the national response prevention, care and treatment and support services and safety networks to HIV/STI/TB; and the provision of HIV/STI/TB medication as a public good at no cost to the patient.
2. Eliminate the mother to child transmission of HIV, Syphilis and Hepatitis B through the prevention of HIV infection among women in reproductive age, prevention of unintended pregnancy among women in reproductive age with HIV, prevention of mother to child transmission and support services for families after childbirth.

**E. Reproductive tract and breast Cancer in females and males:**

1. Ensure that all sexual and reproductive health providers provide access to education and prevention, screening, diagnosis, care and treatment services for patients with reproductive tract and breast cancer.

**F. Sexual and Gender Based Violence:**

1. Strengthen the implementation of the national response to all forms of gender-based violence which includes but not limited to psychosocial and other support services to survivors, such as legal aid, adequate forensic services, special care for persons with disabilities, migrant and indigenous population and LGBTI and transient population; comprehensive child protection system,
2. Ensure that all sectors provide adolescents with basic information on prevention and services related to dating violence, sexual and gender-based violence.
3. Strengthen collaboration and partnership with faith-based organizations, NGOs and community-based organizations to address sexual gender-based violence in families and communities.

## **G. Parenting:**

1. Ensure that policies and practices promote parental responsibility as the primary duty bearers to provide age- appropriate sexual and reproductive health information to children and adolescents.
2. Strict enforcement of laws establishing parental accountability to protect children from sexual violence and responsibility to seek recourse and services for children affected by sexual violence.
3. Ensure that sexual and reproductive health providers from all sector shall inform parents or guardians of children and adolescents on the importance of timely access to accurate sexual and reproductive health information and services.

## **H. Male sexual and reproductive health:**

1. Ensure that male sexual and reproductive health issues are addressed in a client-friendly, right based, culturally sensitive setting over the life course.
2. Implement strategies to encourage men to access sexual and reproductive health education and services for the prevention, screening and treatment of sexual health issues such as sexually transmitted infections, infertility, prostate cancer, testicular cancer, hormonal changes and erectile dysfunction and others impacting sexual health and well-being of adolescents, adult men and elderly men.
3. Ensure access to vasectomy.
4. Ensure gender equality in the provision of individual and family sexual and reproductive health services targeting male support and use of contraceptives for adequate pregnancy spacing, early screening for sexually transmitted infection, reproductive tract cancer and sexual gender-based violence in males and females.

## **I. Implementation**

The implementation and oversight of this Policy shall be supported by the establishment of the National Sexual and Reproductive Health Commission, appointed by the Government of Belize. The Commission shall have an appointed chair with a team comprised of an Executive Director, Monitoring and Evaluation Officer and Information, Communication and Education Officer, one administrator, one secretary and one support staff.

The Commission shall be integrated by one representative each of the following line Ministries; health, education and human development; one representative of the council of churches; one representative of civil society/NGO/Community based organization;

one representative from private sector; one youth representative; one person living with HIV; one reproductive tract cancer survivor; one representative from the judiciary system and one representative from law enforcement.

The Commission shall also be responsible for mobilization of resources to implement the Policy through the alignment of resources from stakeholders involved in implementation and external funding.

#### **J. Monitoring and Evaluation**

The National Sexual and Reproductive Health Commission shall be responsible for the development and implementation of the National Strategic Plan on Sexual and Reproductive Health Rights; the Monitoring and Evaluation Plan for this Policy which shall be aligned to the Government of Belize's national and international treaties and conventions related to sexual and reproductive health.