

UPR Submission**GUYANA 2019**

The Guyana Responsible Parenthood Association (GRPA) is the leading Sexual and Reproductive Health and Rights non-governmental organization in Guyana. Through awareness, education, and health services based in a confidential and friendly environment, the Association promotes individual choice, family planning and quality Sexual and Reproductive Health services. The GRPA is also an advocate for sexual and reproductive rights, demanding full human rights for all people to live with dignity and for urgent action to address the denial of sexual and reproductive rights to marginalised groups of persons, such as lesbian, gay, bisexual, transgendered and inter-sexed persons. GRPA offers clinical, mental health and educational services nationally. GRPA also works with the Ministries of Public Health and Social Protection on a number of initiatives to improve access to these services especially for vulnerable populations.

The GRPA is a Member Association of the International Planned Parenthood Federation (IPPF). It has Special Consultative Status with the UN Economic and Social Council and is a recipient of a National Award - the Medal of Service (for service of a consistently high standard).

Background

1. Guyana is party to almost all international human rights treaties, including the International Covenant on Civil and Political Rights (1977) and the first optional protocol (1999), International Covenant on Economic, Social and Cultural Rights (1977), Convention on the Elimination of all forms of Racial Discrimination (1977), Convention on the Elimination of All Forms of Discrimination against Women (1980), Convention against Torture (1988), Convention on the Rights of the Child (1991), Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (2010), and the Convention on the Rights of Persons with Disabilities (2014).
2. Guyana is also a signatory to the 2030 Agenda for Sustainable Development (2015), the Programme of Action of the International Conference on Population and Development (ICPD) (Egypt, 1994), and the Montevideo Consensus on Population and Development (2013), the Beijing Declaration and Programme of Action and the respective regional conferences outcomes, as well as the Ministerial Declaration on Comprehensive Sex Education (Mexico, 2008) and all these commitments obligate States to ensure universal access to sexual and reproductive health information, education, services and rights.
3. At the 2015 Universal Periodic Review (UPR), Slovenia recommended that Guyana “Increase access to affordable contraceptive methods throughout the country, include comprehensive sexuality education in school curricula, and provide adequate and effective sexual and reproductive health services, including to adolescents.” Trinidad and Tobago recommended the state “Improve access to age-appropriate HIV, sexual and reproductive health services especially among adolescents.” Both of these recommendations were accepted by Guyana. Beyond these two and those to address sexual and gender-based violence and discrimination, Guyana did not receive other recommendations on the sexual and reproductive health and rights of women in the past.
4. Guyana faces some of the worst sexual and reproductive health indicators in the region. The adolescent birth rate is by far the highest in the Caribbean subregion, and second highest in all of Latin America and the Caribbean, at 74/1000.¹ Maternal mortality is also high, at 229 deaths per 100,000 live births. ² Guyana has a contraceptive prevalence rate of 42% and an unmet need for family planning of 27%.³ Only 59% of demand for family planning is satisfied with modern methods of contraception (on 61% total), and 71% of women say they can make their own choices on sexual and reproductive health and reproductive rights. ⁴

Safe Abortion Services

5. GRPA wishes to first of all acknowledge and commend the Government for the work that has been done to improve access to a variety of health services. In Guyana, abortion has been legal since 1995. Unfortunately, the full and effective implementation of the Termination of Pregnancy Act of 1995 has been poorly managed, resulting in the largely irregular provision of safe abortion services at public facilities and mostly as post-abortion care. In fact, safe abortion services were not provided in the public health system until 2014. Only largely due to advocacy by GRPA, which

¹ UNFPA World Population Dashboard: Guyana, <https://www.unfpa.org/data/world-population-dashboard>

² UNFPA World Population Dashboard: Guyana, <https://www.unfpa.org/data/world-population-dashboard>

³ UNFPA World Population Dashboard: Guyana, <https://www.unfpa.org/data/world-population-dashboard>

⁴ UNFPA World Population Dashboard: Guyana, <https://www.unfpa.org/data/world-population-dashboard>

sponsored the training of four health providers to become trainers paving the way for safe abortion services became available at the family planning clinic at the Georgetown Public Hospital. Outside of this main institution, abortion was not provided elsewhere in the public health system until GRPA intervened again, to provide equipment and medications to several public hospitals. Currently, the service is only available at the Georgetown Public Hospital and New Amsterdam Hospital, leaving those in rural and more remote areas deprived of these services or accessible at considerable cost.

6. In a country in which 70% of the population lives in outside of the capital city,⁵ this means that the majority of women cannot access abortion, a legal and sometimes lifesaving medical procedure. Their ability to exercise their rights are being determined based on where they live and the ad hoc availability of a few individual physicians, rather than guaranteed by the state, as required under national law and regional and international commitments. Even those who live in places where abortion is accessible depend on physicians whose changing life circumstances dictate whether they can exercise their rights.
7. For example, abortion services were previously available at the Lethem Hospital, but the doctor providing the service was re-assigned to administrative duties and relocated to Georgetown. His replacements have been unable to provide that service due to lack of training or conscientious objection. In Mabaruma, the doctor who had agreed to do the service, and had been doing by all reports a credible job, was first forbidden by the Chief Medical Officer and subsequently decided to leave the Public health system. Currently, a Cuban obstetrician has replaced him, but she has not been trained and therefore is not performing the service. Regional health officers have been asked to ensure that their facilities be certified in order to offer the service, however at a recent ceremony to present certificates of compliance to private and public facilities, the chief medical officer (who is also the certifying officer) admitted that he has not been able to certify many of the public facilities, including the National Reference Hospital.⁶
8. As defined by law, the provision of abortion services should be widely available at public health facilities, so that poor and vulnerable women can access the service on an equal basis to the wealthier women who can currently access it through private providers. Given the length of time the law has been in existence (24 years), the reasons given by health administrators for the unavailability of the service at their institutions, which range from a lack of certified providers in the public health system to non-functioning theatres at the public hospitals (Bartica and Mabaruma) and lack of appropriate medications, have surpassed a reasonable timeframe to ensure access. This reflects a significant deficit in the administration of public health facilities and systemic discrimination against women seeking these services, particularly in rural areas.
9. As many studies and researches have shown, when done safely, abortion is one of the safest medical procedures, with a mortality rate of just 0.0006%.⁷ Guyana has an obligation to safeguard women and girls against having to undergo unsafe abortion under existing legislation and their rights to life, health, privacy and to be free from discrimination, torture or cruel, inhuman and degrading treatment, among others.

⁵ World Population Review: Guyana. Guyana has a population of 782,766, of which 235,017 live in the Georgetown area (30.02%). <http://worldpopulationreview.com/countries/guyana-population/>

⁶ <https://www.stabroeknews.com/2019/news/guyana/03/24/22-health-facilities-get-licences/>

⁷ Raymond EG, Grimes DA, *The comparative safety of legal induced abortion and childbirth in the United States*. *Obstet Gynecol.* 2012 Feb;119(2 Pt 1):215-9 <https://www.ncbi.nlm.nih.gov/pubmed/22270271>

Comprehensive Sexuality Education Delivery

10. The second critical issue is the lack of full access to comprehensive sexuality education nationwide. Guyana has a young population—28% of the population is under 15 years of age.⁸ Thirty percent of girls are subject to child marriage before the age of 18.⁹ Around 20% of all births in Guyana are adolescent girls.¹⁰ According to a recent report entitled, “**The Situation Analysis of Adolescent Pregnancy in Guyana**,” compiled by the United Nations Children’s Fund (UNICEF), Guyana has the second highest rate of adolescent pregnancy in Latin America and the Caribbean, with 19-22% of girls getting pregnant before the age of 18. UNICEF research conducted in Guyana in 2014 showed that 15% of adolescents between the ages of 15 and 19 have begun childbearing and that 62% of adolescents between the ages of 15 and 19 have an unmet contraception need.¹¹ In addition to the high incidence of adolescent pregnancies, Guyana has noticed an increase in HIV and sexually transmitted infections among the youth demographic.¹²
11. Women and girls also face high rates of intimate partner violence in Guyana, including sexual violence at a young age. Research has found that almost 24% of the secondary school girls who have started their sexual life were forced by someone to have sex.¹³ A 2010 study by the Ministry of Labour, Human Services and Social Security found that 3 in every 5 women experience physical violence by an intimate partner; 1 in every 2 women were sexually abused by an intimate partner at some point in their lives and about 3 in every 4 women has been emotionally abused by their spouse or partner.¹⁴
12. For far too long the Ministry has been too slow in taking key steps to implement its regional and global commitments on universal access to sexual and reproductive health information, education and services. Although Guyana has had a Health and Family Life Education program in place for several years now, the results indicate that its effectiveness has not lived up to expectations, as demonstrated by the above statistics. In far too many schools there are reports that the curriculum is unevenly delivered. Even though many teachers have received training on content and delivery of the material; many remain uncomfortable with delivering it in the classroom.¹⁵ At a recent session facilitated by GRPA in Lethem, students related that they were told by the teacher responsible for delivering the HFLE curriculum they could go blind if they masturbated.
13. Due to the lack of comprehensive sexuality education in the school system, adolescents are at high risk of intimate partner violence, sexual violence, unplanned pregnancy and sexually transmitted infections. An age appropriate, comprehensive approach that responds to the sexual diversity and rights of young people and equips them to make informed decisions about sex is necessary to

⁸ UNFPA World Population Dashboard: Guyana <https://www.unfpa.org/data/world-population-dashboard>

⁹ UNFPA World Population Dashboard: Guyana <https://www.unfpa.org/data/world-population-dashboard>

¹⁰ UNICEF, *The Situation Analysis of Children and Women in Guyana*, (2016) p. 133
https://www.unicef.org/guyana/UNICEF_Situation_Analysis_2016.pdf

¹¹ Kaieteur News, “UNICEF, Education Ministry working on ‘age-appropriate’ sex education,” Nov 9, 2015
<https://www.kaieteurnews.com/2015/11/09/unicef-education-ministry-working-on-age-appropriate-sex-education/>

¹² <https://www.kaieteurnews.com/2019/03/23/apparent-high-prevalence-of-hiv-linked-to-patients-living-longer-ministry-clarifies-public-private-partnership-launched-to-sustain-gains-made/>

¹³ UNICEF, *The Situation Analysis of Children and Women in Guyana*, (2016) p. 134
https://www.unicef.org/guyana/UNICEF_Situation_Analysis_2016.pdf

¹⁴ Report of the Republic of Guyana on Beijing+20 (2014) p. 43
https://www.cepal.org/mujer/noticias/paginas/3/51823/Guyana_Review_Beijing_20.pdf

¹⁵ UNICEF, *The Situation Analysis of Children and Women in Guyana*, (2016)
https://www.unicef.org/guyana/UNICEF_Situation_Analysis_2016.pdf

address the reality that youths are becoming sexually active at a very tender age, both voluntarily and forcibly, and they require this information to both protect themselves and make informed choices.

14. Recently, a three-year India-United Nations Development Partnership Fund Project aimed at reducing adolescent pregnancy in Guyana was launched to increase the use of quality adolescent sexual and reproductive health services by adolescents, empower adolescents to prevent teenage pregnancy and contribute to a 10 per cent annual reduction in pregnancy rates among adolescents aged 10-19 in Regions One and Nine by March of 2022. The Ministry of Public Health of Guyana and the Guyana Responsible Parenthood Association as local partners in this project.¹⁶

15. GRPA therefore suggests that the following recommendations be made to the government of Guyana during the 35th session of the Universal Periodic Review:

Recommendations

- I. Ensure access to quality abortion services in a safe and timely way in all communities across Guyana, as provided for under the legislation, including through training all obstetrics and gynecological providers and other appropriate service providers¹⁷, health facilities have the necessary equipment; and providing medical abortions training to all health providers categories;
- II. Train competent facilitators or service providers to deliver the Health and Family Life Education program, in line with the UN guidelines on comprehensive sexuality education, and implement accountability measures to measure the effectiveness of knowledge acquisition on the part of the students in order to ensure access to accurate information and health services for sexual and reproductive health nationally.

¹⁶ Guyana Times, “Highest percentage of teenage pregnancies recorded in Regions 1, 7, 9” June 8, 2019
<https://guyanatimesgy.com/highest-percentage-of-teenage-pregnancies-recorded-in-regions-1-7-9/>

¹⁷<https://www.womenonwaves.org/en/page/7013/court-decision-about-medical-abortion-till-8-weeks-provided-by-midlevel-healthca>