

Culture, Tradition, and Faith in Global Women's Health

A Caribbean Perspective

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Abstract

The legalization of elective induced abortion which swept through many developed Western nations continues as a social and political issue in the Caribbean. Since 2005, Jamaica has been the focus of an attempt to legalize abortion, and the strategies employed bear broad similarities to those which have operated in other jurisdictions, including somewhat clandestine attempts to establish a "rights-based" approach to women's reproductive health. This intervention by non-Jamaican organizations includes two invalid assumptions: 1) A falsely inflated rate of abortions, which are illegal in Jamaica and therefore labeled "unsafe"; and 2) the role of abortion in Jamaica as a "major cause" of maternal mortality. Investigation by the Statistical Institute and National Family Planning Board invalidates both assumptions. The origin of the "rights based" approach of "full access," initiated and sustained by international NGOs, was mediated via an "abortion consultant" closely linked to the Johannesburg Initiative, a blueprint for implementation of unrestricted abortion, and the APRAG recommendations aimed at providing de facto unrestricted abortion throughout pregnancy. This interference in national sovereignty on the part of international NGOs occurs despite surveys illustrating that the vast majority of Jamaicans (64%) specifically reject the notion of a "right" to abortion based on evidence rooted in biology, natural law and justice, women's health, sociology, and economics. The Jamaican legal protection of the unborn as an ethical and cultural

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norm necessitates its contextualization in a triad which equally emphasizes the stability of the family and support for women.

Introduction

The legalization of elective abortion, which is a feature of many developed Western nations, has over the last three decades been attempted with variable success in the developing nations of the Caribbean basin.

The criminal law against abortion was repealed in Barbados in 1983,¹ and Guyana in 1995.² Significant modifications of the criminal law have been made in other Caribbean countries such as Belize in 1980 and St. Lucia in 2004. In the latter case, this was achieved by a revision of the relevant criminal code so as to define the grounds under which abortions could be lawfully accessed.³

Jamaica—the largest of the English-speaking Caribbean countries—is still guided by the 1861 Offences against the Person Act, which makes abortion illegal. This is also the case for Dominica, Antigua, and Trinidad and Tobago.

Several attempts have been made to make abortion more widely available in Jamaica. The most recent was in 2005, and the issues involved bear broad similarities to those which have operated in other jurisdictions. In the particular case of Jamaica, the issue could be characterized as a struggle between the traditional Judeo-Christian based mores of the country and an emerging paradigm of “rights-based” women’s “reproductive health.”

Country Profile

The population of Jamaica was recorded as 2.68 million in 2007, representing an increase of 0.3 percent over that of the previous year. The demographic profile shows similarities with developed Western countries as indicated by a declining zero to fourteen age group and the most rapid expansion in the age group over sixty-five years.

Unlike many developing countries in other regions, the fertility rate of 2.5 percent marginally exceeds that necessary for replacement of the population. The maternal and infant mortality rates are 94.8 and 21.3 out of 100,000 respectively.⁴

The Role of the Millennium Development Goal (MDG 5)

The achievement of the Millennium Development Goal (MDG) for improvement of maternal health (the fifth of eight international goals set by the United Nations to be met by 2015) was the stated objective for the initiation of the latest attempt to change the abortion law in Jamaica.

In 2005 the Jamaican minister of health established the Abortion Policy Review Advisory Group (APRAG) with the overall objective of “reducing maternal mortality by 75 percent by 2015 in keeping with the MDG for improving maternal health.”⁵ Two of the members of this group had previously publicly lobbied the minister to legalize abortion, and accused him of being “afraid” of the Church.⁶

The terms of reference of the Abortion Policy Review Advisory Group, including its objectives and scope of work, were established by the Ministry of Health. The specific objectives of the group included “articulating a policy for the provision of safe reproductive health services with special emphasis on safe abortions.”⁷

The advisory group report stated that the rationale for legalization of abortion was the currently existing high rate of unsafe abortions, based on annual World Health Organization estimates of “illegal and unsafe abortions.”⁸ Additionally, illegal abortion was imputed as causing a “high toll of maternal mortality and morbidity.”⁹

In contrast to the assertions made in the terms of reference of the advisory group, the existing published evidence fails to confirm a high prevalence of either abortion or abortion-related maternal mortality in Jamaica.

There is significant published research alluding to the difficulties involved in the accurate determination of abortion rates. Jamaica was reported to have a low abortion rate in a report published by the National Family Planning Board in February 2005.¹⁰

The maternal mortality rates reported by the World Health Organization for Jamaica have been publicly refuted by local statisticians, and in 2007 a demand was made for investigation of the motive for publication of these rates rather than the more accurate figures that were available.¹¹

Research done by respected academics and published in international peer-reviewed journals has indicated that the direct causes of maternal mortality are decreasing. A decrease in the total maternal mortality rate is prevented by the concomitant increase in indirect causes related to cardiac disease, diabetes, and HIV/AIDS.¹²

Based on all of the above, the research-based recommendations for achieving Millenium Development Goal 5 that were published in 2007 by the cabinet office of the government of Jamaica did not include the legalization of abortion.¹³

The Role of Radical Feminist Groups

There are several lines of evidence which suggest that the push for legalizing abortion in Jamaica was predicated on the rights-based approach of “full access” initiated and sustained by liberal feminists with the tacit support of international non-governmental organizations (NGOs).

Firstly, Dr. Frederick Nunes made a written submission to the Jamaican Parliament in support of legalization of abortion. He also submitted a model bill, which he claimed to have “sculpted” based on the laws in South Africa, Barbados, and Guyana.¹⁴ Dr. Nunes contributed significantly to the final report of the Abortion Policy Review Advisory Group as an “abortion consultant” and had performed similar duties for Advocates for Safe Parenthood: Improving Reproductive Equity (ASPIRE), an abortion rights group in Trinidad and Tobago.¹⁵ He also participated as a representative of Guyana in the preparation of a strategy for ensuring abortion access, the “Johannesburg Initiative.” This appellation was given by participants to an international project, the full title of which was “Capacity Building for Advocacy on Expanding Abortion Policy and Access: Sharing National Experiences between Countries from Diverse Regions.” The goal of full access, as delineated in this paper, included the absence of restrictions based on minor status or gestational age and the permissibility of all medically approved techniques.¹⁶

Secondly, several international and regional individuals and groups made written submissions to the joint select committee of Parliament in support of the recommendations of the Abortion Policy Review Advisory Group, including ASPIRE (St. Lucia and Trinidad Tobago).¹⁷

Thirdly, twenty-five international groups and individuals in a public letter to the minister of health urged the expeditious implementation of the Abortion Policy Review Advisory Group's recommendations.¹⁸

The recommendations of the advisory group would have given de facto unrestricted access to abortion throughout pregnancy, since the companion draft bill mandated that the consideration of a “threat to maternal health” should take into account the woman's “entire social and economic circumstances, whether actual or foreseeable.” This language is also present in the Termination of Pregnancy Acts of Guyana and Barbados.¹⁹ Additionally, the accompanying draft bill eliminated any requirement for parental consent for minors and instituted criminal penalties for conscientious objectors who refused to make abortion referrals.²⁰

Despite the stated goal of improving women's health, there was a glaring absence of any mention of the potential physical, emotional, or psychosocial complications of abortion in the Abortion Policy Review Advisory Group's report. No reference was made to the body of published literature which addresses potential sequelae of legal abortions such as preterm births,²¹ mental health problems,²² and increased breast cancer risk.²³

The Current Dichotomy

The persistent influence of Judeo-Christian ethics on the majority opinion on abortion is evidenced by the results of a national poll

(August 2009) which revealed majority opposition to abortion (64%), the rejection of a “right” to abortion(64%), and a majority preference for adoption rather than abortion in the “hard cases” of pregnancy after rape.²⁴

Nevertheless, certain social realities which increase the risk of unwanted pregnancies tend to facilitate practices that are contrary to these views. These include poverty, a high rate of illegitimacy and single parenthood, as well as early sexual initiation and teen pregnancies.²⁵

The Role of Faith-Based Institutions

Advocacy for the protection of the unborn has been carried out predominantly by faith-based groups. The efficacy of this approach to date has largely been attributable to the avoidance of an emotional appeal for Judeo-Christian morality as the basis for public health policy. Instead the case against legalization of abortion has been made on the grounds of natural law and justice, biology, the socio-economic consequences of legalizing abortion in other developing nations, and the consideration of maternal health, which is based on multi-dimensional wholeness.

Available data regarding social and demographic outcomes in the African American population of the United States have been instructive,²⁶ while the relative dearth of similar data from other Caribbean nations has been a disadvantage.

In order to preserve the sanctity of life in law and culture, it is mandatory that measures be taken to address the social and familial context in which many women feel constrained to resort to abortion. The structure of the family and the disproportionate social burden of women represent two such considerations.

Faith-Based Strategies for Improving the Stability of the Family

- 1) Formulate and guide the implementation of family life education, which is culturally coherent, and reject “values free” sex education, which is financed and supported by non-governmental organizations such as International Planned Parenthood Federation.
- 2) Redefine the male role in society to negate the penchant for aggression and promiscuity, and establish models for male responsibility.
- 3) Collaborate with regional and international bodies to conduct and publish research on the socio-economic benefits of traditional family structure.
- 4) Advocate for reform of adoption laws.

Faith-Based Strategies for Increasing Support for Women

- 1) Establish an alternate “positive feminism” to counter the overriding pro-choice agenda and philosophy of gender agencies operated by the state, private sector, and academic institutions.
- 2) Reproduce the model of faith-based pregnancy resource centers, which not only promote women's health, but may provide a locally relevant database for the publication of accurate statistics.

Conclusion

The restriction of abortion will be most efficiently achieved in the context of a regional effort. In developing Caribbean nations, this must be undergirded by social action to protect the genuine rights of women, preserve the structure and stability of the family, and provide alternatives to induced abortion.

Faith-based organizations represent a large constituency and can play a vital role in all of these aspects.

Notes

¹ *Medical Termination of Pregnancy Act* (act n. 4 of 1983), February 11, 1983, *Official Gazette*, supplement, February 17, 1983.

² *Medical Termination of Pregnancy Act* (act n. 7 of 1995), June 14, 1995.

³ Revised Criminal Code of 2004, art. 164–166.

⁴ Ministry of Health and Environment, Jamaica, *Annual Report, 2007*, 1–5, http://moh.gov.jm/publication/reports/doc_download/85-ministry-of-health-annual-report-2007.

⁵ Ministry of Health and Environment, Jamaica, *Abortion Policy Review Advisory Group Final Report, 2007*, 16, http://www.japarliament.gov.jm/attachments/375_Abortion%20Policy%20Review%20Advisory%20Group%20Final%20Report.pdf.

⁶ “Show Me the Evidence?” *Daily Gleaner*, January 31, 2005.

⁷ Ministry of Health and Environment, Jamaica, *Abortion Policy Review Advisory Group Final Report, 2007*, 16.

⁸ World Health Organization, *Unsafe Abortion: Global and Regional Estimates of the Incidence of Unsafe Abortion and Associated Mortality in 2000*, 4th ed. (Geneva: World Health Organization, 2004), <http://whqlibdoc.who.int/publications/2004/9241591803.pdf>.

⁹ *Medical Termination of Pregnancy Act of 1983*.

¹⁰ National Family Planning Board, Jamaica, *The 2002/2003 Jamaica Reproductive Health Survey (RHS) Final Report* (February 2005), sec. 3.4, “Fertility Rates,” para. 4.

- ¹¹ Jamaica Social Policy Evaluation, *Jamaica 2015: National Progress Report 2004–2006 on Jamaica’s Social Policy Goals* (Kingston: Office of the Cabinet, 2008), 5/279.
- ¹² A. McCaw-Binns et al., “Epidemiologic Transition in Maternal Mortality and Morbidity: New Challenges for Jamaica,” *International Journal of Gynecology & Obstetrics* 96 (2007): 226–232.
- ¹³ *Jamaica 2015: National Progress Report 2004–2006*, 5/279.
- ¹⁴ “Submission to the Joint Select Committee of Parliament Reviewing the Recommendations Contained in the Final Report of the APRAG,” ed. Frederick E. Nunes. August 23, 2008.
- ¹⁵ Frederick Nunes, “Abortion Laws of the Caribbean Basin 2005.” Prepared for ASPIRE (Trinidad and Tobago) based on the global map of the Centre for Reproductive Rights and the work of Rebecca J. Cook and Bernard M. Dickens.
- ¹⁶ B. Klugman and D. Budlender, *Advocating for Abortion Access: Eleven Country Studies* (Johannesburg, South Africa: The Women’s Health Project, School of Public Health, University of Witwatersrand, 2001), x.
- ¹⁷ Flavia Cherry (representing ASPIRE St. Lucia), “Submission to the Joint Select Committee of Parliament of Jamaica Reviewing the Final Report of the APRAG.”
- ¹⁸ “International Groups Call on Jamaica for Safe Abortion Policy,” *Jamaica Observer*, March 27, 2010.
- ¹⁹ *Medical Termination of Pregnancy Act of 1983; Medical Termination of Pregnancy Act of 1995; Termination of Pregnancy Act of 2007* (draft bill), sec. 4.3(b), p. 7.
- ²⁰ *Termination of Pregnancy Act of 2007* (draft bill), sec. 14 (5), p. 16.
- ²¹ H.M. Swingle et al., “Abortion and the Risk of Subsequent Preterm Birth,” *Journal of Reproductive Medicine* 54 (2009): 95–108.
- ²² D.M. Fergusson, L.J. Horwood, E.M. Ridder, “Abortion in Young Women and Subsequent Mental Health,” *Journal of Child Psychology and Psychiatry* 47 (2006):16–24.
- ²³ J.R. Daling et al., “Risk of Breast Cancer among Young Women: Relationship to Induced Abortion,” *Journal of the National Cancer Institute* 86 (1994): 1584–1592.
- ²⁴ “Not Because It’s Her Body,” *Jamaica Observer*, October 5, 2009.
- ²⁵ G.M. Gordon-Strachan, “Early Initiation of Sexual Activity among Youth in Jamaica,” *West Indian Medical Journal* 58.4 (2009): 19–20.
- ²⁶ “Abortion: The African American Experience,” *Jamaica Observer*, September 23, 2009.