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SEXUAL RIGHTS ARE HUMAN RIGHTS

ANNUAL
REPORT

about the Artist

With an Associate's Degree in Design from John Donaldson Technical Institute, James Hackett has spent the last 11 years working mostly as an illustrator. Currently seeking his Bachelor's in Fashion Design, Hackett aspires to be a leading creator of Caribbean images. He works primarily as a digital artist using it as a canvas to construct his batik-inspired artwork.

about the Cover



"Strong bonds means respect, love and, by extension, understanding each other. In that unity we respect each other's rights,"

Hackett wrote about the cover illustration of this year's theme, "Sexual Rights are Human Rights".

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OUR VISION

We are a rights-based, dynamic, volunteer organization which is the leading innovator of SRH services in the region driven by passionate, service oriented professionals.

OUR MISSION

To advance sexual and reproductive health and rights, through advocacy and the provision of quality services to men, women and young people in Trinidad and Tobago.

DR CARMEN BARROSO

“IPPF and its members are particularly focused on the sexual rights of youth. Youth constitute half of the world’s population, yet the contraceptive prevalence rate among them is less than half that of the adult world.”



Sex is the life giving impetus at the core of our physical existence, as sperm and egg merge in a dance of life. In its pleasure aspect, sex can provide a most gratifying expression of a human desire for connection. One would imagine therefore that the sexual experience, so essential to human existence, and one’s sexuality—that unique expression of one’s individuality—would be something to be celebrated. However, caught up in the complexities of distorted moral values, sex and sexuality are imbued with a myriad of contradictions—many cultures try to make youth sexuality invisible; inequality continues to define male-female relationships; sexual partnerships are gendered within traditional heterosexual parameters, sometimes with legal or violent repercussions for the transgressor. To counter these and other growing trends, IPPF, a leading global advocate of Sexual and Reproductive Health and Rights affirms in its manifesto, ***Sexual Rights: An IPPF Declaration:***

“We will not retreat in doing everything we can to safeguard for current and future generations ... a world where women, men and young people everywhere, have control over their own bodies and therefore their destinies... and are free to pursue healthy sexual lives without fear.”

Health is a fundamental human right. This incorporates Sexual Health which is intrinsic to human well-being. The Sexual Rights outlined in the IPPF ***Declaration*** are premised on the

Universal Human Rights laid out by the United Nations in 1948, and further developed in other Human Rights treaties, including rights to freedom, equality, privacy, autonomy, integrity, dignity, recognition, choice, education and non-discrimination.

IPPF and its members are particularly focused on the sexual rights of youth. Youth constitute half of the world’s population, yet the contraceptive prevalence rate among them is less than half that of the adult world. Without a concerted effort to ensure access to comprehensive sexuality education and services for our youth, we are moving toward a crisis in human development, as we compromise the chances of our greatest human asset to fully realize their potential. An investment in protecting the sexual rights of our youth now is an investment in a brighter future for us all. Governments everywhere can no longer afford the luxury of turning a blind eye to this most crucial responsibility. Currently, society places on youth the responsibility of managing their lives, avoiding pregnancy and other behaviors that put them at risk, without equipping them with the wherewithal to do so. To effectively manage their sexual lives youth need to be supported and educated to make informed choices. This is a central theme in the IPPF’s ***Declaration of Sexual Rights***.

The IPPF/WHR would like here to acknowledge the leadership of the President of the Federation,

Dr. Jackie Sharpe of Trinidad & Tobago in bringing the IPPF ***Declaration*** to fruition. We would like also to acknowledge the tremendous work of the Family Planning Association of Trinidad & Tobago in bringing the principles of the ***Declaration*** to public attention. Moreover we salute FPATT’s unflagging efforts to ensure ready access to Sexual and Reproductive Health services to communities countrywide. In the final analysis, the success of IPPF’s advocacy efforts rely heavily on the quality of services provided by its members in the 150 countries strewn across the globe. FPATT, which represents the Federation in Trinidad & Tobago does us proud with the level of professionalism of its services.

In recent years FPATT has stepped into new territory by expanding its services to sex workers and men who have sex with men and by sensitizing its partners and the public to the special needs of these populations. We applaud FPATT for yet another year of ensuring that Sexual and Reproductive Health and Rights are well represented in the health matrix of Trinidad & Tobago. Together we will continue to work toward that day when sexual rights will be woven into the fabric of society.

Sincerely,

A handwritten signature in blue ink that reads "Carmen Barroso".

Carmen Barroso
Regional Director, IPPF/WHR

"The Sexual Rights Declaration does not say new things, but synthesises in a comprehensive framework all the existing rights enshrined in different agreements."

It was heartbreaking to read the recent front-page news of the killing of a 16-year-old girl. What was even more heartbreaking was that she was pregnant when she was killed. The final blow came upon hearing that at age 16 she already had a two-year-old child.

For a long time, our country has been in the grip of a silent epidemic. Many—too many—of our girls and women are victims of early sexual activity, and our boys also suffer a similar fate. We reap the whirlwind today in the form of an unacceptably high rate of teen pregnancy—teenagers account for 14.7 per cent of all our births—and in an HIV epidemic that seems to target our youth, especially our young women aged 15-24. Given that early sexual activity in girls has been linked with cervical cancer, HPV and genital warts, we know the problem goes even further, its tentacles extending years, sometimes decades into the future.

The Family Planning Association of Trinidad & Tobago (FPATT) has been labouring in the vineyards for decades to avert these disastrous consequences. But in a national climate of secrecy and fear surrounding sex and sexuality, it is difficult to sustain the gains made in this area. Young people mistrust adults and hesitate to follow those guidelines we exhaustively give them to ensure their Sexual and Reproductive Health (SRH). How could they do otherwise when the very adults around them ignore our own advice?

In March, 2010, FPATT was honoured to co-host the launch in Trinidad & Tobago of the vitally important document, *Sexual Rights: An IPPF Declaration*. The *Declaration* was authored by experts from the International Planned Parenthood Federation (IPPF), of which FPATT is, of course, a member. The *Declaration* is a worthy document. It puts into a useful framework a number of different international conventions and agreements impacting on SRH. One key aspect of it is that SRH is not the be-all-and-end-all of sexuality, but merely one facet of a person's sexual entitlement. This document says, without equivocation, that human beings have the right to a happy, well-functioning sex life, one free from fear and oppression, one that is informed and honest.

I want to importune everyone in Trinidad & Tobago, from captain to cook, to read this *Declaration* and internalize the message it sends. It says, simply, that it is time to lift the veil surrounding sex and sexuality. The *Declaration* opens with a resoundingly powerful idea, that sexuality is "an integral part of the personhood of every human being, [and] for this reason a favourable environment in which everyone may enjoy all sexual rights as part of the process of development must be created." How can we in Trinidad & Tobago bring this bold concept to life? It is not couched in terms of *wants* but of *needs*: we must create an environment in which

every human being can be free to enjoy all sexual rights. But can we do that here in Trinidad & Tobago?

Infringements of sexual rights abound here. Apart from the early sexual initiation, often forced, of our young people, we have soft and hard persecution of the sex worker and the Gay, Lesbian, Bisexual and Transgender (GLBT) person. Such members of our society are taken to task for their work and their lifestyles without consideration for their human rights. Sex workers, and others who engage in the range of transactional sexual activity, deserve to live with as much dignity as anyone else, but you wouldn't know it from the news. We prosecute them, shame them, deport those who are living here illegally, as though they were engaged in sexual activity with alien monsters, not with other human beings in the very same place in which we live. They are subjected to violence by clients and abused by the very forces sworn to protect all of us. GLBT persons report that they too are victimized by unscrupulous miscreants who take advantage of the GLBT person's marginalized status in society. These opportunistic rascals seize the chance to commit robbery, assault and even murder under the guise of pursuing sexual relationships with GLBT persons. And often, when a case such as this goes to court, a solid argument for the defense is that the victim was the aggressor and therefore deserved his or her





fate. This should not be the case in a civilized society. It ought not to be a mistake punishable by death to be a GLBT person looking for romance. Yet, in Trinidad & Tobago, too often it is.

We have many more infringements of our sexual rights, some taking place on a daily basis, so much so that we have become inured to them. For example, our freedom to access safe, affordable termination of pregnancy is severely proscribed by a law that is not only outdated but ambiguous. FPATT's research, done with partner organizations, shows that many women are accessing abortion, but at a high cost in terms of money or their health. Where they can afford to have a safe abortion under medically acceptable conditions, they do. Where they cannot, they use whatever means are at hand to terminate the pregnancy and may suffer a variety of ills as a result, including hemorrhage, infection, fistula, or permanent damage to their fertility. This is not a medieval horror story but the daily news in the so-called "Slip and Slide" wards at our hospitals where women go for treatment after incomplete or unsafe abortions. How can we aspire to developed country status with that stain on our conscience? How can we continue to fail these women? Research has shown that unsafe abortion has been found to have a large impact on women's health and welfare, and also on the economic well-being of households. It can also consume scarce health resources and burden the national health systems. Because it contributes to maternal mortality, unsafe abortion ought to be a critical issue for policymakers in Trinidad & Tobago to address if we are to contribute to the achievement of the Millennium Development

Goal of reducing maternal mortality by 75 per cent from its 1990 level by 2015.

In May, 2010, a new Trinidad & Tobago government took office. We wait to see how the new regime treats with issues surrounding sex and sexuality, but we are hopeful that we can continue to work with the government to bring the very best SRH services to our population. FPATT has been at the vanguard of the movement for sexual and reproductive rights in Trinidad & Tobago for 54 years, and with the co-operation of its partners in government, the Community Based Organisation movement, and the Non-Governmental Organisation movement, it will continue to forge ahead. However, it is imperative that all parties be on the same page in order that progress and development be meaningful and permanent. The **Declaration** can help map a pathway for us.

The **Sexual Rights Declaration** does not say new things, but synthesises in a comprehensive framework all the existing rights enshrined in different agreements. States have already agreed to those ideas, but in some cases have failed in their obligations to ensure goals are met. Principle Seven of the **Declaration** says that...

"the obligations to respect, protect and fulfill apply to all sexual rights and freedoms. Sexual rights and freedoms include core legal claims as well as access to the means to fulfill those claims. As with other human rights, states have obligations on three levels: to respect, protect and fulfill the sexual rights of all. The obligation to 'respect' requires States to refrain from interfering

directly or indirectly with the enjoyment of a particular right, in this case, with sexual rights. The obligation to 'protect' requires States to take measures that prevent third parties from interfering with human rights guarantees. The obligation to 'fulfill' requires States to adopt appropriate legislative, administrative, budgetary, judicial, promotional and other measures towards the full realization of the right."

FPATT respectfully insists that government look at its obligations to all members of the society, whether gay or straight, young or old, black or white, male or female, irrespective of wealth, religion, or class, and afford all equitable and just legal and social protection with regard to the exercise of their sexuality. Sexual rights are human rights, as the document says in so many words time and again. Our country has signed its name to certain conventions and agreements and we must keep faith with these promises to all our people, not just a few.

FPATT does not believe this to be an unreasonable expectation. We are also mindful of the sixth Principle of the **Declaration**:

"Sexual rights, as other human rights, may be subject only to those limitations determined by law for the purpose of securing due recognition and respect for the rights and freedoms of others and the general welfare in a democratic society, public health and public order, according to human rights law. Such limitations must be nondiscriminatory, necessary and proportionate to the achievement of

a legitimate aim. The exercise of sexual rights must be guided by awareness of the dynamic relationship between personal and social interests, the recognition of the existence of plurality of visions, and the need to guarantee equality, dignity and respect for difference.”

The rights of the individual must be balanced against the interests of the nation, but what we ask is that the rights of the individual not be swept away entirely under the pretext of “the good of the many”. Fair and legal fora must be created to adjudicate such questions, so as to encourage good governance with regard to sex, sexuality and reproductive health issues.

These are not merely wants, but indeed, needs if we are to achieve our Millennium Development Goals (MDGs). MDG 6 falls right in our garden as we struggle with our raging HIV and AIDS epidemic. We have only five more years in which to halt and begin to reverse the spread of HIV and AIDS, but our epidemic continues to thrive in the current climate of secrecy and intolerance around sex and sexuality. It is true that the number of deaths from AIDS in Trinidad & Tobago is declining, but HIV infection rates are increasing, especially among young people and young women in particular. One thing we can do to change that is to implement a thorough, comprehensive sexuality education programme in all our schools. Currently, the teaching of Health and Family Life Education (HFLE) is often piecemeal or inconsistent, which is not good enough. We must rise to the challenge to educate our most vulnerable people, our youth,

about their health, build their self-esteem, and better empower them to make positive choices. Only this will impact the spread of HIV and AIDS among our young people. Our partner organisations in the fight, the National Parent-Teacher Association, schools, parents and educators—and of course children themselves—must be active combatants in this war. Only then can we win and achieve that dearly desired goal.

At the core of FPATT's mission is a driving need to give all our people access to information and a full range of SRH services. That will not change. In 2010 and the coming years the *Declaration* will be a powerful weapon in our arsenal as we fight for the dignity of all the people of Trinidad & Tobago. On behalf of the FPATT Board I wish to invite you to be part of our army, waging war on ignorance, stigmatization, isolation, victimization, objectification, exploitation. We can win this fight together.

I also take the opportunity to thank you for your support over the past year, as we would not be able to accomplish our mission without our able and generous partners, be they governmental, non-governmental, community based, faith-based or other organisations. Our regional and international partners, especially our parent body the IPPF, have been critical to our success. Our gratitude to you is boundless and FPATT looks forward to continuing to work with you for the good of Trinidad & Tobago. Our sponsors, too, must be recognized. Without your unstinting aid, we could not do our work. The Government of Trinidad & Tobago is one of our most valued supporters and we earnestly

hope this will only improve in 2010 and beyond. We particularly recognize the input of the various Ministries, especially the Ministry of Social Development, Ministry of Health, the National Population Programme Unit and the National AIDS Coordinating Committee. Our own dedicated staff, volunteers and members of the Central Committee must come in for praise for yet another year of sterling work. Finally, thanks to our Executive Director Dona Da Costa Martinez for her steering of this vital vessel across sometimes turbulent seas. All of you contribute immeasurably to FPATT's achievement of another year of growth. In 2010 may we continue to go from strength to strength.



Gerry Brooks
Chairman, FPATT

"The Declaration dovetails perfectly with the mission of FPATT: to promote access to Sexual and Reproductive Health services to all..."



Two thousand and ten marks our 55th year of work in Trinidad & Tobago. Fifty-four years ago the Family Planning Association began doing its work of advocating for safe and equitable access to sexual and reproductive health services in Trinidad & Tobago. From the start, our mission has been to do the greatest good for our people, and we have faced all our challenges with conviction, strength and the knowledge that we have right on our side.

Two thousand and nine was another whirlwind year for the Association. We facilitated 74,285 visits for various Sexual and Reproductive Health (SRH) services; we worked with the Queens Park Counselling Centre (QPCC) to integrate screening for sexually transmitted infections (STIs) through our clinics; we refurbished our Tobago clinic with the support of the Tobago House of Assembly and reopened our service there five days a week; we extended our mobile services to bring SRH services to ten new communities in addition to the forty communities that we have been serving; we teamed up with seven peer educators to reach over 400 sex workers with information, education and products; we collaborated with UNIFEM to engage Caribbean parliamentarians in a policy round table discussion on sex worker vulnerabilities and their impact on the region; we entered our fourth year in the provision of voluntary counselling and testing for HIV

with support from UNDP in three of our four clinics; we participated with our colleagues of the Sexual and Reproductive Health Technical Working Group (appointed by the Ministry of Health) to identify the immediate programmatic needs to adequately address the structural, social and behavioral factors affecting Adolescent SRH services; we entered into an agreement with our partner, UNFPA, to distribute, free of charge through our programme, 150,048 male condoms and 24,000 female condoms over the period June 2009-December 2010, as a means to ensuring that condoms are fully integrated into all SRH, HIV, and STI activities spearheaded by FPATT; we received training for 14 staff members in Logistics Management from IPPF/WHR covering areas such as procurement processes, warehousing, contraceptive storage and inventory control systems; and towards the end of the year, IPPF/WHR acting on our behalf reached agreement with a software provider to implement a new accounting system in four member associations including FPATT. And these activities represented only a fraction of what we accomplished in 2009.

Underpinning all our activities is the whole issue of sexual rights of all human beings. This is why FPATT was delighted and privileged to be the local touchstone for the launch of the International Planned Parenthood Federation

(IPPF) document *Sexual Rights: An IPPF Declaration*. The launch, held in collaboration with the United Nations Population Fund and IPPF, took place in March 2010. It was attended by representatives of a number of our colleague organisations working in the field of sexual and reproductive health. The *Declaration* is an omnibus of existing international conventions and agreements on sexual and reproductive rights, but in a sense it is very new. Never before have all these rights been outlined in such a comprehensive and accessible way. Our own President Dr Jacqueline Sharpe, in her portfolio as President of the IPPF, oversaw the publication of the *Declaration* and so had an historic role to play in the making of this seminal document.

The *Declaration* dovetails perfectly with the mission of FPATT: to promote access to Sexual and Reproductive Health services to all; to safeguard the adolescent's ability to seek SRH services; to work against the spread of HIV and AIDS; to advocate for a healthy sexual rights climate; and to continue to keep the issue of safe abortion on the table. The launch of the *Declaration* was in fact the cap of a year of working hard towards the fulfillment of our mission.

One of the highlights of the year has been our collaboration with Population Services

International (PSI) Caribbean to improve the level of access to SRH services to sex workers in Trinidad. That collaboration sees FPATT's staff going to four brothels to do education as well as provide on-site SRH services—the same services we offer to so many at our clinics. A referral card system also makes it easier for sex workers to have access to our clinic services. The construction of this initiative began in 2009 and has been a success so far. FPATT recognizes that there are a number of interlocking social and cultural factors which can impede access to services and information. People who are most vulnerable to sexual and reproductive ill health are often those who are denied access to SRH services. We will continue to work with our NGO partners to bring SRH services to this vulnerable and misunderstood group of people in a dignified manner.

Another collaboration has been with the Tobago House of Assembly, which is assisting with upgrading of the infrastructure of our Scarborough clinic. The upgrade is in keeping with our commitment to providing quality services in comfortable surroundings. With the hiring of a full time Co-ordinator in the Tobago Clinic we are now able to operate five days a week, eight hours a day. The Co-ordinator combines two days of educational outreach with three days at clinic. She has offered, in addition to our standard package of services, testicular cancer screening for men, a very important service, as I'm sure you will agree. Testicular cancer will affect one in 300 men, and, as with any cancer, early detection improves mortality rates tremendously, as well as

improves opportunities for treatment and care. In addition, there have been 11 educational outreach programmes promoting cervical cancer screening throughout central Scarborough with various Community Based Organisations and secondary school students and educators.

As always, FPATT keeps young people and adolescents at the forefront of its interest. The Association has forged a strong bond with its youth arm, the Youth Advocacy Movement (YAM) to ensure that the needs of the youth remain on the front burner and are adequately addressed. Apart from outreach initiatives as seen in Tobago, the Youth Programme has been targeting youth under 25 years of age since 1991. The nation's first Adolescent Multi-Purpose Centre, De Living Room, opened in 2001, continues to offer a haven for young people, offering a range of SRH services weekdays for 8.30 am-4 pm. As the YAM members themselves said in their programme report, "Across the world, there is a persistent gap between knowledge and behavior. This is particularly true of young people, many of whom know the basics of reproductive health but do not seek health service because they are turned off by attitudes of health professionals and the general milieu of clinics catering to adults. De Living Room is an evidence-based intervention designed to meet the needs of young people for a youth-friendly service. The evidence showed that young people wanted a special space for themselves served by professionals who are young or who are able to deliver youth-friendly service." One of the activities completed by YAM members is the development of a list of

new contraceptive options for FPATT to adopt. These new contraceptive options will expand the portfolio of the contraceptive technology FPATT can offer, modernizing our methods to keep up with our clients' needs and requests.

Access to information on youth SRH services continues to improve under the watchful eyes of the YAM who successfully presented a display booth containing SRH information combined with demonstrations of the male and female condom, and another on HIV Voluntary Counselling and Testing, at the Commonwealth Heads of Government Meeting, which was held in Port-of-Spain in November, 2009. The President and some members of the Youth Advocacy Movement (YAM) attended the meeting. The audience responded well to the information and there was a very high visitor rate at the booths. On the international front, YAM delegates attended one international and two regional meetings during the year. The President of YAM, Ms April Adams participated the Youth Friendly Spaces Study Tour, the aim of which was to provide participants with practical case studies that showcase how Youth Friendly Space initiatives are being implemented in Trinidad and Tobago and Jamaica. There was YAM representation also at the National Stakeholder's Workshop to present on the findings of the Study Tour. Both these meeting were hosted by the Citizen Security Programme of the Ministry of National Security. The youth representative on the board of FPATT, Marc Clarke attended two meetings, a regional youth forum hosted by IPPF/WHO as an adjunct to the Caribbean



Family Planning Affiliation's Annual General Meeting held in Dominica in July and meeting of youth delegates to the annual Regional Council Meeting of the IPPF/WHR held in Washington, DC, in September. But YAM did not neglect its home base in Trinidad, hosting outreach programmes in Aranguez, Arima, San Fernando, the University of the West Indies, and during the World AIDS Day Programme in 2009. The main programme achievement has been the establishment of gender sensitive HIV Voluntary Counselling and Testing for young persons, sponsored by the UNDP. FPATT also continues to support the Anglican Church in Trinidad & Tobago to bring FPATT's Collaborative HIV and AIDS Management Programme (CHAMP) to all Anglican youths who attend confirmation classes. The programme is an excellent example of how to reach young people using their own language with their parents as partners in prevention. Additionally, YAM reports that the introduction of STI screening for syphilis and gonorrhea has been well received by clients under 25 years old.

[FPATT's outreach programme continues to grow from strength to strength, and this year has expanded its services, increasing the number of communities it serves from 40 to almost 50.](#) The new communities added to its roster include Cedros, California, Tableland, El Dorado, Las Lomas, Erin, Claxton Bay and Williamsville. Many of these communities find it difficult or at least challenging to easily access SRH services, and so going to them is vital in order to spread information and provide testing and other services. The number of male clinics has been expanded to an average of two or three a month, with some months seeing as many as

four outreach clinics catering specifically for men in areas such as Tableland, Chaguanas and Tacarigua. More men, therefore, are being sensitized to the problems of prostate cancer, high blood pressure, diabetes and obesity through the outreach services. Additionally, Healthlink, FPATT's corporate health service, has seen an increase in its client base. New Healthlink subscribers include ArcelorMittal in Point Lisas and the conglomerate Neal and Massy Holdings Ltd, joining our existing clients such as Unilever, the University of Trinidad & Tobago, the College of Science, Technology and Applied Arts of Trinidad & Tobago, and the Port-of-Spain City Corporation. In a slow economic climate, Healthlink is still expanding, albeit gradually.

Another continuing programme of the Outreach Team is the Child Welfare League's Choices programme. This worthy project provides counseling, lectures and skills training to teen mothers not only to help them cope with their current situation but to help prevent a second pregnancy too soon. We continue to find novel and powerful ways to reach our clientele and invite them to access our services. One such method was a collaboration with 103 FM to do outreach in communities the station was visiting, in places like Chaguanas, Princes Town and Arima. The method of reaching out to clients may change but we depend on our reliable mobile clinic to take us to those clients. The mobile unit was sponsored by the JB Fernandes Trust 1 and 2 to the tune of \$1.2 million in 2001. You will agree that a mobile unit that crisscrosses the country, visiting Point Fortin's Borough Day, the Brian Lara Promenade, San Fernando, Cunupia, Couva, the Chaguanas Market and Curepe,

among other destinations, is a hard working unit. Normal wear and tear have resulted in downtime, and a reduction in the capacity of the Outreach Team to extend its reach further and to work as efficiently as it could all year round. People, especially those in rural areas, often wait on the mobile clinic coming to them rather than they having to go to a clinic to gain access to SRH services. Even corporate clients, both staff and management alike, appreciate the convenience of having a mobile unit come to them at their place of work. The 3,500 Pap smears taken from women in marginalized communities last year represent almost one third of the total amount of Pap smears screened by the Association last year and testimony to the hard work of the staff of the Outreach Programme. The mobile unit was a part of that effort and no angle must be spared to keep this critical part of the Outreach Programme on its feet—or, rather, on its wheels.

[FPATT's Clinics continue to set the benchmark for SRH services in the country and the region.](#) They run five days a week, offering Pap smears, breast examinations, contraceptive provision and counselling, pregnancy testing, HIV testing, general practitioner consultations. There is also a weekly male clinic that, in addition to offering counseling, blood pressure and urine tests, offers prostate examinations by urologists. STI screening for syphilis and gonorrhea was successfully implemented as part of a joint agreement with QPCC, the Ministry of Health's leading agency on the management of STIs. FPATT's clinics combined SRH services with HIV VCT pre- and post- test counseling services. Clients report that the daily availability of the VCT service is great incentive for getting tested. Another success was

the Mother's Day and Father's Day campaign, which proved a good way of informing clients as well as encouraging them to give themselves a gift of health and to spread the word about services and products provided. During Mother's Day and Father's Day weeks a number of clients were provided with lectures and received services. Audiovisual education was continuously provided at clinics throughout the days of the campaign.

Behind the scenes, the staff of the Cytology Laboratory worked assiduously to provide timely and accurate results of close to 10,000 Pap smear slides. The ultimate aim is to serve FPATT and the public with a comprehensive range of tests, including STI tests, fertility tests and sperm counts.

The wheels of all our support functions, including finance and administration, general services, information systems have been in tireless motion, out of view of the public, providing the back-stopping support that gives impetus to all our programmes. Our Communications over this past year have been strengthened with the addition of a new Communications Officer. We have been able to improve our visibility through the increased use of the print and electronic media, particularly highlighting the Outreach Programme. Communications will be pivotal in our mission to get the private, public and NGO sectors to work with us when we roll out the ***Sexual Rights: An IPPF Declaration*** in the coming year. We will work to encourage employers to understand the sexual rights of employees so that stigma and discrimination will have no place. FPATT will not stop short of promoting, defending and fulfilling the rights of all persons to have access to quality sexual and

reproductive health information, education and services.

FPATT is not without its challenges. Increased funding would go a long way in making all our services available to those marginalized clients who are still not being reached with the services they need for one reason or another. We implore the private sector and government to continue to increase their levels of support of FPATT as partners in SRH for the people of Trinidad & Tobago.

In our 54 years we have continually sought to be relevant and up-to-date in the services and products we provide and how we deliver these. It is time once again for us to take a fresh look at ourselves, to seek an updated framework for our operations, to review our relevance and methods of delivery within the context of our core competencies. Therefore, in 2010 we will undertake a comprehensive review of our strategic plan 2008-2010 with the aim of designing a new strategic vision. This would require that we develop a more robust human resource plan to properly execute our goals. Human resources have been a particular challenge for the Association. We cannot compete with the private sector, yet we must be able to seek and retain highly skilled and competent people to fulfill our mandate, in order to improve access to SRH services to our clients regardless of gender, colour, sexual orientation, location or social status. We will be reviewing our software systems within the organization, putting in place, for example, new accounting software to streamline the work of the finance department and improve the efficiency of our reporting so that we can continue to maintain our high level of accountability. 2010 will also see the completion

of our new website which will be more user friendly and interactive. We will also continue to strengthen our supporting systems to improve the performance and quality of service delivery, with a major focus on institutional capacity building at all levels of service delivery; to build a knowledge base through an effective monitoring and evaluation system and supporting research for continued learning; to promote, strengthen, and coordinate partnerships in collaboration with relevant stakeholders through continued information sharing.

I would like to use this medium to thank the Government of Trinidad & Tobago, the Tobago House of Assembly, our parent body, IPPF, all our donors – international, regional and local, our partners in Sexual and Reproductive Health, our NGO collaborators, our communities, our clients, our volunteers, our staff, our families, and all our other stakeholders, for believing in the work that we do and for staying the course with us.

Ours is a job that cannot be done in isolation. We look forward to continued collaboration with all of you in order to achieve our goals and continue to expand our services, thus ensuring that all the citizens of Trinidad & Tobago are able to enjoy healthy sexual and reproductive lifestyles.



Dona Da Costa Martinez
Executive Director, FPATT

“Our focus in 2010 is to continue to streamline our processes to work efficiently and effectively, manage our operating costs more prudently, ensure that there is optimum uptake of our services at the community level, and strengthen our partnerships...”



The past 12 months have been quite challenging for the Association, operating in a global place that has been turbulent. The US stock market continues to be volatile and the European environment has had its share of shocks. It should be noted that Trinidad & Tobago is not unaffected even though we tend to lag behind. Corporate donations have shrunk and the Association continues to find creative ways to fund its various projects and deliver outstanding service to its wide client base.

Operating Review

Our operating position has deteriorated with a deficit of \$0.717 million up from a deficit of \$0.235 million in 2008.

Year on year we have experienced a decline in income earned. In 2009 our total income was reduced from \$6.063 million or by \$0.944 million (16%) from the previous year to \$5.119 million. This was mainly due to projects coming to an end. Other income was \$1.187 million versus \$1.009 million in 2008 due mainly to a strategic decision to increase the cost of client services. However, this increase was offset by a reduction in investment income from \$0.596 million to \$0.269 million mainly as a result of the low interest rate environment prevailing in 2009.

During the year total expenses reflected a decrease of \$0.383 million mainly as a result of close monitoring of costs by management. Despite this, the fall in revenue outweighed the savings in costs.

Consolidated Financial Position

As at December 31, 2009, total assets and liabilities of the Association stood at \$6.986 million, which reflected a reduction of \$2.393 million over 2008. This position resulted from the utilization of cash to execute projects and to meet normal recurrent business expenses. Cash inflows were adversely impacted with lower interest income earned given that interest rates have been steadily declining in Trinidad & Tobago.

Economic Outlook

The Trinidad & Tobago economy has been impacted by the international crisis, estimated to have contracted by approximately three per cent in 2009. There has been an overall decline in economic activity including a slowdown in government's construction sector program. Businesses in the non-oil and gas sector continue to suffer as regional markets remains fragile. Notwithstanding these challenges, it is projected that the economy will experience a marginal growth of one per cent in 2010.

We anticipate that support from the International Planned Parenthood Federation will not decrease in the upcoming year. Support from the Government of Trinidad & Tobago has remained at the same level since 1992. However, inflation and cost increases have eroded the value of that support to less than half of what it was in that year. We know that the Government recognizes our contribution to the Sexual and Reproductive Health of the nation and trust that they will financially support the organization's work in an even more tangible way during the new fiscal year 2010-2011. We shall continue to develop meaningful and relevant sexual and reproductive health programs to cater for the underserved, marginalized groups in society in order to attract additional support from local, regional and international donors. As new Government health initiatives are developed, we will strengthen our collaboration with them in order to deliver services to our various publics in an efficient and effective manner.

Our focus in 2010 is to continue to streamline our processes to work efficiently and effectively, manage our operating costs more prudently, ensure that there is optimum uptake of our services at the community level, and strengthen our partnerships with other non-governmental agencies, community-based organizations,

including faith-based organizations, to extend our reach. We will continue to review our business activity to strengthen our ability to withstand the uncertainties in the local and international economic environment.

We are grateful to all our partners who continued to work with us in 2009. The Government of Trinidad & Tobago, through the Ministry of Social Development, has continued to support

us and to seek our partnership in many of their initiatives. IPPF and IPPF/WHR continue to provide financial support for our core activities by way of a cash grant, as well as capacity building funds to strengthen the institutional capability of the organization. Our staff, volunteers and well-wishers have kept us anchored in our belief that we can make a difference in the lives of the citizens of Trinidad and Tobago. Thus, FPATT remains unwavering in its commitment

to promote, defend and fulfill the sexual and reproductive health needs of the nation.

Relna Vire
Treasurer, FPATT

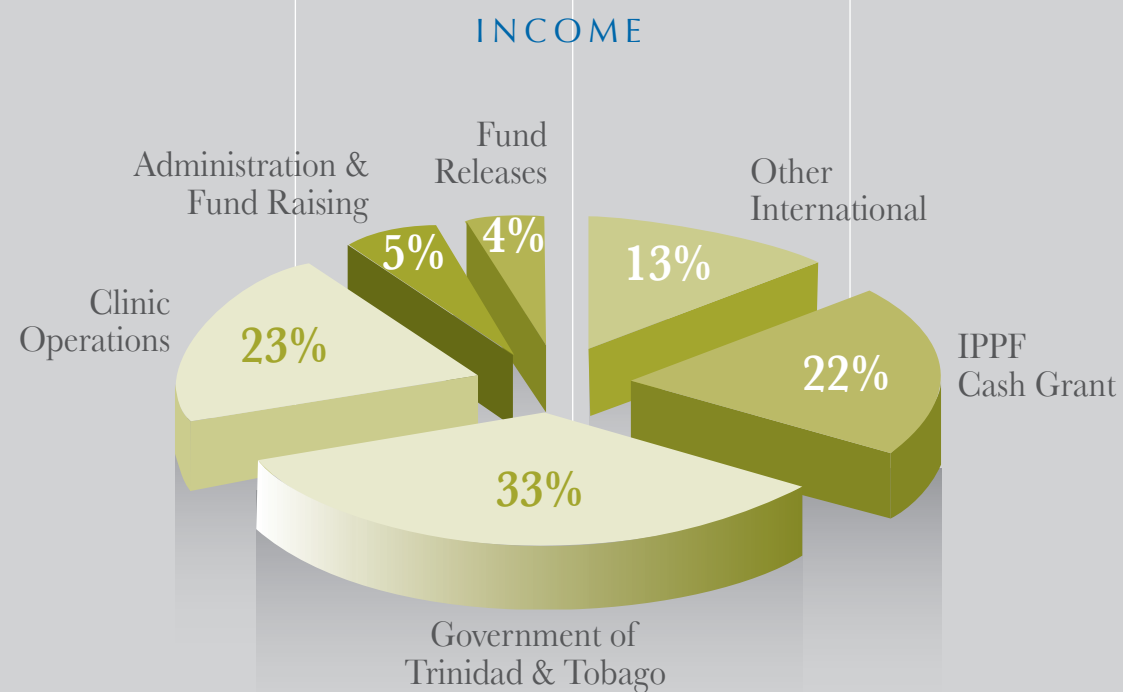
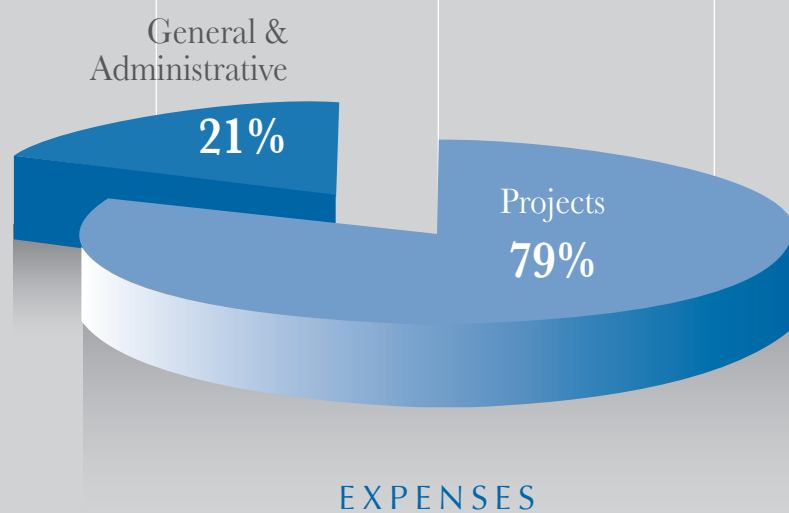
Summarized Consolidated Income Statement

(TT Dollars)	2009	2008	% Change
Income			
IPPF Cash Grant	1,097,682	802,504	36.8%
Other International	653,027	1,320,315	-50.5%
Government of Trinidad & Tobago	1,695,446	2,089,996	-18.9%
Clinic Operations	1,186,782	1,009,730	17.5%
Administration & Fund Raising	268,887	596,583	-54.9%
Fund Releases	216,931	244,216	-11.2%
Total Income	5,118,755	6,063,344	-15.6%
Expenses			
Projects	4,613,875	5,151,328	-10.4%
General & Administrative	1,221,549	1,147,524	6.5%
Total Expenses	5,835,424	6,298,852	-7.4%
Surplus/(Deficit)	(716,669)	(235,508)	204.3%

Summarized Consolidated Balance Sheet

(TT Dollars)	2009	2008	% Change
Assets			
Current Assets	3,862,750	5,915,115	-34.7%
Non-Current Assets	3,117,667	3,341,831	-6.7%
Total Assets	6,980,417	9,256,946	-24.6%
Liabilities & Fund Balances			
Current Liabilities	570,462	749,328	-23.9%
Deferred Income	3,617,631	4,938,749	-26.8%
Long Term Liabilities	169,290	282,150	-40.0%
Fund Balances	2,623,034	3,286,719	-20.2%
Total Liabilities & Fund Balances	6,980,417	9,256,946	-24.6%

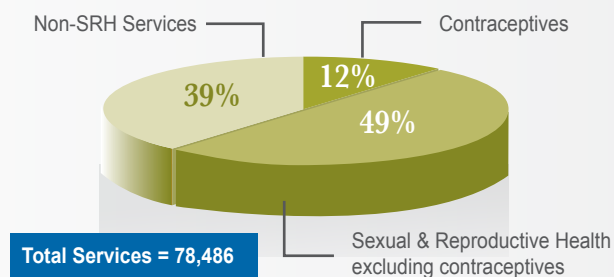
2009



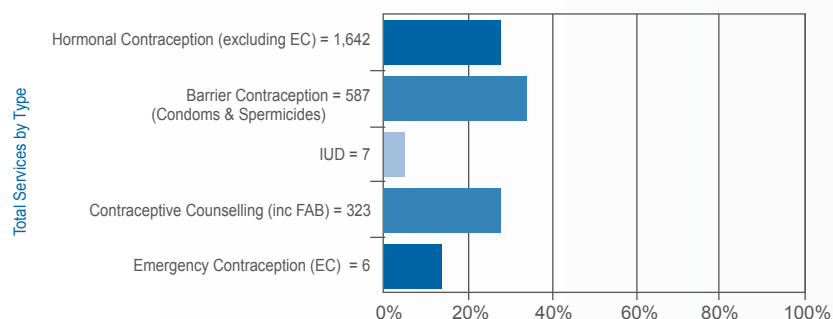
Services of the Family Planning Association in 2008 and 2009

Service	2008		2009	
	No of Visits	% of Service Mix	No. of Visits	% of Service Mix
Contraceptives	7,972	9.2	7,970	10.7
Pap Smears	9,078	10.5	7,917	10.7
Breast examinations	9,396	10.9	8,213	11.1
Cytology Screening	8,695	10	7,662	10.3
HIV Voluntary Counselling and Testing	2,180	2.5	2,315	3.1
Counselling	7,109	8.3	7,085	9.5
Family Health	39,606	45.9	30,890	41.6
Other Sexual Reproductive Health Services	2,259	2.7	2,233	3.0
Services	86,595	100	74,385	100

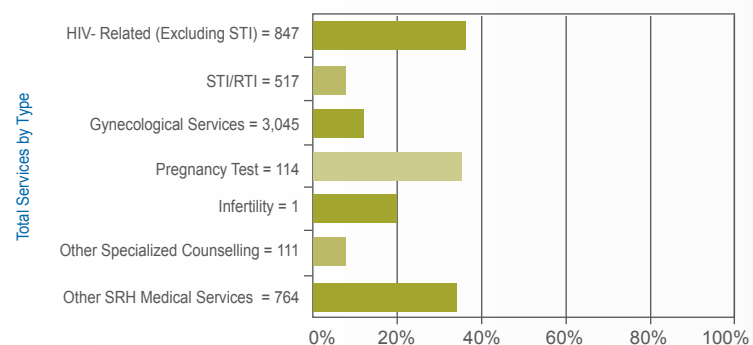
Percentage of Total Services Provided, by Type 2009



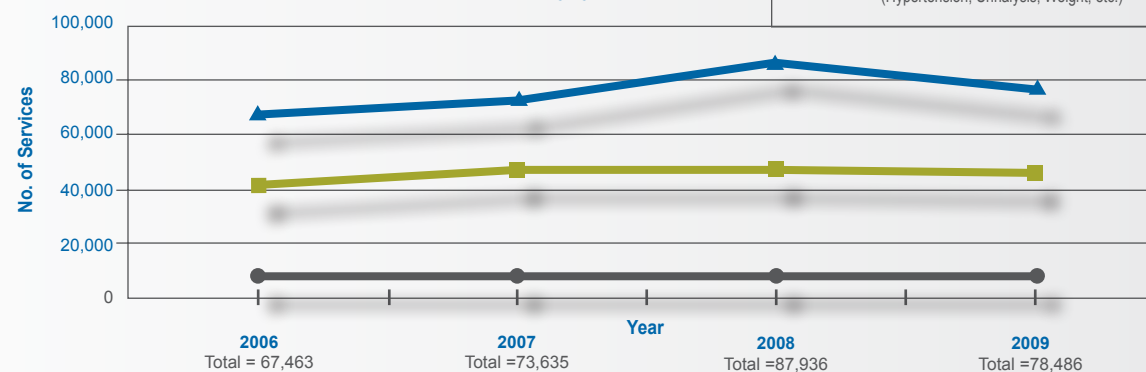
Proportion of Total Contraceptive Services provided to youth by Type of Service 2009



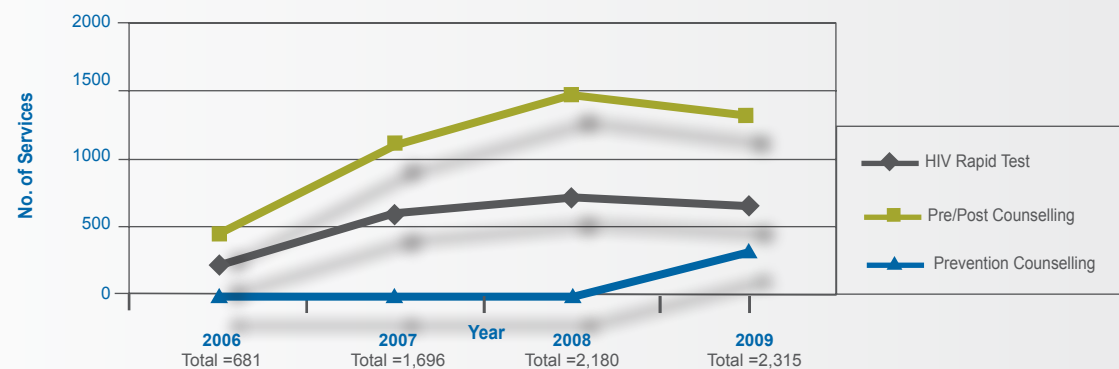
Proportion of Total Non-Contraceptive Services SRH provided to Youth by Type 2009



Total Services Provided, by Type 2006 - 2009



Total HIV - Related Services provided by Type Services 2006 - 2009





Dr. Jacqueline Sharpe addresses the audience about the Youth Advocacy Movement newsletter



Dr. Mervyn Henry and Dr. Winston Edghill Ince chat with former first lady Mrs. Zalayhar Hassanali



Kelvin Jack, Kevin Harrison and Joel Jordan at the AGM 2008



Dr. Carol Boyd-Scobie from PAHO/WHO and Carol-Ann Senah, Technical Director of NACC, pay close attention to the AGM 2008 presentation



Children in the Orchestra at the Annual General Meeting 2008



Dr. Jacqueline Sharpe, Mark Clarke and Michelle Sogren from the Social Work department in UWI share a light moment after the AGM 2009 presentation

AGM



Sisters of the Raj Yoga Centre

IPPF

Declaration



Dr. Esther Vicente at the launch
of the Declaration of Sexual Rights



Roberta Clarke, Colin Robinson and
Dr. Jacqueline Sharpe chatting after the
presentation of the IPPF Declaration



Cross section of the audience at the launch
of the IPPF Declaration

Leah-Marie Richards, Assistant Representative
from UNFPA, welcomes guests at the
launch of IPPF Declaration



April Adams, President
of the Youth Advocacy
Movement, in Carnival
Campaign

YAM Members dressed
as different characters in
Carnival Campaign



Franzy Bowen, FPATT
Youth Officer, distributing
information on Carnival
Campaign

YAM

FPATT HAS CHOSEN TO FOCUS ON FIVE PRIORITY AREAS ADOPTED FROM IPPF

WE CALL THESE OUR ...

FIVE As

Adolescents/ young people

ensuring that the largest generation in history have access to the information and services they need

HIV and AIDS

one of the greatest public health challenges confronting the world, and increasingly affecting women and young people

Abortion

a major killer of many thousands of women round the world when carried out unsafely or illegally

Access

to services and information – the ‘unfinished business of the International Conference on Population and Development (ICPD)’

Advocacy

a major responsibility for FPATT at every level

YOUTHS ARE NOT A PROBLEM BUT AN ASSET

Marlon Thompson, HIV Officer at the United Nations Children's Fund Trinidad & Tobago Office, talks about UNICEF's work with FPATT on HIV and adolescents and HFLE.

Historically UNICEF works with many different NGOs. We found FPATT was a natural partner in Trinidad & Tobago, where our focus is on HIV prevention. One of the things we look to FPATT for is their wealth of knowledge on the ground in Trinidad & Tobago with respect to sexual and reproductive rights of young persons.

We've partnered with FPATT in the recent past in developing a film that was done through MTV. We used *De Living Room*, we used (FPATT Executive Director) Dona Da Costa Martinez as a knowledge base. She was able to inform us of the issues facing young people. We used that to formulate the script and formulate how things would be done and focus on the issues of young persons' access to health services.

The name of the film is *Tribes* and it is about a young man who finds out he's HIV positive. It tracks his journey in dealing with it, in telling his girlfriend—who, at the end of the film, we're not sure if she was HIV positive as well. What I like about it is that it's very real. We've shown it to young persons at UWI and Movie Towne and one of the things that they liked about the film was that the issues it addressed were issues they felt were very close to home. It brought up issues around testing, prevention, disclosure, taking care of yourself. It also looked at issues with respect to HIV in Trinidad & Tobago, such

as the phenomenon of a younger girl being with an older man. In the film the older gentleman contracts the disease and we have the young girl who's fearful of what is going to happen to her.

Before we did the film, one of the comments that young persons made is that they've seen films about HIV but never saw themselves as the characters. The good thing was that we felt their voices came out in *Tribes*. The film is to be part of a behaviour change communications strategy that is to be rolled out to different stakeholders in Trinidad & Tobago and to be used for their programming.

What we're seeing across the region is that the most affected group when it comes to HIV is young persons, particularly adolescents. When we think about marginalised communities and populations at risk, many times young persons are put aside. They aren't catered for. We treat adolescents as problems, we don't treat them as assets. If you think of any problem in your house, what is your solution? You want to fix it.

Young people, adolescents, are not things to be fixed. They are assets, they are growing, they are changing. The major problem they have is that there aren't any systems in place to help them deal with these changes. We don't have enough youth-friendly SRH services that they

can access, that they can go to for information or for referrals. They are often told by adults, "You have to get an adult to come in for this. You shouldn't be thinking about this."

"In seeking out NGOs who have that knowledge that we can leverage and utilise to ensure that young people can claim their rights, FPATT was just a natural partner."

The school Health and Family Life Education (HFLE) curriculum is designed to be interactive. It's not designed to be mathematics where I learn these problems and I get the solution and I solve them. It's interactive, it uses life skills, it trains someone to deal with different situations. A primary school syllabus exists and has been distributed to all schools. A secondary school syllabus exists in draft form and has been distributed to some schools. Some training happens for teachers at different levels. But here's the major issue: HFLE is looked upon as sex education. The common cry is that parents don't want it, teachers don't want it. There's a stigma attached to HFLE, not understanding



PRINCIPLE 2

The rights and protections guaranteed to people under age eighteen differ from those of adults, and must take into account the evolving capacities of the individual child to exercise rights on his or her own behalf.

Sexual Rights: An IPPF Declaration

that HFLE includes modules on interpersonal communication, environment, nutrition. The real issue is that there needs to be a rebranding.

What we really need now, and what we're working towards, is a consultative process where everybody understands what needs to happen and we move forward from there. This is why I see NGOs as being so important. Yes, we have young persons in schools eight hours a day, but there are also other opportunities to interact with them outside of school and even within school. There needs to be a synergy.

FPATT is a really good example of that synergy. A couple of years ago they did training for teachers in HFLE. They assisted with curriculum development. There are teachers who are uncomfortable dealing with the sex and sexuality part of the curriculum. Once we have the curriculum vetted, NGOs have the unique opportunity to interact with youths at the school level. Once the link is made, you make it available so youths can get from the NGO answers to any further questions, or opportunities for counseling, or opportunities for intervention. NGOs can even refer back to the Ministry of Education and

“We treat adolescents as problems, we don't treat them as assets. If you think of any problem in your house, what is your solution? You want to fix it.”

the systems they have. The NGOs are really to support the role of the government, to fill in the gaps. The government can't do everything—nor should it try. It should give over some of these things to the NGOs.

“Adolescents are not things to be fixed. They are assets.”

UNDERSTANDING OUR EPIDEMIC

Carol-Ann Senah, National AIDS Co-ordinating Committee Technical Director, gives an overview of the status of the HIV/AIDS epidemic in Trinidad & Tobago.

The National AIDS Co-ordinating Committee Secretariat has the responsibility for leading the process in public education on prevention. The NACC works with several NGOs, faith-based organizations, community-based organizations. The NACC was formed to expand the response to HIV and AIDS in Trinidad & Tobago. It means that we're taking it beyond the health sector because HIV has determinants not related to health only.

FPATT is an NGO; they are supported by the government but they support the NACC in implementation. We seek to use their expertise and the systems they already have in place to target specific populations on behalf of the NACC. Our Prevention Sub-Committee is chaired by the Executive Director of the FPATT. It's a true collaboration, it's a true partnership. We use organizations like FPATT that are on the ground to help us prioritise and identify needs.

Our last comprehensive research was done in 2007; we are due to do another large research, but we have had follow-up research. The situation in Trinidad & Tobago with regards to HIV and AIDS is that the knowledge level is high. My professional intuition is that we need to go back out there to see whether we have been able to sustain that level of knowledge. I get a sense that there is a false sense of comfort, that maybe HIV

is not seen as such a problem anymore and so people are not paying attention as much. It may also be that we have not been able to sustain our public education component through mass media. What the research tells us as well is that the knowledge is not transferring into practice—at least, not at the rate that we would like it to.

Since about 2004 we have consistently had 1,400 newly diagnosed infections a year, which for us isn't good. We would like it to go down. But then we have to ask ourselves, "Is it that we're testing more?" We have got more sites for testing, and we have communicated the importance of knowing your HIV status, because at every exercise I have been involved in recently where we offer testing the lines have been long. Once testing is easily available, people access it.

Who is affected? Our working population in their most productive years, our 15- to 49-year-olds. We still have 70 per cent of our new infections in that group. And young women 15 to 24 years old have the highest rate of new infections. I have to qualify what the research is telling us: In Trinidad & Tobago every pregnant woman who presents herself at a public health institution is offered an HIV test. It means we are testing more women. It's not compulsory but the uptake is about 95-99 per cent. We were able to justify testing women because they get pregnant—and they had to

have sex to get pregnant—so now we need to justify testing the men who would have made them pregnant! Because they are engaged in the same behaviour. If women who are pregnant test positive, we don't do contact tracing... but she is asked to bring in her partner. And should he be positive, he would be treated and provided with anti-retrovirals if it's necessary at that point in time; the pregnant woman would be as well, and the baby would be followed for six months. That has been a success story in the national response of Trinidad & Tobago, the Prevention of Mother-to-Child Transmission Programme. We've been on track with this since probably 2000. Since 2000 anyone who tests positive can access treatment.

"There are still a whole lot of people who are not aware of their HIV status."

We have a cumulative figure of around 20,000 people living with HIV, and any health professional who is working in HIV will tell you that they think the reality is closer to 30,000. That is because there are still a whole lot of people who are not aware of their HIV status. People are still presenting at the clinics late. It means that they would have been infected for five years, six years.



PRINCIPLE 3

Non-discrimination underlines all human rights protection and promotion.

Sexual Rights: An IPPF Declaration

And then there are those who know they tested positive and they are just afraid to access health service. Maybe when they walk in they may see somebody sitting in the clinic that they know, because our major centre for providing treatment and care specializes in Sexually Transmitted Infections. That is why we have a group of doctors who are looking at starting a project where you provide an integrated service.

HIV is now being described as a chronic disease. We have treatment available so people can live long and productive lives, and fairly healthy lives, with HIV. We have to integrate it with other chronic diseases like diabetes and high blood pressure. What is required of someone living with HIV is similar to what is required of someone living with another chronic disease. It requires that they practice a healthy lifestyle. You should be eating healthily, you should engage in physical activity, and you should be taking your medication on time as prescribed by a doctor.

The strategy against HIV now is to have more targeted programmes. This is appropriate in the process of any long-term education programme. In a group we call “most at-risk populations,” in

“We were able to justify testing women because they get pregnant so now we need to justify testing the men who would have made them pregnant.”

fact, prevalence is higher in that group. We’re talking about commercial sex workers and people who engage in transactional sex; our youth; our men who have sex with men. As we move into our second National Strategic Plan, which we are drafting at the moment, there will be an emphasis on reaching the most at-risk populations. We have to do the research. It’s not only about knowing the number of HIV-positive persons in those groups, but we have to do the research to understand the practices, and what is behind the practice. We have to understand our epidemic better, we have to understand the dynamics of the epidemic so that it’s not only about knowing what the behaviour is but what are the factors that are driving that behaviour.

We need to sustain our education programmes. Everybody knows about KFC. We’ve known “Coke is it” for a long time. But they don’t stop promoting Coca-Cola, nor do they stop promoting fast food. This is what we need to communicate to our policy-makers because getting the message out there has a cost and it’s high. But if you put the cost in the context of keeping as many members of the population free from HIV so that they don’t have to go on anti-retrovirals, then it’s beneficial to do the education.

“The strategy against HIV now is to have more targeted programmes.”

A PUBLIC HEALTH AND A SOCIAL JUSTICE NECESSITY

Dr Jacqueline Sharpe, President of the International Planned Parenthood Federation and President of FPATT, gives hard facts on abortion in Trinidad & Tobago.

The performance of abortions would generally be illegal in Trinidad & Tobago under the Offences Against the Person Act of 3 April, 1925, but for the fact that Trinidad & Tobago follows the 1938 English Common Law and the case *Rex v Bourne* decision that determined that it was lawful for a abortions to be preformed to preserve the pregnant woman's physical and mental health.

As far as other countries in the Caribbean Community (CARICOM) are concerned the situation varies. For example, the law in Jamaica and the Bahamas is similar to Trinidad's; however several of our neighbours have modified their legislation in recent times. In Guyana abortion is available on request as well as for the following reasons: to preserve the life of the woman, to preserve her physical or mental health, in cases of rape or incest, for foetal abnormality as well as for social or economic reasons. Barbados and St Vincent and the Grenadines also have legislation that allows termination of pregnancy for all of the reasons quoted above but not specifically on request alone. St Lucia and St Kitts and Nevis allow legal termination of pregnancy to preserve the life, physical and mental health of mothers and in cases of rape and incest.

Access to safe termination of pregnancy

in Trinidad & Tobago is under the current conditions basically dependent on a woman finding a medical practitioner who is willing to perform the procedure and usually on her having the ability to pay for the procedure. This is also to some degree determined by her level of access to knowledge of the law herself and also access to a practitioner who is willing to act under the rather unclear situation that exists currently. That being said, however, under situations where a woman's life is under threat or the continuation of the pregnancy would impair her physical or mental health it would arguably be legal for such a person to have a termination of pregnancy and to have that termination performed in the public health system. What, however, would seem to be the most frequent way that women who have abortions come to the public health service is through having a procedure of some kind, however initiated, that results in an incomplete abortion and then to an admission to the hospital for management of the incomplete abortion.

From a situation analysis on unsafe abortion in Trinidad & Tobago conducted by FPATT we found in 2004 the Hospital Annual Basic List Tabulations records the following:- Of 1,854 women who had abortions the list classified 333 of these as spontaneous abortions, five as medical abortions, and none as legal or as illegal but there

were 1,516 not classified at all. I should add that FPATT has published this situational analysis because in 2007 the International Federation of Gynaecology and Obstetrics (FIGO), in its efforts to reduce maternal mortality and morbidity, determined as one of its priorities to reduce the incidence of unsafe abortion and its consequences; while the Gynaecological and Obstetrical Society of Trinidad & Tobago is not affiliated to FIGO we saw the value of such an exercise and therefore undertook the exercise in collaboration with some of our key partners. This is published and available.

“Access to safe termination of pregnancy in Trinidad & Tobago is basically dependent on a woman finding a medical practitioner who is willing to perform the procedure and usually on her having the ability to pay.”

The implications for maternal morbidity and mortality when safe abortion is not available are very clear. Globally, of the 500,000 annual maternal deaths, complications from unsafe abortion account for approximately 70,000, or



PRINCIPLE 4

Sexuality, and pleasure deriving from it, is a central aspect of being human, whether or not a person chooses to reproduce.

Sexual Rights: An IPPF Declaration

13 per cent, of all deaths. While unsafe abortion is one of the most common causes of maternal deaths, it is also the most easily preventable through the provision of, and access to family planning and to safe abortion services and care. Access to family planning services might reduce this figure from 70,000 to 20,000 but safe abortion services would still be necessary. The data on maternal morbidity indicates that the morbidity from unsafe abortion is 20 times higher than the death rates. In Trinidad, as in much of the Caribbean, the data on maternal mortality and morbidity secondary to unsafe abortion is not reliably available, but it is reasonable to expect that it would follow trends suggested by the international data.

FPATT has specifically worked to present a reasoned, evidence-based argument for the amendment of Trinidad & Tobago laws to make safe terminations of pregnancy both available and accessible to women in the country. I would draw attention both to *A Situational Analysis of Unsafe Abortion in Trinidad and Tobago*; and to the legal opinion of Mr Douglas Mendes SC in *A Legal Interpretation of the Trinidad*

“Globally, of the 500,000 annual maternal deaths, complications from unsafe abortion account for approximately 70,000, or 13 per cent, of all deaths.”

and Tobago Abortion Law. Together with the work of Advocates for Safe Parenthood: Improving Reproductive Equity (ASPIRE), they constitute a resource for moving forward to reduce maternal morbidity and mortality in Trinidad & Tobago significantly and to contribute, with other measures such as ensuring universal access to sexual and reproductive health, to allowing us to meet the Millennium Development Goal 5.

Access to safe abortion services is both a public health and a social justice necessity in Trinidad & Tobago; currently women with the knowledge and financial wherewithal are much more likely to be able to access safe services whereas poor women, and particularly poor adolescents, are at a disadvantage in this regard and are much more

likely to resort to unsafe abortion when faced with an unwanted pregnancy.

“FPATT has worked to present a reasoned, evidence-based argument for the amendment of Trinidad & Tobago laws to make safe terminations of pregnancy both available and accessible.”

OPENING SRH DOORS TO SEX WORKERS

Julia Roberts, Caribbean Regional Representative of Population Services International Caribbean, talks about PSI's work with FPATT to bring sexual and reproductive health services to sex workers in Trinidad.

PSI Caribbean entered into partnership with FPATT in the last couple months of 2009. We're working on several areas: access to condoms and access to sexual and reproductive health services, specifically for sex workers, local, migrant Caribbean and Spanish-speaking, male and female.

First, we work on bringing sexual and reproductive health (SRH) services to four main brothels in Trinidad. It's the full range of services that FPATT offers, which includes Pap smears, breast exams, checks for hygiene, STI screening—and then collaborating so they can have treatment when STIs are diagnosed—voluntary counseling and testing (VCT) and contraception.

At the same time we work with outreach workers who work with sex workers on the streets to ensure that sex workers are getting services. They also have the option of getting services at the fixed clinics of FPATT through a referral programme, where cards are given to those who can't pay or who are most vulnerable, to ensure that the cost of the service isn't the barrier to access for these groups that are at highest risk for transmission of HIV. Our educators in the field hand out these cards and each sex worker can bring them to FPATT and get services at no cost.

PSI Caribbean also supports FPATT with the

cost of the services we supply at the brothels. FPATT offers bilingual nurses, a nurse's aide and a communications officer, and we have bilingual educators as well. For many of the girls at the sites Spanish is their main language.

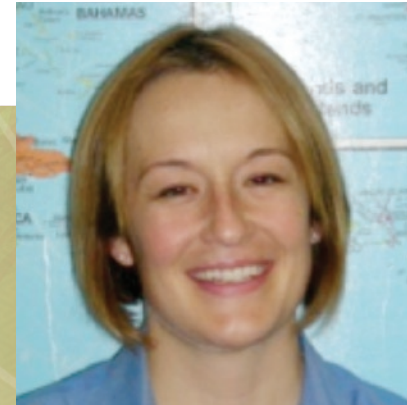
It is not a small process. It's a very difficult path to navigate, to make sure there is access and we protect the rights of the women and yet not set up a programme that isn't sustainable. We have to build health-seeking behavior in women in these circumstances, whether it be for cost or at a public health facility. Many are, but some may not be Trinidadian residents—so that does prohibit their ability to access care at the public centres.

You have to do a lot of planning and design work before you get into implementation. There is so much diversity in the clientele we're reaching and it's a sensitive subject. Also even though PSI has worked with these brothels for a long time in doing outreach, education and prevention strategies, bringing services is a very new topic for these brothels and it had to be negotiated over a long period of time. Both the women and the clubs asked that we not put their names in reports—nor do we want to. They grant us access and we make sure we uphold their trust in us. We are very cautious about what we report to others. Working with the management and the

gatekeepers in these communities, you have to ensure that you build a trust, that you're going to be there when you say you're going to be there, you're going to deliver the services that you offer. We found that over time we've built a relationship with them and the girls at the clubs and the sex workers on the street... They come to us if they have other questions, whether it's something legal or if they need social support, whatever it is they know they can come to us. In doing so you build a trust with the client and the client therefore demands it of the management of the clubs, who also see the benefit. It is an industry; as in any business you invest in your people, and he or she at the club wants to ensure the health of their staff.

"We're talking about a population that's vulnerable to a lot of discrimination in society."

In the design of a project you have to figure out the scope of anything that can happen or could arise; you have to decide what your response will be. For instance, when we offer VCT we deal with what happens if someone's positive, and what does that mean as far as ensuring that they go into care and support. Because some of them are not from here they can't access the public system for



PRINCIPLE 5

Ensuring sexual rights for all includes a commitment to freedom and protection from harm.

Sexual Rights: An IPPF Declaration

drugs and care, so they're going to have to go to the private sector. If we find someone is positive we want to encourage them to go into care and treatment. Where would that be and how would that work? Or does it mean that the person would have to go back to their country if they're not from here? Let's say if they're from Trinidad and they're found to be positive but fear being stigmatized at one of the other facilities, then we need to figure out a provider that's willing to do the case management and has the ability to liaise with government facilities to acquire the drugs for that person. Similarly, if someone is doing a Pap smear and they find they need laparoscopy, they may not be able to access the same facilities as someone who is from here.

With sex workers, we worry about dual protection—condom use as well as some other kind of contraception—and ensuring that they have access to that and that they use it reliably; safe insertion, if it's an IUD; making sure they have access to condoms at their work site or on them at all times, which isn't always available; and emergency services which we need to do referrals for, if they need them. If there's a case of

"It's a very difficult path to navigate, to make sure there is access and we protect the rights of the women and yet not set up a programme that is not sustainable."

violence, or if you're ill, or you think you have an STI, what's the first response? Many can't show up to a public facility, for fear of stigmatization (real or perceived) or the barrier to access due to nationality. We have such barriers to access, and that is why we try to do a great deal of preventative care and make sure contraception is something they have access to, so they don't have an unwanted pregnancy, or have to seek emergency contraception or abortion.

In dealing with street sex workers, it's ensuring that it's not stigma or discrimination or fear that stops them from accessing the services. We want to make sure educators in the field try to do direct referrals, or even accompany them in to the service provider so that they are comfortable

in that environment and hopefully build up a relationship with that provider over time so they can access it for themselves without needing to have someone accompany them. A lot of first time users of SRH systems do need accompaniment. We're talking about a population that's vulnerable to a lot of discrimination in society.

In everything we do we try to represent the sex workers as individuals, with all the human rights of any other person. The more we have discussions about the reality of what people do for sex, across the board, in marriage, multiple, concurrent partners, transactional sex all the way to sex work, the more we talk about the whole spectrum of sex, the better we are about having less discriminating behavior and can focus on the true goal of equal access to health care for all.

"In dealing with street sex workers, it's ensuring that it's not stigma or discrimination or fear that stops them from accessing the services."

SENDING A SIGNAL THAT GLBT PEOPLE CAN WIN

Colin Robinson, a spokesman for the Coalition Advocating for Inclusion of Sexual Orientation (CAISO), talks about CAISO's formation and its advocacy on behalf of gay, lesbian, bisexual and transgendered (GLBT) people in Trinidad & Tobago.

CAISO was formed just about a year ago at the end of June in response to two things. For the second year in a row at the General Assembly of the Organisation of American States (OAS) Trinidad & Tobago stood up and joined all the states in the hemisphere in pledging to protect people from human rights violations and violence based on sexual orientation. Civil society advocates played a critical part in accomplishing that goal and... came back very excited about fulfilling what they sensed that undertaking meant. Days after that we read in the media that the Cabinet had completed work on the Gender Policy and then, asked by the media about the two issues... the Minister responded that the government of Trinidad & Tobago did not support abortion, and the policy is not dealing with homosexuality, same sex unions and sexual orientation. That is what led people to say, when we met, "Our government can't do that. If they aren't going to deal with sexual orientation, we're going to have to deal with sexual orientation and engage the nation to deal with it." It was 2009 and a government and a nation that is trying to be part of the modern community of nations, can't not deal with questions of sexual rights, sexual diversity and sexual orientation.

CAISO is a loose coalition. It is a group of people along with organizations who are trying to build a movement. An important moment

in history of the formation of CAISO was Kenzi Mitchell's successful lawsuit against the government, the verdict of which was announced in July 2008. He had sued for compensation for discrimination based on his mistreatment by a police officer, and his detention, which he alleged was directly related to his sexual identity, and had won a successful judgment. There was an extraordinarily sympathetic response in the media to the verdict. That was a beacon for people. That was a signal that you could stand up, you could win. And that the whole notion that the public in Trinidad & Tobago opposes gay people or supports discrimination against gay people might not be true.

The work is about a few things. One is to bring together a community that has been organizing for over 20 years—to support people around ailing from HIV, mourning people who died from HIV, to have fun, to create safe spaces, to have parties, to meet each other... developing one of the most vibrant gay, lesbian, bisexual and transgendered (GLBT) scenes in the Caribbean. People come here for Carnival in large numbers because of it. But what we hadn't been doing was advocacy. We hadn't been pushing for legislative and policy change and engaging from that position of strength with the government, with institutions, to make sure that certain decisions got made that created greater conditions of

opportunity and equality for GLBT people. We still have laws that punish consensual same-sex sexuality, for one. They're rooted in the colonial legislation. So CAISO is about trying to build a movement. It doesn't just happen in one year, in one place or in one moment. What we're trying to do is catalyse different ways of thinking and engagement.

"A nation that is trying to be part of the modern community can't not deal with questions of sexual rights, sexual diversity and sexual orientation."

One way in which we're most excited to collaborate with FPATT was mainstreaming the notion of sexual rights in Trinidad & Tobago as something that's part of a modern democracy, that sexuality is something that's profoundly human and that it's something good, valuable and precious. For us it's also a project of nationhood, of building a nation that's moving away from this colonial vision of sexuality. FPATT was formed back in the colonial days... they were part of the transition from the 1960s to the present around the question of what sexuality is in a society, and



PRINCIPLE 7

The obligations to respect,
protect and fulfil
apply to all sexual rights
and freedoms.

Sexual Rights: An IPPF Declaration

it's not this thing that is dangerous and bad and dark that the government and people of good morality need to regulate and police. The whole notion of sexual citizenship connects what we're doing as GLBT people to what FPATT has been doing for 54 years now.

What Sexual Rights: An IPPF Declaration does is clearly carve out a moral and values based vision around sexuality that isn't about this notion of darkness and prohibition but about the generativity and the goodness in this core notion of sexuality being human, and that it's something that we need to protect, that we need to protect people who are vulnerable. But it's something where we also need to support people in achieving fulfillment around, as we do in other areas of their life.

The vision that's been articulated in the ***Declaration*** is a vision that we haven't yet brought people to believe in and to own, in a lot of ways, because we're a small country with one strong religious tradition, but also, because we're living as a developing country in the postmodern age where people are struggling for meaning and to make things make sense, we're grasping onto these simple fundamentalist ideas. That, in general, is often bad for society.

"We still have laws that punish consensual same-sex sexuality."

We have laws on the books that send a powerful message that certain kinds of sexuality, same sex sexuality particularly, are illegitimate. The laws are not actively enforced but any time the question of sexual freedom or the destigmatisation of same-sex sexuality comes up very often even when you put some of the religious arguments aside, people say, "Well, it's illegal." People point to these laws as a way to make discrimination legitimate and to make violence legitimate. But GLBT sexuality shouldn't be considered abnormal or wrong; it doesn't hurt anybody. They're forms of sexual desire that exist as part of a variation of humanness just like left handedness or different eye colours.

We live in a climate where violence is not as bad as it is in other places in the region but where it's very real. Bullying is very real, people perceived as gay being shaken down as they walk home, it's rampant in schools—we saw the school same-sex sex video the other day and people were determined to shame and embarrass two young people who made a mistake.

We've seen a lot of socialisation on the Internet and a particular kind of opportunism where criminals have targeted people whom they've met and have robbed, in some instances, sexually assaulted, relying on the fact that people will be ashamed or afraid that they'll lose social standing, will become publicly embarrassed when they report this to the police. Those are some of the ways in which, despite the openness, there's still a lot of work to do.

"Sexuality is something that's profoundly human and it's good, valuable and precious."

IPPF AFFIRMS THAT SEXUAL RIGHTS ARE HUMAN RIGHTS

Article 1

Right to equality, equal protection of the law and freedom from all forms of discrimination based on sex, sexuality or gender

Article 2

The right to participation for all persons, regardless of sex, sexuality or gender

Article 3

The rights to life, liberty, security of the person and bodily integrity

Article 4

Right to privacy

Article 5

Right to personal autonomy and recognition before the law

Article 6

Right to freedom of thought, opinion and expression; right to association

Article 7

Right to health and to the benefits of scientific Progress

Article 8

Right to education and information

Article 9

Right to choose whether or not to marry and to found and plan a family, and to decide whether or not, how and when, to have children

Article 10

Right to accountability and redress

EMPLOYEES 2009

EXECUTIVE DIRECTOR

Dona Da Costa Martinez Executive Director

OFFICE OF THE EXECUTIVE DIRECTOR

Roxanne Layne	Executive Secretary
Dinnora Gil Anthony	Communications & Development Officer
Dr. Sandra Celestine	Programme & Evaluations Manager
Anna Maynard	Co-ordinator of Training and Quality of Care
Mark Shaun Charles	Information Systems Officer
Rhonda Cardinez	Technical Support Assistant

OUTREACH

Bernard Subran	General Services Assistant
Sherry Paul	Sessional Nursing Assistant
Theresa Francis	Sessional Nurse
Gracelyn Peter	Sessional Nurse
Lena Pegus	Sessional Nurse
Evette Chang	Sessional Nurse Educator
Arthur Esdelle	Sessional Driver
Avalyn Lewis	Sessional Cleaner
Frances Lopez	Sessional Cleaner

OUTREACH GOVERNMENT

Benedict Rousseau	Nursing Assistant/Driver
Kevin Hayden Munroe	Sessional Driver
Genevieve Nedd	Sessional Nurse
Susan Cox Baptiste	Sessional Nurse
Karen Small	Sessional Nurse
Kim Chadband	Sessional Nursing Assistant
Elijah Oyebambo Fagorala	Sessional Doctor
Oladapo Olutayo	Sessional Doctor

FINANCE & ADMINISTRATION

Brian Seaman	Finance Manager
Trezdivaughn Nedd	Senior Accounts Clerk
Jaceson Raj	Accounts Officer
Rosanne Cox	Accounts Clerk -Payable
Stefan King	Front Desk Clerk
Marlon Elcid Primus	Messenger/Driver
Stacy Ector	Clerk/Typist
Suzette Youlanda James	Storekeeper
Debra Butte	Office Attendant

SAN FERNANDO CLINIC

Suseenath Bisnath	Security
Lystra Parris Phillip	Senior Clinic Clerk
Wynette Dalrymple	Office Attendant
Lima Sealey	Nursing Assistant
Mahalia Alexander	Sessional Nurse
Jacqueline Weekes	Clinic Clerk
Graceline Ellie	Sessional Nurse
Faria Moonah	Sessional Nurse
Jennifer Jones Joseph	Sessional Nurse
Natasha Felix	Sessional Nurse
Ann-Marie Jogie	Sessional Nursing Assistant
Balkaran Shivanauth	Sessional Doctor
Ashmeed Mohammed	Sessional Doctor
Jacob Oba	Sessional Doctor

YOUTH CLINIC

Claret Whiteman	Office Attendant
Merle George Paul	Sessional Nurse
Debra De Leon	Sessional Nurse
Monica Moore-Yearwood	Clinic Nurse
Revillac Allison	Counsellor
Oseye Andrews	Sessional HIV/VCT Teater
Marva James-Frank	Sessional Nurse
Diann Fraser	Sessional Nursing Assistant

PORT OF SPAIN CLINIC

Angelie Chotalal	Administrative Assistant
Pam Thomas	Nursing Assistant
Marcia Dennis	Senior Clinic Clerk
Cindy Shanelle Felix	Clinic Clerk
Pamela Ramsay	Clinic Clerk
Edicta Carty Antoine	Clinic Aide
Marcia Guerra-Neckles	Nurses Assistant
Marlene Ali-Garcia	Sessional Nurse
Glenda Abraham	Sessional Nurse
Asha Boodooram	Nursing Assistant
Geraldine Hunte	Sessional Nurse Educator
Bernadette Mc Leod	Nursing Assistant
Odette Mason	HIV/VCT Tester
Yvonne Paul	Sessional Nurse
Christine Paul	Nurse RN
Alicia Cazoe-Bynoe	Sessional Nurse
Petula Lee	Sessional HIV/VCT Teater
Ainsley Nixon	Sessional Nurse
Elizabeth Ramkissoon-Andrews	Sessional Nurse
Mercia Ramirez	Sessional Nurse
Shiv Mehrotha	Sessional Doctor
Saa Gandhi	Sessional Doctor
Dorothy Williams Chandler	Sessional Doctor
Robert Ugbekele	UNV Doctor

PORT OF SPAIN CLINIC - LABORATORY

Nakisha John	Senior Clerk
Anesha Darcell-Thomas	Laboratory Clerk
Rosa Rivas	Laboratory Clerk
Mona Lisa Ali	Laboratory Technician
Eisha Mohammed	Sessional Cytoscreener

TOBAGO CLINIC

Stephanie Tam-Fraser	Sessional Doctor
Rose Ambrose	Clinic Coordinator
Pierre Inez	Sessional Cleaner
Avianne Charlene Dempster	Sessional Cleaner
Sinnelle Patterson	Clinic Clerk



1. Executive Director



2. Staff of the Executive Director's Office



3. Administrative Staff



4. Port of Spain Clinic



5. Laboratory Staff



6. De Living Room Clinic



7. Outreach Team



8. San Fernando Clinic



9. Tobago Clinic



10. Youth Advocacy Movement (YAM)



First Row L - R
 Gerry Brooks, *Chairman*
 Roger Mc Lean, *Honorary Secretary*
 Myrtle Ward, *Member*
 Emile P. Elias, *Honorary Life Member*



Second Row L - R
 Dr. Jacqueline Sharpe, *President*
 Paul Hee Houng, *First Vice President*
 Grace Talma, *Member*
 Teresa White, *Member*
 Dona Da Costa Martinez,
Executive Director



Third Row L - R
 Relna Vire, *Honorary Treasurer*
 Dr. Spencer Perkins, *Member*
 Douglas Mendes, *Member*
 Marc Clarke, *Youth Representative*

VOLUNTEERS 2009

DONORS 2009

Community Based Health Workers

Name	Area
Natasha Allen	Arima
O'Leo Augustus	Arima
Annette Belle	Arima
Tahasha Boatswain	Barataria
Rosalyn Boodoo	Barrackpore
Kaysee Boodoo	
Kaysee Chadee	Barrackpore
Josephine Charles	Basse Terre
Satie Douglas	Enterprise
Cheryl Farnum	Enterprise
Alana Felix-James	Enterprise
Janice George	Westmoorings
Taramatie George	Chaguanas
Marixa Hamilton	Enterprise
Alicia Hamlet	Claxton Bay

Other Volunteers

Ruby-Ann Westfield

Community Based Health Workers

Name	Area
Adanna Harding	Claxton Bay
Bernadette Indarsingh	Cocorite
Rosalyn Indarsingh	
Candis John	D'Abadie
Karen Khan	Enterprise
Deborah Khan	Arouca
Maria LoKai	India Walk
Joseann London	Morvant
Sandra Mahabir	Maloney
Ellica Martin Cuffy	Maloney
Gerard McBurnie	Maloney
Edicta Modeste	Peytonville
Lynette Mohammed	Princes Town
Yvette Mohan	San Francique

Youth Advocacy Movement

April Adams	Avalon La Guerre
Rachel Andrews	Brian McCarter
Candis Benjamin	Sarah-Lee McKnight
Gerard Brathwaite	Debbie Pereira
Marc Clarke	Renee Pereira
Alicia Glanville	Leighenne Rivero
CY Goodridge	Kendra Samuel
Shantel Grant	Ife Smith
Rachael Harry	Steffi Torres
Randell James	Matthew Vernet
Heidi Jones	Sonia Walker
Joel Jordan	Samantha Xavier

CASH

International Planned Parenthood Federation /
Western Hemisphere Region
Government of Trinidad & Tobago /
Ministry of Social Development
Art-Works Printing
General Finance Corporation Limited
Mr. Godfrey Codrington
Tonni Ann Brodber

DEEDS OF COVENANT

Republic Bank Limited

PROJECTS

International Planned Parenthood Federation
United Nations Development Programme
United Nations Development Fund for Women
United Nations Population Fund

IN KIND

Affan Bakery
Agostini Marketing Ltd
Alison Lee Loy
Bermudez Biscuit Co Ltd
Brydens
Caribbean Paper and Printed Products (1993) Ltd
Combined Marketing & Distribution Services
Flowers 137
Grannies Catering Service Ltd
Hadco Limited
Hand Arnold Ltd
Hi-Lo Food Stores Ltd
JT Rapid Diagnostics
JTA Supermarket
Kelly Supermarket
Kiss Baking Co Ltd
Laughlin and De Gannes Ltd
Media 21
Nandlal and Sons Ltd
National Flour Mills Ltd
Oscar Francois Ltd
Pennywise Cosmetics Ltd
Puff 'n' Stuff Bakery Maraval
Puff 'n' Stuff Bakery San Fernando
Rhand Credit Union Cooperative Society Ltd
Sacha Cosmetics Ltd
The Co-operative Citrus Growers Association of
Trinidad & Tobago Ltd
The Face and Body Clinic Ltd
The Herbarium Ltd (Cher Mère Spa)
The Little Store
Top Imports Ltd

ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome	NACC	National AIDS Coordinating Committee
ASPIRE	Advocates for Safe Parenthood: Improving Reproductive Equity	NGO	Non Governmental Organization
CAISO	Coalition Advocating for Inclusion of Sexual Orientation	NWRHA	North West Regional Health Authority
CARICOM	Caribbean Community	OJT	On the Job Trainee
CBHW	Community Based Health Workers	OAS	Organization of American States
CFPA	Caribbean Family Planning Affiliation	PAHO/WHO	Pan American Health Organization/World Health Organization
CHAMP	Collaborative HIV/AIDS Management Programme	PSI	Population Services International
COIN	Centro de Orientacion Integral	SHIP	Sexual Health Integrated Programme
COSTATT	College of Science, Technology and Applied Arts of Trinidad & Tobago	SRH	Sexual and Reproductive Health
CVC	Caribbean Vulnerable Communities	SRHR	Sexual and Reproductive Health and Rights
ERHA	Eastern Regional Health Authority	STI	Sexually Transmitted Infection
FIGO	International Federation of Gynaecology and Obstetrics	SW	Sex Workers
FPATT	Family Planning Association of Trinidad and Tobago	UNAIDS	United Nations Programme on HIV/AIDS
GLBT	Gay, Lesbian, Bisexual and Transgendered	UNDP	United Nations Development Programme
GOSTT	Gynecology and Obstetrics Society of Trinidad and Tobago	UNFPA	United Nations Development Fund For Women
HELE	Health and Family Life Education	UNICEF	United Nations Children's Fund
HIV	Human Immunodeficiency Virus	UNIFEM	United Nations Development Fund For Women
IPPF	International Planned Parenthood Federation	UNV	United Nation Volunteer
IPPF/WHR	International Planned Parenthood Federation/Western Hemisphere Region	UTT	The University of Trinidad and Tobago
IUD	Intrauterine Device	UWI	University of the West Indies
KFC	Kentucky Fried Chicken	VCT	Voluntary Counselling and Testing for HIV
MDG	Millennium Development Goals	YAM	Youth Advocacy Movement
MTV	Music Television		

THE FAMILY PLANNING ASSOCIATION OF TRINIDAD AND TOBAGO

LOCATIONS

HEAD OFFICE AND PORT OF SPAIN CLINIC

79 Oxford Street, Port of Spain
Tel: (868) 623-5169/4764, 627-6732
Fax: (868) 625-2256
Email: fpattrep@ttfpa.org

SOUTH CLINIC

6a Lord Street, San Fernando
Tel: (868) 652-3065 Fax: (868) 652-3491

TOBAGO CLINIC

61 Bacolet Street, Scarborough
Tel/Fax: (868) 639-6892

DE LIVING ROOM

(Youth Centre - 25 years and under)
141 Henry Street, Port of Spain
Tel: (868) 623-4764 ext 212

OUTREACH (Mobile Clinic)

Tel: (868) 623-5169/4764, 627-6732 Ext. 163

SERVICES

SERVICES FOR YOUTH

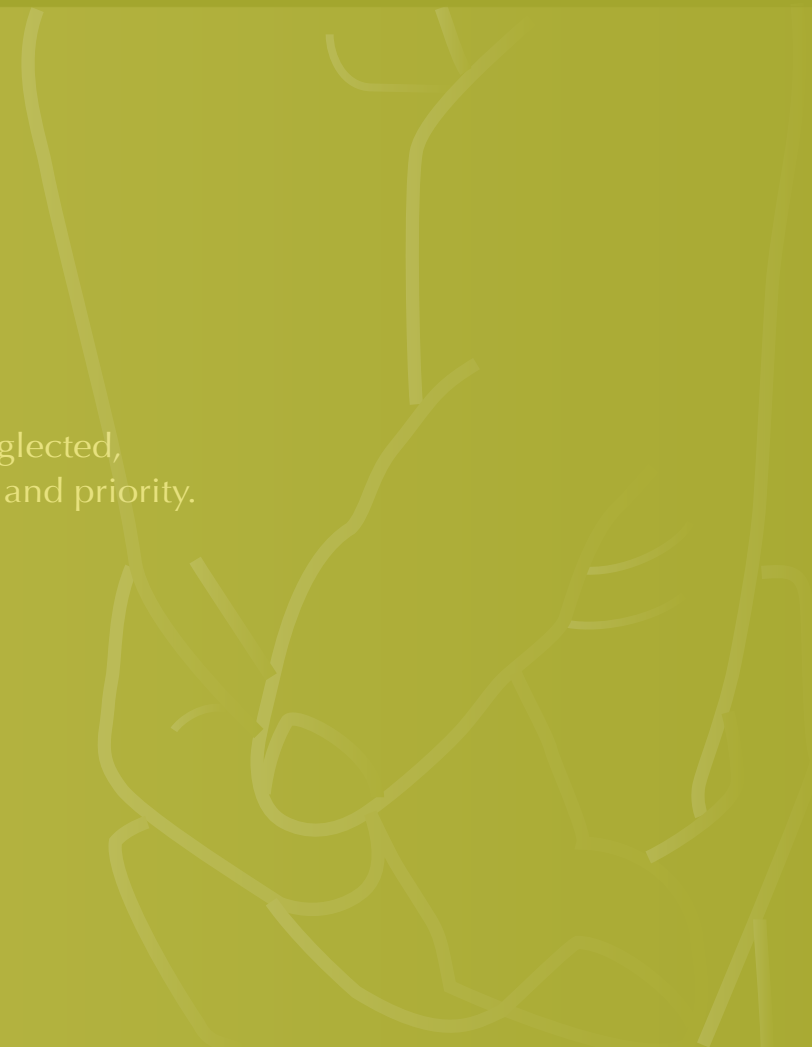
Counselling
In-School Programme
Counselling on Adolescent Sexual
and Reproductive Health Issues
Peer Services
Non-permanent Contraceptives
Health Packages
Pregnancy Testing
Voluntary Counselling and
Testing for HIV
Health Education Programmes
Outreach Services
Testing for Sexually Transmitted Infection
(STI)

SERVICES FOR MEN

Counselling
Male Health Package
Prostate Examination
Non-permanent Contraceptives
Voluntary Counselling and
Testing for HIV
Health Education Programmes
Outreach Services
Testing for Sexually Transmitted Infection
(STI)

SERVICES FOR WOMEN

Counselling
Female Health Package
Pap Smear
Breast Examination
Non-permanent Contraceptives
Pregnancy Testing
Voluntary Counselling and
Testing for HIV
Health Education Programmes
Outreach Services
Testing for Sexually Transmitted Infection
(STI)



“Too often denied and too long neglected,
sexual rights deserve our attention and priority.
It is time to respect them.
It is time to demand them.”

Jacqueline Sharpe, President of IPPF