

United Nations

CEDAW/PSWG/2005/II/CRP.2/Add.5



## **CONSTITUTION, LEGISLATION AND NATIONAL MACHINERY FOR THE ADVANCEMENT OF WOMEN**

1. The current report 1998-2002, was prepared by a team co-ordinated by the Women's Affairs Bureau. Members were drawn from Ministries as represented on the Inter-Ministry Committee (a body which provides technical assistance to the Women's Affairs Bureau), relevant NGOs, a number of Women's organizations, a representative of the Women's Studies Unit of the University of Guyana, the Women's Arms of the Trade Union Movement, Professional Groups, and Church Organizations.

Viewpoints as well as factual information were obtained from groups across the administrative Regions through consultations with women in those locations. The Report was presented to the Cabinet (made up of Ministers, and is chaired by the Executive President). Following approval by the Cabinet, the Report was transmitted through the Ministry of Foreign Affairs.

2. The Constitution Reform process, the drafting stage of which was monitored by the Oversight Committee of Parliament, concluded its work with the presentation of a number of Draft Bills to Parliament for the revision of the Constitution. The Revised Constitution Reform Bill which provides for expanded grounds of non-discrimination to include sex, gender, marital status and pregnancy came into effect in 2003. While there is no specific provision in the Bill to address the issue of pregnancy discrimination, the Bill does provide for expanded grounds of non-discrimination to include sex, gender, marital status and pregnancy.



- gender issues;
- Promote the integration of women's needs and interests and mainstreaming of gender issues;
- Promote the empowerment of women
- Promote women's rights as human rights
- Raise the awareness of the contribution of women and problems faced by women including the recognition and value of unwaged work;
- Promote women's needs, interests and concerns in the wider spectrum of economic and social development and address both the practical and strategic needs of women as being different from those of men;
- Educate and monitor employers and the public on desirable employment practices in relation to women;
- Monitor compliance and make recommendations for compliance with international instruments to which the Government accedes from time to time, including those already acceded to and which relate to the purpose of the Commission.
- Evaluate any system of personal and family law, customs or practices or any law likely to affect gender equality or the status of women and make recommendations to the National Assembly with regard thereof;
- Recommend and promote the implementation of legislation and the formulation of policies and measures so as to enhance and protect the status of women;
- Promote, initiate or cause to be carried out research and the creation of databases on women and gender related issues including those of health, especially reproductive health, violence against women and the family, and their socio-economic and political status, as the Commission may deem relevant or as may be referred to it by the National Assembly;
- Promote consultation and cooperation with women's organization in relation to decision-making that affects the lives of women
- Recommend training and technical assistance to support initiatives by and for women, and girls and
- Promote the participation of women in national decision-making

The Commission is an independent impartial body and shall discharge its functions fairly.

The final process in the appointment of the Commission has not been concluded although preliminary work has been done in relation to identifying the entities that have to be consulted. The human and financial resources required cannot therefore be determined at this time.

5. A National Gender Equality policy, based on the Convention and incorporating the recommendations of the Platform for Action has been formulated, and awaits the approval of the Cabinet. An Action Plan to the period 2006-2010 will be formulated, based on the approved policy.

6. The backlog of civil cases is not the overriding reason for the reluctance of abused women to seek legal redress. Cultural orientation in the main, as well as the low economic status of women many of whom depend on the earnings of males are the main factors for under reporting of abuses leading to charges being negligible in number. In addition, inadequately financed legal aid services and the limited understanding of the Police of their role are also serious impediments. However, much work is on-going regarding training of the police through support from CIDA in collaboration with the Ministry of Labour Human Services and Social Security. There is also a need for strengthened social services and the Ministry has begun to address this primarily by the appointment of the Social Workers as Gazetted Officers who can assist victims of violence to prosecute their cases.
7. This statement has been made in error as the Ombudsman does not deal with such issues as discrimination in employment. Such issues are dealt with primarily by the Chief Labour Officer.

#### **VIOLENCE AGAINST WOMEN, AND EXPLOITATION OF PROSTITUTION**

8. Plans are currently being formulated for the establishment of a National Task Force on Violence, but in the absence of such an entity there is an active network responding to this issue. This network comprises the Women's Affairs Bureau, the Police, Help and Shelter, Red Thread and other orga raining



It is to be noted, however, that there is continuous improvement in this situation. Women are acceding to high level decision-making positions in both government and private sectors. Examples of this could be seen in the number of women now positioned in the Directorates of Commercial Banks and Financial institutions. While the inequality still exists, there is no formal plan for addressing this issue.

## **EDUCATION AND STEREOTYPES**

13. There has been no recent study on the reasons why students (boys and girls) drop out of school. The Ministry is aware that children sometimes drop out for economic reasons i.e they have to start earning a living, or if their parents cannot afford the costs associated with sending them to school. The issue of the reduction of poverty is one that the Government is addressing. This is a hard fight (bi

15. Under the National Insurance Scheme Benefits Act, all working women, who are employed and whether they work in the public or private sectors, are required by Law to be registered with the National Insurance Scheme and therefore would be covered for all available benefits. These benefits are inclusive of Old Age, Invalidity, Survivors, Funeral, Sickness, Maternity and Industrial.

Actual receipt of any of these benefits is dependent upon the claimants meeting the qualifications for the benefits which mainly relate to the number of contributions made during their working life.

In particular, access to Old Age Pension requires the claimant to have reached 60 years and the specified contributions on records at the National Insurance Scheme. This would entitle the claimant for pension for the remainder of her life.

16. In Guyana there is no differentiation in wages between women and men in the Government Agencies and the Public Sector. Minimum wage orders do not have different wages prescribed for females and males neither do Collective Labour Agreements between employers and Trade Unions. Generally, there is adherence to the provisions of the Equality Act 1990 to equal pay for equal work.

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The leading causes of death of women in 2002 were diabetes mellitus (244 deaths); cerebrovascular diseases (229 deaths); neoplasms (210); HIV/AIDS (191 deaths); ischemic heart diseases (190 deaths); hypertension diseases (119 deaths); heart failure; (97 deaths); acute respiratory infections (83 deaths); respiratory disorders perinatal period (59 deaths); intestinal infectious diseases (943 deaths).

**The government s efforts to combat these include: -**

- The establishment of an adolescent health unit in the Ministry of Health and the enhancement of services at all district and regional hospitals.
- Introduction of health clubs and HFLE in primary and secondary schools.
- Aggressive HIV/AIDS campaigns have been launched to benefit the ten regions, at the same time promoting condom use and behaviour change. Counseling is also provided to people living with HIV and AIDS (PLWHA) primarily in regions 2, 3, 4, 5, 6, 7 and 10.
- The Guyana Pharmaceutical Corporation in Region 4, is manufacturing an Antiretroviral Therapy (ARV) drug to treat the HIV/AIDS disease. This drug is being sold at a low cost or in some cases distributed freely to victims' country wide. In addition, to reduce incidence of mother to child transmission, eight pilot sites for testing in Regions 4 and 6 were established in collaboration with NGOs donor agencies and the GOG in 2001.
- Establishment of a Materials Management Unit to ensure greater efficiency in procurement, storage and distribution of drugs and medical supplies.
- Rehabilitation of various wards (medical, obstetrical and gynecological and psychiatric) of the Georgetown Public Hospital Corporation.
- Improved availability and access to information on epidemiological issues mainly through public awareness.
- Greater involvement of NGOs in the delivery of health care, particularly in the areas of HIV/AIDS, vector control, tuberculosis, elderly and child care and nutritional and feeding programmes.
- Ongoing training of staff, mostly through linkages with private and foreign hospitals.
- Ongoing recruitment of specialist in various fields of medicine under several bilateral and multilateral programs with countries such as Cuba, China, India and USA.
- Improving the laboratory facilities at the GPHC and the diagnostic imaging capacity by procuring

- Provision of safe blood and blood products through donor screening
- Provision of treatment for sexually transmitted infection in order to reduce transmission
- Greater involvement of NGOs and some larger private enterprises:
- Program to prevent mother-to-child transmission (PMTCT)
- Limited provision of antiretroviral (ARV) therapy

While this plan was comprehensive and achievable, the implementation suffered from a number of limitations such as: -

- 1 Insufficiency of resources – human, technological and financial
- 2 The multi-sectoral response was less than anticipated the public sector response being mainly from the Ministry of Health with some involvement of the Ministry of Labour, Human Services and Social Security
- 3 Continued stigmatization and discrimination in relation to HIV/AIDS and infected persons
- 4 Limited geographical coverage of interventions

These limitations affected the full realization of the outcomes and therefore strategies were rolled over and are being addressed in the National Strategic Plan for HIV/AIDS 2002-2006. This Plan has been taken into consideration the constraints of the previous implementation process and potential strengths of various partners within the public and private sectors and international community. Both Plans have components that target women, female adolescent and gender as a whole.

There are four components in the national Strategic Plan for HIV/AIDS 2002-2006. **The first component – Surveillance**, addresses the issue of conduction surveys among youths including females to assess issues such as condom use, age of first sexual intercourse and contact with non-regular sex partners.

**The second component – Care, Treatment and Support**, focuses on the issue of prevention of mother to child transmission (PMTCT). This is a pilot programme being implemented in Regions 4 and 6. Latest data on this programme revealed that of the 1, 232 pregnant women tested 58 or 4.7 percent were HIV positive.

**The third component Risk Reduction**, addresses gender, in particular, among the 15-34 age group. This group is the most vulnerable and has the highest incidence of HIV/AIDS. Data indicate a high and growing prevalence of HIV/AIDS cases among youth, especially females in the 15-19 year age groups who out number their male counterparts in HIV infection. It was recognized that women and girls are more vulnerable to contracting HIV/AIDS because most women and girls are still confronted with limited access to secure livelihoods and socio-economic opportunities making them powerless in relationships. It was pointed out that for every single male infected with HIV; five females are likely to become infected. This component has developed strategies to promote abstinence, condom use, fidelity, marriage and strengthening and positive reinforcement of the family structure and family values as

effective lifestyles against the spread of HIV. It is expected that at the end of 2006, the average age at first consensual sex is increased to at least 16 years, teenage pregnancies to be reduced by 25% and at least 75% of persons reporting sexual risk behaviour have an appropriate perception of their own risk.

**The fourth and final component Management, Coordination and Policy Formulation**, will scale up its national commitment to fight the spread of HIV/AIDS through programmes implemented by the Ministries of Labour Human Services and Social Security, Education, Culture, Youth and Sport, Civil society and the private sector.

While there are strategies that generally addresses gender and HIV/AIDS in both Strategic Plans more emphasis should be placed on mainstreaming gender into future HIV/AIDS Strategic Plans. These strategies should take into consideration the gender peculiarities that would have a greater impact on reducing the spread of HIV/AIDS among women and girls in particular.

### **VULNERABLE GROUPS OF WOMEN**

21/22 Public Consultations to inform new legislation regarding the Amerindian Act has been concluded. This new legislation is presently being prepared by the Attorney's General Chambers for presentation to the National Assembly.

23. To date, there is no data whether empirical or anecdotal that suggest that racial tension by itself is an issue that affects the equality rights of women.

24. The National Commission for the Elderly in the process of drafting a National Policy for the elderly, which will be general in scope, but will be sensitive to the specific needs of elderly women.

Elderly women are beneficiaries of all existing programmes i.e. Old Age Pension, Medical Services, Water Rates Assistance, preferential attendances at Commercial Banks, Pharmacies and Supermarkets.

25. The Family Court Bill is still in draft. The Bill is being finalized under the project involving the Guyana Association of Women Lawyers a

issues that will be discussed so that a way forward could be chartered. The Adoption Act is currently being amended by the Guyana Association of Women Lawyers under the UNICEF project.

27. A decision to sign the Optional Protocol is under consideration. The Women's Affairs Bureau is monitoring the situation.