



Sexual and Reproductive Health Policy

**Ministry of Health
Belize, June 2002**

Reproductive Health Policy Committee

Dr. Cardo Martinez, Technical Director
Maternal & Child Health, MOH
Mrs. Araceli Moguel, Consultant
Mrs. Joan Musa, President, Women's Commission
Mrs. Malva Allen, Supervisor, Public Health Nurses, MOH
Mrs. Dorla McKenzie, Inspector of Midwives, MOH
Mrs. Ava Pennil, Director, Youth Development
Mrs. Regina Neal, SHAPES, MOE
Mrs. Tania Hulse, HECOPAB, MOH
Miss Anita Zelina, Director, Women's Department
Mrs. Jewel Rosberg, Director BFLA
Dr. Amalia del Riego, PAHO Consultant
Ms. Joan Burke, Technical Advisor, HECOPAB, MOH
Ms. Sandra Jones, Technical Advisor, PAHO

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Mr. Glenn Tillet, Media Consultant, MOH

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The Government of Belize recognizes health as a basic human right and a fundamental part of its development policy.

Introduction

The Government of Belize recognizes health as a fundamental part of its development policy. The Ministry of Health of Belize is committed to improving the provision of sexual and reproductive health services to meet the needs of men and women throughout their life cycle.

Belize, as elsewhere in Latin America and the Caribbean, needs to develop a proactive response to sexual and reproductive health that includes maternal health, reproductive tract infections and cancer, HIV/AIDS, the vertical transmission of HIV, adolescent health and family development.

In order to provide quality services to Belizeans, the Government of Belize through the Ministry of Health has adopted policies, developed and implemented norms and protocols and mechanisms for regulating and monitoring services provided by public and private sectors, as part of its health sector reform.

The development and implementation of Sexual and Reproductive Health Policy is important as shown by studies done in Belize. The Belize Family Health Survey, 1999 indicates that the average Total Fertility Rate (TFR) is 3.7 children per woman. The rate is lower in women with nine or more years of education and higher in those with less than 8 years of education. The birth rate for the year 2001 was 27/1000 inhabitants (6,500 deliveries).

The family survey also shows that the median age at first sexual union is 16-19 years and from 1991 to 1999 the rate of teenage marriages decreased from 18 to 15 percent. The National Health Information Surveillance Unit (NHISU) data shows that from 1997 to 2001, sexually transmitted infections including HIV/AIDS, are primarily prevalent among the 15-24 years age group (21% of the total population for the year 2000).

Women should have the right to control and decide responsibly on matters related to their sexuality, free of coercion, discrimination and violence. There must be respect of persons, integrity, consent and shared responsibility for sexual behavior and its consequences. No longer should men be invisible as in the past. Children must be given the best possible opportunity for development. To reaffirm this and to provide the essential conditions to ensure access and equity to sexual and reproductive health care for its people, the Government of Belize has adopted the present Sexual and Reproductive Health Policy.

Background

Over the past 20 years the social, cultural and demographic conditions of the country have changed. The primary causes of morbidity and mortality in infants and children in the early 80s were prenatal causes, infectious diarrhea and bacterial respiratory illness and today this situation has improved considerably. In adults, heart and respiratory conditions were the primary causes of morbidity and mortality—today cervical cancer, prostate cancer and road traffic accidents are the primary causes of morbidity and mortality. These past 20 years have seen dramatic changes develop in adolescent health and high risk behaviors, which are now the major causes of death and disability.

Today the country's population has increased, particularly in the urban areas. The improved availability of facilities for travel and communication by air and road, along with technological advances of television and more recently the internet, have brought new challenges that require national, innovative, effective and comprehensive responses. As a young, vibrant developing country, we need to undertake these challenges not only with a sense of urgency, but also with a human face, heart and a commitment to succeed.

Today's population has greater demands for sexual and reproductive health services that are informed, efficient, client oriented, affordable and accessible, than previously required of the health sector. This new focus is indispensable for ensuring a better understanding of the social and behavioral context of our people and to continue the development of the country's human and economic agenda.

During the past decade, changing lifestyles have affected Belize's health profile, causing serious financial, psychological, and social burdens on the family unit and, as a consequence, on the country's development. In the latter part of the 90s, however, the vertical transmission of HIV has become the largest source of HIV infection in children below the age of 15 years. This reality threatens to reverse the steady progress in child survival and to increase infant mortality.

Over the past five years HIV, along with syphilis, has moved from third place in frequency to second place among the adolescent age group of 15-19 year olds. This is of concern for Belize since this age group will form the core of the productive labor force. The number of adolescents/adults with HIV/AIDS (as of November 2002) is 2,141 accounting for 98.6 per cent of all cases. There were 364 deaths from AIDS between 1987 and 2002.

Adolescent pregnancies continue to account for one of every five deliveries, and are often times followed by an early second pregnancy, increasing the risk of dropping out of formal education and training, multiple sexual partners, increased

No longer is population control or control of fertility the focus. With this novel approach men are no longer invisible as partners in sexual and reproductive health.



conceptual

Today the new paradigm is "youth empowerment" which allows for youths to be involved in the interpretation of their problems, and in the design and execution of interventions.

physical and sexual abuse, frequently experienced anger, and the risk of strong association with alcohol and drug abuse. As policy makers and health care providers, there is a need to provide men and women with informed services, alternative and safe family planning methods that are client based. There must be a shift toward health promotion and risk education at the community level.

Today, the new paradigm is "youth empowerment" allowing the youth to be involved in the interpretation of their problems, and in the design and execution of interventions. The call now is for a new and effective client based approach to their sexual and reproductive health needs.

Cervical cancer is one of the primary causes of death in women of reproductive age (less than 42 years old). This cancer is preventable as it is related to sexually transmitted viral infection and is lifestyle associated.

Prostate cancer is one of the primary causes of death in males older than 40 years of age. Studies have shown that men are the least likely to access sexual and reproductive health services. The present policy creates an enabling environment that is inclusive of men, and has the assurance of informed, quality, affordable client based services.

Conceptual Framework

The Government of Belize places a high priority on the health of all Belizean citizens and residents. Within this context, sexual and reproductive health care is seen as an important component.

Attaining the goal of sustainable and equitable development requires, among other important factors, that people are able to exercise control over their reproductive and sexual lives.

Good sexual and reproductive practices are important aspects of development; its neglect is the cause of many of the problems that have been identified by the international community being in need of urgent attention. These problems include family violence, sexual abuse, HIV/AIDS/STI, maternal mortality, complications of pregnancy, low birth weight, teenage pregnancy, abandoned children, population growth, and the violation of fundamental human rights and human dignity, including the basic rights to security and freedom.

framework

Definitions

Sexual Health enhances the quality of life and personal relations. The sexual health approach has the broader objective of taking into consideration one's personal life and situation and does not only consist of attending to reproductive health needs.

Reproductive Health is a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity, in all matters related to the reproductive system and to its functions and processes. The individuals are able to have a satisfying and safe sex life and have the capability to reproduce and the freedom to decide if, when, and how often to do so. Men and women have the right to be informed and to have access to and choose from safe, effective, affordable and legally acceptable methods for the regulation of fertility, as well as access to health care for safe pregnancy and childbirth.

Sexual Rights include the human rights of women and men to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence.

Reproductive Rights embrace certain human rights recognized in national and international legal human rights documents, including:

- The basic right of all couples and individuals to decide freely and responsibly on the number and spacing of their children, and to have the information, education and means to do so.
- The right to attain the highest standard of sexual and reproductive health care.
- The right to make decisions concerning reproduction free of discrimination, coercion and violence.

Sexual and Reproductive Health Services are intended to provide a comprehensive sexual and reproductive health care for all persons, given the nature of their specific needs throughout the life cycle, regardless of ethnicity, beliefs or socioeconomic status. These services should not consist merely of counseling and care related to reproduction and sexually transmitted infections.

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principles

Principles

- 1** All individuals should be able to enjoy all human rights and fundamental freedoms. Achieving social equity and justice is a priority objective of the Government of Belize, in particular for girls and women, indigenous and other disadvantaged groups.
- 2** National development can only be achieved with the full and equal participation of women in public and private decision-making, and their access to equal opportunities in all aspects of social and economic activity.
- 3** Mainstreaming a gender perspective in all policies, programs and activities is essential to the achievement of the goals of gender equity, social integration, social justice, and sustainable economic development. The relations between men and women must be based on mutual respect and shared rights and responsibilities.
- 4** Population policies and family planning programs must uphold the principles of voluntary and informed choice, response to unmet needs, and should not impose coercive measures that violate the fundamental human rights and religious freedom of women and men.
- 5** Transparency, accountability and good governance in all public, private and international institutions, in the budgetary process as well as the delivery of services, should be emphasized at all levels.
- 6** Research must be conducted at all stages by gender and user perspectives. Research should be carried out in strict conformity with international and national accepted legal, ethical and technical standards for biomedical research. It must also be conducted with the participation of rural and urban communities and relevant institutions at all levels of the research and development process.
- 7** Partnerships with civil society are considered an integral element of government policy and program planning, implementation, monitoring and evaluation.
- 8** Health and education are factors of development. These must be dealt with as part of the inter-related social, economic, and poverty eradication efforts and are vital for the unleashing of human potential and securing peace and development for all.
- 9** The Government of Belize places high priority over the health of all Belizean citizens and legal residents. Within this context sexual and reproductive health is seen as an important component.

principles

- 10** Improving people's health is inseparably linked to a safe, friendly, caring and human environment.
- 11** Healthy sexual and reproductive life, beyond the focus on demographics and family planning, is a prerequisite of socioeconomic progress and sustainable development.
- 12** Sexual and reproductive health and rights are an integral part of development.
- 13** Education is fundamental to improving health, productivity, individual empowerment, quality of life, sustainable development, and respect for human rights. It must allow our people to develop values for healthy living, fostering self-esteem and a sense of social responsibility. Study and work must be creatively linked.
- 14** Public information and education are essential to attaining sustained improvements in sexual and reproductive health. Preventive health care, rather than reliance on costly curative care, largely depends on empowering people to manage their own health based on reliable information. Education efforts must therefore also enable men and women to become aware of, and exercise their rights in this area.
- 15** The father, as an integral part of the family, should participate in all family matters including prenatal care and counseling, participation during labor, and particularly in the care of adolescents and late-parity women.
- 16** Human rights recognize the right of women to control all aspects of their health, particularly their own fertility which is basic to their empowerment.
- 17** Women's empowerment is essential to achieving gender equality and sustainable development. Investments in girls and young women are therefore critical to achieving priority socioeconomic development objectives.
- 18** Discrimination against women and children begins at the earliest stages of life and must be addressed from then onwards.
- 19** Young people's participation and integration in society requires that they be enabled to manage their sexual and reproductive lives in an informed way, through education and services that meet their developmental needs.



commitments

- 20** In all actions concerning children, the best interests of the child are a primary consideration and guiding principle of those responsible for his or her education and guidance. The responsibilities, rights and duties of parents or legal guardians must be taken into account in the development of sexual and reproductive health information, education, and services to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the child's exercise of his/her rights.

Commitments

General Commitments

- 1** The Sexual and Reproductive Health Policy will be implemented within the framework of the interrelated commitments made in national laws and international agreements to people-centered sustainable development and human rights. These include the *Convention on the Elimination of All Forms of Discrimination Against Women*, the *United Nations Conference on Environment and Development*, the *Convention on the Rights of the Child*, *World Summit Goals for Children*, the *Vienna Declaration and the Program of Action of the World Summit on Social Development*, and the *Program of Action of the International Conference on Population and Development*.
- 2** In the implementation of agreements, ensure an integrated and inter-sectoral approach, cutting across traditional sectoral boundaries so as to protect and promote health for all through economic and social development, taking into account the health dimensions of policies and budgets in all sectors, and recognizing the interrelationships between population, environment, development, and social exclusion eradication.
- 3** Eradicate poverty through people-centered social, human development, education and employment policies that recognize health as a developmental factor, based on a multi-sectoral, gender-sensitive approach, and on cultural and ethnic perspectives in order to achieve equitable health for all.
- 4** Ensure universal and equal access to quality basic education. These include completion of primary, secondary or vocational schools, or receiving skills training, regardless of family income, closing gender gaps in primary and secondary education, with particular attention to girls and women.

Specific Commitments

Sexual and reproductive rights for men, women and adolescents

- 1 Secure and incorporate into national legislation the right to the enjoyment of the highest attainable standard of social, physical and mental health throughout the life span, including the area of sexual and reproductive health, on the basis of equality between men and women, and boys and girls.
- 2 Reform laws and strengthen institutions to enable men and women, on the basis of equality, to take responsibility for and exercise their sexual and reproductive rights, including in the area of sexual and reproductive health, and eliminate coercive or discriminatory laws and practices, including those related to HIV/AIDS and STIs.
- 3 Procure equitable representation of men and women in all sectors and levels of national and international policy-making, including participation in the political process, employment, income-generating activities, education, health, science and technology—and take positive steps to promote and increase the number of women at all levels of the health care system and the health professions, including science and research, based on non-discriminatory professional standards to achieve equality at the earliest possible date.
- 4 Ensure responsible, informed, free contraceptive choice and consent by providing complete and accurate information on a full range of methods and medical options, including the potential benefits and side-effects, that enables individuals and couples to make voluntary informed decisions on matters related to sexual and reproductive health, (family planning, prevention of mother to child transmission of HIV/AIDS and STIs).
- 5 Ensure universal access to comprehensive sexual and reproductive health information and services/methods appropriate for women, men and adolescents.
- 6 Strengthen and reorient wholesome health education including sexual and reproductive health (to be provided in schools and health services, including the primary health care programs), by qualified personnel so as to meet the physical and mental health needs of men, women, girls and boys.
- 7 Encourage men to access sexual and reproductive health counselling and care.
- 8 Ensure that all health services and providers conform to human rights, ethical, professional and gender-sensitive standards in the delivery of health services, including family planning, STIs, HIV/AIDS and other related reproductive health services.



commitments

- 9 Access to family life development will be made available to the population with a focus on our adolescents.
- 10 Eliminate discrimination against HIV/AIDS infected individuals, including practices of employers that request proof of no HIV infection or denial of employment or dismissal of HIV infected people.
- 11 Develop and implement programs to discourage early sexual activity and pregnancy.
- 12 Strict enforcement of laws concerning the minimum legal age of consent and the minimum age of marriage.
- 13 Promote responsibility and equal partnerships between men and women, for the equal sharing of rights and responsibilities in all areas of public and private life, including family life and sexual and reproductive behavior, through laws, policy reforms and changes in socio-cultural patterns.
- 14 Encourage and support men to share equally in child rearing and child support, household and family responsibilities, family planning practices and other reforms and measures, to enable parents to combine work responsibilities with family obligations, including parental leave.
- 15 Establish the necessary conditions and procedures to encourage victims of violence to report violations of their rights and provide them with full and equal access to the mechanisms of protection and justice, and to just and effective remedies, including through the provision of low-cost or free legal assistance for those living in poverty.
- 16 Ensure that the human rights of women, including their sexual and reproductive rights, are fully respected and protected, and enable women to realize these rights.
- 17 Eliminate discrimination against women on the grounds of motherhood and their role in procreation, including practices by employers that require proof of contraceptive use, or denial of employment or dismissal based on pregnancy, maternity leave, or breast-feeding.
- 18 Review laws containing punitive measures prohibiting the accessing of counselling and mental health services for those who have undergone abortion. In no case should abortions be promoted as a family planning method.



commitments

- 19 Ensure access to quality comprehensive health care for women who have undergone abortions, including post abortion attention and family planning counselling.
- 20 Include more women in essential leadership positions in health sector and other related public bodies, with an initial target of a percentage of appointees being women.
- 21 Amend, enact and strictly enforce legislation and take preventive measures to protect children, women, youth and elderly from all forms of violence and sexual abuse, including rape.
- 22 Develop age-appropriate, safe and confidential programs for medical, social, psychological, rehabilitation and support to assist girls and boys who are subjected to violence and sexual abuse including rape.

Sexual and reproductive health care

- 1 Develop a comprehensive national strategy to ensure universal access to all individuals and couples of appropriate ages throughout the life cycle to high quality, affordable sexual and reproductive health services, including STI management at the primary level, cervical and prostate cancer screening, evidenced based advice for reproductive services, and the improving of maternal and obstetric services.
- 2 Ensure that all persons have access to quality, comprehensive, and gender and age specific reproductive health services, encourage the participation of men in sexual and reproductive health services through a National Health Service package. Support integral sexual and reproductive health education and services for young people with parental support and guidance that stresses the responsibility of males and females for their own sexuality and fertility.
- 3 Design and implement gender-impact assessments using qualitative and quantitative data disaggregated by sex, age, other demographic criteria and socio-economic variables.
- 4 Develop goals and time frames for improving women's health and for planning, implementing, monitoring and evaluating programs.
- 5 Ensure accurate information and access to the widest possible range of safe and effective family planning methods appropriate to the individual's age, parity, family size preference, and other factors, including information on health risk and benefits to enable men and women to exercise free and informed choice.



commitments

- 6 Implement programs to address the nutritional needs of pregnant women aimed at preventing and eliminating iron deficiency anemia by 50 per cent by the end of the year 2002.
- 7 Reduce iron deficiency and anemia and implement supplementation of Folic Acid programs for adolescent girls and women of childbearing age.
- 8 Reduce maternal mortality and morbidity by strengthening integrated safe motherhood programs, increasing investments in human resources, infrastructure and transportation.
- 9 Provide access to safe motherhood services as part of integrated reproductive health in the context of primary and secondary health care to all of the population, and especially to disadvantaged groups. Family planning programs should be included.
- 10 Give highest priority to women with reproductive risk factors or with difficult pregnancies through improved access to enhanced family planning information and services.
- 11 Develop mechanisms to evaluate progress in reducing maternal and neonatal mortality and morbidity to ensure and improve quality of life.
- 12 Develop or/and strengthen programs to provide information, early detection and treatment services for women and men on cancers of breast, cervix, prostate gland and infections and other conditions of the reproductive tract.
- 13 Provide information, counselling and care on the prevention of sexually transmitted infections, including HIV/AIDS and its implications with emphasis on mother to child HIV transmissions.
- 14 Provide family planning services and promotion of longer intervals between births.
- 15 Provide compassionate counselling and reliable information for women who have unwanted pregnancies.
- 16 Design and implement a referral network of services for conditions related to family planning, pregnancy, delivery and abortion complications, infertility, reproductive tract infections, sexually transmitted infections and HIV/AIDS, and cancers of the reproductive system, including breast, cervical and prostate cancer.
- 17 Provide rehabilitation and support programs for victims of family violence and sexual abuse, including confidential counselling and mental health care.



Adolescents

- 1 Protect and promote the rights of adolescents in and out of school to appropriate sexual and reproductive health information and services in order to reduce the number of adolescent pregnancies.
- 2 Eliminate discrimination against young pregnant women and provide support to adolescent programs that assist teenage parents to develop parenting skills, encourage personal development and assist teenage mothers and fathers to remain in, or return to school or access vocational training.
- 3 Develop integrated service, information and educational programs for adolescents that address belonging relationships, fulfilling adolescent growth and development, adolescent sexual and reproductive health issues, including unwanted pregnancy, unsafe abortion, sexually transmitted infections and HIV/AIDS.
- 4 Discourage regulatory and social barriers and define the legal conditions that will facilitate the access to reproductive health information and services for adolescents.
- 5 Safeguard the rights of adolescents to privacy, confidentiality, respect and informed consent regarding sexual and reproductive health information and services with the support and guidance of their parents in line with the *Convention on the Rights of the Child*.
- 6 Support non-governmental youth organizations and schools in order to strengthen their involvement in the design, implementation and evaluation of sexual and reproductive health programs and policies that concern them, including teenage pregnancy, sexuality education, sexually transmitted infections, and HIV/AIDS.
- 7 Involve and train all who are in a position to provide counselling and guidance to adolescents concerning sexuality. These include parents, principals, teachers, community members, and health care providers.
- 8 Reorient health education and services, particularly primary health care, to meet the needs of adolescents, young expectant mothers, fathers, and their offspring.
- 9 Provide counselling on gender relations, violence and sexual abuse, sexual reproductive health and responsible behavior, and sexuality education and information for the prevention of sexually transmitted infections and HIV/AIDS during adolescence.
- 10 Provide confidential, social and mental health services for adolescents who have experienced any form of gender based violence and for the prevention and treatment of sexual abuse and incest.



commitments

- 11 Ensure that the programs and attitudes of health care providers do not restrict access of adolescents to the services and information they need.

Public information and education

- 1 Raise awareness of and encourage the important role of the media in educating people about the causes and effects of gender based violence, in eliminating degrading and violent portrayals, and in stimulating public debate about the topic.
- 2 Involve entertainment and mass media more effectively in mobilizing public awareness on gender sensitivity and sexual and reproductive health and rights issues.
- 3 Mobilize public opinion and launch public education campaigns in support of sexual and reproductive health with emphasis on safe motherhood, antenatal care, safe delivery, caring of newborn and family planning, male responsibility, gender equality/equity, responsible sexual behavior, the prevention of child abuse, gender-based violence, sexually transmitted infections and HIV/AIDS, teenage pregnancy, and the early prevention, detection and treatment of breast, cervical, prostate and other cancers of the reproductive system.
- 4 Provide information centers on sexual and reproductive health issues for adults, parents and adolescents.
- 5 Develop gender and culturally-sensitive information, education and communication plans to ensure that women and men, particularly young people, can acquire knowledge about their health, especially information on sexuality and reproduction.
- 6 Provide information, education and counselling on human sexuality, sexual and reproductive health, and responsible parenthood, including the effective prevention of sexually transmitted infections and HIV.
- 7 Develop educational programs to engage men's support for maternal health and safe motherhood.
- 8 Promote public education on the benefits of breast-feeding and ensure that hospitals/clinics be mother and baby friendly and encourage community participation in breast-feeding support programs.
- 9 Support efforts to increase women's awareness of their rights, including the areas of sexuality and reproduction, and strengthen women's groups and their efforts to launch national campaigns on these issues.



implementation

- 10** Introduce education about population issues, health and nutrition information, including sexual and reproductive health, family planning, STIs and HIV/AIDS prevention, and gender equality and equity in primary school and through all levels of formal and non-formal education.
- 11** Remove regulatory and social barriers and define legal conditions to facilitate the teaching of sexual and reproductive health education within the formal school system.
- 12** Promote programs directed at the education of parents, and involve parents and community leaders in population education, to ensure their acceptance and better support the maturation of their children in the areas of sexual behavior and reproductive health.

Implementation

- 1** The Ministry of Health will take the lead role in the monitoring and the implementation of the commitments in this policy and will engage in timely assessments/evaluation of the benefits and worthiness of the services provided.
- 2** The Ministry of Finance will make budgetary allocations available to the Ministries of Education, Health and Human Development, Women and Civil Society and Youth to ensure proper implementation of the Reproductive Health Policy.
- 3** The Ministry of Health and relevant associations will research how sexuality, age, and gender differentials in different cultural settings affect health, particularly on: discrimination and violence against women; male attitudes; risk-taking behavior regarding sexually transmitted infections, HIV/AIDS, reproductive tract infections and unplanned pregnancies; the determinants and consequences of induced abortion; cancers; and the provision and utilization of existing services, technologies; and treatment.
- 4** The Ministry of Health and the Ministry of Finance will establish mechanisms to monitor the impact of ongoing reform processes (e.g. health education) and the impact of structural adjustment measures on the reproductive health of Belizeans.
- 5** The Ministries of Health, Education, Youth and Human Development, Women and Civil Society will provide training for health care providers on adolescent's needs and perspectives in the area of sexual and reproductive health, including on the need to respect their right to privacy, confidentiality, and informed consent and to avoid judgmental attitudes.



implementation

- 6 The Ministry of Health and Human Development, Women and Civil Society will provide training for health care providers to recognize and care for adolescents and those of all ages who have experienced any form of violence especially domestic violence and sexual abuse.
- 7 The Ministry of Health will ensure that Traditional Birth Attendants are trained, monitored and certified by the Ministry of Health and re-certified every five years to enable them to practice their profession competently.



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MOH



GOVERNMENT
OF BELIZE



**Pan American
Health
Organization**

Regional Office of the
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