

**Restricted Abortion Access:  
Opinions About Abortion Among Reproductive-Age Women in the Cayman Islands**

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### **Abstract**

To examine people's opinions in the Cayman Islands regarding abortion, the writer conducted two surveys, one with female and male residents and the other with only female residents. This study examines the opinion of 252 women residents of the Cayman Islands regarding the restrictive abortion law. The subjects were questions about their public knowledge of the current law, their beliefs and attitudes regarding the topic, and their past experiences. Despite conflicting opinions on the scope of situations where abortion should be allowed and gestational limits emerged, the majority of the participants expressed their support for the legalization of abortion in the Cayman Islands. Participants noted that preventative methods such as education within the younger population are needed and expressed that the current curriculum needs extensive improvement.

## Table of Contents

Introduction.....	6
Literature Review.....	7
Methodology.....	10
Sampling Methods.....	10
Participants.....	10
History of Abortion Rights.....	11-14
Abortion in the United States.....	11-12
Abortion in the Caribbean.....	12-13
Barbados.....	13-14
Jamaica.....	14
Abortion Demographics.....	15
United States .....	15
Caribbean.....	15
Negative Consequences of Illegal Abortions.....	16
Results.....	17-19
Survey 1–Opinions on Abortion in the Cayman Islands.....	17
Survey 2–Opinions About Abortion Among Reproductive-Age Women in the Cayman Islands.....	18
Discussion.....	19-22
Demographics.....	19
Reasons for abortions and methods used.....	20

Implications.....20

Limitations.....20-21

Recommendations.....21-22

Conclusion.....23

References.....24-25

Appendix.....26-39

## **Introduction**

The issue of abortion is a highly controversial topic worldwide, and given the country's religious background, it is no different in the Cayman Islands. For the purpose of this research paper, abortion is defined as the premature termination of a pregnancy either by choice or accident. Debates about abortion are often clouded by misinformation, religious ideas and beliefs, and customs. Even though abortion is highly illegal in the Caribbean, the rates of abortion are still high. The high rates show that criminalizing abortion does not stop it, it only pushes women to engage in unsafe methods that can have fatal consequences. The criminalization of abortion also promotes and encourages stigma around the topic. The mere notion proposes that abortion is immoral and unlawful, so women and girls who want to undergo abortions are often criticized, marginalized, and even discriminated against.

The International Human Rights Law proposes bodily autonomy, right to be free of discrimination, right to life, and right to be free of degrading treatment. So, based on the International Human Rights Law, access to safe abortion should be a matter of basic human rights. This paper argues that the restrictive abortion law in the Cayman Islands does not reflect the opinion of women across the islands. The results of this study will portray the need for further in-depth research on the matter to ensure that everyone's human rights are being met. The paper will conclude with a discussion of the level of acceptance obtained by participants and insight into regulations and preventative methods on the matter.

## Literature Review

The effects of access to abortion on women's lives has been well researched by developed countries by those for and against. However, the writer was not able to find a significant amount of research done in the Caribbean. Although many argue that abortion is a traumatic experience (Coleman, et.al, 2005; Speckhard & Rue 1992), there are multiple studies that show the benefits of abortion access for women. For example, an independent report done by Knowles, Myers's & Welch in 2021 showed that access to abortion affects women's education, careers, earnings, and the subsequent life outcomes for their children. Myers found that legalizing abortion reduced the number of women who became teen moms by 34% and the number of teens who became teen brides by 20%. Farin, Hoen-Velasco, and Pesco (2021) found that legalizing abortion reduced maternal mortality among black women by 30-40% because when abortion was illegal black women were less likely to be able to travel to other states or country where abortion was legal, which led them to opt for clandestine abortions. Bitler and Zavodny (2002) found that legalizing abortion reduced the number of unwanted children and reduced cases of child abuse and neglect. Recent studies have begun to provide insight into the positive effect abortion access has on women's lives and society.

Opinions on abortion across the Caribbean tend to be negative because of the strong religious influence. A one of its kind five-country case study conducted by Pheterson and Azize in 2005 with 26 physicians showed that restrictive law laws hinder access to services and compromise the quality-of-care women receive. In Sint Maarten, abortion is illegal, but it has an "institutionalized toleration system" where government agencies even send officials to check the quality of care provided by physicians. In St. Martin, the only country in the case study where

abortion is legal, hospitals provide medical abortion with a combination of mifepristone and misoprostol administered under tight regulations. Under English law, they cannot provide abortions for patients whose gestational period is over 14 weeks. Women often cross the border to Sint Maarten to procure abortions when they are past the gestational limit in St. Martin or want to avoid anyone else finding out. Cytotec (Caribbean brand name for misoprostol) is openly sold at pharmacies, sometimes at inflated prices, and women would much rather self-induce abortions at home despite the consequences. Women from Anguilla, Antigua, and St. Kitts travel to St. Martin and Sint Maarten to procure abortions and “to escape stigma and punishment at home” (Pheterson & Azize 2005).

Due to the similar juridical contexts, Pheterson and Azize (2005) decided to combine information obtained by physicians in Anguilla, Antigua, and St. Kitts to camouflage their identity. Women in Anguilla take \$20 boat rides to get abortions in the neighboring islands. Despite the laws changing to recognize there are certain circumstances where it is needed, the culture of Anguilla would not permit abortion on demand because "this is a Christian society". However, doctors are considered "privileged transgressors" of the law because "nobody will prosecute a doctor" for providing abortion services. In Antigua, abortion is highly open, yet it remains illegal because again, "This is a very Christian society". When physicians sought legislation reform on the matter, the government said they turned a blind eye to it. Still, they cannot legislate it because it "would cause too much problem with the Church". One NGO health administrator stated that efforts to change the law could result in jeopardizing the existing abortion services. (Pheterson & Azize 2005)

A limitation when it comes to our region is the lack of research done to see the measures women in the Caribbean would take to terminate a pregnancy or what they have gone through

because they have had to carry the child full term. This means that there is currently very little information on the realities of what women go through in silence because it is illegal and heavily frowned upon by the “religious” society we live in. In order for women to strive to make a change that will impact their lives, there needs to be data that backs up their claims. Future research could, investigate the negative effects of having an unwanted child, having to adapt to the change, what they would do to terminate an unwanted pregnancy, and how they would make ends meet should they give birth.

## **Methodology**

The writer identified studies and articles based on the Caribbean and the United States for representative inclusion in the review. Due to the lack of research done on abortion across the Caribbean and no research done regarding public opinion on abortion in the Cayman Islands, the writer conducted two online surveys. One targeted males and females, and the second one targeted only females. The first survey published on Instagram consisted of a questionnaire composed of thirteen multiple-choice questions and two short answer questions. The second survey was also an online survey posted on the Facebook group “Women of Cayman”. The survey consisted of thirty-one questions composed of multiple-choice questions and a Likert scale. The writer targeted the “Women of Cayman” group because of their extensive representation pool, backgrounds, and beliefs. The questions were designed to gather information on their public knowledge of the current abortion restriction in the Penal Code, their beliefs and attitudes regarding the topic, and their past experiences.

### **Sampling Method**

The sampling method used for this project was convenience sampling, participants were selected based on willingness and availability to take the survey.

### **Participants—Survey 1**

Participants included 15 men and 55 women from ages 16-42, some of whom are for and against abortion.

### **Participants—Survey 2**

Participants included 252 women from ages 16-56, some of whom have had abortions before and some who have not.

## **History of Abortion Rights**

### **United States**

Abortion is arguably one of the most controversial topics worldwide, and abortions rights have come a long way. The writer will be focusing on discussing the development in the United States and the Caribbean. In the former, abortion was performed commonly across the country until the first anti-abortion law was passed in Connecticut in 1821. By 1880, all states in the United States had laws that restricted and criminalized abortion which caused the topic to become highly stigmatized. By 1910, it was completely illegal at every stage of the pregnancy. As abortion continued to be criminalized, it became prevalent in the underground setting, resulting in high maternal deaths rates. Following the alarming numbers of illegal abortions, Planned Parenthood held a conference on abortion legalization in 1995. At the conference, the attendees called for law reforms and expanding the scope under which doctors could provide abortion services. (Historical Abortion Law Timeline 2021)

Following the creation of The Association for the Study of Abortion in 1964, they partnered with Planned Parenthood to advocate for abortion law reforms and for studies that would advance abortion procedure safety. One of the first abortion reform measures occurred in 1966 as a result of the Trial of the San Francisco Nine. The National Association for the Repeal of Abortion Laws was created in 1969 to campaign for the legalization of abortion exclusively. By the late 1960s, a nationwide effort was underway to reform abortion laws in almost every state. Between 1967 and 1973, Alaska, Hawaii, New York, and Washington repealed their abortion bans entirely, and by 1970, abortion was legalized in New York. The Planned

Parenthood health center in Syracuse became the first of its kind to provide abortion services and the first free-stand abortion center nationwide. (Historical Abortion Law Timeline 2021)

In 1973, the landmark case *Roe v. Wade* resulted in the U.S. Supreme Court ruling that the due process clause of the 14th Amendment to the Constitution protects the right to abortion, which made abortion safer, more accessible, and protected the right to procure abortion services in all 50 states. In 2007 the Supreme Court upheld the first federal legislation to criminalize abortion; this allowed Congress to ban specific second-trimester abortion procedures. In 2016 and 2020, the Supreme Court took on a ruling that would impose an “under burden” on access to safe and legal abortions and make them virtually inaccessible in Texas and Louisiana, respectively. In 2021, along with the Supreme Court’s allowance, Texas implemented the six-week ban, which bans abortion at approximately six weeks of pregnancy. (Historical Abortion Law Timeline 2021) Now, women all across the United States and the world are waiting to know if *Roe v. Wade* will be overturned and cause people of reproductive age to lose access to safe and legal abortions.

### **Caribbean**

The Caribbean region is one of the most religious zones in the world. So, topics such as abortion are often deemed taboo and criminalized. In the Caribbean, abortion is legal in Guayana, Cuba, the Caribbean Netherlands, and Barbados; it is illegal or highly restricted in the other Caribbean countries. “Abortion laws in the Caribbean derive from a legacy of colonial jurisprudence and range from the most restrictive to the most liberal.” (Pheterson and Azize 2005) In regions where abortion is illegal or only allowed under strict circumstances, women still opt for unsafe and clandestine abortions or take trips to places where they can secure safe abortions; this is the case for some women in the Cayman Islands. A common way to self-induce

abortion by women in the Caribbean is by ingesting Cytotec. In Sint Marteen, the consensus between government officials and health care providers is that “abortion is illegal but tolerated” and “Everyone knows it is done. It’s an institutionalized toleration system”. In the case of Antigua, even though the topic of abortion is open, it remains illegal because the government does not want to “cause too much problem with the Church”. After all, it is a “very Christian society.” (Pheterson and Azize 2005) The reality is that with no legal framework for abortion practices, women put themselves in dangerous situations, that can result in sepsis, infertility, and death.

According to the Guttmacher Institute, abortion rates ranged from 59 per 1,000 women in the Caribbean from 2010 to 2014. Women in the Caribbean who live in restrictive countries tend to travel to countries where they can procure safe abortions. For example, when the Guayana Responsible Parenthood Association began offering abortion in 2014, they were flooded with women traveling from Brazil. In the case of Sint Maarten, women walk or take \$20 boat rides to get an abortion safely in St. Martin (when they are still within the gestational limit). Women from the British Virgin Islands travel to St. Thomas in the U.S. Virgin Islands or the United States. (Kebede 2016) Based on the data gathered through the surveys, women in Cayman buy abortion pills for approximately \$500 or they take trips to Canada and USA to procure safe abortions.

### **Abortion in Barbados**

Billie Miller became the first woman ever to hold a cabinet position as the Minister of Health; she saw the opportunity to change the status quo. Despite being outnumbered, Miller pioneered the movement by persuading her male colleagues, collaborating with grassroots movements, and traveling the country to speak to health care providers, social workers, and

educators on the importance of legalizing abortion and providing them data to back up her movement. Barbados became the first English-speaking Caribbean country to legalize abortion in 1983 when parliament passed the Medical Termination of Pregnancy Act. The Act allows women to safely and legally terminate a pregnancy to protect the woman's life, physical, or mental health, for pregnancies resulting from rape, for economic and social reasons, and when the fetus suffers severe abnormalities. "Over the next 25 years, our maternal mortality ratio has plummeted by 53%, turning Barbados into a regional leader in women's health." (Miller 2017)

### **Abortion in Jamaica**

In Jamaica, abortion is only allowed to save the woman's life. Despite its high levels of rape, it is still illegal to procure an abortion under that circumstance (See Appendix A). However, as of 2021, women have been more proactive in advocating for their rights. According to Perlmutter (2021), the Act of mentioning abortion to a doctor is currently against the law; getting an abortion can result in life imprisonment, and anyone giving advice on or assisting in the procedure can serve up to three years in jail. According to Jamaican pro-choice activists, the laws are rarely enforced, but they are used as fear-mongering techniques. Despite the possibility of life imprisonment, the Caribbean Policy Research Institute reported approximately 22,000 abortions per year in Jamaica. (Chappell 2021)

## **Abortion Demographics**

### **United States**

According to the Guttmacher Institute (2016), as of 2014, 75% of the abortion patients were from poor or low-income households, and 59% already had children. 60% of the women were in their 20s, and 12% were teens, of which 4% were minors. Data shows that abortion rates have been declining throughout the years; for instance, abortion rates in 2017 went down by 7% from figures obtained for 2014. According to Jones & Jerman (2017), at 2014 rates, about one in four women will have an abortion by age 45. White patients accounted for 39% of the abortions in 2014, black patients accounted for 28%, Hispanics accounted for 25%, and patients of other races composed the remaining 9%. It is important to note that 51% of abortion patients in 2014 used a contraceptive method when they became pregnant.

### **Caribbean**

Despite abortion being highly illegal across the Caribbean, Singh et al. (2017) reported that from 2010 to 2014, the Caribbean had 600,000 abortions—59 per 1,000 women. According to the Population Reference Bureau (Mesce 2021), one-third of all pregnancies in Latin America and the Caribbean result in abortion, and three-quarters of the procedures are unsafe. Globally, more than 29,000 women and girls die from complications of unsafe abortion every year in developing regions. (Mesce 2021) The Guttmacher Institute (2022) reported that between 2015 and 2019, there were a total of 1,370,000 pregnancies annually in the Caribbean. Nine hundred and eighteen thousand of those pregnancies were unintended, and 457,000 resulted in abortion.

### **Negative Consequences of Illegal Abortions**

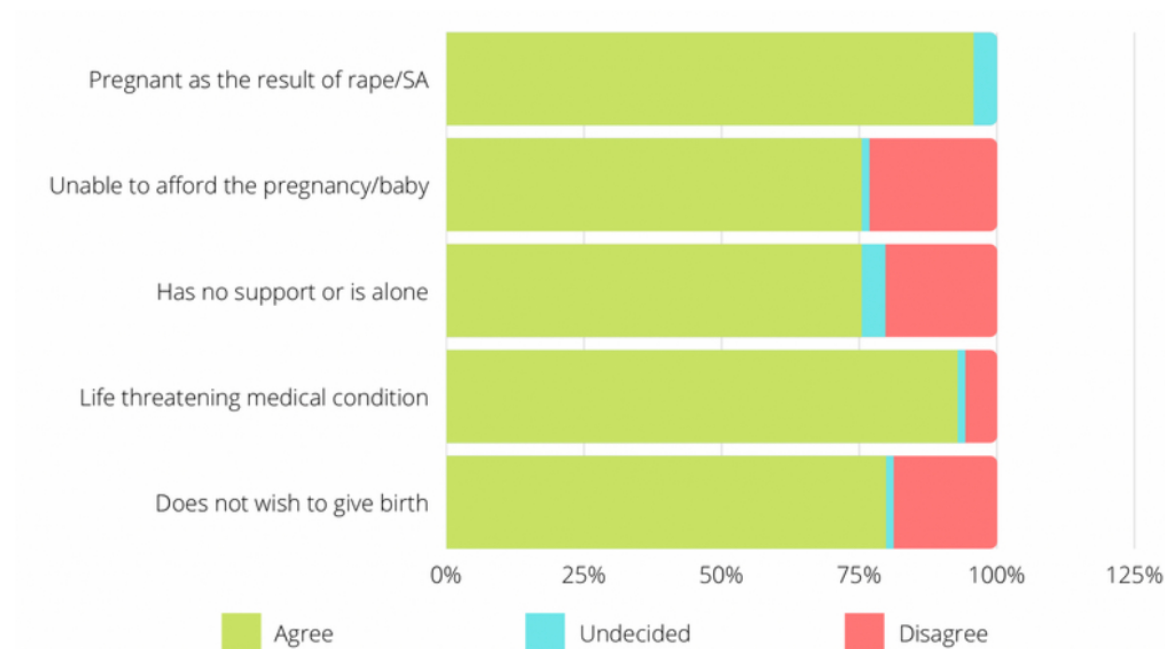
Lack of access to safe, timely, and affordable abortions poses risks to women's physical and mental health, affecting them throughout their lifetime. Restrictive abortion laws and regulations do not prevent abortions; it only pushes women to engage in self-induced, unsafe, and clandestine abortions. According to the World Health Organization (2021), a global estimate from 2010 to 2014 demonstrated that 45% of all induced abortions were dangerous. Physical health risks associated with unsafe abortions include hemorrhaging, incomplete abortions, infections, infertility, excessive blood loss, uterine perforation, and damage to the genital tract and internal organs. These restrictive policies also cause distress, stigma, marginalization, stall female development, loss of income, and financial costs. The World Health Organization estimates that approximately 1.7 million women develop secondary infertility due to unsafe abortions. In cases where the woman has a family, it can negatively affect the home life by affecting the children's education, health, and well-being because the mother must recover or because of their potential untimely death.

Abortion restriction can have macroeconomic impacts on our society. Rodgers et al. (2021) reviewed 66 articles centered around the microeconomic impacts of abortion care services and policies, they synthesized their findings into four general themes. (1) Abortion regulations have spillover effects on women's educational attainment and labor supply. (2) Access to abortion services affects the next generation's human capital investment. (3) Abortion law liberalization may lead to lower crime rates. (4) The political economy around abortion law is complicated and controversial.

## Results

### Survey 1—Opinions on Abortion in the Cayman Islands

The first survey produced 70 responses, 55 from females and 15 from males. 60% identified as Christians, 27.5 % as non-religious, and the remaining 11.6% consisted of other religions such as Baptist, Jewish, Pentecostal, Catholic, and Omnist. Forty participants expressed their support for abortion, and the common themes found in the reason for their support were freedom of choice, quality of life, high rates of teen pregnancy, and life circumstances. Should abortion access continue to be restrictive, 39% of them believe the government should be financially responsible for pregnancy costs, labor costs, and childcare if a woman/girl cannot afford it. 94% of them agreed that abortion should be legalized, and there should be a gestational and age limits established for services. The support for the legalization of abortion under specific scenarios predominated the data collected—see Table 1.

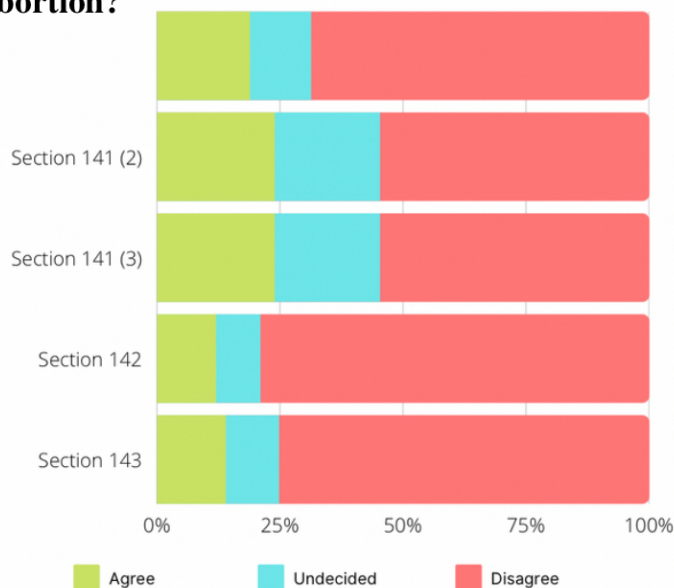
**Table 1. Participants would support abortion if the woman/girl is...**

### Survey 2—Opinions About Abortion Among Reproductive-Age Women in the Cayman Islands

The second survey targeted the female population, and it produced 252 responses. 58.2% of them were not familiar with the abortion provisions under the Penal Code 2019 Revision, and once they were presented with all provisions (Appendix B), the majority disagreed with them—see Table 2. 90.4% of the participants believe that women should have the right to safe and legal abortions in the Cayman Islands, and 77.3% believe that their fundamental human rights are being denied because of the restrictive law. Only 31% of participants had had an abortion before, of which 20% was an unwanted pregnancy, and 17% of them had to travel overseas to procure a safe abortion. 17% of the women shared their abortion experience, and the common themes regarding their experience were difficult, terrifying, and stigmatized. Years after their abortions, most stated they have “never regretted my decision” because it is “my body, my choice”.

\*See Appendix B for the abortion provisions in the Cayman Islands Penal Code

**Table 2. Do you agree or disagree with the following provisions made by the Cayman Islands Penal Code (2019 Revision) regarding abortion?**



### Discussion—2<sup>nd</sup> Survey

In their 2014 article, Yam et al. observed that there has been no increase in surveys about abortion or abortion opinion in recent years in the Caribbean. Now, in 2022 there is still no research on opinion in the Caribbean region. Below, the writer will discuss specific findings obtained in the research process on opinions about abortion in the Cayman Islands. The raw unpublished data obtained suggests that the public is ready for the Cayman Islands government to reform its restrictive laws regarding abortion. Despite the majority of women not having had an abortion before, most of them supported the need for safe and legal abortions on the island.

### Demographics

Religion is a significant part of Cayman culture and laws; however, it is important to note that most participants considered themselves non-religious. About 80% of them had not attended

a religious service/meeting in the past 12 months. 82.3% and 84% of them did not consider abortion a sin or murder respectively. One of the women expressed, “Religion should not have a place in medical decisions”. 81% of the participants consider abortion morally acceptable, and 18.3% believe it to be morally unacceptable. 82.3% of participants do not think abortion is a sin.

At the time of the survey, 73.4% of the participants were college graduates, 21.4% had some college education, and 5.2% had a high school education or less. The majority considered themselves to belong to the middle class, and 84.1% were fully employed. 50.% of them are married, 27.8% are in a relationship, 16.3% are single, and 5.2% are divorced or separated. 16.9% of the participants are currently not using contraceptive methods, 26.1% use pills or injections, and 24% use male condoms. 83.2% consider themselves pro-choice, 11.6% consider themselves pro-life, and 5.2% are unsure of where they stand.

### **Reasons for abortions and methods used**

Like in U.S.-based studies, the primary reason for abortion among Cayman women is an unwanted pregnancy, followed by financial, academic, and career reasons. Among the 252 women who participated, 77 women have procured abortions. Thirty-nine of them traveled overseas to have a safe abortion, 11 of them did it illegally in the Cayman Islands by taking medication, and the rest of them lived in countries where abortion was legal at the time of the procedure.

### **Implications**

These results build on existing statistical evidence obtained from U.S. articles. The surveys conducted provide an objective insight into the opinion of women on the restrictive abortion laws. The data also contributes to a clearer understanding of the means by which women will go to to obtain abortions on the island or overseas, which is in line with the situation

of other women in the region. It is beyond the scope of this study to completely assure that the population is ready to move towards more liberal abortion laws, but with the data obtained, there is a good chance that may be the case.

### **Limitations**

The very little data about abortion in the Caribbean was an incredible limitation in collecting information on the matter; even news articles are few and scattered, and in Cayman's case—almost nonexistent. The stigmatization of abortion on the island was also a limitation. When the matter is discussed, the person bringing it up is usually attacked or accused of wanting to come to the islands and change them and are often told to “go back where you came from”. Due to the topic's sensitivity, the writer could not reach out to the younger population to gather insight into their knowledge regarding abortion.

### **Recommendations**

Further research is needed to establish a baseline of the current abortion rate on the island by gathering data from the Health Services Authority and conducting more in-depth abortion surveys and questionnaires. A study centered around the mesoeconomic impact abortion has on residents and governmental agencies would be incredibly beneficial to establish the length to which it impacts the individual, society, and government agencies. Future studies should consider this is a highly sensitive matter that has to be approached and conducted objectively by asking questions along the lines of whether abortion should be legal, under what conditions, and with what conditions to obtain objective data. Future studies should also refrain from posing questions that will force participants to choose between extreme positions and instead, when possible, encourage them to share their opinion on the matter. Studies should be conducted on the level of sexual and reproductive life and health knowledge in the younger population to

determine whether more could be done to prevent unwanted and teen pregnancies in the younger population.

## **Conclusion**

The raw unpublished data collected in both surveys indicate that the restrictive abortion laws in Cayman may not reflect the population's opinion. They express a high level of acceptance towards change and disagreement with the current abortion provisions. Participants expressed a high level of support for cases of fetus abnormality, personal choice, and in the case of low-income families. Contrary to the belief that religion predominates most of the island's population, the data showed that most of the participants were not religious, and 80% had not attended a religious event in the past year. 99.2% of participants agreed that a more in-depth curriculum regarding sexual and reproductive life and health should be available in high schools across the islands. It is important to note that objective, high-quality, and representative data on the matter can be a powerful advocacy tool to push for abortion rights in the Cayman Islands.

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**Appendix A—The Population Policy Data Bank maintained by the Population Division of  
the Department for Economic and Social Affairs of the United Nations Secretariat.**

**Jamaica**

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**ABORTION POLICY**

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**Grounds on which abortion is permitted:**

To save the life of the woman	Yes
To preserve physical health	Yes
To preserve mental health	Yes
Rape or incest	No
Foetal impairment	No
Economic or social reasons	No
Available on request	No

**Additional requirements:**

The spouse's consent is required. In order to perform an abortion on the grounds of mental health, foetal impairment, rape or incest, the approval of two specialists must be obtained.

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**REPRODUCTIVE HEALTH CONTEXT**

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Government view on fertility level:	Too high
Government intervention concerning fertility level:	To lower
Government policy on contraceptive use:	Direct support provided
Percentage of currently married women using modern contraception (aged 15-49,* 1997):	63
Total fertility rate (1995-2000):	2.5
Age-specific fertility rate (per 1,000 women aged 15-19, 1995-2000):	91
Government has expressed particular concern about:	
Morbidity and mortality resulting from induced abortion	Yes
Complications of childbearing and childbirth	Yes
Maternal mortality ratio (per 100,000 live births, 1990):	
National	120
Caribbean	400
Female life expectancy at birth (1995-2000):	76.8

\*Including visiting unions.

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*Source:* The Population Policy Data Bank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat. For additional sources, see list of references.

## Jamaica

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### BACKGROUND

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Abortion is illegal in Jamaica under the Offences Against the Person Act of 1864, which is based on the 1861 English Act of the same title. Under the Act, any person who, intending to procure a miscarriage, regardless of whether the woman is with child, unlawfully administers to her any poison or noxious thing or unlawfully uses any instrument or other means to the same end is subject to life imprisonment, with or without hard labour. A pregnant woman who acts in the same way with respect to her own pregnancy is subject to the same penalty.

General criminal law principles of necessity, however, allow an abortion to be performed to save the life of the pregnant woman. Moreover, Jamaica, like a number of Commonwealth countries whose legal systems are based on English common law, follows the holding of the 1938 English *Rex v. Bourne* decision in determining whether an abortion performed for health reasons is lawful. In the *Bourne* decision, a physician was acquitted of the offence of performing an abortion in the case of a woman who had been raped. The court ruled that the abortion was lawful because it had been performed to prevent the woman from becoming "a physical and mental wreck", thus setting a precedent for future abortion cases performed on the grounds of preserving the pregnant woman's physical and mental health.

Physicians in Jamaica are usually hesitant to perform an abortion, as the law affords them no real protection, and many of them fear the possibility of prosecution. A survey conducted in 1973 found that 84 per cent of all physicians and 88 per cent of nurses and midwives in Jamaica favoured a more liberal abortion law. The majority of survey respondents supported offering the provision of abortions under the auspices of the National Family Planning Board, particularly as a backup method in the event of contraceptive failure.

The maternal mortality ratio in Jamaica is relatively high (120 per 100,000 live births in 1990). However, although liberalization of the current abortion law has been a topic of debate in Jamaica since the 1970s and the Government is concerned about the large number of women treated for septic abortion, as of 1999 there had been no change in the law.

The Government of Jamaica was one of the first in the Latin American and Caribbean area to adopt a policy designed to decrease the rate of population growth. The Jamaica Family Planning Association was established in 1956. Ten years later, a national family planning programme was initiated and was placed under the authority of the semi-autonomous National Family Planning Board. The percentage of women using contraception was 63 per cent in 1997.

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*Source:* The Population Policy Data Bank maintained by the Population Division of the Department for Economic and Social Affairs of the United Nations Secretariat. For additional sources, see list of references.

## Appendix B—Abortion provisions under the Penal Code (2019 Revision)

- (b) in any public place persistently solicits or importunes for immoral purposes,  
commits an offence.
- (2) Where a male person is proved to live with or to be habitually in the company of a prostitute or is proved to have exercised control, direction or influence over the movements of a prostitute in such manner as to show that he is aiding, abetting or compelling her prostitution with another person, or generally, he shall, unless he shall satisfy the court to the contrary, be deemed to be knowingly living on the earnings of prostitution.

### Brothels

**140.** A person who keeps a house, room, set of rooms or place of any kind whatsoever for the purposes of prostitution commits an offence.

### Attempts to procure abortion

- 141.** (1) A person who with intent to procure the miscarriage of a woman, whether she is or is not with child, unlawfully administers to her any poison or other noxious thing, or uses any force of any kind, or other means whatsoever to that purpose commits an offence.
- (2) Notwithstanding subsection (1) no person commits such offence unless it is proved that the act alleged to constitute the offence was not done in good faith for the purpose only of preserving the life of the mother.
- (3) Notwithstanding subsections (1) and (2) a health practitioner registered to practise medicine under the *Health Practice Law (2017 Revision)* has not committed of an offence under subsection (1) in respect of any act if such act is first certified in writing by two such registered health practitioners acting in good faith, one of whom is registered by the Medical and Dental Council as an obstetrician, a gynaecologist or is employed as a Government Medical Officer in either capacity, as being necessary for the purpose of preserving the life of the mother.

### Attempt by woman with child to procure abortion

**142.** Any woman who, being with child, with intent to procure her own miscarriage, unlawfully administers to herself any poison or other noxious thing, or uses any force of any kind, or uses any other means whatsoever to that purpose, or permits any such thing or means to be administered to her commits an offence.



**Supplying drugs or instruments to procure abortion**

**143.** A person who unlawfully procures for or supplies to any person any thing whatsoever, knowing that it is intended to be unlawfully used to procure the miscarriage of a woman, whether she is or is not with child, commits an offence.

**Unnatural offences**

- 144.** (1) \*A person who has carnal knowledge of any person against the order of nature, or has carnal knowledge of any animal or who permits a male person so to have carnal knowledge of him or her commits an offence and is liable to imprisonment for ten years.
- (2) A person who attempts to commit an offence under subsection (1) commits an offence.. [*\*see note 2 on p. 140*]

**Indecent assault on a man**

- 145.** (1) \*A person who makes an indecent assault on a man commits an offence.
- (2) A boy under the age of sixteen cannot in law give any consent which would prevent an act from being an assault for the purpose of this section.
- (3) A man who is a defective cannot in law give any consent which would prevent an act being an assault for the purpose of this section, but a person is only to be treated as having committed an indecent assault on a defective by reason of that incapacity to consent, if that person knew or had reason to suspect him to be defective.
- (4) A person who commits an indecent assault on a man is liable on conviction on indictment to imprisonment for ten years.
- (5) A male person who commits, is party to the commission of or who procures or attempts to procure the commission by any male person of an act of gross indecency with another male person commits an offence. [*\*see note 2 on p. 140*]

**Incest by males**

- 146.** (1) Any male person who has carnal knowledge of a female person who is, to his knowledge, his grand-daughter, daughter, sister or mother commits an offence and is liable to imprisonment, if the offence is with a girl under thirteen, for life, otherwise for twenty years.
- (2) It is immaterial that the carnal knowledge was had with the consent of the female person.
- (3) Any male person who attempts to commit an offence under subsection (1) commits an offence and is liable to imprisonment, if the offence is with a girl under thirteen, for ten years, otherwise for seven years.



**Appendix C—Opinions on Abortion in the Cayman Islands**

1. Gender
  - Male
  - Female
2. Age
  - 16-22
  - 23-30
  - 31-41
  - 42-52
3. Are you religious? If yes, pick one.
  - Not Religious
  - Christian
  - Baptist
  - Catholic
  - Muslim
  - Jewish
  - Pentecostal
  - Other
4. Would you consider abortion legal if: the woman/girl is pregnant as the result of sexual assault?
  - Yes
  - No
  - Other
5. Would you consider abortion legal if: the woman/girl is unable to afford the pregnancy/baby?
  - Yes
  - No
  - Other
6. Would you consider abortion legal if: the woman/girl has no support or is alone?
  - Yes

No

Other

7. Would you consider abortion legal if: the woman/girl has a medical condition where the pregnancy/labour can lead to the death of the mother, baby, or both?

Yes

No

Other

8. Would you consider abortion legal if: the woman/girl does not wish to bring a child into the world?

Yes

No

Other

9. Who should be financially responsible for pregnancy cost, labour cost, and childcare if a woman/girl doesn't have the financial means and cannot have a safe abortion on island?

The mother-to-be

The father-to-be

The government

Both Parents

10. Where possible, should the father have an equal say as the mother in the choice of going through with an abortion?

Yes

No

11. Do you think abortion access with gestational limit should be made available for the female residents of the Cayman Islands?

Yes

No

12. If abortion access became available should there be an age limit on who can access the services?

Yes, 16+ WITHOUT parental consent

Yes, 16+ WITH parental consent

Yes, 18+

No

13. If abortion access became available should it be covered by insurance companies

14. If you support abortion, explain why.

15. If you don't support abortion, explain why.

Thank you for taking the time to complete this survey. If you'd like to be a part of the next female-targeted survey please leave your email below.

## **Appendix D—Opinions About Abortion Among Reproductive-Age Women in the Cayman Islands**

Thank you in advanced for your participation in this survey, I understand this is a highly confidential matter so I would like to take the time to assure you that all answers provided throughout the survey are anonymous and the raw data obtained will not be shared with the public. If you feel uncomfortable filling out this survey, please feel free to stop at any time. Please note this is a targeted survey only for the female population of the Cayman Islands, feel free to share it with other women in the community.

1. Age
  - 16-22
  - 23-30
  - 31-41
  - 42-52
  - 53+
2. What is your faith community? Please pick one.
  - Not religious
  - Christian
  - Catholic
  - Baptist
  - Muslim
  - Jewish
  - Pentecostal
  - Other
3. Aside of weddings or funerals, how often have you attended religious services in the past 12 months.
  - One a week
  - Once a month
  - More than once a month
  - I did not attend any religious services in the past 12 months
4. What is your education level?

- High school or less
  - Some college
  - College graduate
5. What class or social standing do you believe you belong in?
- Lower Class
  - Middle Class
  - Upper Class
6. What is your current employment situation?
- Employed full-time
  - Employed part-time
  - Unemployed
  - Unemployed seeking a job
7. What is your current relationship status?
- Married
  - In a relationship
  - Single
  - Divorced/Separated
8. What is your current method of contraception?
- Oral Contraceptive Pill/Injection
  - Male Condom
  - Intrauterine device (IUD)
  - Withdrawal
  - Morning after pill
  - Not currently using
9. Do you believe human life begins at
- Conception
  - Within the first 8 weeks of pregnancy
  - Within the first 3 months of pregnancy
  - Between 3 and 6 months of pregnancy
  - When a fetus is viable and can live outside the womb
  - At birth

Unsure

10. Are you familiar with the Abortion Section in the Cayman Islands Penal Code (2019 Revision)?

11. Do you agree or disagree with the following provisions made by the Cayman Islands Penal Code (2019 Revision) regarding abortion?

Section 141 (1)

Agree            Unsure            Disagree

Section 141 (2)

Agree            Unsure            Disagree

Section 141 (3)

Agree            Unsure            Disagree

Section 142

Agree            Unsure            Disagree

Section 143

Agree            Unsure            Disagree

12. Should women have the right to have a legal and safe abortion methods in the Cayman Islands?

Yes

No

13. The Cayman Islands government should not enforce laws that prevent women from having abortions.

Agree

Neutral

Disagree

14. Should abortion be

Legal in all cases

Legal in most cases

Illegal in all cases

Illegal in most cases

15. Regarding abortion, do you consider yourself

Pro-Choice

Pro-Life

Unsure

16. Do you think abortion is a sin?

Yes

No

17. Do you consider abortion to be a murder?

Yes

No

18. Would you support or oppose a law that

Allows abortion at any time during pregnancy if it is necessary to protect the life or health of the woman?

Allows abortion if the woman/girl is pregnant as the result of rape or incest?

Allows abortion if the woman/girl and/or the family have a very low income and is unable to afford the pregnancy/baby?

Allows abortion if the woman/girl has no support or is alone?

Allows abortion for a female as a matter of personal choice?

Allows abortion for a female in case of abnormality.

19. If you were speaking for SOMEONE ELSE who became pregnant, under what conditions WOULD YOU AGREE OR DISAGREE that it would be ACCEPTABLE for her to TERMINATE the pregnancy?

She does not want to have a baby with the baby's father.

Her parents want her to get an abortion.

She does not feel ready to have a baby.

There is a strong chance the baby has a serious disability.

The father of the baby wants the female to get an abortion.

The pregnancy threatens the life of the child and/or mother

There are no conditions under which abortion is acceptable.

20. If you were speaking for SOMEONE ELSE who became pregnant, under what conditions WOULD YOU AGREE OR DISAGREE that it would be ACCEPTABLE for her to TERMINATE the pregnancy?

She does not want to have a baby with the baby's father.

Her parents want her to get an abortion.

She does not feel ready to have a baby.

There is a strong chance the baby has a serious disability.

The father of the baby wants the female to get an abortion.

The pregnancy threatens the life of the child and/or mother

There are no conditions under which abortion is acceptable.

21. Regardless of whether or not you think abortion should be legal. Do you personally believe that in general, abortion is morally acceptable or morally unacceptable?

Morally acceptable

Morally unacceptable

22. Do you think schools are providing enough sex education to high school students?

Yes

No

23. Do you believe a more in-depth curriculum regarding female sexual and reproductive life and health should be available in high schools across the islands?

Yes

No

24. Should abortion become legal, should abortion costs be covered by insurance companies?

Yes

No

25. Who should be financially responsible for pregnancy cost, labour cost, and childcare if a woman/girl does not have the financial means and cannot have a safe abortion on island?

Both parents

Mother-to-be

Father-to-be

The government

26. If abortion access became available should there be an age limit on who can access the services?

Yes, 16+ WITHOUT parental consent

Yes, 16+ WITH parental consent

Yes, 18+

No

27. Do you, as a woman, feel as if your basic human rights are being denied because abortion is illegal in the Cayman Islands?

Yes

No

28. Have you had an abortion before?

Yes

No

29. If you've had an abortion before, please share the reason

Not applicable

Unmarried Mother

Unwanted Pregnancy

Companion's Desire

Financial Reason

Academic/Career Reason

Other

30. If you've had an abortion before, what method did you use?

I've never had an abortion before

Traveled overseas to procure a safe abortion

Illegal abortion in the Cayman Islands through ingestion of medication

Illegal abortion in the Cayman Islands through ingestion of toxic substances such as bleach.

Illegal abortion in the Cayman Islands through use of sharp sticks inserted through the vagina and cervix into the uterus.

Illegal abortion in the Cayman Islands through infliction of trauma such as hitting the abdomen or falling.

Illegal abortion in the Cayman Islands through herbal preparations inserted into the vagina.

Other

31. Would it be easy to announce an abortion to your friends and/or family?

Yes

No

32. If you'd like to share your experience regarding abortion please feel free to share below.

Thank you for participating in this research project, which has been designed to gather public opinion on the matter of abortion in the Cayman Islands. Your sharing of opinion is greatly appreciated. If you have not already requested a copy of the results of this research, you may do so by providing your email below. It is possible you may have felt uncomfortable answering questions about a highly controversial and triggering topic or you may have become emotionally upset thinking about your own experiences or decisions in this area or perhaps thought about a friend or relative. Should the need arise, do not hesitate to use free local resources such as the Department of Counseling Services (949-8789) or the Mental Health Helpline Monday-Friday, 9am-5pm 1-800-534-6463.