



CHILDREN AND FAMILIES IN TRANSITION

YOUNG PARENTS AND CARETAKERS
IN THE EASTERN CARIBBEAN

UNICEF Office for Barbados and the Eastern Caribbean
with the support of UNECLAC Subregional Headquarters for the Caribbean

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Introduction

by Tom Olsen
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The UNICEF Barbados and Eastern Caribbean Office is pleased to share the findings of this study on the “Children and Families in Transition: Young Parents and Caretakers in the Eastern Caribbean” – a collaborative effort with the ECLAC Sub-regional Headquarters for the Caribbean.

Generally most children and youth living in Barbados and the Eastern Caribbean are born healthy and have access to basic social services that include health and primary and secondary education services and even, to a limited extent, access to early childhood education.

However, though well advanced in many development areas, the sub region is facing increasing challenges such as providing sufficient quality access to child and youth centered services and social policy and protection frameworks to ensure the realization of their human rights.

This study highlights some of the gaps which must be filled if young parents and caregivers are to enjoy their rights as guaranteed under the Convention of the Rights of the Child and other international conventions signed by sub regional governments.

It was conducted against a background of the need to document the significant changes which have taken place in the family within the last decade and devote some attention to the social circumstances of households run by children and youth, whether as a result of migration or other factors.

Under our 2008-11 programme Social Policy, Monitoring and Evaluation for Children’s Rights, UNICEF BECO is placing significant emphasis on supporting evidence-based policies, and see studies such as this as being critical in supporting partners towards knowledge management for children’s rights.

We are grateful to the representatives of the various governments, especially from Barbados and St. Lucia, civil society, international community and, most importantly, parents who contributed to the study and hope it will advance the cause of children and young parents in the sub region and beyond.

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List of Acronyms

CAREC	Caribbean Epidemiology Centre
CARICOM	Caribbean Community
CCT	Conditional Cash Transfer
CDB	Caribbean Development Bank
CIDA	Canadian International Development Agency
CRC	Convention on the Rights of the Child
CEDAW	Convention on Elimination of All Forms of Discrimination against Women
CSME	CARICOM Single Market and Economy
UNECLAC	United Nations Economic Commission for Latin America and the Caribbean
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
OECS	Organization of Eastern Caribbean States
PAHO	Pan American Health Organization
PATH	Programme for Advancement Through Health and Education
RCP	Roving Caregivers Programme
UN	United Nations
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WCJF	Women's Centre of Jamaica Foundation
WHO	World Health Organization



CHILDREN AND FAMILIES IN TRANSITION: YOUNG PARENTS AND CARETAKERS IN THE EASTERN CARIBBEAN



Executive Summary

Young parenting and caretaking occurs within the context of the significant changes in family life that occurred over the past several decades. These changes include declining fertility and family size and increasing education, urbanization, and female labour market participation and growing awareness of the important roles that fathers play. At the same time, young parenting and caretaking occurs within the context of a number of enduring features of family life, including recognition of a number of different types of families, early initiation of sexual activity, early child bearing, and young parenting within the context of the extended family. Migration remains as a central element of the demographic landscape of the Eastern Caribbean countries, including migration within the sub-region and migration outside the Caribbean and contributes to children being without parental care.

Young parenting continues at high levels across the region and has consequences for the young parent, the child, and the extended family. Teenage pregnancy can have negative consequences for the health of young mothers. Premature birth and low birth weight is a concern for the infants of adolescent mothers and has implications for their cognitive development. The young mother faces health, education, economic, social, and parenting challenges. Adolescent pregnancies occur more often among girls from poor households and among girls in rural areas where there is less access to services. Adolescent child bearing may increase risk-taking behavior among siblings and may represent a burden for grandparents, especially when they are still young and struggling with relationship, employment, and child rearing issues and unwilling or unable to provide support to adolescent children who become parents. Teenage fathers struggle with the conflicting demands of being a child, a student, and a father and programming often ignores these fathers.

Young parents and caretakers frequently face violations of rights guaranteed by the Convention on the Rights of the Child and other international conventions. This includes possible violation of: (i) the right to adequate health care; (ii) the right to education for young mothers; (iii) protection rights, particularly protection from sexual abuse, parental abandonment, legal protections, and the right to social protection; and (iv) the right to participate in decision making for themselves and for their children.

The policy, planning, and programming environment does not adequately focus on the needs of young people who become parents or on child-headed households.

**YOUNG PARENTING
AND CARETAKING
OCCURS WITHIN
THE CONTEXT
OF A NUMBER
OF ENDURING
FEATURES OF
FAMILY LIFE**



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Multiple ministries are responsible and policy, planning and service delivery are fragmented. Social protection programmes do not adequately address income and social risks resulting from young parenting and caretaking.

Monitoring and evaluation of programmes for young parents are consistently weak.

Despite the fact that adolescent childbearing continues at worrying levels, the absolute number of teen mothers and fathers is not so large as to make it impossible to provide proactive outreach services to all young parents and their families to assess their situation and provide for their most critical health, education, financial, and social needs. Priorities for the future should be to:

- Foster a Supportive Policy and Institutional Framework for Young Parents and Caretakers that clearly defines rights with respect to health care, education, and social protection for the mother, the father, the child, and the extended family. Advocacy and action will be required across multiple policy arenas, including health, education, and social protection. Countries should consider appointing an Ombudsman for young parents and caretakers with responsibility for helping young parents and caretakers (and their extended families) to navigate the education, health, welfare, and legal systems.
- Promote Integrated Approaches for Young Parents and Caretakers, including multidisciplinary programmes for young parents and their extended families and proactive efforts to identify and intervene in cases of child headed households.



YOUNG PARENTING AND CARETAKING OCCURS WITHIN THE CONTEXT OF A NUMBER OF ENDURING FEATURES OF FAMILY LIFE

I. Introduction

I. A. Background

There is increasing recognition of the pivotal role that children and families play in the sustainable development and advancement of the Caribbean. Therefore, it is no surprise that most children and youth living in the Eastern Caribbean are born healthy and have access to basic social services, including health services and primary and secondary education and, to a limited extent, early childhood education. The region though well advanced in many development areas is facing increasing challenges such as providing sufficient quality access to child and youth-centered services and social policy and social protection frameworks to ensure the realization of their human rights.

Single parent households are a target group of concern; however, more focus on young parents and caretakers is required. There is a tremendous need to understand the circumstances of young mothers and fathers and caretakers.

I. B. Objectives of the Study

The objective of this study is to fill the knowledge gap on issues related to young parents and caretakers. Specifically, the study provides evidence on teenage parenting and child-headed households in the Eastern Caribbean and assesses the situation of teenage parents and caretakers, with a specific focus on the situation of single young mothers, young fathers and child and sibling headed households. The study also examines key challenges and unmet rights for these young parents, caretakers, and their children; the policy response and adequacy of social protection system to deal with their needs and makes recommendations for improved policy and programming.

I. C. Methodology

This study was prepared between August and November 2008 and involved a review and synthesis of secondary quantitative and qualitative data, including census data, poverty assessments, research reports, studies, and policy documents (Annex 1) and interviews with key informants in Government and non-government organizations and consultations with young parents in Barbados and St. Lucia (Annex 2). The report focuses on adolescents (11-19 years old) and young adults (20 – 24 years old).

**THE STUDY ALSO
EXAMINES KEY
CHALLENGES AND
UN-MET RIGHTS
FOR THESE
YOUNG PARENTS,
CARETAKERS, AND
THEIR CHILDREN**

Several caveats about the methodology are in order. First, by agreement, this report relied on secondary data; however, there is very little data or current research on young parents and caretakers. Second, due to scheduling difficulties and weather related cancellations, the researcher was not able to meet with as many young parents as planned. For the same reasons, the researcher was unable to meet with any parents of young parents or with any child-headed households. Finally, the terms of reference for the study called for analysis of expenditure data on young parents and caretakers and on social protection. This study provides information on overall social protection expenditures; however, does not provide information on public spending on young parents and caregivers since public budgets do not disaggregate spending on health, education, and social welfare for young parents and caretakers.

I. D. Organization of the Report

This document is organized as follows: Chapter I is the introduction, with background objectives and methodology. Chapter II provides an assessment of the situation of teenage parents and caretakers, with a specific focus on the situation of single young mothers, young fathers, and child and sibling headed households. Chapter III describes and assesses the policy and planning environment for young parents and caretakers, including key challenges and unmet rights; and reviews the social protection challenge and best practice interventions. Chapter IV provides a summary of key findings and outlines priorities for the future.



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**THIS REPORT
RELIED ON
SECONDARY DATA,
HOWEVER, THERE
IS VERY LITTLE
DATA OR CURRENT
RESEARCH ON
YOUNG PARENTS
AND CARETAKERS**

II. The Situation of Young Parents and Caretakers

II. A. Families in Eastern Caribbean: Very Different but Much the Same

Families in the Caribbean have changed in significant ways over the last several decades. Fertility rates have declined and families are typically smaller, although the size of poor households has not decreased as rapidly as for wealthier households. Families are more likely to live in urban areas than in the past. Both men and women have had increasing access to secondary education, and labour market participation among women (both in country and overseas) has increased. In addition, there is a growing awareness of the important roles that fathers play, and young men seem increasingly interested in playing a role in raising their children.

Within the context of these changes, certain features of family life remain much the same. These include the unchanging concept of family, which incorporates a number of different types of families (marriage unions, common-law unions, visiting unions, kinship related households, and single parent households). In addition, although fertility rates have declined, early initiation of sexual activity and early child bearing remain a feature of the social landscape of the region. Moreover, as in the past, most young girls typically still live at home when they become pregnant for the first time and generally continue to live at home after the child is born.

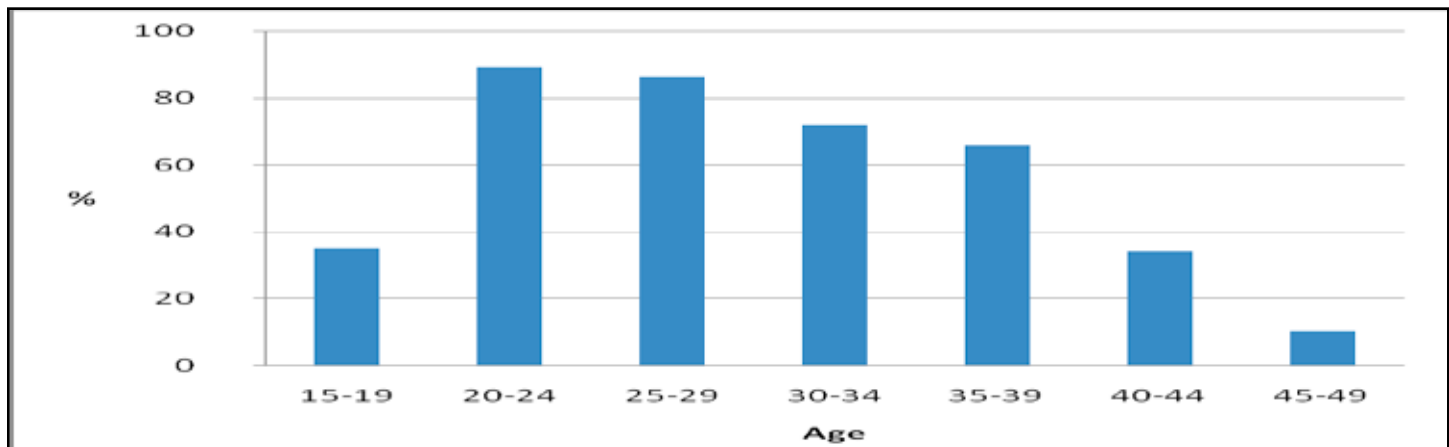
These changing and the enduring features of families constitute an important part of the social reality in which young parenting and child-headed households occur. Understanding the situation of young parents and caretakers requires that we consider the transitions that occurred over the last several decades as well as the patterns that have remained the same. These features provide the context within which the design and targeting of interventions will occur. These trends are briefly reviewed below.

**YOUNG MEN SEEM
INCREASINGLY
INTERESTED IN
PLAYING A ROLE
IN RAISING THEIR
CHILDREN**

The Changing Nature of Families

The impact of family planning on the lives of women in the Caribbean means that women have been able to move away from a lifetime of child bearing. This is in contrast to the situation a few decades ago when Caribbean fertility rates were among the highest in the world. Fertility rates declined among women of all ages; however, reductions in fertility among adolescents have not kept pace with the reductions among other age groups (**Figure 1**). Several countries in the Eastern Caribbean have attained fertility rates near replacement fertility and, in Grenada and Saint Vincent and the Grenadines, the average number of births per woman is below the replacement rate (**Table 1**).¹ The rate of decline has slowed in recent years (**Table 2**).

Figure 1: Average Percentage Decline in Fertility Rates in the Caribbean, 1970 - 2005



Source: United Nations Population Division (2008) World Fertility Patterns, on-line database

¹ The “replacement fertility rate,” is the number of children the average woman needs to bear for a population to sustain itself. The replacement fertility rate is 2.1 children per woman

Table 1: Total Fertility Rate

	1970-1975	2000-2005
Barbados	5.2	2.6
Grenada	3.0	1.8
Saint Lucia	5.9	2.5
Saint Vincent and the Grenadines	5.5	1.8

Source: United Nations Population Division (2008) World Fertility Patterns, on-line database

Table 2: Average Annual Rate of Reduction of Total Fertility Rate (Per cent)

	1970-1990	1990-2006
Barbados	3.1	0.7
Grenada	1.1	3.0
Saint Lucia	3.0	2.6
St Vincent and the Grenadines	3.5	1.9

Source: UNICEF (2008) State of the World's Children, New York.

2 St. Bernard, G.(2003) Major Trends Affecting Families in Central America and the Caribbean, prepared for the United Nations, University of West Indies: Trinidad and Tobago.

Households in the region have become smaller. There have been consistent declines in household size and mean number of children in households. Smaller families are partially attributable to declining fertility, but also a result of the reduction in the number of inter-generational families and increasing numbers of single parent households.²

There has been increasing access to education. All countries in the region have already reached or are moving towards universal secondary education. This means that they could accommodate the cohort in classrooms; it does not mean that all secondary age students are enrolled. There is ample evidence from poverty assessments that secondary enrollment continues to be linked to income. As discussed below, adolescent parenting is one reason that female students are not enrolled.

The trends highlighted above have facilitated increased participation by women in the labour market. Although there is increasing movement of women into the labour market, labour market participation among women still lags behind that of men (**Table 3**). Women in the Eastern Caribbean, however, are more likely to be unemployed with average unemployment equal to 16 per cent among women as compared to 12 per cent for men. Women also earn less than men do.³

³ World Bank (2005a) *Organization of Eastern Caribbean States: Towards a New for Growth*, Washington, DC.

Table 3: Labour Force Participation, 1990 – 2004 (Per cent)

Female	1990	1995	2000	2004
Barbados	71	75	77	76
St. Lucia	52	55	57	59
St. Vincent and the Grenadines	49	51	56	59
Male				
Barbados	85	86	85	86
St. Lucia	83	83	84	84
St. Vincent and the Grenadines	85	85	85	85

Source: World Bank (2008) World Development Indicators, online-data base



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Enduring Features Of Families In The Eastern Caribbean

Although families in the region have undergone significant transitions, thinking about what constitutes family remains virtually unchanged. In the Caribbean, the notion of family extends beyond the nuclear family to include a range of the family forms. The typology of families is diverse and fluid with men and women participating in different types of conjugal unions serially and simultaneously. The classification of conjugal unions is marriage, common law, cohabiting unions, visiting unions, and casual unions. Historically, these groups have been associated with income, class, and ethnicity. Middle class skilled, professional, or managerial groups and Indo-Caribbean families are more likely to be legally married and low-income semi-skilled and unskilled groups and Afro-Caribbean families are more likely to be in a common-law or multiple visiting unions over different phases of their lives. In the latter case, formal marriage often takes place late in life and represents the formalization of an existing union rather than the initiation of a relationship.⁴

⁴ Jaipaul Roopnarine (2006) *Cultural Bases of Childrearing and Socialization in African Caribbean and Indo Caribbean Families* Bernard van Leer Foundation, Kingston; and Klaus de Albuquerque and Jerome McElroy (1999) *Race, Ethnicity, And Social Stratification In Three Windward Islands*, unpublished report

Accompanying the high rate of non-marital child bearing is the increased likelihood of female-headed households. This raises concerns about the welfare of female-headed households who are among the most vulnerable households and often depend upon the financial contribution of men.⁵ As noted in the Antigua and Barbuda Participatory Poverty Assessment, this can lead women to enter into a sequence of relationships with men in their efforts to secure income. Poorer women resort to serial relationships to secure assistance from men for themselves and their children and the women will “Go from man to man just to get some financial support.”⁶ As a result, they may become victims of abuse, as evidenced by the fact that abuse victims are typically dependent on the abuser for her maintenance and for the care and maintenance of her children.⁷ In the British Virgin Islands, 30 per cent of single parent households are poor (Table 4),⁸ in contrast to the national poverty rate of 14 per cent. One-parent households account for about one-fifth of all poor households.⁹

5 St. Bernard, G.(2003) Major Trends Affecting Families in Central America and the Caribbean, prepared for the United Nations, University of West Indies: Trinidad and Tobago; Klaus de Albuquerque and Jerome McElroy, Race, Ethnicity, and Social Stratification in Three Windward Islands, 1999; and Hyacinth Evans (1989) Perspectives on the Socialization of the Working Class Jamaican Child, Social and Economic Studies, 38(3).

6 Kairi Consultants (2007) Living Conditions in Antigua and Barbuda: Poverty in a Services Economy in Transition, Caribbean Development Bank, Bridgetown.

7 UNICEF Regional Office for Latin America and the Caribbean (2002) Violence Against Children in the Caribbean Region, UN Secretary General’s Study On Violence Against Children, Panama; Economic Commission for Latin America and the Caribbean (2001) An Evaluative Study of the Implementation of Domestic Violence Legislation: Antigua And Barbuda, St Kitts/Nevis, Saint Lucia And Saint Vincent And The Grenadines,

8 Halcrow Group (2003) British Virgin Islands Poverty Assessment, Caribbean Development Bank, Bridgetown.

9 Poverty is defined based on the consumptions of households. Households that report consumption below the level required to purchase a basic food basket and other necessities are defined as poor.

Table 4: Household Type and Poverty in the British Virgin Islands (percentage)

	Poor ⁽¹⁾	Not Poor ⁽²⁾	ALL	Poor per cent ⁽³⁾
Women living with adult men	58	56	56	16
Women living on their own	5	11	10	7
Women living with children and other female relatives	25	14	16	26
One parent families	22	10	12	30
Men living on their own	12	18	17	11

⁽¹⁾ As per cent of all poor

⁽²⁾ As per cent of all not poor households

⁽³⁾ Poor as per cent of household category

Source: Halcrow Group (2003) British Virgin Islands Poverty Assessment, Caribbean Development Bank, Bridgetown.

The region is characterized by high rates of non-residential fathers. Data from the 1990s suggest that 35 per cent of families in Antigua, 29 per cent in St. Kitts, 45 per cent in St. Lucia, 37 per cent in St. Vincent, 49 per cent in Barbados, and 58 per cent in Jamaica had fathers residing in the households.¹⁰ Recent data from Jamaica reported that 40 per cent of children are physically separated from their father.^{11,12} It is not clear whether this represents a measurement artifact or a real decline in non-residential father. Research is needed to get a better understanding of current patterns of non-residential fatherhood in the Eastern Caribbean.

Thinking about the nature of fatherhood in the region has evolved. Earlier notions of Caribbean fatherhood posited that men play a marginal role in the day-to-day lives of their children and that their primary responsibility to families was financial. However, recent Caribbean fathers, especially the younger generation of fathers, do play a significant role in the lives of children. Previously, fatherhood was defined exclusively in terms of financial support, authority, and protection of the family. The cultural construct now includes emphasis on emotional nurturing. Nevertheless, the expectation that men will provide for their children financially remains an important part of the construct of fatherhood.¹³

There is frequently a tension between the ideal construct and reality, especially if the father has a number of children and/or he is unemployed. This is of particular concern to young fathers, since youth unemployment rates are consistently higher than unemployment rates among older workers.¹⁴ A study of fathers in Jamaica found that they are more satisfied in their role when they are able to provide financially for their families (54 per cent), but that “being there for their children” was also a very important factor. Fathers were most dissatisfied with their role as financial provider (70.3 per cent) in the poorest community and were unhappy that their children did not live with them or wished that they could spend more time with their children. The number of “baby mothers” a man has is related to his socioeconomic status and education level. About 60 per cent of the fathers in the higher-income, better educated cohort had child/ren with only one woman; this was true of 43 per cent of the lowest income, lower-educated fathers. Men that have children by fewer women, have fewer children. Men with only one partner averaged 1.7 children; men with five or more partners averaged 9.2 children. This varied very little by social class.¹⁵ At the same time, society recognizes a difference between a promiscuous men and the multi-partnered man. A man may have several women if he assumes economic and familial commitment for all. Conversely, a man is viewed negatively if he has several sexual relationships without providing economic or familial support.¹⁶

10 Elsa Leo-Rhynie (1997) *Class, Race, and Gender Issues in Child Rearing in the Caribbean*, in Jaipaul Roopnarine and Janet Brown (Eds.), *Caribbean families: Diversity among Ethnic Groups*, Ablex, Norwood;

11 Maureen Samms-Vaughan, M 2001, *The Profiles Project, Report No.1, A Profile of the Status of Jamaican Preschool Children and their Learning Environment*, University of the West Indies, Mona.

12 Data from Jamaica is reported throughout this study. Although Jamaica is not an Eastern Caribbean country, it is part of the larger English speaking Caribbean sub-region and has many historical and cultural features in common with the Eastern Caribbean.

13 Caribbean Child Support Initiative (2008) *My Father Who Fathered Me: What Research Tells Us About Caribbean Fathers*, Bridgetown.

14 World Bank (2005a) *Organization of Eastern Caribbean States: Towards a New for Growth*, Washington, DC.

15 Patricia Anderson (2007) *The Changing Roles of Fathers In The Context of Jamaican Family Life*, Planning Institute of Jamaica, Kingston.

16 Family Health International (2007) *Behavioral Surveillance Surveys in Six OECS Countries: 2005-2006*, USAID/CAREC/PAHO.

Migration and its Impact on Families

Migration is a central element of the demographic landscape of the Eastern Caribbean countries, including migration within the sub-region and migration to countries outside the Caribbean. Migration may be formal or informal and may involve temporary, circular, or permanent mobility. The World Bank estimates that an average of 30 per cent of the labour force lives abroad.¹⁷ About half of all households in the British Virgin Islands and Dominica have at least one family member who has migrated.¹⁸ Migration is primarily to the United States, Canada, and the United Kingdom, but migration within the Eastern Caribbean (as evidenced by the migrant stock) is also significant. The migrant stock as a per cent of the total population ranges from 5 per cent in St. Lucia and Montserrat to 38 per cent in the British Virgin Islands, and is growing in all countries except Montserrat (**Table 5**). Females account for about half of all migrants in the Eastern Caribbean.

17 Pablo Fajnzylber and J. Humberto López (2008) *Remittances and Development: Lessons From Latin America*, World Bank, Washington, DC.

18 Halcrow Group Ltd (2003) *British Virgin Islands: Country Poverty Assessment*, CDB; and Halcrow Group LTD (2003) *Dominica: Country Poverty Assessment*, Caribbean Development Bank/Government of Dominica.

Table 5: Migrants in the Eastern Caribbean

	Migrant Stock as a Percentage of population	Growth rate of the migrant stock 2000-2005 (per centage)	Female migrants as per centage of all international migrants
Antigua and Barbuda	22.0	2.8	55.1
Barbados	10.0	1.4	60.1
British Virgin Islands	38.0	0.1	48.6
Dominica	6.0	3.9	46.2
Grenada	11.0	6.2	53.3
Montserrat	5.0	-10.1	46.4
Saint Kitts and Nevis	10.0	0.6	49.7
Saint Lucia	5.0	3.2	51.7
Saint Vincent and the Grenadines	9.0	6.3	51.7
Turks and Caicos Islands	n.a.	2.9	47.5

Source: Karoline Schmid/ECLAC (2008) *Migration in the Caribbean: What Do We Know?*, Presentation at UNICEF/ECLAC Knowledge Building Through Partnerships End Year Forum, Barbados; and World Migrant Stock: The 2005 Revision Population Database, UN Population Division.

Remittances generated from migration remain a “safety net” for Caribbean families. In 2005, remittances represented about 4.5 per cent of GDP in Barbados, 1.2 per cent of GDP in St. Vincent and the Grenadines, 1.4 per cent of GDP in Dominica, 0.7 per cent in St. Kitts and Nevis and 0.4 per cent in St. Lucia. Between 2002 and 2005, the annual growth in remittances to Barbados was 4.4 per cent and 1.1 per cent in St Vincent and the Grenadines, other countries in the region did not grow, but, at the same time, did not record any declines. While considerable, these remittances lag behind those found in the Latin American.¹⁹ The figures do not reflect in-kind remittances, which are also significant, but not quantified.

Families benefit through remittances; however, the education, health and social impact on families is often ignored. There is often little adult supervision or guidance for these children and the only parental support is through cash remittances, clothing and food sent from overseas.²⁰ The children may appear to be doing well because they have money and nice clothes, but they are fragile emotionally. This informal arrangement, if not monitored, can result in improper supervision, exploitation, or abuse.²¹

19 Pablo Fajnzylber and J. Humberto López (2008) *Remittances and Development: Lessons From Latin America*, World Bank, Washington, DC.

20 See for example, Michele Reis (undated) *The Impact of Migration on Children in the Caribbean: Policy Brief*, UNICEF/CARICOM, Bridgetown; Michele Reis (undated) *The Impact of Migration on Children in The Caribbean: Dominica, Bahamas, Belize and Guyana*, UNICEF, Bridgetown; and Anna Lucia D’Emilio et al, *The Impact of International Migration: Children Left Behind in Selected Countries of Latin America and the Caribbean*, UNICEF, New York, 2007.

21 Patricia Lim Ah Ken (2007) *Children without parental care in the Caribbean*, UNICEF, Bridgetown

22 Lorraine Blank (2007) *Situation Analysis of Children and Women in the Eastern Caribbean*, UNICEF, Bridgetown.

23 Godfrey St. Bernard (2003) *Major Trends Affecting Families in Central America and the Caribbean*, United Nations, New York.

24 UNICEF (2005) *A Study of Child Vulnerability in Barbados, St. Lucia, and St. Vincent and the Grenadines*, Bridgetown.

Other Influences on Family Life

Increasing crime and violence and the HIV/AIDS pandemic are two other important social transformations that influence family life in the Eastern Caribbean.

- The availability of guns, criminality, and violence affects all countries to one degree or another and violence is a frequent occurrence in communities, schools, and homes across the region.²² Moreover, some young parents are immersed within the criminal culture and reaching them and their children will be a challenge.
- The AIDS pandemic has also had an impact on families, especially young parents. The HIV/AIDS prevalence rate in the Caribbean is second only to that of Sub-Saharan Africa. Moreover, approximately half of all new cases of HIV infection occur in young people between 15-24 years and women are more susceptible than men are. Despite these high prevalence rates, estimates place the number of AIDS orphans at less than 1,000 across the English speaking Caribbean²³ and being orphaned by AIDS does not appear to lead to child-headed household.²⁴

II. B. Young Parenting: An Intergenerational Concern

Young parenting affects the young parents as well as their families. This section summarizes the impacts on the young mother, the children of young mothers, the fathers, and the families of the young parents.

The Young Mother

Initiation of sexual activity continues to occur at an early age.

In a survey of students 10-14 years old in Antigua, Dominica, Grenada, St. Kitts and Nevis, St. Lucia and St. Vincent and the Grenadines, 12 per cent of males and 6 per cent of females aged 10-14 years were sexually experienced. The median age of students who were sexually experienced was 13 years for both males and females. Forty-four per cent of sexually active youths reported sexual debut before the age of 15. The median age of the first partner was 16 years old. No respondent, regardless of gender, reported having had their first sexual intercourse with a partner who was older by 10 years or more. However, 24 per cent of girls reported not knowing the age of their first sex partners compared to 6 per cent of boys. A higher proportion of girls (16 per cent) compared to boys (4 per cent) reported that their first sexual partner was older by five to nine years. In addition, contraceptive prevalence remains low with only 30 per cent of sexually active girls and 24 per cent of sexually active boys 18 and younger reporting that they always use contraception.²⁵

25 Family Health International (2007) Behavioral Surveillance Surveys in Six OECS Countries: 2005-2006, USAID/CAREC/PAHO.

Table 6: Teenage Births in Four Countries (As a Per cent of Total Births)

	1998	1999	2000	2001	2002	2003	2004	2005
Dominica								
< 15	1	0	1	1	1	1	n.a.	n.a.
15 - 19	15	16	15	15	13	15	n.a.	n.a.
Total	16	16	16	16	14	16	16	16
St. Kitts and Nevis								
10 - 14	1	0	0	0	0	0	1	1
15 - 19	17	17	19	20	18	19	17	18
Total	19	18	19	21	18	19	18	19
St. Lucia (Total)	16	16	16	n.a.	n.a.	n.a.	n.a.	n.a.
Turks and Caicos (Total)	n.a.	n.a.	n.a.	10	10	11	9	9

n.a. = not available

Sources: Lorraine Blank (2007) Situation Analysis of Children and Women in the Eastern Caribbean, UNICEF, Bridgetown.

26 UNFPA (2007) Promoting Healthy Sexual Behavior Among Young People in the Caribbean: A Strategy for Helping Youth Adopt and Maintain Behaviors that enable Reduction in the Spread of HIV in the Youth Populations, Barbados.

27 Kairi Consultants (2007) Living Conditions in Antigua and Barbuda: Poverty in a Services Economy in Transition, Caribbean Development Bank, Bridgetown.

28 Family Health International (2007) Behavioral Surveillance Surveys in Six OECS Countries:2005-2006, USAID/CAREC/PAHO.

29 WHO/PAHO (2000) A Portrait of Adolescent Health in the Caribbean, Washington, DC.

Although impossible to quantify, it is important to note, that some teenage pregnancies are the result of rape and abuse.

For example, 21 per cent of boys and 26 per cent of girls who had sex reported that sex had been forced.²⁸ This recent study supports the findings of the earlier Caribbean-wide study of adolescent health which reported that 48 per cent of girls and 32 per cent of boys in the region say that their first sexual encounter was forced or somewhat forced. Moreover, 11 per cent of girls and 9 per cent of boys reported that they had been sexually abused.²⁹

Adolescent mothers have more births and a shorter period to the next pregnancy than older mothers do and have more children than those who start childbearing later.

This is reflective of the pattern in the Eastern Caribbean and is consistent with data from around the world.³⁰ In St. Lucia, 3 per cent of 16-year-olds who gave birth in 2002 were giving birth to their second child. Over 7 per cent of 17-year-olds who gave birth were having their second child and 2 per cent were having their third child. Almost 25 per cent of 19 year olds were having their second child and about 4 per cent were having their third child (**Table 7**). Design of appropriate interventions must be guided by a better understanding of the dynamics of repeat pregnancies among young mothers.

Table 7: St Lucia: Per cent of Births by Parity and Age of Mother, 2002

Age/Parity	1st	2nd	3rd
13	100.0	0.0	0.0
14	100.0	0.0	0.0
15	100.0	0.0	0.0
16	97.0	3.0	0.0
17	90.5	7.4	2.1
18	87.7	12.3	0.0
19	71.7	24.7	3.6
20 - 24	49.8	29.0	14.2
25 - 29	26.1	27.4	18.1

Source: St. Lucia Registrar of Civil Status and Government Statistics Department, 2002.

Table 8: BVI: Households Reporting a Teenage Pregnancy by Poverty Status

	Poor	Not Poor
As a Per cent of Households with Children ⁽¹⁾	13	9

Source: Halcrow Group (2003) British Virgin Islands Poverty Assessment, Caribbean Development Bank, Bridgetown.

Table 9: Dominica - Households Reporting a Teenage Pregnancy by Residence

	Rural	Urban
As a Per cent of Households with Children ⁽¹⁾	23	14

Source: Halcrow Group (2003) Dominica Poverty Assessment, Caribbean Development Bank, Bridgetown.

⁽¹⁾ Measures all households with children that had a teenage pregnancy within the last 18 years. Excludes children living away from home and who are now adult.

Daughters of teen mothers are more likely to become teen mothers themselves.³² This finding was supported by the mothers who participated in the consultations for this study, all of whom reported that their mothers were teenage mothers. The transmission of teenage child bearing is an underlying factor in the intergenerational transmission of poverty.

Adolescents usually bear their first child while still living in her mother's home, making it an extended family home. Eventually, she moves out, sets up her home, and has other children. The 1998 UNICEF Situation Assessment of Children reported on this pattern³³ and persons consulted for the present study report that the pattern continues. Almost all of the young mothers interviewed continued to live at home after the birth of their child.

Teenage mothers who are poor at the time that they give birth are likely to remain poor. A review of four studies in the region reported that adolescent motherhood is associated with adverse socioeconomic conditions and poor earning potential for young mothers, especially for those who are poor.³⁴ Recent research in Jamaica corroborates that adolescent childbearing is associated with poverty.³⁵ Because the consequences of adolescent childbearing affect the mother and her children, investing in preventive and remedial measures targeted to at-risk teens and their children should have sizeable social benefits, especially for the poor.

³² UNICEF (2003) Children in Focus, Eastern Caribbean Office, Bridgetown.

³³ UNICEF (1998) Situation Analysis of Children and Women, Caribbean Eastern Caribbean Office, Barbados.

³⁴ Mayra Buvinic and Geeta Rao Gupta (1997) Female-Headed Households and Female-Maintained Families: Are They Worth Targeting to Reduce Poverty in Developing Countries? Economic Development and Cultural Change, 45:259.

³⁵ Heather Ricketts (2005) Responding to the Challenges: Parenting, Presentation at Workshop on Breaking the Cycle: The Intergenerational Transmission of Poverty in Jamaica, Planning Institute of Jamaica, Kingston.

³⁶ Save the Children (2004) Children Having children: State of the World's Mothers, Westport.



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Teenage pregnancy can have negative consequences for the health of young mothers.

Complications from pregnancy and childbirth are the leading cause of death for young women aged 15 to 19 in the developing world. Girls in their teens are twice as likely to die from pregnancy and childbirth related causes than older women. Very young mothers (aged 10 to 14) have maternal mortality rates five times higher than women aged 20 to 24.³⁶ These concerns are also relevant to the Eastern Caribbean, where a disproportionate share of maternal deaths is associated with teenage pregnancy.³⁷

Teenage pregnancy often means an end to formal education.

In Jamaica, 50 per cent of teen girls who had dropped out of secondary school gave pregnancy as their reason for dropping out.³⁸ Teen mothers are more likely to stop their education at the point when they can no longer hide their pregnancy. Even when a teen mother returns to school, stakeholders reported that she often attends irregularly. This hinders the accumulation of human capital assets necessary for effective competition in the labour market. This imposes economic costs related to a lifetime of lower earnings for the mother. It also imposes costs for society. The lives of a single cohort of adolescent mothers cost over US\$2 million in St. Kitts and Nevis. This represents the cost to the government over a period of 20 years to support the teenage families for one year.³⁹ Facilitating school retention among teen mothers promotes her rights, but it is also justified on economic grounds.

Many young mothers, especially if they are very young, exhibit a number of psychosocial problems. Social workers, guidance counselors, and programme administrators interviewed for this study attested to this. Their parents may have migrated, they may come from dysfunctional families, the girls often exhibit behavior problems before becoming pregnant, and they have difficulty accepting the parent role because they are still very young. Moreover, many young mothers are emotionally distant and/or rejected by families and becoming pregnant exacerbates the conflict. Pregnancy is hard at any age, but it is especially hard when you are young and poor. Teen mothers are expected to be both a mother and a student. This is a heavy burden for a teenager (**Box 1**). Social workers and young parents reported that the teens' parents were typically angry because of the "shame" and economic burden resulting from the pregnancy.

Several young parents reported that they were not allowed to participate in decisions that affected their lives or the lives of their child. For example, families sent several of the young mothers away from home. Several others sent the baby to live away from the mother.

32 UNICEF (2003) *Children in Focus*, Eastern Caribbean Office, Bridgetown.

33 UNICEF (1998) *Situation Analysis of Children and Women*, Caribbean Eastern Caribbean Office, Barbados.

34 Mayra Buvinic and Geeta Rao Gupta (1997) *Female-Headed Households and Female-Maintained Families: Are They Worth Targeting to Reduce Poverty in Developing Countries?* *Economic Development and Cultural Change*, 45:259.

35 Heather Ricketts (2005) *Responding to the Challenges: Parenting*, Presentation at Workshop on Breaking the Cycle: The Intergenerational Transmission of Poverty in Jamaica, Planning Institute of Jamaica, Kingston.

36 Save the Children (2004) *Children Having children: State of the World's Mothers*, Westport.

37 United Nations (2005) *The Millennium Development Goals: A Latin American and Caribbean Perspective*, Santiago; and Lorraine Blank (2007) *Situational Analysis of Women and Children in the Eastern Caribbean*, UNICEF, Bridgetown.

38 Monica M. Brown, *Dropout from Educational Institutions in a Select Sample of CARICOM Countries*, CIDA, 2004.

39 Canadian Foundation for the Americas (2006) *The Caribbean Single Market and Economy (CSME): The Case for Tracking Impacts on Women and Men*, Canadian International Development Agency, Gatineau

Box 1: It is Hard to Be a Young Mother

The hardest things about being a young mother:

- Lack of money
- When them looking at you like you committed a sin
- When baby crying and you don't know what to do
- When fathers move on to the next girlfriend and forget about their children
- Pressure from girls' parents to get father to support the child
- Quarrels in house because they are a parent but a child in their parent's house
- Not getting to make decisions about your child

Source: As reported by young mothers in St. Lucia

Despite the fact that adolescent pregnancy conforms to a larger cultural and historical pattern of condoned sexual activity and out of wedlock childbirths, there continues to be tension with major institutions such as family, church, and school. Adolescent childbearing imposes psychological costs, including low sense of self-esteem of mother. The outcome for girls often depends on the response from families; but the response from some families is rejection (**Box 2**).



Box 2: Amy - Young and Alone

Amy (not her real name) is 19 years old. Her son, now almost 2, was born when Amy was 17. His father is 21 and this is his first child.

Amy was in 5th Form when she got pregnant. Her school was supportive and allowed her to continue with classes while she was pregnant. However, she found it hard to continue in school because she was always tired. Amy lived with her aunt because she “has a mother who doesn’t care.” Her mother has 8 children, by five different men. Her mother was 17 when she had her first child. Amy’s father migrated many years ago and she does not see him. Amy said her aunt treated her as if she had committed a sin when she got pregnant and they always fought, so Amy went to live with her boyfriend. However, he made her move out when the baby was 3 months old because he had a new girlfriend who he wanted to move in.

After this, Amy attempted suicide and spent three months in the hospital. Upon her release, Amy went back to live with her aunt, but the aunt was upset because the baby’s father did not help. Her aunt would not give her any food and Amy had to “go begging” in the neighbourhood. She was always hungry and could not produce enough breast milk to feed the baby. A neighbor helped occasionally. Amy tried to find a job but without skills or daycare, she could not find work. The baby was always hungry and crying.

Amy wanted to go back to school but as she said, “How could I go to school when I can’t even feed my baby.” She found another boyfriend to help her. She tried to go back to school but could not find anybody to watch the baby. She convinced the baby’s father to take him so that she could go back to school, but now he refuses to let her see the baby. Amy wants to see her baby and have him come back to live with her. However, she says she would not even know how to begin to do that.

Teen pregnancy and motherhood also affects the families of the young parent. One study found that the younger sisters of teen mothers were less likely to emphasize the importance of education and employment and more likely to accept sexual initiation, parenthood, and marriage at younger ages. Younger brothers, too, were found to be more tolerant of non-marital and early births, in addition to being more susceptible to high-risk behaviors.⁴⁰ An additional study discovered that those with an older sibling who is a teen parent often end up baby-sitting their nieces and nephews and that young girls placed in such a situation have an increased risk of getting pregnant themselves. This study followed 243 younger brothers and younger sisters of parenting teens and non-parenting teens across a 1.5-year period. The average age of siblings was 13.6 years at Time 1 and 15 years at Time 2. Relative to other youth, the sisters of parenting teens exhibited a sharp increase in drug and alcohol use and partying behavior across time and had the highest pregnancy rate at Time 2 (15 per cent).

40 Patricia East (1996) Do Adolescent Pregnancy and Childbearing Affect Younger Siblings, Family Planning Perspectives, 28 (4)

The siblings of parenting teens spent 10 hours a week caring for their sisters' children and, for girls, these childcare responsibilities were associated with negative outcomes including permissive sexual behavior. Findings suggest that the younger sisters of parenting teens are at very high risk of early pregnancy and that this risk becomes increasingly pronounced across time.⁴¹ Teenage pregnancy also has ramifications for the grandparents, many of whom are still young and struggling with relationship, employment, and child rearing issues and unwilling or unable to provide support to adolescent children who become parents. The role of grandparent is thrust upon the grandparent (particularly the grandmother) but they may not be in a position to care for or support

41 Patricia East and Linda Jacobson (2001) The Younger Siblings of Teenage Mothers: A Follow-Up of Their Pregnancy Risk, *Developmental Psychology*, 37(2), 254-64.

42 It is important to point out that the census generally poses questions on fertility to women over age 15. Thus, the information on persons under age 15 could reflect information on persons over age 15 who provided the wrong age or whose age was misreported. Therefore, information on persons under age 15 may not be complete, since not all persons under age 15 responded to the questions.

43 PAHO (2007) Health in the Americas, Saint Vincent and the Grenadines Report.

Although adolescent childbearing continues at worrying levels, the absolute number of teen mothers is not so large as to make it impossible to provide pro-active outreach services to all young parents and their families to determine their most critical social, educational, and financial needs. In the 12 months preceding the 2001 census, there were 154 live births to adolescent mothers age 15 to 19 in Antigua and Barbuda and 356 in Barbados. In 2001, St. Lucia recorded 6 live births to girls 13 to 15 years and 89 live births to girls 16 to 18 years (Table 10).⁴² In St. Vincent and the Grenadines, the 10–14 year age cohort accounted for 48 live births, while the 15–19- year- age cohort accounted for 1,606 live births.⁴³

Table 10: Number of Live Births in Previous 12 Months

	None	One	Two Separate Births	Twins	Not Stated	Total
Antigua and Barbuda						
15 to 19 Years	297	154	1	0	2,119	3,324
20-24 Years	1,000	354	4	5	1,799	3,163
Barbados						
15 to 19 Years	7,952	356	1	2	891	9,202
20-24 Years	7,399	871	3	8	607	8,891
St Lucia¹						
13 to 15 Years	3	6	0	0	3	13
16 to 18 Years	147	88	1	0	128	364
19 to 21 Years	627	168	0	2	317	1,114
22 to 24 Years	1,214	221	1	0	407	1,843

Source: Barbados, 2001 Census; Antigua and Barbuda, 2001 Census; St. Lucia, 2001 Census

The Children of Young Mothers

Premature birth and low birth weight (those that are born weighing less than 5.5 pounds) is a worldwide concern among adolescent mothers because pregnant adolescents are less likely to receive prenatal care or to receive it late in their pregnancy and to have inadequate nutrition during pregnancy.

Infants who are low birth weight face higher rates of infant mortality, developmental challenges, and long-term disabilities.⁴⁴ In St. Lucia, the Chief Medical Officer reported that the only conclusive correlate of low birth weight was teenage pregnancy.⁴⁵ In Latin American and the Caribbean, if a mother is under 18, her baby's chances of dying during the first year of life are 60 per cent higher than those of a baby born to a mother older than 19.⁴⁶

There is reason to be concerned about the parenting skills of young mothers. A study of maternal behavior found that mothers who are more mature tend to display more affection towards their infants whereas teenage mothers often focus on instrumental behavior such as fixing their infant's clothes or their soother.⁴⁷

Babies born to teenagers are at risk for neglect and abuse because their young mothers are uncertain about their roles and may be frustrated by the constant demands of caretaking.⁴⁸ Evidence points to a number of other concerns about the quality of adolescent parenting and the impact of this deficient parenting on child development (**Box 3**).⁴⁹ On the other hand, a Jamaica study reported that younger parents are less harsh and more affectionate than older parents are.⁵⁰ A better understanding of the parenting patterns of adolescent parents in the Eastern Caribbean is needed.



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44 It is important to note; however, that the census generally poses questions on fertility to women over age 15. Thus, the information on persons under age 15 could reflect information on persons over age 15 who provided the wrong age or whose age was misreported. Therefore, information on persons under age 15 may not be complete, since not all persons under age 15 responded to the questions.

45 Lorraine Blank (2007) Situation Analysis of Children and Women in the Eastern Caribbean, UNICEF, Bridgetown.

46 UNICEF, Fast Facts on Adolescents and Youth in Latin America and the Caribbean

47 Science Daily (Jan. 28, 2005)

48 American Academy of Child and Adolescent Psychiatry (2004) When Children Have Children, Number 31.

49 For a review of Caribbean research on parenting, see Sian Williams, Janet Brown, Jaipaul Roopnarine (2008) Child Rearing in the Caribbean: A Literature Review, Caribbean Child Support Initiative, Barbados.

50 Sian Williams, Janet Brown, Jaipaul Roopnarine (2008) Childrearing in the Caribbean: A Literature Review, Caribbean Child Support Initiative, Barbados.

Box 3: Deficiencies in Adolescent Mothering

Researchers find differences in the quality of parenting given by teenage mothers as compared to adult mothers. Adolescent mothers:

- Engage in less smiling and positive eye and physical contact with their infants than adult mothers, even when matched on socioeconomic and ethnic characteristics. They talk less, give more commands and authoritarian statements, and make fewer elaborated, descriptive, and articulate responses.
- Are more passive in face-to-face interactions, and score lower than adult mothers do in maternal-affection, rate of stimulation, flexibility, positivity, motivation, and quality of mothering.
- Are to be less committed, less satisfied, and less skilled than older mothers are.
- Are more likely to be depressed than older mothers are, and depressed mothers are less emotionally available for their children.
- Are less sensitive, less responsive, more restricted, more physically intrusive, and more punitive in their child-rearing practices compared with adult mothers.
- Are less knowledgeable about child development than are adult mothers. They generally underestimate social, cognitive, and language functioning and overestimate the attainment of developmental milestones. Compared to adult mothers, teenage mothers perceive their infants' temperaments as more difficult.
- Are generally aware of the order of developmental abilities, but are less aware of the timing (age onset) of abilities. In addition, adolescent mothers are better at estimating first-year abilities than estimating second- and third year abilities. In general, their knowledge of cognitive, language, and motor development is significantly stronger than their knowledge about play and social development.

Source: Florida State University Centre for Prevention and Early Intervention Policy (2005) Teen Parent Child Care Quality Improvement Project at www.cpeip.fsu.edu

Having attentive listeners and positive models to support positive parenting can strengthen parenting. Parenting programmes can have a positive effect on the quality of parents and may be a protective factor contributing to better outcomes for teen mothers and their children. An adolescent mother's attentiveness to her infant increases when she is not coerced into caring for her child and not excluded from providing care. Responsive care giving is anchored in relationships of trust and respect that foster a sense of self worth, acceptance, responsibility, and power to act on behalf of one's child.⁵¹

51 Teen Parent Child Care Quality Improvement Project (2005) Florida State University Centre for Prevention & Early Intervention Policy, www.cpeip.fsu.edu

Early maternity is one of the key links in mechanisms for the intergenerational transmission of poverty, since the development of the children's educational and social capital largely depends on the greater or lesser assets of the parents. Adolescent fertility is associated with high total fertility at the end of the fertile cycle and, as noted above, it is also associated with poverty. This means that the children born during the adolescent years frequently have to share the household's usually scarce resources of time, space, money and attention. Teenage mothers are more likely to be single parents, which constitutes another basic disadvantage for the children.⁵² In addition, young mothers are less likely to provide adequate cognitive stimulation and this could be associated with the poor academic performance often observed in the children of adolescent parents.⁵³ In addition, children may end up in below standard child minding arrangements or poor quality day-care facilities.

Young parents, especially those who are poor, struggle with the factors known to underlie parental stress. The significant stressors were poverty, large numbers of children, lack of a partner to support parenting tasks, and inadequate or no parenting information.⁵⁴ We need to worry about parental stress of young parents, since high levels of parental stress are associated with diminished quality of parenting.

One recognized practice within the Caribbean culture of shared child-rearing is 'child shifting'; that is, moving a child from his/her parent(s) to live with family or friends for some extended period and sometimes in a different country. Child shifting is more common among low-income African-Caribbean families. A child is shifted for a variety of reasons, including migration or death of a parent, birth of another child (or pregnancy), formation of a new union where the child is not wanted, or because the individual receiving the child has no children or is financially better able to care for a child. In most cases, the child is shifted not because the parent lacks affection but because of her inability to effectively care for the child. Between 18 per cent and 28 per cent of children in Barbados, St. Lucia and St. Vincent and the Grenadines do not live with their biological parent.⁵⁵

BETWEEN 18 Per cent AND 28 Per cent OF CHILDREN IN BARBADOS, ST. LUCIA AND ST. VINCENT AND THE GRENADINES DO NOT LIVE WITH THEIR BIOLOGICAL PARENT.

52 Economic Commission for Latin America and the Caribbean/Latin American and Caribbean Demographic Centre (2000) Youth, Population and Development in Latin America and the Caribbean: Summary and Conclusions, Santiago.

53 American Academy of Pediatrics (2001) Care of Adolescent Parents and Their Children, *Pediatrics*, 107 (2) 2001, pp. 429-434.

54 Heather Ricketts and Patricia Anderson (2008) The Impact of Poverty and Stress on the Interaction of Jamaican Caregivers with Young Children, *International Journal of Early Years Education* 16 (1) .

55 UNICEF (2005) A Study of Child Vulnerability in Barbados, St. Lucia, and St. Vincent and the Grenadines, Bridgetown.

**IN THE CONTEXT
OF A CULTURE OF
CHILD SHARING,
CHILD SHIFTING
MAY NOT CARRY
THE NEGATIVE
BAGGAGE
TYPICALLY
HIGHLIGHTED**

Child shifting occurs frequently with teenage mothers when someone within the extended family is thought to be more competent and financial able to raise children. A study of child shifting in teenage Barbadian mothers noted that it provides the necessary breathing space for a teen mother who has been thrust into the parenting role". However, the experience is often painful for the mother.⁵⁶ There are psychological ramifications for mothers that need to be explored. As one 16-year-old mother, whose child lives with his father and his family said, "It makes me sad. I think about him all the time. I gave him away already". According to key informants and focus groups participants, two factors that seem to affect how the young mother feels about a child sharing arrangement is the degree to which she had any say in the decision and how much access she has to the child.

Child shifting occurs within larger context of child sharing.

The shift may be permanent or temporary; it may last anywhere from a few days to several years. In cases where it is less permanent, it may be more accurate to think in terms of child sharing. In recent years, child shifting has been interpreted in a less benign light and is now seen increasingly, but simplistically, as a form of abandonment and neglect. However, it is not the fact of child shifting itself that matters, but the fact that children live in a culture of child sharing. In the context of a culture of child sharing, child shifting may not carry the negative baggage typically highlighted.⁵⁷ At the same time, child shifting can result in negative outcomes for children. A UNICEF study on child vulnerability noted that the children born to adolescents may be shifted between caregivers and separated from their fathers, mothers, and siblings and that was a source of vulnerability for these children.⁵⁸ Similarly, research from Jamaica suggests that the demand for foster children may have economic motives and comes primarily from rural household, farm households, and elderly householders. This pattern is consistent with the use of foster children to adjust the household's labour supply to the desired level.⁵⁹ How economic incentives apply to shifting of the child of a teen mother warrants further investigation. Certainly, use of the baby for labour would not come until much later, but there may be financial gains for the foster parent. This points to the need to knowing which children are shifted and shared and how this shifting and sharing impacts on their development.

⁵⁶ Russell-Brown, P., Norville, B., & Griffith, C. (1997) *Child Shifting: A Survival Strategy For Teenage Mothers*, in J. L. Roopnarine and J. Brown (Eds.), *Caribbean Families: Diversity Among Ethnic Groups*, Ablex Norwood, NJ.

⁵⁷ Christine Barrow, personal communication.

⁵⁸ UNICEF (2005) *A Study of Child Vulnerability in Barbados, St. Lucia and St. Vincent and the Grenadines*, Bridgetown.

The children of adolescent mothers are unplanned but not necessarily unwanted. This can be partially explained by the fact that first order births are rarely declared “undesired” but it may also reflect deeper forces, such as longing to gain status, the need to forge a separate identity, and the general lack of opportunities, which makes maternity the only visible plan for the future. If these are in fact the forces that trigger adolescent fertility (and even a portion of youth fertility), the challenge for public policy becomes even greater, because sexual and reproductive health programmes alone cannot resolve the problems of identity formation, longing for independence and the lack of opportunities facing teenagers and youth.⁶⁰



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TO GAIN STATUS**

⁶⁰ Youth, Population and Development in Latin America and the Caribbean Summary and Conclusions, Latin American and Caribbean Demographic Centre, 2000.

The Baby Father

Teenage fatherhood is common. A Caribbean wide study reported that 12 per cent of teenage boys 18 and younger stated that they had caused a pregnancy.⁶¹ This information is probably less reliable than information on teenage pregnancy, but it does suggest that many teenage boys in the region are fathers.

While teenage fatherhood is a reality, it is important to note that the partner of an adolescent girl is probably not a teenager. According to stakeholders, in a majority of teen pregnancies, the father is not a teenager and, in many cases, the father is significantly older than the mother is. The results of a mapping exercise of young mothers and the fathers of their babies are illustrative (**Table 11**).

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61 WHO/PAHO (2000) A Portrait of Adolescent Health in the Caribbean, Washington, DC.

Table 11: Mapping Teen Mothers and their Baby Fathers in Our Neighbourhood

*Compiled by two teenage mothers from one neighbourhood in Barbados (informants noted by an *)*

Age of Mother	Age of Father	Age of Mother	Age of Father
19*	27	19	30+
19*	38	15	20+
16	19	14	27
14	30+	17	30+
13	17		

Girls are attracted to older men for a number of reasons, including financial and emotional. Young mothers said the attraction was because younger men are “rude”, “on the block”, “have no sense,” and “won’t accept responsibility.” Mothers claim that it is not the money. Key informants, however, highlighted the transactional, albeit subtle, nature of many of these relationships stressed that the attraction to older men is both financial and emotional, and noted that older men cater to the vulnerability of young girls. Some respondents thought that, as part of a pattern of women moving away from domineering relations with men, that teenage girls are now less likely to engage in relationships with older men. However, there is no way to corroborate this observation. Further research is needed to understand these patterns, trends, and underlying causes.

The majority of teenage mothers are not married to the fathers of their children and do not live with them. An early Barbados study reported that only 30 per cent of fathers resided with their child. However, 56 per cent of fathers had a close relationship with the child or helped with childcare.⁶² More information on current patterns in the Eastern Caribbean is needed. The challenges of maintaining a positive relationship with their children nevertheless multiply when men have children by more than one woman. The Barbados Fatherhood Initiative implemented by the Social Care Department, brought fathers into groups to find out why they were not providing support. Social workers discovered that some did not have enough money to provide regular support. Fathers also reported that for various reasons mothers do not let the father see their child, so the father refuses to provide support.⁶³

THE CHALLENGES OF MAINTAINING A POSITIVE RELATIONSHIP WITH THEIR CHILDREN NEVERTHELESS MULTIPLY WHEN MEN HAVE CHILDREN BY MORE THAN ONE WOMAN

62 P.P. Russell-Brown and J. Townsend, *The Effects of Early Childbearing on Women’s Status in Barbados*, Population Council/ICRW, 1992.

63 Ruth Blackman, Deputy Permanent Secretary, Ministry of Social Care, Constituency Empowerment, and Social Development, Barbados, personal communication.

64 Caribbean Child Support Initiative (2008) *My Father Who Fathered Me: What Research Tells Us About Caribbean Fathers*, Barbados; Gary Barker (2006) *Men's Participation as Fathers in the Latin American and Caribbean Region: A Critical Literature Review with Policy Considerations* in Ian Bannon and Maria Correia, *The Other Half of Gender: Men's Issues in Development*, World Bank, Washington, DC; and Fagan, Jay, Barnett, Marina, Bernd, Elisa; and Whiteman, Valerie (2003) *Prenatal Involvement of Adolescent Unmarried Fathers*, Fathering.

65 P.P. Russell-Brown and J. Townsend (1992) *The Effects of Early Childbearing on Women's Status in Barbados*, Population Council/ICRW.

66 Caribbean Child Support Initiative, *My Father Who Fathered Me: What Research Tells Us About Caribbean Fathers*, Barbados, 2008.

Stakeholders repeatedly noted that the baby's father is often ignored.

When the father is the same age as the mother, the paternal grandparents may participate; however, this is rarely the case when the father is significantly older. It is unfortunate that young fathers are not included, because when teenage fathers are included, they are more likely to report increased involvement with their children in later years.⁶⁴ In addition, the children of fathers who are involved seem to do better in school (as reported by the mother).⁶⁵ Despite this, programmes for parents often do not recognize the special needs and experiences of fathers and materials for parents rarely address the parenting roles of fathers.⁶⁶ Moreover, policy makers and programmes officials fail to take into account the fact that many young fathers are eager to play a part in their children's lives and that they do so despite the difficulties it may entail (**Box 4**).

Box 4: Son, Student, and Father

David (not his real name) is 16 and a student in Form 5. He has 3 brothers, aged 20, 14 and 3, and one sister, aged 9. David's father committed suicide when he was 4. He lived with his mother and stepfather until his baby was born. The mother of his baby, Jill (not her real name), was 14 at the time of the baby's birth. Her mother was a teen mother and her two older sisters had children in their teens. Jill's mother takes care of the baby while Jill attends school.

David's parents refused to believe that Jill's baby belonged to David, even though David was sure that it was his baby. "I had to fight for my right to be a father and in so doing was also fighting for the right of my child to have a father." He says it is also hard being a father and seeing what you need for the child, but not being able to provide. David feels that he should be working to support the baby, but understands that without an education, he would not be able to support his child – "so, I have to stay at school."

David says that "I know I made a mistake having sex, but that my baby is not a mistake and I love her very much." He is trying to be a good father, but does not know exactly what that requires. He saves his school lunch money so that he can give Jill money for the baby and tries to stop in after school to see the baby. However, whenever he goes to see the baby, his stepfather gets angry and beats him. David thinks that in trying to be a father, he ended up not following his stepfather's rules, but that his stepfather "failed to realize that I now have my own responsibilities." Because of the conflict with his stepfather, he now lives with his aunt (deceased father's sister). According to David, the hardest thing about being a young father is the conflict between trying to be a son, a student, and a father.

II. C. Child-Headed Households: Very Few but Very Much at Risk

Because young mothers typically continue to live with their own family after they have their first child, the high rate of young parenting does not translate into high numbers of child-headed households. Census and survey data suggest that teenagers head less than 1 per cent of households in the Eastern Caribbean (Table 12).⁶⁷ It is impossible to tell how many of these are actually child-headed; that is, headed by children under 18. The UNICEF commissioned study on child vulnerability did not find any child-headed households.⁶⁸ No child-headed households could be identified for inclusion in this study.

There may be more child-headed households than reflected in official statistics. It is interesting, but anecdotal, that administrators all reported that there were no child-headed households in either study country but that the only school level guidance counselor interviewed reported that she had observed two child-headed households in her first year at her school. This may be an anomaly or it may suggest that official statistics do not reflect the real numbers of child-headed households. This is because child-headed households “fly under the radar.” For example, parents may leave a child in charge for weeks at a time. While these households fit the definition of children without parental care (children not living with at least one of their parents for whatever reason and under whatever circumstances),⁶⁹ the parent maintains his/her official status as head of household.

Table 12: Households Headed by Adolescents

	Male	Female	Total	Source
Barbados	0.1	0.2	0.2	Census, 2000
Antigua and Barbuda	0.4	0.5	0.5	Census, 2001
Grenada	0.4	0.5	0.4	Core Welfare Indicators Questionnaire, 2005
St. Kitts and Nevis	n.a.	n.a.	0.7	Poverty Assessment, 2001
St. Lucia	0.9	0.7	1.6	Census, 2001
Turks and Caicos Islands	0.0	0.0	0.7	Census, 2001

⁶⁷ Census data on child-headed households needs to be treated with caution. In the census, questions are posed to persons over age 15. Thus, the information on persons under age 15 could reflect information on persons over the age of 15 who provided the wrong age or whose age was misreported. If information on persons under age 15 was collected, it might not be complete, since not all persons under 15 would have responded to the questions.

⁶⁸ UNICEF (2005) *A Study of Child Vulnerability in Barbados, St. Lucia and St. Vincent and the Grenadines*, Bridgetown.

⁶⁹ United Nations (2007) *Guidelines for the Appropriate Use and Conditions of Alternative Care For Children*, New York.

Based on available evidence, there is reason to be concerned about the welfare of households headed by adolescents.

In some cases, the caretaker is very young. In St. Lucia, for example, children 15 or younger are head of 1 per cent of all households and someone between the ages of 16 and 20 heads 2.1 per cent of households (**Table 13**). Moreover, some of these households are large. In Antigua and Barbuda, the average size of households head by someone 15-19 years old is 2.3 persons and about a third of adolescent headed households have three or more members (**Table 14**). Moreover, child-headed households are vulnerable to a number of risks, including child labour, abuse and exploitation, diminished health and nutrition, interruption of schooling, and psychosocial issues.⁷⁰ At the same time, child-headed households are not necessarily poor (**Table 15**). This might be due to remittances received from parents and older siblings who have migrated.

70 Michele Reis (undated) Policy Brief: The Impact of Migration on Children in the Caribbean, UNICEF/CARICOM, Bridgetown; and United Nations (2007) Guidelines for the Appropriate Use and Conditions of Alternative Care For Children, New York.

Table 13: St. Lucia: Number of Child-Headed Households

	Male	Female	Total	per cent
Up to 15 Years	45	22	67	0.1
16 to 20 Years	532	473	1,004	2.1
21 to 25 Years	1,608	1,280	2,888	6.2
Total	26,936	19,866	46,801	100

Source: St. Lucia Department of Statistics, 2001 Census.

Table 14: Antigua: Number of Child Headed Households

	1	2	3	4	5	6	7+	Average Size
Number								
15-19	32	28	16	7	6	3	0	2.3
20-24	219	180	136	82	41	15	19	2.5
All households	5,041	4,081	3,805	3,150	2,049	1,225	1,186	3.1
Per cent								
15-19	34.8	30.4	17.4	7.6	6.5	3.3	34.8	2.3
20-24	31.6	26.0	19.7	11.8	5.9	2.2	2.7	2.5
All households	24.7	20.0	18.6	15.4	10.0	6.0	5.8	3.1

Source: Antigua and Barbuda, Department of Statistics, 2001 Census.

Table 15: St. Kitts and Nevis: Child Headed Households and Poverty

	Poor	Non-Poor	All
15-19	0.0per cent	0.8per cent	0.7per cent
20-24	0.8per cent	3.3per cent	2.9per cent
All Households	100.0per cent	100.0per cent	100.0per cent
	Poor	Non-Poor	All
15-19	0.0per cent	100.0per cent	100.0per cent
20-24	4.5per cent	95.5per cent	100.0per cent

Source: KAIRI Consultants Ltd. (2001) St. Kitts and Nevis Poverty Assessment, CDB, Bridgetown.

Persons interviewed for this study suggested that migration might be a cause of children being without parental care, but that most migrating parents actually do leave children in the ostensible care of an adult. However, ostensible caretakers may not live with the children and may only “cast and eye” on them to make sure that their physical needs are met and may not provide adequate emotional support, supervision, or assistance. Moreover, this may result in a shifting of roles and responsibilities, with older siblings required to take on the responsibility of supervising younger siblings’ schoolwork. This is referred to as “parentification,” affects the short and long-term development of the caretaker.⁷¹ Further research would be required to examine child-headed households in more detail.⁷² As discussed below, this will require proactive outreach to find these child-headed households.

Since officials frequently do not know about child-headed households, the challenge is to find them. A first clue may be irregular attendance or an unexplained drop in academic performance. It will be necessary to move beyond official statistics to surveys to get a better understanding of the magnitude of the problem. This highlights the need for teachers, guidance counselors, and school social workers to proactively follow up on students who are absent from school for an extended periods of time or who attend school irregularly. Similarly, community health workers and social welfare workers need to be proactive in identifying child-headed households.

71 Michele Reis (undated) Analytic Report: The Impact of Migration on Children in the Caribbean: Dominica, Bahamas, Belize and Guyana, UNICEF/CARICOM, Bridgetown

72 Patricia Lim Ah Ken (2007) Children without Parental Care in the Caribbean: Systems of protection, UNICEF, Bridgetown

II. D. Conclusions

Despite declines in overall rates of adolescent fertility, teenage parenting continues. The pregnancy exposes these young people, their children and their extended families to increased risk. Similarly, the social and economic environment suggests that some level of young caretaking will remain and these child-headed households are at considerable risk. However, as discussed in the next section, policies and programmes in the Eastern Caribbean do not adequately address the vulnerabilities of young parents, caretakers, their children, or their families.

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III The Policy and Programme Environment

III. A. Unmet Rights and Policy Challenges

The 1989 Convention on the Rights of the Child (CRC), to which all countries in the region are signatories, details four broad categories of rights: survival, development, protection, and participation.

- **Survival Rights**, which cover the right to life and the needs that are basic to existence, including an adequate living standard, shelter, nutrition, and access to medical services.
- **Development Rights**, which include things that children require to reach their full potential, including the right to education, play and leisure, cultural activities, and access to information.
- **Protection Rights**, which require that children be safeguarded against all forms of abuse, neglect and exploitation, including care for victims of abuse, orphans, children with disabilities, children in violation of the law, child labour and sexual exploitation.
- **Participation Rights**, which require that children play an active role in their communities and nations, including the freedom to express opinions and to have a say in matters affecting their own lives.

The Convention on the Elimination of Discrimination Against Women (CEDAW) guarantees to women the full enjoyment of their political, economic, social, and cultural rights by eliminating all forms of discrimination against them. Women's rights are central to human development and to the rights of the child. Both Conventions reaffirm that children and women possess rights that are binding on the State. At the same time, the human rights approach recognizes that, collectively, families, communities, institutions, and governments are duty-bearers and have an obligation to ensure that the CRC and CEDAW are implemented.

THE HUMAN RIGHTS APPROACH RECOGNIZES THAT, COLLECTIVELY, FAMILIES, COMMUNITIES, INSTITUTIONS, AND GOVERNMENTS ARE DUTY-BEARERS

The Caribbean Charter on Civil Society stipulates that States must promote policies and measures aimed at strengthening gender equality, all women have equal rights with men and that they shall not be discriminated against on the basis of pregnancy.

Becoming a parent is challenge at any age, but it is especially challenging in the face denial of basic rights. Rights violations that young parents and caretakers frequently face include:

- **Violation of the right** to youth friendly health care for pregnant and parenting adolescents under the age of 18.
- **Violation of the right** to education for many young mothers.
- **Violation of protection rights**, particularly protection from sexual abuse, parental abandonment, legal protections, and the right to social protection.
- **Violation of the right** of the adolescent parent to participate in decision making for themselves and for her/his children.

The Right to Health Care

Adolescent parents and their children are at increased risk for medical problems. Health care is widely accessible throughout the Eastern Caribbean; however, a number of obstacles interfere with pregnant teens and young parents seeking care.

Teenage pregnancy is a risk factor for both infant and maternal mortality. Expanding the coverage of reproductive health care, including contraception would help to fulfill the rights of the mother and her unborn child to health care. This will require legislative codification of the age at which children can seek medical attention to match the age of sexual consent. In most countries, the age of sexual consent is 16, while the age of medical consent is 18. If an under-18 adolescent becomes pregnant, parental consent is required for pre-natal care. As a result, many adolescents do not seek care until late in their pregnancy. In other countries, Grenada for example, there is no legislation or policy guidelines which specifically address the age at which children become entitled to receive confidential health care services and this results in considerable uncertainty among service providers about the legal age at which young people could receive medical services and treatment without parental consent.



Counterproductive fee policies may also interfere with the ability of young mothers to access medical care. For example, in St. Vincent and the Grenadines, health care is free up to 18, except if a girl becomes pregnant. In this case, she becomes an adult from the perspective of the health service and care is no longer free. Charging fees for service to young pregnant teens and to young mothers could negatively influence their ability to seek appropriate care.

The Right to Education

Even though Caribbean countries are signatories to the CRC and have enacted legislation that requires compulsory education up to age 16, teen mothers are not readily accepted back into the school or, if she is under 16, not readily accepted back into the school she had attended before getting pregnant. If she returns, she may face an unsupportive environment that does not make it easy for her to continue in school (during pregnancy or after birth). While there is nothing within any of the education acts across the region that states that a pregnant girl cannot stay in school or cannot return to complete her education after the baby is born, there are a number of subtle barriers. For example, all schools have uniform requirements and typically, uniforms do not fit pregnant girl. Therefore, once she can no longer fit into the required uniform, she must stop school. It is interesting that the model education act, which six of the countries in the region used as the basis for their newly enacted Education Act, is silent on the issue of adolescent parents in the school system.

In most countries, it is up to the principal to decide whether a girl can come back to her school or must transfer to another school after the birth of her baby. Persons interviewed for this report noted that young mothers might be denied access to education based on their behavior prior to the pregnancy or because of poor academic performance. If she returns to school, she may still face negative attitudes from staff and students and not so subtle forms of punishment, such as not being allowed to participate in graduation exercises. Public opinion (within the school and in the wider community) adopts a punitive attitude towards teenage mothers. It has been difficult to change the attitudes and they continue to inhibit re-entry of teen mothers back into the school system.



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Interestingly, a number of the teen mothers interviewed for this study did not think that girls should be allowed back in school while pregnant, although they did think that they should be allowed back after baby is born. The rationale given was concern for the safety of the pregnant girl. Attitudes about a teenage mother's return to school seem to derive from the belief that a girl who becomes pregnant deserves punishment. In this case, the punishment is that she has to forfeit her right to an education. It is important to note that the teenage father does not face similar discrimination.

Exclusion from education also occurs for financial reasons and because of the lack of appropriate daycare. The out-of-pocket costs of attending school can be considerable and have been identified as a causal factor in early school leaving among poor children. The costs are compounded when the young girl also has to pay for daycare for her baby. Social welfare agencies may give money for books, uniforms, and other costs, but these typically do not cover all of the costs faced by the young mothers. Even if she can afford daycare, services may not be available. In addition, the quality of services is often of real concern.

Protection Rights

Of particular concern to young parents and caretakers are protection from sexual abuse, parental neglect and abandonment and the right to social protection. Parental neglect and abandonment takes different forms. In the case of child-headed households, parents may have left to work in other countries or to another part of their own country. They may come back regularly and typically leave the child in the ostensible care of an adult; however, these adults do not always provide adequate supervision and these children are at greater risk of sexual abuse.

From a child rights perspective, States should ensure that the offender is prosecuted in cases where the pregnancy was a result of statutory rape or abuse. In Barbados, the Child Care Board is required to investigate in all cases where the pregnant girl is under the age younger than 16. This is an important policy, which needs to be enacted and enforced in all countries in the region. However, persons interviewed for this report in Barbados and St. Lucia spoke of the families of the fathers trying to avoid prosecution of their son by paying "bribe" money to the family of underage girls.

Teen mothers and fathers interviewed for this report spoke frequently about adolescent mothers being forced to leave home and this is a form of parental neglect and abandonment. Throwing a teenager out of the house when she becomes pregnant is a form of parental abandonment. Better social support services for families could help to prevent this rights violation.

The social protection rights of the teen mother are not well addressed. Social protection needs of young parents and caretakers are discussed in more detail in **Section III. C**, below. A primary issue is that programmes are not funded to levels that would permit adequate coverage of vulnerable households, including female-headed households. One rationing mechanism is the requirement that mothers use the court system to seek maintenance as a pre-condition for assistance. In the absence of adequate social protection systems, the coping strategy for low-income girls is to have another baby with someone who they think can afford to support them.

Family law in the region does not adequately protect young parents and their children.

Reforms in all countries have eliminated discrimination against children born outside of marriage; however, there are still discrepancies with respect to the rights and responsibilities of unmarried fathers and mothers. Legal opinion notes that family law in the Eastern Caribbean needs to regulate relationships between parents in matters of custody, support, and access, and that family law needs to give greater recognition of the relationship between adults who are not married to each other.⁷⁴ There are several reform initiatives that address these concerns and that provide policy and legislative models for the region. The OECS Family Law Reform and Domestic Violence Project, supported by UNIFEM drafted six Bills. Uniform implementation of this model legislation could pave the way towards the harmonization of the laws across all OECS Member States. This report notes that, given the high rates of adolescent fertility, family law should also consider the rights of minors who are parents.

74 Tracy Robinson (2003) *Family Law and Domestic Violence in the OECS: Considerations for Law Reform*, ECLAC/UNICEF/NCH Action for Children, Bridgetown; and Zanifa McDowell (2000) *Elements of Child Law in the Commonwealth Caribbean*, University of the West Indies Press, Kingston, Jamaica.

Governments have a mandatory role to play in informal care.

The UN guidelines for children with parental care stipulate that Governments should take adequate measures to support and supervise informal care arrangements, based on an assessment of which particular settings may require special assistance or oversight. Moreover, Governments should devise special and appropriate measures to ensure that children in informal care are effectively protected against abuse, neglect, child labour and all other forms of exploitation, with particular attention to informal care provided by non-relatives, by relatives previously unknown to the child, or far from the child's habitual place of residence.⁷⁴ This should include child-headed households, those that officially meet the definition, and those that are de facto child-headed, because the child has been left in inadequate informal care arrangements.

Fathers interviewed for this report felt that family law is biased against them.

Fathers noted that child maintenance laws need to be examined to ensure that men who justifiably have little or no income are not denied access to their children or sent to jail. They also wanted sanctions against mothers who do not fulfill their financial responsibilities to children.

The Right to Participate**Persons who participated in the consultations for this study reported that young parents often have little or no say in decisions that affected their lives or the lives of their children.**

This is in violation of the CRC, which mandates that States ensure that the child who is capable of forming his or her own views, the right to express those views freely in all matters affecting the child and that the views of the child be given due weight in accordance with the age and maturity of the child. Decisions from which young parents are excluded include if and where they can return to school, who they live with, who their children live with, and if and when they can see their child if the child does not live with them.

Young parents were eager to talk in depth about their issues, concerns and beliefs and this underscores the fact that many of these young parents wanted to have a voice.

It signifies the need to listen to young parents and to allow them to participate in all decisions that affect their lives and the lives of their children. This applies to both mothers and fathers.

74 United Nations (2007) *Guidelines for the Appropriate Use and Conditions of Alternative Care For Children*, New York.

III. B. Policy and Planning for Young Parents and Caretakers

The lack of systematic policies and programming for young parents and caretakers characterizes the region. Some countries do notably well in one policy or programming arena, but no country has a comprehensive and integrated policy and programming environment for young parents and caretakers. All countries would benefit from a policy on young parents and caretakers that clearly stipulates the rights and responsibilities of the mother, the father, the extended family, and the State.

As part of this policy, countries will need to lower the age of medical consent to match the age of consent for sex and ensure the provision of full health support for pregnant girls.

Despite high rates of teenage pregnancy and concerns about the health implications of teenage pregnancy for mother and her child, adolescent health services are not available. This is a common observation of the Committee on the Rights of the Child, the independent body that monitors implementation of the CRC by its State parties.

There are no legal prohibitions against teenage mothers accessing public education; however, the lack of clear policies has meant that many adolescent mothers do not remain in school. St. Kitts and Nevis provides a model proactive policy on the retention of young mothers in the school system. In 1997, St. Kitts and Nevis enacted a Cabinet Policy Decision entitled 'The Return of Teen Mothers to School' that formally acknowledged the right of all teen mothers to attend school and clarified that "universal access" to school included students who were also mothers. The stated objective is to retain pregnant students who are of school age in the school system, thereby promoting higher education, reducing the vulnerability, and discouraging further unplanned pregnancies. The strategies for achieving these objectives include sensitizing policy and decision makers to create a more positive policy environment, improving school curricula, and increasing the availability and accessibility of reproductive health care programmes.⁷⁵

⁷⁵ Personal communication with Ingrid Charles Gumbs, Ministry of Gender Affairs, St. Kitts and Nevis; and Gemma Tang Nain and Barbara Bailey (2003) *Gender Equity in the Caribbean: Reality or Illusion*, CARICOM, Georgetown.

Moreover, St. Kitts took the initiative a step further and in tandem with the policy, initiated the Viola Project to provide social, emotional, and financial support for teen mothers. The programme, which started in September 1997, serves an average of 17 girls each year and has worked with over one hundred young women, in the areas of personal and career development and skills training. It has also provided support services, which include counseling, social assistance, day-care, legal assistance, academic scholarships, job attachment, and a teenage mother's support group. Former programme participants established a support group to mentor current participants. The programme has not been formally evaluated; however, a number of teen mothers reached fifth form, did the Caribbean Examination Council examinations, and has gone on for further education. A similar programme in Jamaica demonstrated positive impacts for participants (**Box 5**). The programme receives financial support from government, UNICEF, the Basic Needs Trust Fund and the Canada Fund. St. Vincent and the Grenadines and Antigua and Barbuda are currently exploring possibilities for establishing a similar programme.

Box 5: Preventing Second Adolescent Pregnancies in Jamaica

The Women's Centre of Jamaica Foundation (WCJF) Adolescent Mothers Programme was established in 1977 with the objectives of helping teen mothers to return to school after the birth of their babies, delaying second pregnancies, and improving the employment potential of young mothers. The programme operates in seven centres and six outreach stations across Jamaica. Centres provide education support, skills training; nutritional education and a cooked lunch; daycare services for babies of teen mothers so that mothers can attend educational programmes; individual and group counseling; and parenting and referral programmes for the young "baby fathers" and the parents of teen mothers and teen fathers.

Since inception, the WCJF has helped over 22,000 adolescent mothers return to the school system. Several evaluations of the WCJF Programme for Adolescent Mothers have shown clear differences between our clients and young mothers who did not receive our services. WCJF clients are more likely to complete their education and establish a career path, find jobs at twice the rate, and receive much higher pay than women who gave birth as adolescents but did not participate in our programme. A 1996 study traced the lives of women who participated in the programme in the past 15 years; the study found that 50.7 per cent of all ex-participants still only had one child and the average spacing between first and second births of our clients was 5.5 years. The study also found results continuing into the next generation. All children of the early participants in the programme are in school; 77 per cent of those in children in secondary school are in traditional high schools, and no pregnancies have occurred in the adolescent children of women who participated in our programme. A cost-benefit analysis of WCJF Programme for Adolescent Mothers found that the social and private benefits due solely to increased education of adolescent mothers totaled J\$137 million. There was an additional benefit in an estimated reduction of 323 births, with an implied savings to the health sector of J\$13,840,873. The evaluators concluded that each Jamaican dollar invested in the WCJF Programme for Adolescent Mothers resulted in J\$6.7 in benefits to society.

Source: Roli Degazon-Johnson (2002) *A New Door Opened: A Tracer Study of the Teenage Mothers Project, Jamaica: A Tracer Study of the Teenage Mothers Project, Jamaica*, Bernard van Leer Foundation, Kingston; and Vonna Lou Caleb Drayton (1999) *Recidivism Among Jamaican Teenage Mothers: A Historical Cohort Study 1995-1998*

Multiple ministries are responsible for health, education, and social welfare of young parents and caretakers with fragmented planning and service delivery. Systems for cross sector planning are required. In 2009, the Government of Barbados will initiate an Adolescent Parents Programme that will enroll adolescent mothers and fathers in a developmental programme after the birth of their child. The Department of Social Care will initiate an inter-agency case conference on each young parent and all agencies will use common referral forms, intake assessments, and referral processes. The Social Policy Council of Cabinet will be responsible at the policy level. This innovative approach to coordinated planning and service delivery for young parents should be followed closely for lessons learned.

Teenage parenting continues at worrying levels and Governments need to give sufficient attention to the needs of young people who do become parents. Most countries have articulated social policy frameworks in documents such as Poverty Reduction Strategy Papers, Strategic Plans, Social Policy Frameworks, and/or Social Development Plans and most highlight concerns about teenage pregnancy and the need to prevent it. However, strategic plans do not focus at all on the policy and programming needs of young people who do become parents.



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III. C. The Social Protection Challenge for Young Parents and Caretakers

Young parenting and care-giving increases social and economic vulnerability, especially for poor youth, and social protection interventions are needed for these young people and for their own children or the children in their care. Social protection is a set of interventions whose objective is to reduce social and economic risk and vulnerability, and to alleviate extreme poverty and deprivation. Human rights and pro-poor development provide a justification for social protection. Critical are articles of the international covenants to which Eastern Caribbean countries are signatories. These include the Convention on the Rights of the Child (CRC), the Universal Declaration of Human Rights (UNDHR). The global commitment to social protection in the Universal Declaration is stated, for example in **Article 25**, where there is the ... “right to security in the event of unemployment, sickness, disability, widowhood, old age, or other lack of livelihood in circumstances beyond his control.” **Article 26** of the CRC proclaims, “State parties shall recognize for every child the right to benefit from social security, including social insurance, and shall take the necessary measures to achieve the full realization of this right in accordance with national law.....”

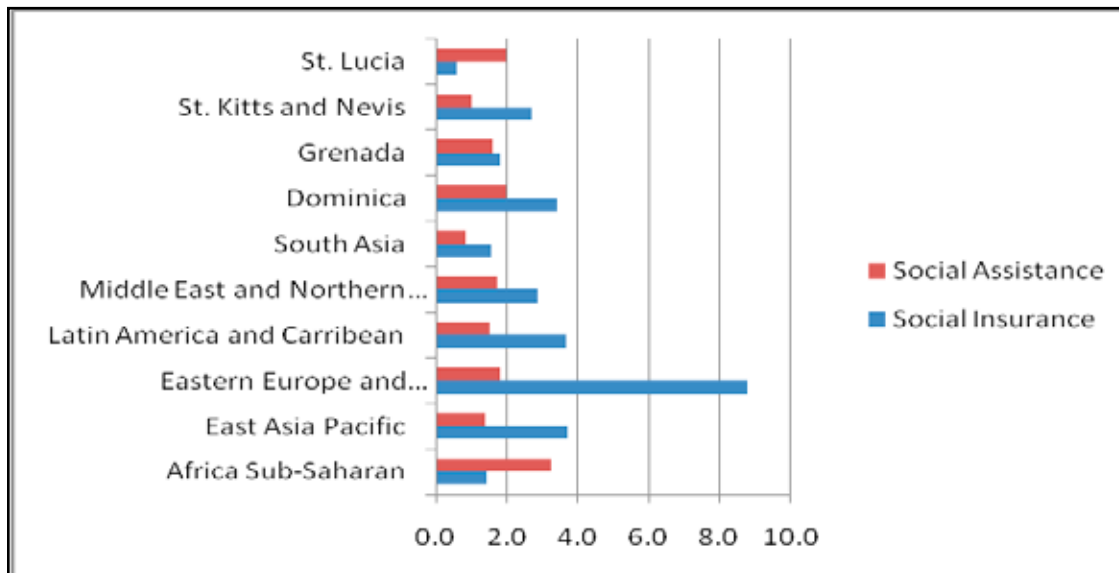
Social protection should address both income and social vulnerability and should include a range of programmes, including social insurance and social assistance.

Social protection interventions would include:

- **Social Insurance**
 - Retirement
 - Disability
 - Maternity
 - Unemployment
 - Health benefits
- **Social Assistance**
 - Cash and in-kind benefits
 - Second chance education and training programmes to help young parents compete in the labour market.
 - Gender-sensitive psycho-social and protective services for the most vulnerable children, including children who are parents and child-headed households.
 - Early care and pre-school programmes targeted to the most vulnerable, the ultra-poor, the malnourished, and to children whose parents have very low levels of education and weak capacity for good parenting, including young parents.

Most countries in the region implement a number of social protection programmes and spend about 2 per cent of gross domestic product (GDP) on social assistance and between 0.5 per cent and 2.5 per cent on social insurance. Social insurance expenditures are on par with South Asia and Sub-Saharan Africa, but below Latin American and the Caribbean as a whole. Social assistance spending is on par with social assistance spending in developing regions. Social insurance expenditures are lower than in other developing regions (**Figure 2**). Moreover, resources are often not well spent.

Figure 2: Social Protection Expenditures in Selected Eastern Caribbean Countries. (As A Per centage of GDP)



Source: Christine Weigand Margaret Grosh (2008) Levels and Patterns of Safety Net Spending in Developing and Transition Countries, World Bank, Washington, D.C

All Eastern Caribbean countries have formal contributory social insurance programmes that provide retirement, disability, maternity, and worker injury benefits; however, social insurance coverage is limited with informal sector workers underrepresented and systems face long-term threats to sustainability. The aging of the population, the need to extend coverage to informal sector workers, and the need for harmonization of programmes in the context of the CARICOM Single Market Economy (CSME) will be required. Civil service pension programmes often offer generous benefit packages and present significant financial liabilities for Governments. Other forms of publicly provided social insurance (health, unemployment) are not common in the region.

Several countries, including St. Vincent and the Grenadines and Barbados, provide non-contributory pensions through their National Insurance Schemes. Barbados is the only country that offers unemployment insurance. Men are the main beneficiaries of social insurance and receive higher benefits than women receive, primarily because benefits are linked to contributions and reflect higher labour force participation and salaries among men. On the positive side, status of children legislation in all countries now make it possible for children born out of wedlock to benefit from their father's social insurance entitlements. It will be important to make sure that young parents are aware of their rights regarding national insurance entitlements.

All countries implemented one or more cash assistance programmes targeted to poor and vulnerable persons. In St Lucia, the Department of Social Services provided Public Assistance to 4,000 individuals and 2,650 households in April to June 2008; however, there is no information on how many recipients are teen parents. Benefits are equal to EC\$135 to EC\$300 per month, with benefits incremental up to the limit of \$300. Working in conjunction with the Department of Social Services and through the Poverty Reduction Fund, Koudemain (Helping Hand) targets indigent households and provides a range of services, including Public Assistance, Educational Assistance, and Housing Assistance. The Human Services does the assessment and the Poverty Reduction Fund provides the assistance with funding from the European Union. The programme supports 200 persons with Public Assistance and 800 with educational support. Budget information was not available. In Barbados, approximately 6,000 persons receive welfare benefits. While no data was available, the Director of Social Care reports that a significant share of those receiving welfare rolls are the children of young mothers. The Welfare Department provides a cash benefit and pays for uniforms and daycare. Budget information was not available.

Programmes in the Eastern Caribbean demonstrate a number of common weaknesses, including lack of clear objectives, duplication, poor coordination, lack of a transparent mechanism for selecting beneficiaries, poorly documented policies and procedures, and little or no monitoring and evaluation.⁷⁶ Some systems require that single women access the courts to apply for maintenance from the 'putative father' of the child before being eligible for social assistance. In the meantime, they are without assistance. Reform of social assistance programmes is needed to protect the interests of children, including children who are parents and their children.

76 World Bank (2005b) Caribbean Social Protection Strategy, Washington, D.C. and Armando Barrientos (2004) Social Protection and Poverty Reduction in the Caribbean: Examining Policy and Practice, Regional Report and Synthesis of Main Findings in Belize, Grenada, St Lucia, Dominica and Jamaica, Caribbean Development Bank, Bridgetown.

Governments may want to consider whether a conditional cash transfer is appropriate in their country context.

Conditional cash transfers (CCT) that make receipt of benefits conditional on school enrollment, attendance, and progression or on attendance at preventive health care clinics. Jamaica, Mexico, Nicaragua, Colombia, Ecuador, Pakistan, Kenya and others have had demonstrated positive impact on investments in education and progression for those already in school as well as for children previously not enrolled.⁷⁷ However, the appropriateness of conditional cash transfers for Eastern Caribbean countries would need to be explored on a country-by-country basis and would depend on a number of factors, including access to health and education services. A CCT provides a strong incentive for families to invest in the health and education of their children and thus fulfills the dual objective of protection and promotion. Evaluations from Mexico, Nicaragua, Jamaica, and Colombia show that CCTs increase utilization of education services, including attendance, enrollment, and/or number. Imposing conditions on school and clinic attendance can only work if health and education services are in sufficient supply. Even when supply is available, poor quality means that attendance will not lead to automatic improvements in human capital. Monitoring compliance requires considerable administrative capacity and increases the cost of implementing the cash transfer programme. Conditions reduce the net benefit of the transfer to individuals since the time costs of complying can be high, and may be especially onerous for women who are often responsible for health and schooling related decisions within the household. There is evidence of developmental impacts from both conditional and unconditional cash transfer programmes.^{78,79} The UNICEF supported cash transfer programme in Kenya will provide critical information on the differential costs and benefits of cash versus conditional cash transfer programmes. That project will fund a control group impact evaluation comparing education and health outcomes for households receiving conditional cash transfer with those receiving unconditioned cash transfers of equal value.

Even if programmes do not impose conditions on receipt of benefits, there are still lessons to be learned from CCTs, since, in many ways, CCTS have “raised the bar” in the implementation of cash transfer programmes. CCTs are built on modern information systems (mostly but not entirely automated); they all have rigorous impact evaluations, and accountability and control mechanisms that help to promote efficient use of public resources, guard against political manipulation, and build support for programmes.⁸⁰

77 See Maluccio, John, Murphy, Alexis and Regalia, Ferdinando 'Does Supply Matter? Initial Supply Conditions and the Effectiveness of Conditional Cash Transfers for Grade Progression in Nicaragua,' Mimeo, 2007.

78 Norbert Schady and M. Araujo (2007) Cash Transfers, Conditions, School Enrollment, and Child Work: Evidence from a Randomized Experiment in Ecuador, World Bank Washington, DC; John Hoddinott and Alan De Brauw (2007) Must CCT Programmes be Conditioned to be Effective? The Impact of Conditioning Transfers on School Enrollment in Mexico,' IFPRI, Washington, DC.

79 For a discussion demand and supply side incentives to boost utilization of health services and the issue of conditions see Regalia, Ferdinando and Castro, Leslie, 'Performance-based Incentives for Health: Demand- and Supply-Side Incentives in the Nicaraguan Red de Protección Social', Centre for Global Development Working Paper, 119, 2007.

80 Margaret Grosh and Emil Tesliuc (2007) Reducing Fraud, Error and Corruption in Social Protection Programmes, Workshop on Fraud and Error Control in Social Protection Programmes, World Bank, Washington DC.

To date, only Dominica has attempted social assistance reform. Dominica has committed to implement an objective and transparent targeting system, a central registry of beneficiaries of different social welfare programmes, upgraded monitoring and evaluation systems, a computerized management information system, and documentation of policies and procedures. Other countries could benefit from similar reforms and possibilities for information sharing and collaboration should be explored.

Social care services, including psychosocial support are another important component of a social protection system; however, provision of services to young parents and their extended families is fragmented and there are many gaps in service provision. For example, in Barbados, a social worker from the Child Care Board follows a pregnant child under 16. School social workers see all pregnant students. Pregnant students can attend Edna Nicholls, which implements an annual workshop for about 20 pregnant teenagers (average age 16) annually, and where they interact with a social worker who provides assessment and counseling. Despite all of the overlapping interventions, most pregnant teens in Barbados do not benefit from social care services. In St. Lucia, guidance services are available in schools. Social care services are provided through the Department of Social Services; however, resources are stretched, and most young parents and caregivers do not benefit from social care services. Moreover, informants in both countries expressed concern that services in rural areas are even more limited. Social care services for young fathers are virtually absent.

Many girls will not go back to school after they have their baby and will need an alternative education programme. The Programme for Adolescent Mothers (PAM), which started in 1995 with support from Save the Children, provides vocational training, traditional academic subjects, life skills, counseling and day-care facilities. Students spend one year in the Programme, at the end of which they write the National School Leaving Examination and/or sit a few Caribbean Examinations Council subjects. The Programme has provided a free bus service to assist students and their babies, free nursery care, as well as free morning and midday meals. PAM is a one-year programme, but a few of the girls can remain for up to two years. Over the years, more than 150 young mothers between the ages of 11 - 19 have participated in the programme. A number of them have gone on to further education. A significant percentage of the graduates are employed or self-employed. The programme has not been formally evaluated.

Programmes to help vulnerable young people, including young parents, to make the transition to the world of work form an important part of a social protection system, but they suffer from being supply driven, generally without standards for training institutions or trainees and do not facilitate the easy participation of young mothers. St. Lucia has embarked on an innovative approach that involves developing public private partnerships in provision of skills training and labour market driven skills standards for trainees. In addition, Government has recognized that women have difficulty participating because of the lack of daycare for their young children. The St. Lucia National Skills Training Centre is a government-supported skills training programme. The centre serves over 200 participants annually and the majority of these are women. Approximately 60per cent of female participants from outside of Castries and 30per cent from within Castries are mothers. Between 5per cent and 10per cent of male participants are fathers. The Centre pays for daycare at public and private centres. A lesson learned from this approach is that paying for daycare fills an important gap, but it is not sufficient to ensure attendance among low-income students. Other financial supports to cover the out-of-pocket costs of participating in a training programme are also required. The Centre receives funding from Government, the World Bank, the Basic Needs Trust Fund, the Organization of American States, and the European Union. The European Union is providing the financing for the daycare services. In Jamaica, PATH, a conditional cash transfer programme, will implement a welfare to work programme with funding from the World Bank. The programme will create access to: **(a)** remedial education and skills training; **(b)** job matching and job opportunities information provided; **(c)** grants and loans for entrepreneurial activities provided through public and private financial institutions; **(d)** technical assistance for business development; and **(e)** daycare support for young children, the elderly and persons with disabilities.

Several countries in the region have piloted targeted programmes for reaching vulnerable children and programmes such as these should form part of a social protection system in all countries. Dominica, Grenada, St. Vincent and the Grenadines, and St. Lucia implement the Roving Caregivers Programmes (RCP), which is a structured programme that provides cognitive stimulation of young children. The programme targets poor households in rural areas and is intended to address the concerns that poor households typically lack the parent-child interaction required for optimal development. The Caribbean Child Support Initiative, with funding from the Bernard Van Leer Foundation and UNICEF, supports these programmes. In 2008, 200 children participated in Dominica and 399 in St. Lucia. A similar programme (under a different name) is planned for St. Kitts and Nevis.

Parenting programmes, including the RCP, have focused on the developmental needs of the child, and generally miss the opportunity to address developmental, social, and emotion needs of the young parent. To address this concern, the Caribbean Child Support Initiative, with funding from the Bernard Van Leer Foundation and UNICEF, will pilot a Family Learning Programme as part of the St. Lucia Roving Caregivers Programme. Family Literacy is a term used to describe parents and children - or more broadly - adults and children - learning together. The rationale underlying Family Literacy is that caregivers (and adults in communities) are children's first teachers, that much learning occurs beyond traditional school settings, and that learning is a lifelong process. Family literacy will extend the goals of the RCP to support parents' educational goals and will deliver a multi-dimensional, integrated programme of child stimulation, early language development, and parent education through family learning home visits. It will encourage language development and learning in the home and the community. The family learning pilot programme will focus on providing adult literacy education, parent education, early education, and interactive learning activities. Twice weekly, small groupings of families will meet in a community setting. For one hour, the group will split into two groups: adults will meet with the adult educator for literacy and numeracy instruction as well as parenting education. At the same time, the children will be engaged in structured play with two early childhood educators. At the end of the session, parents and children will participate in a short intergenerational family literacy activity. Additionally, once monthly, the entire community will be invited to participate in intergenerational family learning activities to be held at an accessible community location. Addition of Family Learning to the RCG programme is a positive step; however, it is not clear that this approach will provide sufficient focus on the developmental needs of the young parents. Evaluation of this issue will be required. In addition, other parenting programmes should begin to think about how to strengthen programme for parents beyond simply providing parenting education.

There is a dearth of programmes for fathers across the region. Efforts to establish support groups, such as the Men's Educational Support Association (MESA) in Barbados, are commendable, but they do not reach most fathers, especially young fathers. UNFPA will support expansion of PROMUNDO to the Caribbean. PROMUNDO is a Non-Governmental Programme (NGO) based in Rio de Janeiro that works to improve the lives of children, youth, and families. PROMUNDO has worked since 1998 to engage young men in the promotion of health and gender equity, including sexual and reproductive health and gender violence prevention. PROMUNDO carries out programmes and policy-relevant research, provides training, implements community-based interventions, and engages in policy analysis and policy advocacy. UNIFEM, through its Partnership for Peace, works with men to reduce domestic violence. The programme helps men to confront negative gender stereotypes of masculinity and unequal gender power relations expressed and reinforced by violence.

International development partners have not focused on the issues of young parents and caretakers. The United Nations Development Framework for the Eastern Caribbean, the strategic programme framework for the United Nations Country Team,⁸¹ speaks to the need to prevent teenage pregnancy, but not about what to do for all the young parents for whom prevention programmes failed. Similarly, the programmes of USAID, CIDA, DFID, the EU, and the CDB do not mention young parents and caretakers, although funding for young parents may be included in some of the community initiatives funded by CIDA, the EU, and the CDB. UNICEF supports programmes for young mothers in St. Kitts and Nevis and Grenada. UNIFEM and UNICEF, guided by the results from the Child Support, Poverty, and Gender Equality project, will develop a gender-responsive social protection model applicable to the region and will provide technical assistance for the development of alternative approaches to social protection. It will be important for this model to incorporate the different aspects of social protection as they relate to young parents and caretakers.

III. D. Conclusions

The policy environment in the Eastern Caribbean has resulted in a situation where the rights of many young parents and caregivers are violated. At the same time, the policy, planning, and programming environment does not adequately protect young parents, caretakers and their families. The next section outlines a strategy to address these gaps.



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⁸¹ The United Nations Country Team is comprised of all of the United Nations agencies.



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IV. Summary and Recommendations

IV. A. Summary of Findings

Young parenting and caretaking occurs within the context of the significant changes in family life that have occurred over the past several decades (declining fertility and family size and increasing education, urbanization, and female labour market participation and growing awareness of the important roles that fathers play) and within the context and a number of enduring features of family life (recognition of a number of different types of families, early initiation of sexual activity, early child bearing, and young parents remaining in their parental home). Migration remains as a central element of the demographic landscape of the Eastern Caribbean countries, including migration within the sub-region and migration outside the Caribbean and contributes to children being without parental care.

Young parenting continues at high levels across the region and has consequences for the young parent, the child, and the extended family. The young mother faces a number of health, education, economic, and social challenges. Teenage pregnancy can have negative consequences for the health of young mothers. Adolescent pregnancies occur more often among girls from poor households and teenage mothers who are poor at the time that they give birth are likely to remain poor. Teenage parenting occurs more often in rural areas where there is less access to services. Many young mothers, especially if they are very young, exhibit a number of psychosocial problems. Adolescent child bearing may increase risk-taking behavior among siblings and may represent a burden for grandparents, especially when they are still young and struggling with relationship, employment, and child rearing issues and unwilling or unable to provide support to adolescent children who become parents.

Premature birth and low birth weight is a concern for the infants of adolescent mothers and has implications for their cognitive development. In addition, there is reason to be concerned about the parenting skills of young mothers and their impact on the child.

Although the father of a teenager's baby may not be a teenager, teenage fatherhood is a reality and these young boys are at risk. The struggle with the conflicting demands of being a child, a student, and a father.

Programming often ignores fathers despite the fact that many young fathers are eager to play a part in their children's lives.

Although adolescent childbearing continues at worrying levels, the absolute number of teen mothers and fathers is not so large as to make it impossible to provide pro-active outreach services to all young parents and their families to assess their situation and provide for their most critical health, education, financial, and social needs.

Because young mothers typically continue to live with their own family after they have their first child, the high rate of young parenting does not translate into high numbers of child-headed households. Census and survey data suggest that teenagers head less than 1 per cent of households in the Eastern Caribbean, although there may be more child-headed households than reflected in official statistics. Based on available evidence, there is reason to be concerned about the welfare of households headed by adolescents because some may be quite large and they may be more vulnerable to child labour, abuse and exploitation, inadequate health and nutritional care, interruption of schooling, and psychosocial issues. Since officials frequently do not know about child-headed households, the challenge is to find them.

Young parents and caretakers frequently face rights violation. The policy, planning and programming environment is a patchwork of sector policies and fragmented uncoordinated programming for young mothers with little or no attention to young fathers or to young caretakers. Despite high rates of teenage pregnancy and concerns about the health implications of teenage pregnancy for mother and her child, adolescent health services are not often available. The lack of clear policies has meant that many adolescent mothers do not remain in school. Social protection programmes do not adequately address economic and social vulnerability resulting from young parenting and caretaking. Most countries have articulated social policy frameworks in documents such as Poverty Reduction Strategy Papers, Strategic Plans, Social Policy Frameworks, and/or Social Development Plans and most highlight concerns about teenage pregnancy and the need to prevent it. However, strategic plans do not focus at all on the policy and programming needs of young people who do become parents or on child-headed households.

Evidence of the situation of young parents and caretakers makes clear the need for effective and coordinated action. The next section outlines strategies to address this urgent concern.

IV. B. Priorities for the Future

Foster a Supportive Policy and Institutional Framework for Young Parents and Caretakers

Each area of rights violation points to an important policy challenge that should be addressed in a policy on young parents and caregivers. The policy should clearly define their rights with respect to decisions about their own education, health, and living arrangements and about their right to participate in decision making for their children. This policy should include a statement on rights to health care, education, and social protection for the mother, the father, the child, and the extended family.

In light of the multi-sectoral nature of young parenting and caretaking issues, Government will need to locate an organization or mechanism with the scope to mobilize a range of stakeholders, including young parents and caretakers and their parents, in each country. This will be a proactive response to meeting the needs of young parents and caretakers and help them to deal with the concerns about what to do once teen pregnancy occurs. This appropriate organization or mechanism will depend on each country specific context.

A commitment to sustainable financing of reproductive health, education, and social protection for young parents and caretakers should be secured at the national level.

Budgeting for young parents and caretakers is not formalized in state budgets. As a result, innovative programmes have to fund interventions from their overall budgets or else find external financing. Sustainability of is a concern. Donors will need to make funding available for innovative approaches to young parents and caretakers; however, resources should be allocated based on a clear policy and plan as articulated by Government.

An important component of a national policy framework for young parents must relate to the involvement of fathers in planning for their children. It is widely recognized that Caribbean fathers play an important and often active role in the upbringing of their children and strong consensus among stakeholders that male involvement needs to be a priority. This will require a review of policies and common practices relating to participation of fathers beyond mandatory child support.

Advocacy and action will be required across multiple policy arenas, including health, education, and social protection:

- **Young mothers, especially teen mothers, have higher risks of maternal morbidity and mortality and health and developmental problems than their children and need access to reproductive health services provided in a safety, private and youth friendly atmosphere.** Legal barriers that prevent access need to be eliminated. This will require changing the age of medical consent to match the age of consent for sex. UNICEF will need to combine efforts with other UN partners to advocate more proactively for the fulfillment of the right to sexual and reproductive health services, particularly with respect to changes in the age of medical consent of provision of youth friendly sexual and reproductive health services.
- **Countries in the region should not allow girls who become pregnant to be excluded from the education system. This formal policy then needs to be integrated into the Education Acts to make clear provision for the retention of young mothers in the school system.** Authorities who deny these girls the opportunity to complete their education should be challenged in the Law Courts if necessary. If specific girls prefer not to return to their original schools, then there is need for an alternative system that provides them with the same opportunity and same quality education as that within the formal education system. The exclusion of pregnant girls from the education system is a form of discrimination against women and States have a responsibility to take measures to ensure that teenage mothers have an opportunity to complete their education.
- **Introduction of a coherent social protection strategy based on a gender-neutral legal framework, and that includes income supports, social insurance, programmes to help young parents to integrate into the labour market and targeted programmes that address the developmental needs of the children of young parents are required.** Social protection systems are fragmented and marked by low coverage and weak administration. Provision of educational support for teenage mothers needs to be properly institutionalized in all countries in the region. Consideration should be given to an education grant sufficient to cover the out-of-pocket education costs and daycare costs. Provision of an education grant needs to be combined with provision of counseling services targeted to the young mother and her family and to the father. These services need to begin during the pregnancy and continue after the baby is born.

- **Countries should consider appointing an Ombudsman for young parents and caretakers with responsibility for helping young parents and caretakers (and their extended families) to navigate the education, health, welfare, and legal systems.** The existence, assistance provided and contact information for the Ombudsman would need to be widely publicized so that young parents and caretakers can access the services.

Promote Integrated Approaches for Young Parents and Caretakers

- **A holistic approach to the family unit, including the young mother, the father, and the extended family, is needed.** Increasing social inclusion of young parents and reducing repeat pregnancies requires coordinated action across the health, education, and social services sectors. In support of this objective, countries should develop a protocol for case management of young parents and caretakers and their extended families.

Integrated programmes are required as follows:

- Multidisciplinary programmes that prepare adolescent mothers and fathers for pregnancy and that facilitate the mother's return to school after her baby is born, including youth friendly health services and supportive school counseling.
- Social protection programmes, including targeted cash grants and social care services, second chance education and training programmes, early stimulation and daycare programmes for the children of young parents that also focus on the developmental needs of parents.
- Programmes that reach fathers where they are, including at their jobs, on the block, or in prison.

Key informants were not aware of any programmes targeted to child-headed household and many were unaware of the existence of any child-headed households. The first priority is to find these child-headed households and assess their greatest needs. Education and health care workers will need to be proactive in their efforts to identify, intervene, and refer child-headed households to social service agencies.

Eastern Caribbean Governments will need to:

- Proactively engage in policy dialogue and planning for young parents
- Provide financial and technical support for the design and evaluation of innovative programmes for young parents and caretakers
- Develop a model protocol for assessment and provision of services to young parents and caretakers
- Advocate for full and effective participation of young parents to ensure that they have a voice in the decisions that affect their lives and the lives of their children
- Develop public education campaigns aimed at the young parents and caretakers and their families, education, health and social protection providers, and the public at large.
- Mobilize interest among international development partners in a coordinated approach to young parenting and caretaking.



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CHILDREN AND FAMILIES IN TRANSITION: YOUNG PARENTS AND CARETAKERS IN THE EASTERN CARIBBEAN



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Hally Haynes, Director of Youth
Marva Howell, SAO

Ministry of Social Care, Constituency Empowerment,
and Social Development
Ruth Blackman, Deputy Permanent Secretary

Barbados Family Planning Association
Nicole Parris, Nurse Manager
Estelle Walton, Registered Midwife
Dennies Charles, RNM
Rosemary White Reception Clerk

Edna Nicholls School
Deborah Hewitt, Programme Coordinator
Moreen Brooks, Social Worker

Men's Education Support Association
Ralph Boyce

Two Mothers and Three Fathers in Barbados

St. Lucia

Ministry of Social Transformation
Marinus Pascal, Deputy Director
Mary Wilfred, Research Officer

Poverty Reduction Fund
Joachim Henry

National Skills Development Centre
Selma St. Prix, General Manager
Department of Human Services
Clementia Eugene, Director

Ministry of Education
Virginia D'Auvergne, District Counselor
Ruth Phillips Favrier, Director Roving Caregivers
Programme (telephone interview)

St. Lucia Planned Parenthood
Particia Modeste

CARE
Carleen Mason, Executive Director

Five Mothers and One Father in St. Lucia

St. Kitts and Nevis

Ministry of Gender Affairs
Ingrid Charles Gumbs (telephone interview)

Viola Project
Celia Christopher (telephone interview)

Other Agencies

UNICEF
Koen Rossel-Cambier, Planning, Monitoring and
Evaluation Specialist
Patrick Knight, Communication Specialist
Elaine King, Adolescent and HIV Specialist
Lisa McClean-Trotman, Programmeme Communications
Specialist
Shelly-Ann Harper, ECD Specialist
Sian Williams, Caribbean ECD Advisor (telephone
interview)

UNECLAC
Karoline Schmid, Social Development Officer

UNDP
Leisa Perch, Programmeme Manager, Poverty
Reduction, HIV/AIDS, and Gender

UNFEM
Roberta Clarke, Representative (telephone interview)
Cherise Adjadha, Project Associate

UNFPA
Isiuwa Iyahan, Liaison Officer

Caribbean Child Support Initiative
Susan Lashley (telephone interview)

University of the West Indies
Christine Barrow, Professorial Fellow

Annex C: Interview Guidelines

Focus Groups with Young Mothers:

How old are you now?
 How many children do you have now, how old are they?
 How old were you at time of first baby's birth?
 How old was father of first baby at time of baby's birth?
 Who do you live with?
 Does baby live with you?
 Have child/children always lived with you?
 Greatest challenges
 Greatest needs
 How can schools support teenage mothers to finish school?
 What can be done to promote continuing education for teenage mothers?
 How can Government better support teenage parents?
 What social protection programmes are available?
 What social protection programmes are needed?
 What family supports help and what family supports hinder?

Focus Groups with Young Fathers:

How old were you at time of first baby's birth
 How many children do you have now, how old are they
 How do you participate in child/children's upbringing?
 How are teenage fathers targeted in current adolescent parenting programmes?
 What can be done to get teenage fathers "on track" with their parenting?
 How can Government better support teenage parents?
 What social protection programmes are available?
 What social protection programmes are needed?
 What family supports help and what family supports hinder?

Interviews with Ministries and NGOs:

Describe policies for young parents and caretakers
 Describe planning and programming for young parents and caretakers
 What social challenges do young parents and caregivers face?
 Discuss legal issues and concerns (access health, establishment as independent minors, decisions about children, access to health and education,
 Describe social protection interventions and access to social protection
 Review budget allocations for teenage parents



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children

