

**SITUATION ANALYSIS  
OF  
CHILDREN AND WOMEN  
IN THE  
EASTERN CARIBBEAN**

A Composite Report of the individual Situation Analyses  
carried out in the nine Multi-Island Programme countries.

Antigua and Barbuda  
British Virgin Islands  
Dominica

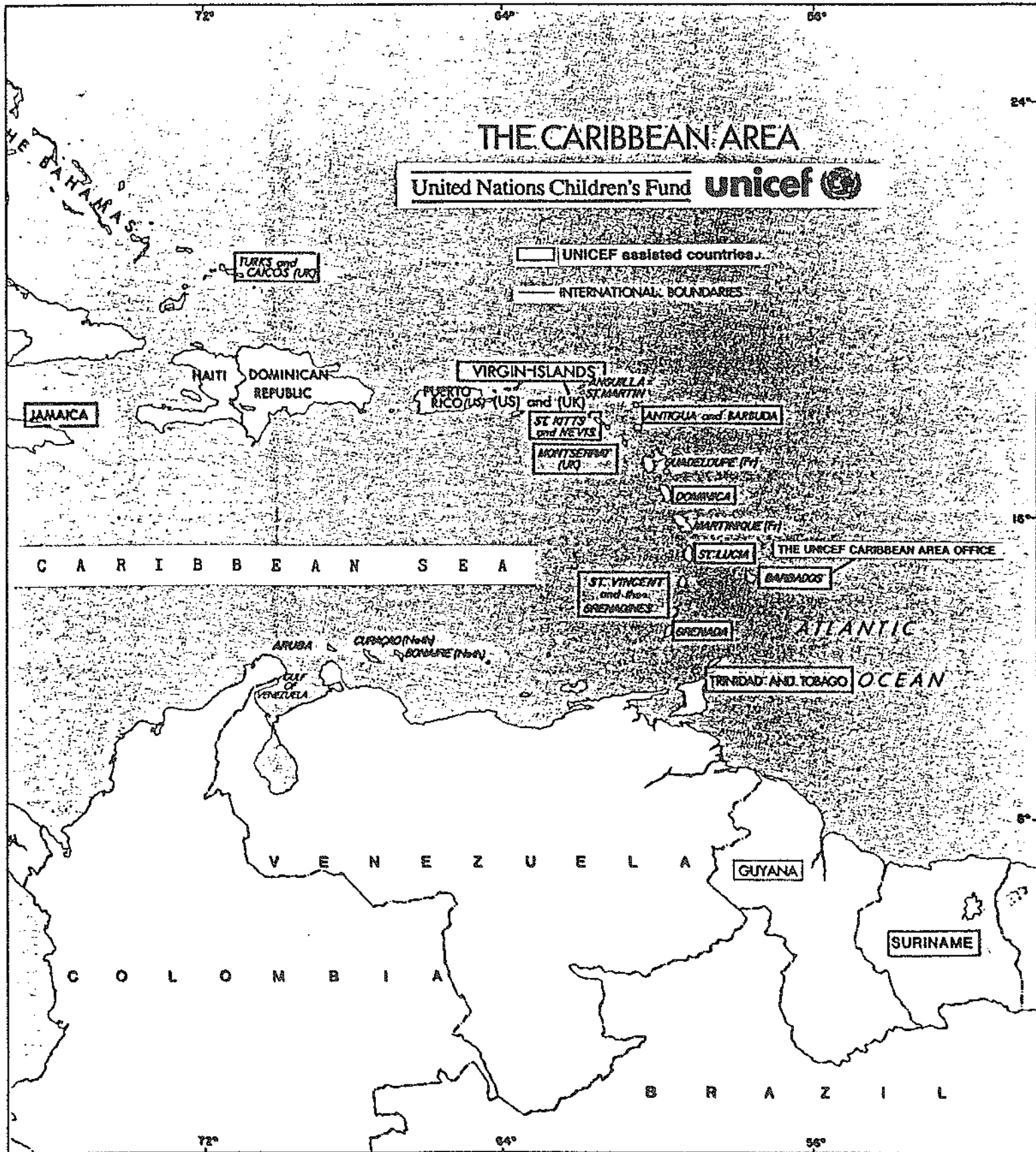
Grenada  
Montserrat  
St. Kitts and Nevis

St. Lucia  
St. Vincent and the Grenadines  
Turks and Caicos Islands

**CARIBBEAN AREA OFFICE  
BRIDGETOWN  
BARBADOS**

# THE CARIBBEAN AREA

United Nations Children's Fund **unicef** 



## TABLE OF CONTENTS

	<u>PAGE</u>
GLOSSARY	
INTRODUCTION	1
CHARACTERISTICS OF THE ECONOMIES	1
THE PERFORMANCE OF THE ECONOMIES	4
THE SITUATION OF CHILDREN	9
INFANT MORTALITY	9
Neo-natal Infant Deaths	10
Stillbirths	11
Low Birthweight	11
Nutritional Status	12
INFANT AND CHILD MORBIDITY	13
IMMUNIZATION	13
PAEDIATRIC AIDS	14
DISABLED CHILDREN	14
CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES	14
CHILD ABUSE	15
RECOMMENDATIONS	16
THE SITUATION OF WOMEN	18
MATERNAL MORTALITY AND MORBIDITY	18
FERTILITY	18
WOMEN AND THE LAW	21
RECOMMENDATIONS	21
THE ENVIRONMENTAL SECTOR	23
RECOMMENDATIONS	24
THE EDUCATION SECTOR	25
PRE-SCHOOL EDUCATION	26
PRIMARY LEVEL EDUCATION	26
SECONDARY LEVEL EDUCATION	29
THE CARIBBEAN EXAMINATIONS COUNCIL	30
VOCATIONAL EDUCATION	31
RECOMMENDATIONS	31
COMMUNICATION AND SOCIAL MOBILIZATION FOR BETTER PARENTING	32
CONCLUSION	34

- FIGURE I      POPULATION, AREA & POPULATION DENSITY**
- FIGURE II     PERCENTAGE OF POPULATION UNDER 15**
- FIGURE III    REAL GROWTH RATES**
- FIGURE IV     PER CAPITA GNP OF EASTERN CARIBBEAN**
- FIGURE V      SECTORAL DISTRIBUTION OF GDP**
- FIGURE VI     FERTILITY LEVELS IN SELECTED MIP COUNTRIES**

## GLOSSARY

AIDS	acquired immune-deficiency syndrome
CANA	Caribbean News Agency
CARICOM	Caribbean Community
CBC	Caribbean Broadcasting Corporation
CBU	Caribbean Broadcasting Union
CCDC	Caribbean Child Development Centre
CDB	Caribbean Development Bank
CEDC	children in especially difficult circumstances
CET	Common External Tariff
CFNI	Caribbean Food and Nutrition Institute
CMMS	Caribbean Multi-media Support Project
CXC	Caribbean Examinations Council
ECD	early childhood development
EPI	expanded programme of immunization
FLE	family life education
GCE	General Cambridge Examination
GDP	gross domestic product
GFNC	Grenada Food and Nutrition Council
HIV	Human immuno-deficiency syndrome
IMR	infant mortality rate
MCH	maternal child health
MIP	Multi-Island Programme
NGO	non-governmental organization
PHC	primary health care
PSIP	Public Sector Investment Programme
OECS	Organization of Eastern Caribbean States
SERVOL	Service Volunteered for All
UK	United Kingdom
UNICEF	United Nations Children's Fund
US	United States
UWI	University of the West Indies
VIP	Ventilated Improved Pit Latrine
WID	women-in-development

## INTRODUCTION

The Multi-Island Programme (MIP) covers nine English-speaking countries of the Eastern Caribbean. These are Antigua and Barbuda, the British Virgin Islands, Dominica, Grenada, Montserrat, St. Kitts and Nevis, St. Lucia, St. Vincent and the Grenadines and Turks and Caicos Islands. Geographically, these nine islands stretch in an arc from the Turks and Caicos Islands at 22° North of the Equator to Grenada at 12° South. They have an aggregate land area of 3,492 square kilometers (sq km) and a total population of 596,000, giving a population density of 171 per sq km (see Figure I).

Population growth rates have generally been less than 2 per cent. In the Turks and Caicos islands, an inflow of Haitian and Dominican immigrants has led to a large increase in the population (54 per cent) which now largely consists of expatriates (approximately 40 per cent). The small growth rates have generally been attributed to reduced fertility rates and migration. The Eastern Caribbean has a young population. In St. Vincent and the Grenadines 44 per cent of the population is under 15 years and 15 per cent is under 5 years of age (see Figure II).

Migration from the Caribbean has always been high. In the earlier part of the century, migration was mainly to Panama, Cuba, Central America and England. This migration was largely male oriented.

In more recent years there has been a shift of migratory trends away from England and towards the United States and Canada. The shift from England was due mainly to tighter immigration policies and harder economic times. Canada and the United States (US) have both made immigration to their respective countries more difficult in recent years. Immigration has tended to reduce both population pressures and unemployment in most Caribbean territories. However, as will be seen later, migration has also posed some serious problems for children who are left by parents to fend for themselves or to be reared by relatives or friends.

Politically, the MIP countries' systems of government are based on the Westminster Model. Divided into constituencies, the adult population of 18 years and over elect Representatives to a Lower House of Parliament every five years. Queen Elizabeth II of the United Kingdom (UK) remains the Head of State in all the MIP islands except the Commonwealth of Dominica which has a President as Head of State. In the other MIP countries, the Queen appoints a Governor General who acts as her representative in the territories.

## CHARACTERISTICS OF THE ECONOMIES

The economies of the MIP countries are characterized by several common features and they face similar economic problems and prospects. The economies are essentially open and dependent. They operate at the margin of the world economy and are subject to changes and fluctuations generated from the international context. Added to this are the problems they face owing to their small size, limited resource endowments, inadequate infrastructural development and lack of export product diversification among other things. The Caribbean region as a whole is also subject to the ravages of natural disasters such as hurricanes, volcanic eruptions and drought. Natural disasters have served to set back economies such as those of the MIP countries, negating the goals of their development plans, shifting priorities of governments into areas of national reconstruction. The poor and the dependent bear the brunt of the suffering in this regard. The devastation brought on by the passage of Hurricanes Gilbert (1988) and Hugo (1989) are recent reminders of the economic hardships which come in the wake of natural disasters. Montserrat was hardest hit by Hurricane Hugo but the effects could be easily seen in other MIP countries, especially Dominica whose housing sector was seriously affected.

FIGURE I

# POPULATION, AREA & POPULATION DENSITY

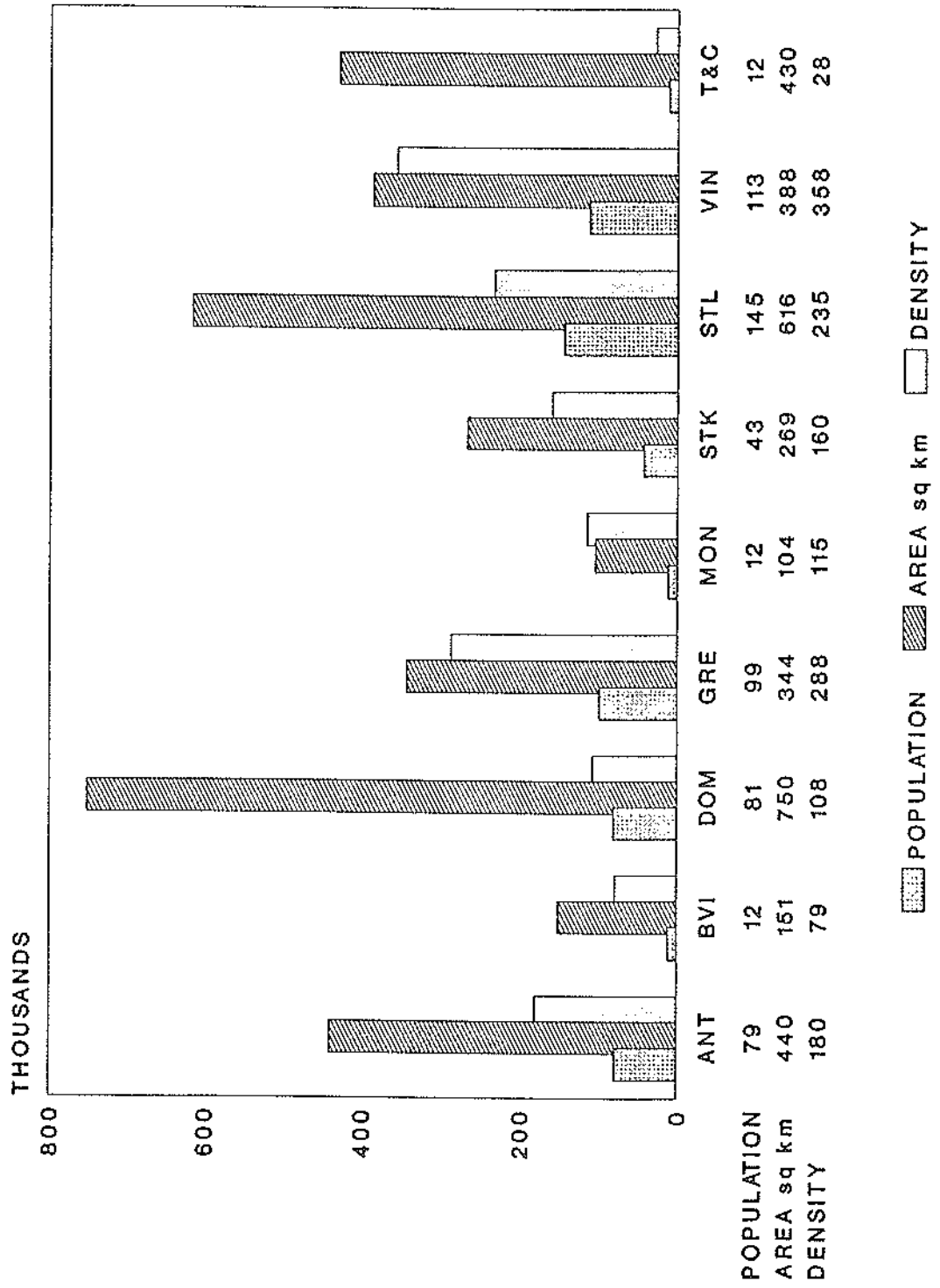
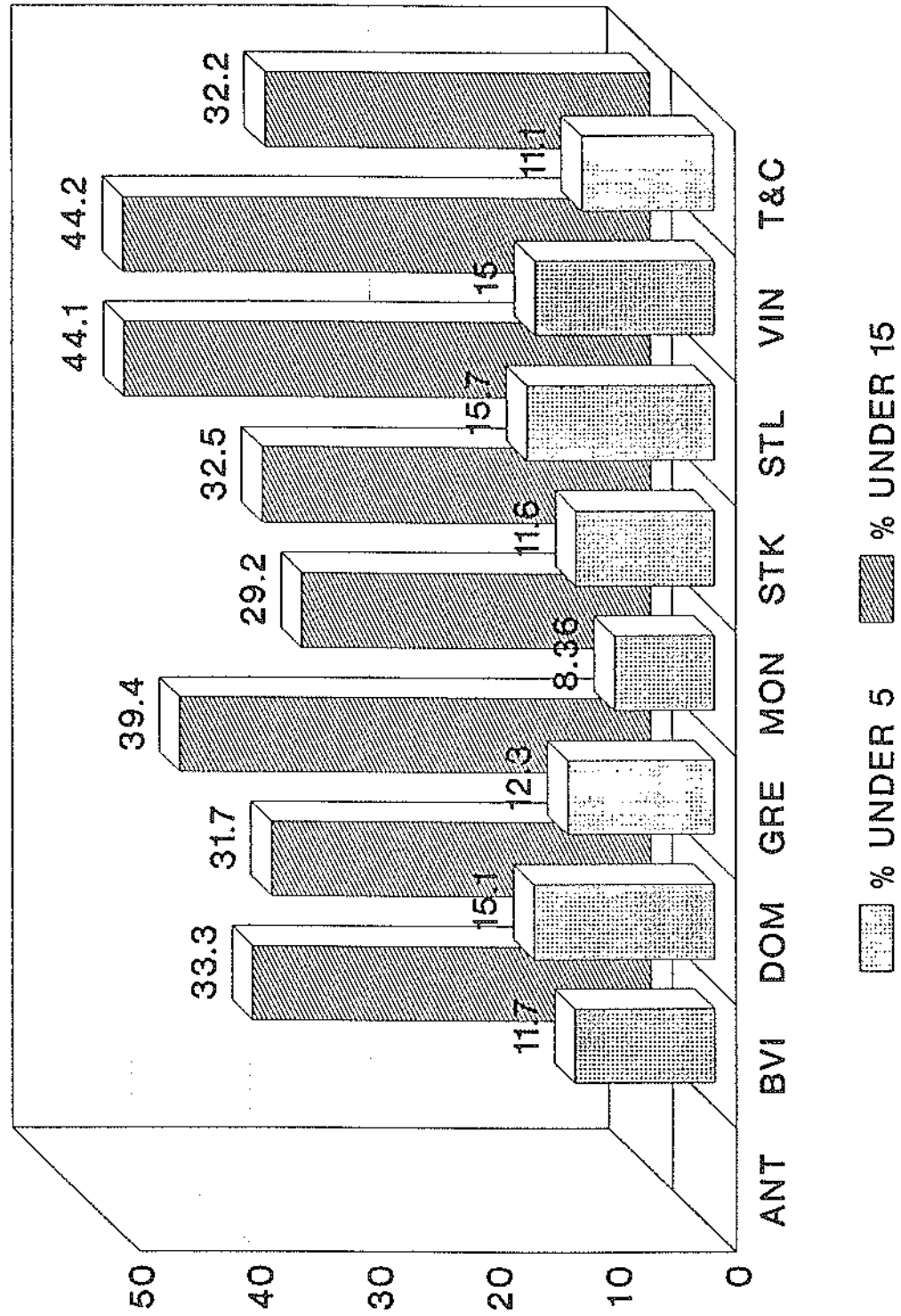


FIGURE II

# PERCENTAGE OF POPULATION UNDER 15



The economies of the MIP countries are also quite service-oriented with the rates of services to gross domestic product (GDP) being approximately 50-60 per cent, with tourism and the distributive trade being the major contributors. These territories also have high food import bills. High food imports also exposes the economies to the vagaries of the international market and price fluctuations. When prices for basic food items rise the economically disadvantaged tend to sacrifice nutritional quality. This situation poses serious problems for the nutritional status of families and especially for women of childbearing age and their offspring.

All the above factors point to a profile of vulnerable economies in the Eastern Caribbean. Economic shocks are often externally generated but are complicated by domestic factors as well. Recent efforts at the Organization of Eastern Caribbean States (OECS) unity are intended to build an economic and political bloc in an effort to cope with these vulnerabilities.

### THE PERFORMANCE OF THE ECONOMIES

The 1980s were characterized by strong economic growth in most islands. A mild recession was recorded during 1982-83 but growth resumed thereafter. In 1985, Antigua and Barbuda recorded the highest growth rate (8.9 per cent) of any MIP country (see Figure III). During 1989, growth rates ranged between 4 per cent in St. Lucia and 6.2 per cent in Antigua. The lower growth rates in 1989 are in part due to the passage of Hurricane Hugo.

The per capita income of a country is based on the total national income divided by the total population. In the Eastern Caribbean, the per capita income is quite high as is evident from Figure IV. Despite the high levels of per capita income however, in the Leeward Islands viz. Antigua and St. Kitts and the British dependencies, the unemployment rate is much lower. Indeed, there are labour shortages in such areas as manufacturing and agriculture which must be supplemented from time to time by the importation of labour from neighboring territories. Unemployment among women tends to be higher than among men. This situation has serious implications for the ability of women to reproduce their means of existence and that of the children. Indeed, unemployment in general provides a focal point from which many of MIP countries' ills can be analyzed, viz. the drift to the 'urban' areas, drug trafficking, prostitution, improper housing, etc.

The main sectors of the economies of the MIP countries are services, tourism, agriculture and manufacturing (see Figure V). The tourism sector is an important one in many Eastern Caribbean territories with notable exceptions in such countries as St. Vincent and Dominica. In the case of St. Vincent, for example, the lack of an international airport and the inadequacy of other elements of tourism infrastructure have limited the development of the industry. However, it is the agricultural sector which is of particular importance in the Windward Islands. The primary products of this sector are bananas, cocoa, nutmeg and mace. The future of the banana industry is in serious doubt at the moment. The introduction of the Single European Act which will unify Europe in 1992 will also remove the preferential status which Windward Island bananas have enjoyed for years. The anxiety which exists among banana growers in these islands are the result of the recognition that the Windward Islands cannot compete with Latin American countries in this regard. The Latin Americans produce more and bigger bananas at lower production costs and can therefore afford to sell their product at lower prices.

There is a small manufacturing sector in most territories, the highest being 12 per cent in St. Vincent and St. Lucia. Growth in this sector has slowed owing to the softening of the electronics market and restrictions within the Caribbean Community (CARICOM) market.

FIG. III

# REAL GROWTH RATES

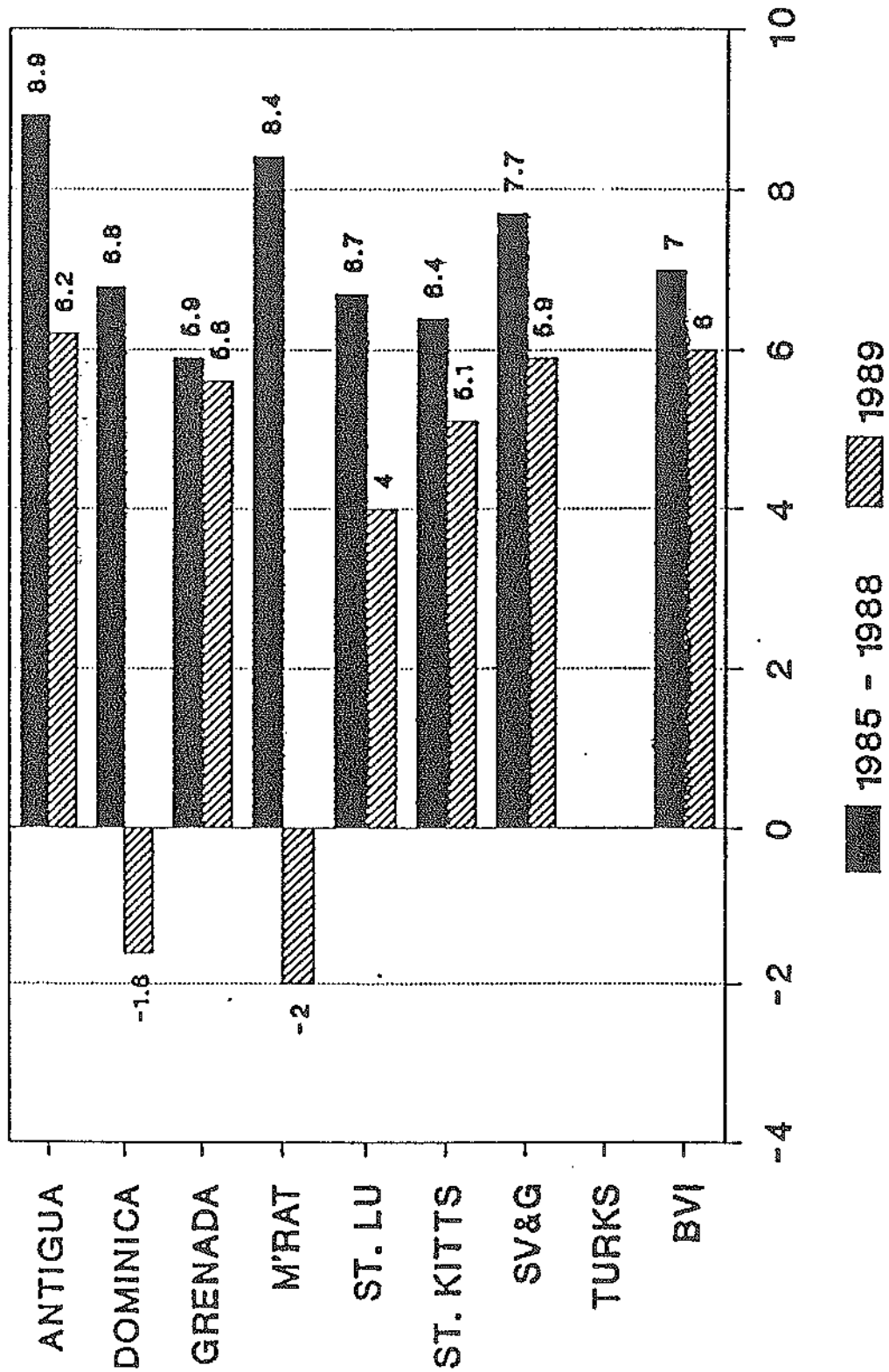


FIGURE IV  
**PER CAPITA GNP OF EASTERN CARIBBEAN**

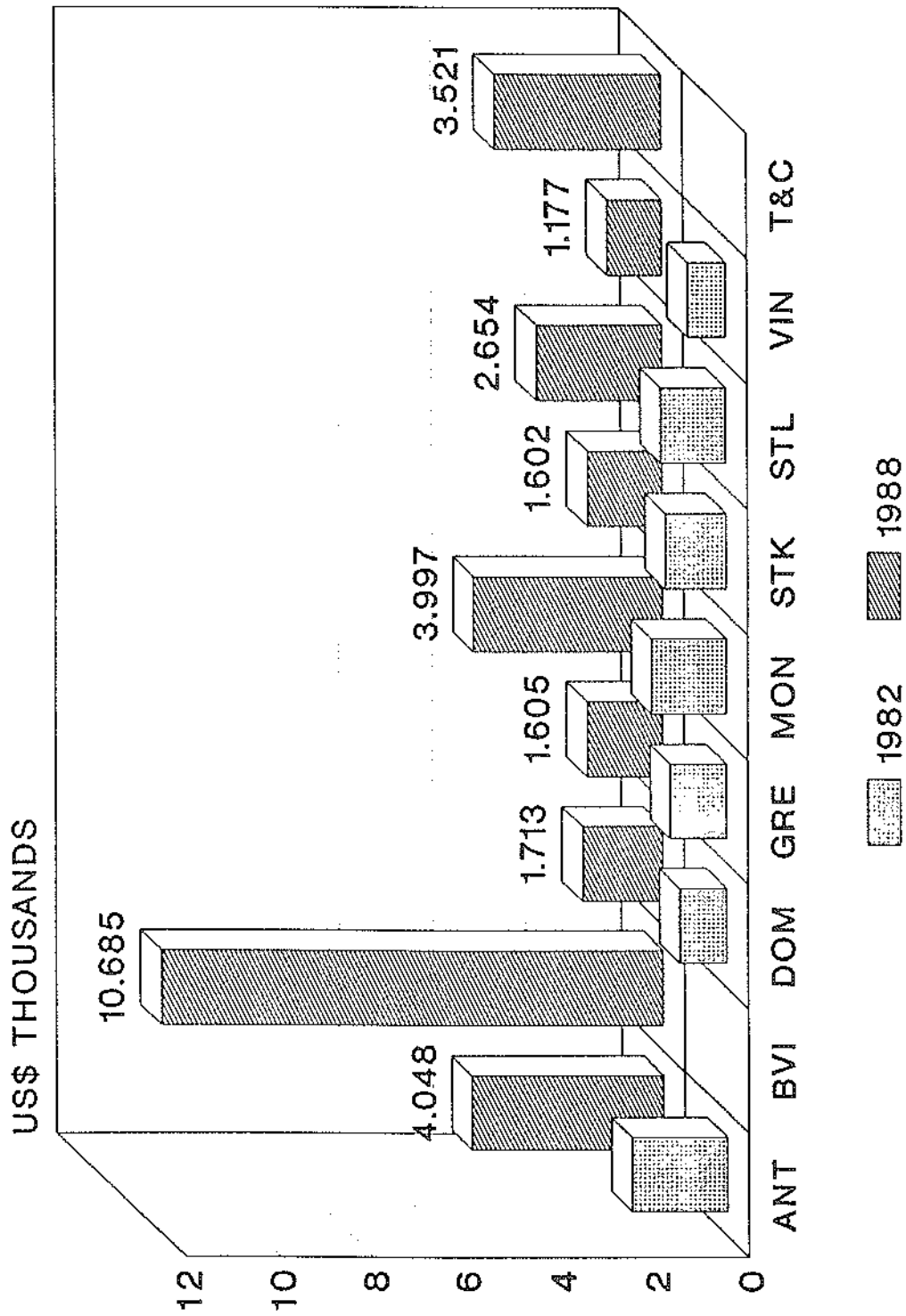
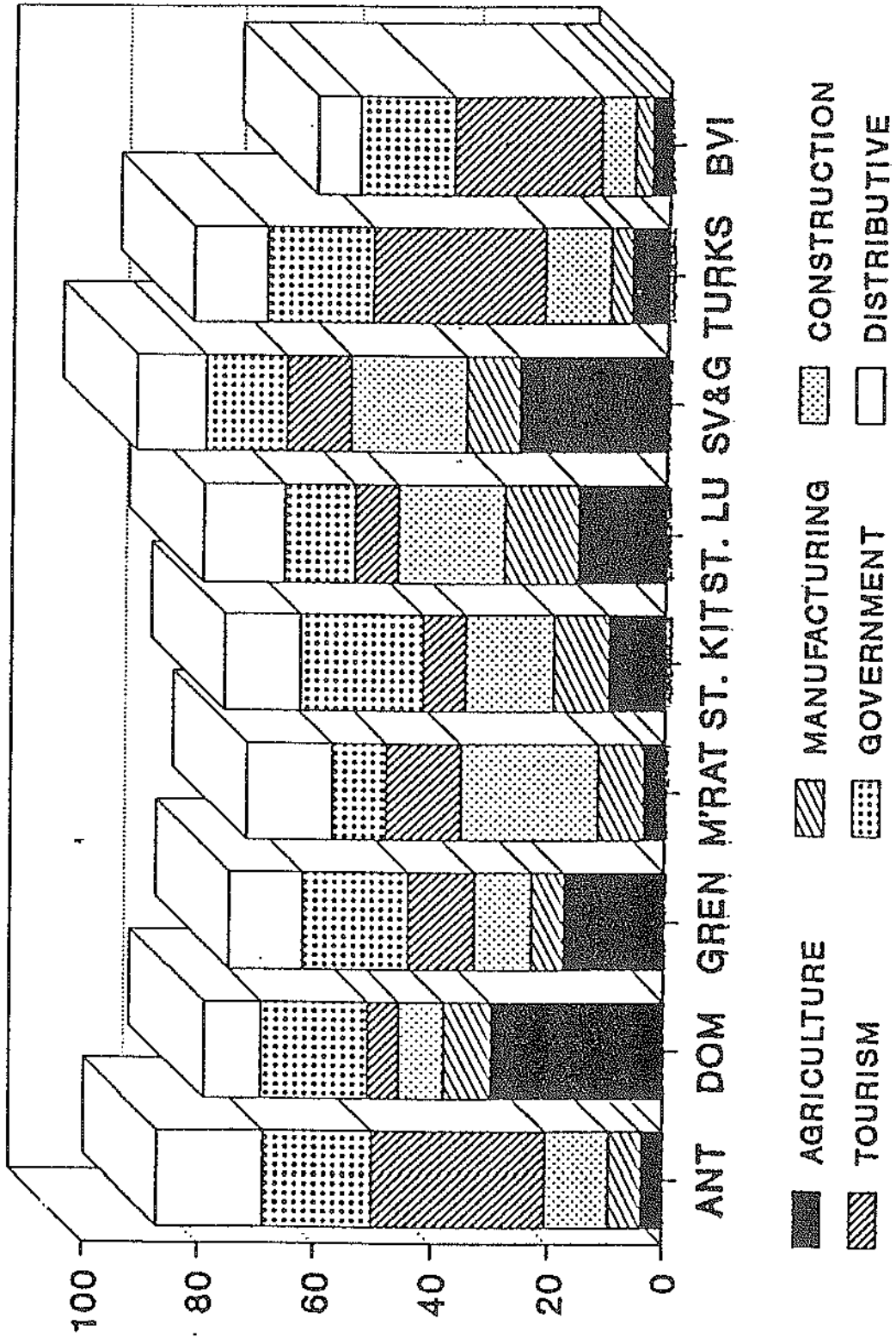


FIG. V

# SECTORAL DISTRIBUTION OF GDP



Given the openness of the economies, inflation is largely imported. The inflation rates during the 80s were moderate. Inflation during the period 1985-88 averaged 3-4 per cent for most countries. These rates increased during late 1989 to 1990 as a result of increased costs of petroleum products brought on by the Gulf Crisis. The implementation of the CARICOM Common External Tariff (CET) is also expected to increase further the inflation rate. Tariffs in the MIP countries are presently lower than the rest of CARICOM on a wide range of imported commodities.

The external debt in the MIP countries is low by Caribbean and Latin American standards and consists mainly of debt owed to official lending institutions. In 1988, the total debt of the six independent states was US\$654 million. The debt-service ratio was relatively low compared to the CARICOM area as a whole. Antigua realized the highest debt level, reaching US\$422 billion, which accounts for 60 per cent of the debt of the OECS region. In spite of the low debt-service ratios, servicing of debt remains a problem as it is difficult to raise revenue to service debt. Most debt is official and therefore not amenable to rescheduling. In this regard, mild recession can have a great effect on the ability of the territories to service their debts. Debt-servicing has first claim on foreign exchange and government funds. As a result, social programmes are often relegated to the bottom of the list of priorities.

Only Dominica has had an official structural adjustment programme, however, other countries have had to face some adjustment. There are not many private sector institutions and the OECS countries cannot finance deficits by printing money. Consequently, many countries have had to put in place self-imposed adjustment programmes. Many of the islands are involved in the Public Sector Investment Programme (PSIP) through the Caribbean Development Bank (CDB) where the focus is on productive investment as opposed to social investment.

In many countries, the percentage expenditure on social services, education, health, etc. has remained the same over the past few years. The implications of this situation are serious especially for women and children in the society who remain the most likely victims of government economic adjustment policies. The stagnation of the education budget for example, has in effect led to overcrowding in the primary schools and limited availability of spaces in secondary school. This also represents a dashing of the hopes of young people of using education as an avenue of social mobility.

In addition, the Government is often the largest employer in these territories. Many countries have reduced the size of their Civil Service through attrition by refusing to fill vacancies and by wage resistant policies. All these factors have led to adverse expenditure switches at the household level, resulting in reduction in expenditure on clothing, health and food for adults and their dependent children.

The socio-economic context in which adults and children live in large measures determine their ability to survive their conditions of existence. It is generally felt that better economic performance and stability of a country lead to better and higher standards of living and better health. There has been recognition for some time now of the relationship between health and development which is believed to be mutually beneficial. It was, therefore important to examine some of the economic factors in the foregoing in order to place the situation of children in its proper perspective.

## THE SITUATION OF CHILDREN

As indicated in an earlier section, the Caribbean is characterized by a very youthful population in which most MIP countries have populations with between 25 and 44 per cent under 15 years. The size of this section of the population is in part due to high, though declining, fertility rates of women of reproductive ages, as well as declining infant mortality rates (IMRs). To these two factors must of course be added such other variables as access to pre-natal and post-natal care, good nutrition and sanitation and a general increase in life expectancy, among other things.

It should be pointed out that the network of health services in the MIP countries is quite well developed and covers the entire population even though these services could benefit from improved efficiency and effectiveness in relation to the changing patterns of health problems. The doctor/population ratio is low, but the nurse and nurse auxiliary/population ratio is quite high. In the early 1980s, the number of doctors per 10,000 population ranged from 9.8 in Dominica (1984) to 2.9 in St. Vincent and the Grenadines. Nurses ranged from 56.7 per cent per 10,000 in St. Kitts and Nevis to 10.6 per cent in St. Vincent. It is important to mention that it is the nurses and nurse auxiliaries who form the backbone of the extensive primary health care (PHC) network in the Caribbean. However, the emigration of nurses for higher pay in North America is now threatening the effectiveness of health systems which have so carefully been built up over the years. MIP countries spend between 11 and 15 per cent of their nation's budget on health, with Dominica spending the highest proportion.

### INFANT MORTALITY

The Caribbean as a whole has made some important strides in the area of declining infant mortality. The effects of maternal child health (MCH) programmes on the survival and quality of life of children in the Eastern Caribbean appears to have been considerable. IMRs which fluctuated between 75 and 175 per thousand live births in the 1940s and 1950s have fallen to less than 20 per thousand for the nine MIP countries as a whole. In the case of St. Vincent the IMR declined from 49.1 in 1978 to 22.4 in 1984 with just one sudden rise in 1980. In St. Lucia IMRs declined from 49.3 in 1970 to 15.9 in 1989. In Grenada also, there was a marked reduction in the rate of infant mortality, from 60 deaths per thousand live births in 1960 to 17 in 1988. A notable exception in this regard is St. Kitts/Nevis where the IMR has shown fluctuations over the last eight years. From 45.7 in 1981, the rate declined to 41.2 in 1983, plunged to 27.8 in 1984 and thereafter began to rise to reach 39.7 in 1986 before dropping to 25.4 in 1988. St. Kitts and Nevis stands out from the other territories of the Eastern Caribbean in that its IMR represents the highest in the region, with the exception of Turks and Caicos. The reason for such a high IMR is not yet fully explained. However, some have argued that the high rate is due to the accuracy of St. Kitts and Nevis recordkeeping, since almost all births take place in hospitals, on the one hand, matched against inadequate computation standards of other countries on the other hand. It is therefore a problem of methodology. Were the recording systems of other countries as efficient as those of St. Kitts and Nevis, the IMR for that country would not stand out the way it currently does in the region. Despite this argument, health workers in St. Kitts remain concerned over the high numbers.

**TABLE 1**  
**INFANT MORTALITY RATES FOR MIP COUNTRIES**

COUNTRY	YEAR	RATE/1000 LIVE BIRTHS
Antigua	1989	20
British Virgin Islands	1989	17
Dominica	1988	17
Grenada	1988	24
Montserrat	1989	11
St. Kitts and Nevis	1988	25
St. Lucia	1989	16
St. Vincent	1988	22
Turks & Caicos	1988	26

**Neo-natal Infant Deaths**

St. Vincent and other Caribbean territories are now approaching the situation of the developed countries where the majority of deaths occur in the early neo-natal period, that is the first seven days of life. In Grenada, 75 per cent of infant deaths in 1988 occurred in the neo-natal period. In Antigua and Barbuda it was 90 per cent. According to information provided by the Antiguan Ministry of Health, an average of one-third of neo-natal deaths occur within hours of birth and slightly more than half occur before the infants are two days old. A similar situation obtains in St. Lucia where neo-natal deaths occurring within 24 hours of birth generally account for more than 30 per cent and go as high as 52 per cent of all neo-natal deaths. It is noted also that in St. Lucia, the next largest group is that between 24 and 48 hours, being 27 per cent for 1988 and 33 per cent for 1989. The following table gives the rate of neo-natal mortality for some MIP countries.

**TABLE 2**  
**NEO-NATAL MORTALITY RATES**

COUNTRY	YEAR	RATE/1000 LIVE BIRTHS
Antigua	1989	18
British Virgin Islands	1989	13
Grenada	1988	16
Montserrat	1988	11
St. Kitts	1988	15.5
St. Lucia	1989	12
St. Vincent	1988	14

Infants most at risk are those born to mothers over 30 years and mothers with parities of 5 and over. Among the leading causes of neo-natal mortality are the following: prematurity, congenital anomalies, certain conditions originating in the peri-natal period, respiratory failure, pneumonia and sudden infant death syndrome.

### Stillbirths

Stillbirths are somewhat of a problem in so far as the number of cases is perhaps affected by under-reporting. In addition, there is no information concerning the causes of stillbirths. In St. Lucia for example, the number of stillbirths has fluctuated throughout the 1980s from a low of 39 to a high of 62. Grenada also experienced fluctuation over the years but in the period 1986-88, stillbirths generally remained in the region of 12-13 per thousand. It is, however, in Antigua that stillbirths became a source of worry. Here, the number of stillbirths tends to exceed the number of neo-natal deaths in any given year, indicating usually an inadequacy of ante-natal care.

### Low Birthweight

Low birthweight babies are those who weigh less than 2.5 kg. or 5½ pounds. Low birthweight is generally the result of nutritional deficiencies or illness of the mother during pregnancy. Major contributors to low birthweight infants are prematurity, improper eating habits during pregnancy and conditions such as pre-eclampsia.

TABLE 3  
RATE OF LOW BIRTHWEIGHT BABIES

COUNTRY	YEAR	RATE
Antigua	1989	5.2%
British Virgin Is.	1989	6.7%
Dominica	1988	8.4%
Grenada	1989	9%
Montserrat	1989	7%
St. Kitts/Nevis	1988	11%
St. Lucia	1989	7.5%

It is clear from Table 3 above that low weight babies in some territories are a source of concern. Some territories have already begun implementing strategies to deal with the problem. For example, in Grenada where between 1986-89 the number of low birthweight babies born varied between 5-9 per cent, a specific referral system has been established. Babies under-weight at three months are usually referred to the Grenada Food and Nutrition Council (GFNC) for follow up by Nutrition Assistants stationed in the various districts. Babies not attending clinics as required are visited at home. Low birthweight also seems to be associated with the age of the mother. The prevalence of low birthweight among younger women (15-19 years) is indeed a cause for concern in MIP countries.

During the period 1985-1988 more than one-third of the low birthweight babies were born to teenage mothers. Low birthweight in MIP countries therefore points to potentially serious problems revolving around ante-natal care and nutrition education for women.

## Nutritional Status

More emphasis on the nutrition of children has been stressed in the Caribbean beginning in the 60s and particularly in the period after the introduction of the Caribbean Food and Nutrition Institute (CFNI) in 1967. Nutritional surveillance programmes were introduced in most countries in the region, using the Gomez classification at the child health clinics. Sinha (1988) points to the methodological difficulties associated with data collection on nutrition. He notes, for example, that the data can be questioned in so far as it relies on child health clinic visits. Not all children attend clinics regularly, he notes (p. 182). Sinha's point is corroborated by the situation analysis in St. Lucia for example, which noted that information on nutrition collected at the central level is very sketchy. In St. Lucia, the health centres during the past 10 years or so, showed that information and growth charts were not routinely maintained and it appeared that there were even different methods being used by those who kept some records.

Generally, severe malnutrition in the Eastern Caribbean does not appear to be a problem. However, cases of mild to moderate malnutrition continue to be a worry for health officials. Table 4 shows the composite picture of malnutrition in the Eastern Caribbean.

TABLE 4  
MALNUTRITION

COUNTRY	YEAR	MODERATE/MILD	SEVERE
Antigua	1986	0	0
British Virgin Islands		0.3	0.2
Dominica	1989	1.9	0
Grenada	1989	4.7	0.17
Montserrat		0.1	0
St. Kitts	1987	0.6	0.9
St. Lucia	1985	7.9	0.7
St. Vincent	1988	N/A	N/A
Turks & Caicos	1988	0	0

Family income and expenditure on food as well as mother or child caregivers' belief were identified as two main factors which influence the nutritional status of children. Grenadian households which spent less than EC\$20.00 per week on food in one study cited had 68.5 per cent of the under-nourished. Both in Grenada and in St. Kitts malnutrition seemed to be found in more cases, in the urban areas than in the rural. It is believed that subsistence agriculture in the rural areas which could provide children with some of the essential nutrients to stave off malnutrition was not an option available in the urban pockets of poverty and overcrowding in some MIP countries.

In summarizing the experience in St. Kitts, it was noted that as far as mild-moderate malnutrition is concerned, children first begin to experience a serious problem somewhere in the second six months of life. Often the lapse from well-nourished to mild-moderately malnourished is for many children

the beginning of a slide down the scale. The St. Kitts situation analysis concluded that the progressive deterioration throughout the first three years of the child's life suggest that children are receiving less than adequate care.

Weaning practices as well as feeding patterns of infants also seem related to the nutritional status of the child. In the case of St. Kitts it was noted that very early weaning from the breast, which can begin as soon as the first month, could account in part for the degree of malnutrition in infants in the second mensal age group. There is in many Eastern Caribbean territories, a fairly short period of exclusive breast feeding. Many infants are introduced from early to home-made porridges and herbal/bush teas. There is also what appears to be an early introduction to foods from the table. Though there has been a serious effort mounted to promote breastfeeding, since the mother's milk is a complete food, traditional and folk beliefs continue to influence the way infants are fed. More effort to understand the folk patterns and food culture of people in the Eastern Caribbean would help in this regard.

### **INFANT AND CHILD MORBIDITY**

Morbidity data are always very problematic to come by in the Caribbean as a whole. There is a tendency to extrapolate morbidity data from mortality data which is a source of methodological concern to some. Some data are derived from the records of leading causes of admissions to hospital, while others rely on the recording of the diagnosis which is often not forthcoming. In this sense, one can only discuss infant morbidity in generalities. These problems notwithstanding, there seems to be some general consensus in the Eastern Caribbean that the main causes of illness among infants and children are respiratory tract infections, neo-natal jaundice, gastroenteritis, ear infections. Respiratory tract infections and gastroenteritis are leading causes of illness among children in most MIP countries. In Grenada, additionally, worms, scabies, nutritional disorders and anaemia are among other known causes of illness.

In the Turks and Caicos Islands, diarrhoeal disease is a leading cause of illness among infants and young children. What has been noted with regard to diarrhoeal disease is that mothers use home remedies and do not seek treatment until children are dehydrated. The Turks and Caicos Islands also list the ingestion of kerosene by children as a main cause of admission to hospital. Ingestion of kerosene is a cause for concern as it suggests some carelessness at home causing an easily preventable accident. What is of particular importance for morbidity information, however, is that most of the infectious diseases of childhood have practically disappeared. This situation is due in large measure to the high level of immunization achieved in the Eastern Caribbean.

### **IMMUNIZATION**

The expanded programme of immunization (EPI) is an integral part of all MCH programmes and the level of achievement has been quite good. By the end of 1989, the percentage of children under one year who were fully immunized in the MIPs exceeded the 80 per cent universal immunization target. Unfortunately, there was some slight slippage in 1990, and two countries (Dominica and Grenada) failed to reach the 80 per cent target for measles. In the case of Dominica, the failure was the result of a decision by the Ministry of Health to immunize only children of one year or over. Even though measles is generally under control, one MIP country, British Virgin Islands, experienced a measles epidemic in 1989, hence the need to maintain high immunization coverage is essential.

## PAEDIATRIC AIDS

The broader Caribbean region has one of the highest densities of acquired immune-deficiency syndrome (AIDS) cases in the world. Governments are very concerned with the increasing incidence of AIDS and the human immuno-deficiency virus (HIV) infection. With 30 cases (as of September 1990) St. Lucia and St. Kitts and Nevis are the more affected of the MIP countries, followed by St. Vincent and the Grenadines with 26 cases and Grenada 19 cases. Analysis of transmission routes demonstrate a shift from homosexually or bisexually acquired HIV infection to mainly heterosexual transmission. The ratio of infected females has therefore been increasing rapidly. The incidence of paediatric AIDS remains low with only two cases being reported by the end of 1990. This should be of little comfort, however. There are delays in the reporting of cases of HIV positive infection and AIDS. Given the delays in reporting and given the long gestation period of the virus, increases in the incidence of paediatric AIDS may be recorded in the future. Moreover, paediatric and HIV positive females might serve to increase the IMR in the coming years.

## DISABLED CHILDREN

Sinha's comment on the disabled child in the Caribbean is worth quoting at length here:

*Preoccupied with the problem of survival, malnutrition and infectious diseases, countries of the Caribbean have given very little attention to disabilities in children. No systematic data on the prevalence of different disabilities are available on a national basis in a number of countries. There is need to develop a systematic approach for prevention, early detection and management of disabilities, including learning disabilities, on a routine basis. (1988: 211).*

The problem of children with disabilities is becoming increasingly recognized in the MIP countries. There are problems associated with planning for such small numbers (in some countries) of disabled children and this is not helped by the scattered nature of the incidence of disability. However, the responsibility for the disabled usually falls under the Welfare Department in each territory. Recognition of the problem of disabled children has given rise to a number of special institutions that cater for disabled children. However, the number of specially trained personnel to handle the wide range of disabilities remains problematic.

## CHILDREN IN ESPECIALLY DIFFICULT CIRCUMSTANCES

Children in especially difficult circumstances (CEDC) can be defined as all those children who, because of their family life or the absence of positive influences from their family of origin, are living in circumstances which can be considered detrimental to their future development. In this respect, children falling into these categories of risk are the abused, the neglected, those who have to live in Institutions or have to be placed in foster care. Foster care children are supplied with substitute parents. The risk category also extends to those children who have to work and cannot enjoy their childhood and to those who are handicapped and are not being allowed to develop to their true potential. It also includes children who have been totally abandoned and are forced to live in city streets or in rural communities.

Institutions for neglected children are present in most of the islands. Run by both government and private initiatives, these institutions contribute tangibly to societal needs. In Grenada, for example, the National Children's Home programme centres around the placement of abused and neglected children in foster care. Some institutions provide their own accommodation. The St. Christopher Children's Home in St. Kitts has a capacity for 35 children. Its intake include abandoned children,

children of incompetent parents (alcoholics, mentally retarded), and children who have been physically or sexually abused. Unlike Jamaica or Guyana where street children abound, this particular problem is virtually non-existent in the Eastern Caribbean. However, there have been reported cases of this phenomenon in some of the islands. In Antigua, for example, there are indications that the problem does exist. Probation officers in St. Kitts have also argued that a small group of 10-20 boys seem to live on the streets of Basseterre.

Facilities that cater for abused and neglected children suffer from the usual constraints imposed by limitations of finance. The overall situation is not bad, however. Many private initiatives are engaged in foster care activities. The Christian Children's Fund has been serving the Eastern Caribbean since 1984. It sponsors several programmes that cater for CEDC and to date, has reached nearly 2,500 children. Ready accessibility to many of these institutions may be somewhat problematic. The need for greater awareness and vigilance ought to be stepped up.

## **CHILD ABUSE**

A matter of growing concern is the number of cases of child abuse which still exist across the Eastern Caribbean. The stepping up of reporting has unmasked to some extent, a more realistic picture of the problem. Nevertheless, the extent of child abuse is extremely difficult to quantify given the absence of accurate records. With increased community knowledge in many of the MIP countries, there are consequential problems of exactly what action is suitable on behalf of abused, neglected and deprived children. There is limited provision for rescue facilities, treatment centres, very few staff with specialized training to maintain the necessary contact with victims and the alleged perpetrators. Practical and active approaches are being used in which workers respond to initial crises but may be unable to maintain contact on a long term basis.

It is recognized throughout all the MIP countries that corporal punishment is used as a disciplinary method in the home. However, this form of chastisement when carried too far can become a contributing factor to child abuse in the region.

Emotional abuse is less easy to recognize and identify since these children do not show up at medical facilities. It is therefore not easy to recognize or count them, but they are there. Many are the children left with grandmother, aunt, great-aunt, neighbour, or friend while mother or father, or both, go to the US, UK or Canada to work. Research has shown that the children of emigrants who are left behind in the home country and who rejoin the family in the new country some years later are more vulnerable to abuse - physical and sexual. There is a tendency in all MIP countries for the issue of child abuse to be viewed in gender specific terms - only females at risk of abuse - forgetting the male child. There is also a correlation between those who drop out of school in many territories between the ages of 12 and 15 being the ones who are physically abused and neglected.

Whether the incidence of this type and all other cases of child abuse has increased dramatically in the Caribbean, or whether awareness has been further heightened through reporting and media involvement is not fully known. What is certain, however, is the community concern about maltreatment of children and the need for understanding the circumstances which prompt this type of behaviour.

Professionals, governments, private organizations and concerned citizens are re-assessing their roles in a concerted effort to deal effectively with child abuse.

## RECOMMENDATIONS

Despite the fact of obvious improvements for the status of children in the Eastern Caribbean, there continues to be room for upgrading certain areas and some services. Based on the data and qualitative information in this section it is clear that there is need for improvements in ante-natal and post-natal care. The case of the latter is particularly urgent given the amount of stillbirths recorded, as well as other neo-natal deaths. Education is always a crucial factor in changing behaviours and practices. The need to educate young women about the need to delay pregnancy is paramount. However, for those who are already pregnant or are mothers, the need for nutrition education, proper parenting and appropriate breastfeeding and weaning practices seem absolutely important.

Part of the latter recommendation is embodied in a wider programme of family life education (FLE). FLE programmes are generally recognised as essential to building a stable environment for children. Given the fractured family forms which exist in the Caribbean, FLE should become even more a priority. In this regard, such programmes should also address the role of men in the Caribbean family. Men must be encouraged to play more responsible and central roles in the family. Male marginality to the family in the Caribbean has economic, social and psychological implications on the long term well-being of the child. Hence, FLE programmes should be implemented in all schools as well as targeted to the adult community. At the moment, it is taught in an ad hoc manner at the discretion of a Principal. Finally, integrated approaches should be used so that areas such as self-image, self esteem, and value clarification should be included and males could be involved both at the student level and at the level of Family life Educators. At the moment such programmes suffer from lack of resources both financial and human.

At the level of institutional care for children there is also room for improvement. Overcrowding appears to be a problem in some territories. Overcrowding of centres affect the quality of care given to the children. It can increase their sense of depersonalization as overwhelmed staff cannot give the necessary individual attention. Key areas for residential care in the Eastern Caribbean will be upgrading the quality of care bearing in mind the psychological ill effects of any depriving care situation and the need for care for the abused and neglected child. In addition, there is need for provision for such groups as the handicapped. Handicapped children are still being discriminated against and neglected within some communities and have been placed in hospitals for long-term care (St. Vincent) and in old people's establishments because of lack of day or residential care for this group of children.

There are some problems associated with the programmes for CEDC which need to be addressed. For example, there is the problem of inadequately staffed social welfare and community services. There seems to be low priority given to services by some governments. Moreover, each social service has only a few trained workers, and those in complex areas such as probation and social welfare have no specialized training or have minimum training such as the four- month social work certificate. Social welfare services tend to be centralized; rural areas are under-served and it seems impossible for staff at the Headquarters to visit rural clients on a regular basis.

Based on the above, there is therefore a need for increased professional training in specialized areas. In addition, there is also a need to obtain technical assistance to evaluate residential programmes in the region. Finally, the need for upgrading human resources is crucial to being able to deal with the increasing problems faced in society.

In the area of child abuse there is the need to improve record- keeping of this problem. Indeed there is a need to improve the system of collection of vital statistics and the analysis of data so as to provide readily available, accurate and reliable information. It is important that a programme of prevention be developed to reduce or eliminate child abuse. The need to mobilize the community against child

abuse and to assume greater responsibility for protecting children from such abuses must be implemented. There must be extensive multi-disciplinary training in all areas of intervention, which seeks to develop more uniform knowledge, skills and attitudes among professionals involved with prevention, detection and treatment.

In light of the fact that there is no mandatory reporting of suspected abuse there seems to be an urgent need for technical assistance for consolidation of laws and harmonization of legislation dealing with this area. Finally, in addition to targeting the community, the school should also be used as a frontline defence in child abuse programmes. There is a need to work with teachers to recognize abuse by including abuse models in the curriculum in Teachers' Colleges and in service (local) training.

## THE SITUATION OF WOMEN

Women in the Caribbean account for more than half of the region's population. They share certain common characteristics. For generations, women have functioned in the multi-faceted roles of mother, wife or partner, homemaker as well as income-earner, and in conditions that have been mostly difficult. They experience a disproportionate share of societal benefits while at the same time playing the leading roles in domestic life. Increasing awareness of the role of women in social and economic development have led to changes for the better. Indeed, while some strides are being made with respect to legislation and change in the attitudes of men and women alike, these societal changes are taking place slowly and in an incremental fashion.

### MATERNAL MORTALITY AND MORBIDITY

Maternal mortality is rare in the Caribbean. The numbers are either low or no maternal deaths occur. In some cases, however, there is no reporting of maternal mortality, as is the case in St. Vincent for example. Factors affecting the outcome of pregnancy are the care of the mother during pregnancy and during delivery. Such care is generally available to most women in MIP countries.

With respect to maternal morbidity, methodological problems identified with respect to children persist with regard to adults. Anaemia in pregnancy continues to be a source of concern. Among the leading causes of morbidity among women are heart disease, hypertensive disease and diabetes mellitus, malignant neoplasm, disease of the respiratory system, pneumonia and influenza.

Anaemia among children and also among women particularly in pregnancy, is a continuing health problem in the Eastern Caribbean. Data from recent estimates indicate that haemoglobin rates below 11gm/dl are common in places such as Grenada, St. Kitts and St. Vincent. Poor diet stemming from both ignorance and low income levels are the major contributing factors. In Grenada, for example, anaemia was found to exist across all ages, with children and women accounting for 65 per cent and 49 per cent respectively.

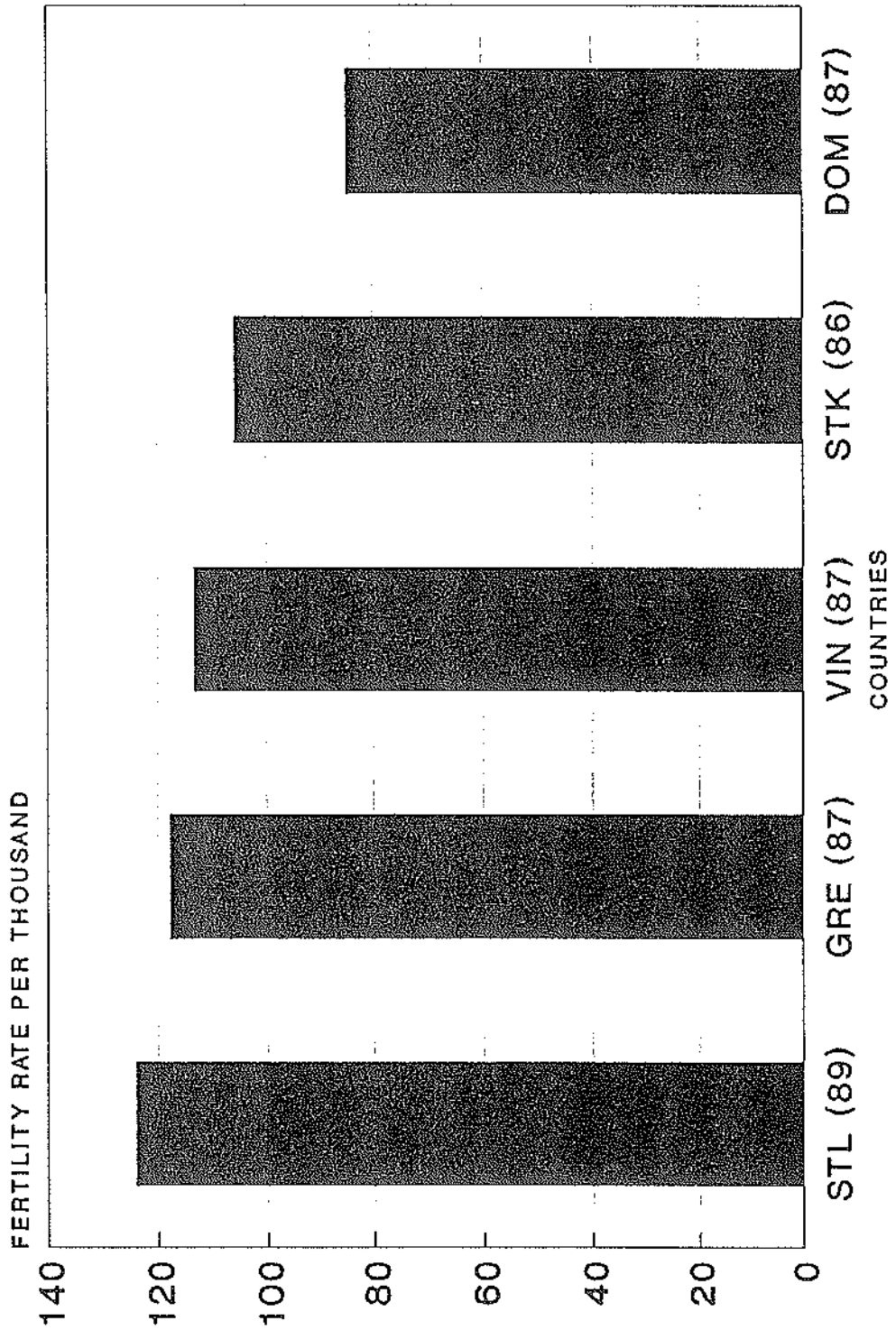
### FERTILITY

Fertility rates in the Caribbean have been on the decline for some time now. However, as the Jagdeo study has indicated, some of the rates are still around 100 per thousand which is too high. Some MIP countries seem to experience problems of high fertility. For example, though the general fertility rate has been declining consistently since 1977 when it was 128.8, it still had a high rate of 105.9 in 1986. The fertility rate for Dominica in 1987 was 84.68 and in 1988 was 108.05. In the Turks and Caicos Islands, however, the fertility rate is much lower. In 1988 it was 66.5 live births for every 1000 women. Other countries do not seem to have an overall problem of high fertility, but need to focus on the problem of early motherhood. In addition to overall high fertility in some countries, there are still persistent problems of poor birth spacing and too late pregnancies. Nevertheless, the overall decreases in fertility have been encouraging.

In the Caribbean, the rate of adolescent fertility has been reduced considerably in the last ten or more years. However, the problem persists. There was a decrease in the rate of teenage pregnancy from approximately 33 per cent some 10 years ago to 23 per cent currently. Some countries such as St. Vincent still have quite a high rate at 37 per cent. St. Lucia has managed to reduce its rate from 33 per cent in 1982 to 21.4 per cent in 1989 (see Chart for fertility levels in select MIP countries - Figure VI). These statistics deal only with livebirths to teenagers and not pregnancies. It is felt that illegal abortions play a significant role in keeping the rate of adolescent fertility down. However, it is reasonable to assume that the percentage of actual pregnancies is somewhat higher, taking into account spontaneous abortions, terminations and stillbirths.

FIGURE VI

# FERTILITY LEVELS IN SELECTED MIP COUNTRIES



With respect to parity, one-quarter of the births to 15-19 year olds are second parity, and 4-5 per cent are third parity. A small number, -0.2 per cent are fourth parity. An average of 1.5 per cent of births to teenagers are born to girls under 15 years of age. In Dominica for 1988, it was 8 (.18 per cent) and St. Lucia in 1989, it was 19 (2.4 per cent).

For the 20-24 year olds, the problem of early motherhood often continues and is compounded in the early 20s. There is considerable repeat pregnancies at this level. Many women are then on their fourth child by age 24, some are on their fifth, sixth and even seventh. Approximately 23 per cent of births to the 20-24 year olds are third parity, some 10 per cent are fourth parity and 3-4 per cent are fifth parity.

Adolescent pregnancy can lead to a number of health risks for the mother and child. Babies born to mothers in their younger teens tend to be premature, underweight and more likely to be delivered by caesarian section. Adolescent motherhood also presents serious health risks to the mother herself, being frequently accompanied by pregnancy-related hypertension and also cervical lacerations which can increase the risk of incurring cervical cancer later in life.

There are also social costs associated with teenage pregnancy. Often the young mother has to leave school, giving up any opportunity of being able to return. All this occurs in a context which offers limited opportunities for adult education. The young mother is thus unqualified and unskilled and unable to get a job with anything but the lowest of pay. She is therefore economically unprepared to support a child. She is also psychologically unprepared to handle the responsibilities of motherhood, since she has not matured fully. In all likelihood, the father of the child does not acknowledge responsibility and thus economic support from him is not forthcoming. Very often the responsibility of providing for the needs of the child and caring for the child fall to the child's grandmother, who is often a single-parent herself and possibly head of the household. In many cases the woman becomes involved in a series of conjugal unions and repeated pregnancies.

Related to the problem of early motherhood is single-parent status. Women other than teenage mothers find themselves in this category. In the Caribbean, over 70 per cent of livebirths are to unmarried women, and there are some countries where the level is over 80 per cent and is as high as 85 per cent. For Dominica, the rate is 81 per cent, in Grenada it is 83 per cent and in St. Lucia it is 85 per cent.

Single parenthood is a characteristic feature of the type of family form in the Caribbean. Marriage in the Caribbean is a minority custom. Most middle and upper class people become married. However, common law unions are the norm of family type in the region. Less than 40 per cent of females are married. The bulk of the relationships are either of the 'visiting' or 'living' variety. With the visiting relationship the couple does not live in the same house. They meet at each other's house, with the man visiting the domicile of the woman more often than not. This is a very fluid relationship with limited prospects for stability. In the 'living' or 'live with' relationship the couple shares a common domicile. This is usually a stable relationship which closely resembles the legal marriage but without the customary contractual arrangement. A general pattern is observed in which a woman will progress through one or more visiting unions early in life, moving eventually to a more stable common-law union with the father or one of the fathers of her children, ultimately culminating in marriage in later years. By age 55 most Caribbean women are married.

Related to teenage pregnancy and single parenthood is female household headship. Many women are heads of households as a result of being single-parents. Some 40 per cent of households in the Caribbean are headed by women. In St. Lucia, for example, they are estimated at 43 per cent. Generally, the woman's economic input is greater in these circumstances. There is a small percentage

of married women who are counted as heads of households where their spouses are disabled or for some other reason. The median age of these heads of households range between 44 and 58. Lastly, the majority, almost 90 per cent of female heads of households, have only a primary school education and a large percentage, 38 per cent, are not employed in the formal workforce.

Women in general lack the many and varied opportunities that are easily accessible to men. This gender discrimination has among other things forced a large number of women into accepting low paying jobs, particularly in the tourism industry, where they do most of the menial jobs. Low incomes, low educational standards and cultural orientation all combine to produce what is generally perceived as a lack of self-esteem and self-confidence among poor women in the Eastern Caribbean. It is not only the question of lack of economic opportunities that confront women, but the nature of the exchange relationship. That is, women in general are paid lower wages and salaries for their labour than men and herein lies the real problem - the disparities in economic reward.

## **WOMEN AND THE LAW**

Legislation pertaining to women is slow in coming, while decision makers in the sub-region do not lack the legislative machinery to effect certain changes, there appears to be a lack of political will to do so. The laws pertaining to women in the sub-region are frequently archaic and discriminating. Two examples should suffice in this regard.

In St. Lucia, a legal change concerning child maintenance in 1983 increased the maximum age from 16 to 18 years and increased the maximum child maintenance amount from EC\$2 per week to a maximum of EC\$25 per week for children born out of wedlock and EC\$75 per week for children born in wedlock. St. Lucia perpetuates the distinction between legitimate and illegitimate children and in addition to this discrimination, it demonstrates a considerable difference in the perceived value or needs of these children. This in a country where 85 per cent of its children are born out of wedlock.

In the case of Antigua and Barbuda while the legal age of consent is 16 years, rape of a female below the age of 13 is classified under the law as indecent assault. This is because rape carries a maximum penalty of 20 years, while indecent assault carries a maximum of 2 years. The rights of the child appear to be abrogated here in preference to what amounts to decriminalization of an offence. The need for a comprehensive overhauling exercise cannot be over stated, particularly with regard to domestic violence, rape, inheritance and child support.

Women's Bureaux exist in all of the MIP countries, but in many cases their presence is little more than symbolic and they lack political and administrative clout. The St. Vincent example is quite revealing in so far as three social workers are serving a population of almost 110,000. More efforts need to be concentrated in this critical area providing services for women.

## **RECOMMENDATIONS**

As suggested with respect to the status of children, there is an urgent need for fully developed and implemented FLE programmes in the MIP countries. Inclusion in such a programme would have to be some emphasis on parenting and acquiring parenting skills especially for teenage mothers who lack the type of maturity to perform these tasks properly. Emphasis should also be placed on specific counselling for contraceptive use and family planning services. Again, the need for young women to delay their first pregnancy cannot be overstated.

Peer counselling has been tried in some territories and should be encouraged by all. There is a sense in which young people become more receptive to others of their own age who have avoided their pitfalls, or who have bounced back from seriously disadvantaged positions. In addition, adolescent health clinics, conducted one or two days a week at district health centres, could prove to be a useful complement to other efforts addressed to teenage women and men.

There is a crying need for more opportunities in adult education in an effort to improve educational qualification. Through an education programme women can become aware of gender issues and the importance of such issues for improving their condition. Women must be given the opportunities to improve their earning power through training and management. Given their general participation in the labour force and given their involvement in the informal sector at the micro-entrepreneurial level, women must be granted access to credit so that they can be assisted in establishing or consolidating small businesses. Training for women is indeed critical to their development, however, this training must transcend narrow and traditionally stereotypical notions of improving the skills of women which some governments persist in offering. Training must be gender specific and market driven.

At the level of community participation, there is a need for community outreach information and education programmes. This could be done through the participation of youth groups and other community groups, as well as schools. Here, a popular approach could be used employing drama and folk customs in an effort to communicate the desired message. In conjunction with these efforts centres for teen mothers could also be established. These centres would function with similar objectives in mind to those of the FLE programme but intended to reach a wider section of the population. Here, young women would be allowed to pursue educational programmes while learning about general health, hygiene, parenting, FLE, income-generating skills, and child care. The need for child support and child care services for single and teenage mothers is important in assisting them in becoming economically independent.

Finally, women of all strata of society and supportive men should wage an all out effort to lobby governments in the region into formulating policies for women-in-development (WID). This broad-based strategy should also include working towards changes in the law and for legislation for the protection of women and children in society.

## THE ENVIRONMENTAL SECTOR

More and more policymakers and ordinary citizens are becoming aware of the importance of the environment for development. Indeed, the whole growing concern over sustainable development has to do with consideration of environmental factors being included in the development equation. It is reasonable, therefore, to argue that a health environment is crucial to the health and growth of children, to the mothers who give birth to them and to all people who share the same space. It is with the child in mind, and the mothers or mothers-to-be, that examination of the environmental factors are undertaken in this section. Indeed, it would not be overstating the case to suggest that improved environmental factors viz. water supply, disposal of waste etc., contribute to the survival of the child.

Most countries in the Caribbean have made considerable progress in the areas of sanitation and housing. Some countries have moved from a situation of poor housing and overcrowding to one in which not only are the structures better, i.e. switch from wood to concrete, but in which there are more rooms available (see Sinha 1988). The same is true of access to piped water and the disposal of faecal waste. The Caribbean has moved from a situation in which Sinha notes that about 'two-thirds of the mortality was due to infectious diseases for which the unsanitary living conditions and the environment were directly or indirectly responsible.' (1988: 112).

Today despite the progress there is still room for improvement in these areas in the Eastern Caribbean. For example, the Housing Authority in the Turks and Caicos Islands recently conducted a survey into housing conditions in all of the islands. It found that there was no shortage of houses with the exception of Providenciales, but that conditions in some parts of the islands were unsatisfactory. In some areas of Grand Turk, houses are in a run-down state and - one area where the population consists of migrants from Haiti and the Dominican Republic, as well as Belongers, was described as a 'totally blighted urban area (a shanty town)'. There are still some areas of overcrowding in the Turks and Caicos Islands.

In Grenada, there are some problems with proper housing. A 1986 Low Income Survey concluded that in general housing conditions, particularly among the low income groups, were very poor. Approximately 45 per cent of the total housing stock was dilapidated and needed repairs and 20 per cent were unfit for habitation. Overcrowding was also found to be a serious problem as the average number of persons per habitable room was 2.84 persons.

The conditions described above are not the ideal ones in which pregnant women should exist. Chances are that given the general economically depressed conditions under which a mother or mother-to-be would have to live, that adequate nutrition and pre-natal care may not be forthcoming. Equally important is the fact that these circumstances are not the best ones in which to rear a child. A child born into these circumstances starts off his or her life at a serious disadvantage, from which only considerable community effort and welfare services could pull out a rescue.

With respect to adequate water supplies, most Eastern Caribbean islands have access to water sources. Those who do not have access to water piped into their homes can obtain water from 'stand pipes' not too far away from their homes. In Antigua 39 per cent of the population has water piped to their homes. This figure can be compared with Dominica which in 1986 had 46 per cent, Grenada 36 per cent, St. Kitts 52 per cent in 1985, St. Lucia 83 per cent and St. Vincent 43 per cent. The disposal of faecal matter is, however, less satisfactory in some territories and continues to be a source of concern.

In Antigua in 1985, 36 per cent of the people had water toilets, 54 per cent had pit latrines, 3.2 per cent used buckets and 7.4 per cent used other means of waste disposal. Given the amount of people without adequate disposal systems, it was found that night soil is dumped in the main guts or into the

sea. Secondly, it is standard building practice to encase pits and septic tanks in concrete, with overflow pipes to lead off the effluent into the gutters and drains. The practice is most pronounced in St. John's city. It is estimated that up to one half of septic tanks are built this way. Ultimately, it is the sea, at the present time valued as the country's most valuable natural resource, which is being polluted.

In St. Lucia where only 40 per cent of the population has acceptable means of disposal of waste, other health problems emerge. Health problems caused by these environmental problems are varied. In Dennery, for example, worm infestation among rural school children has been linked to improper excreta disposal. A similar situation obtains in Anse La Raye. Some areas have few sanitation facilities. Given the hard rock found in this area, it is difficult to construct pit latrines there. In any case, since Anse La Raye and Gros Islet are both below sea level, pit latrines do not work well in these two areas. In addition, accumulation of garbage in the dumps creates problems of vector and rodent control. The improper disposal of faecal waste has also been associated with the incidence of diarrhoeal diseases such as gastroenteritis.

Elements of the problem outlined above in relation to Antigua and St. Lucia are found to a greater or lesser extent in certain parts of St. Kitts and in Grenada. This problem of sewage disposal seems to be more acute in the rural areas where people resort to bushes, rivers and ravines to defecate and urinate. For Grenada, there is an additional problem. In the dry season, water is often rationed. Some areas are without water for four to five days and sometimes weeks. In addition, because in many cases water is not piped into homes, personal hygiene habits such as washing of hands, are not always practised. These are also some factors which may contribute to the incidence of gastroenteritis.

The impact of the environmental problems discussed above are potentially devastating to the survival of the child. Though these conditions are not apparently widespread, they remain a source of concern. There is, therefore, a need to address these problems where they are found urgently. To this end, the following recommendations are suggested.

## RECOMMENDATIONS

Governments in the region should make the elimination of these potentially hazardous environmental factors a priority. They endanger the population and threaten the survival of the child and therefore of future generations. Governments also need to carry out research into the possible connection between incidents of gastroenteritis and diarrhoeal diseases, and the disposal of waste. The purpose of this investigation should ultimately lead to the improvement of environmental sanitation in those areas affected. There is also an urgent need, especially in the areas with problems of disposal of waste matter, but also for the benefit of the entire population, to mount an educational programme of environmental awareness. This idea could also include the expansion of existing programmes. Environmental consciousness would place some responsibility on the community itself to be responsible for some of the actions which it takes with respect to sewage disposal and general matters of personal hygiene.

Finally, given the prohibitive costs of building pit latrines in some territories, St. Lucia, for example, governments should attempt to provide assistance in this area. Furthermore, government and other agency assistance is required to provide Ventilated Improved Pit Latrines (VIP) for those parts of the islands as in St. Lucia, Grenada and in the Turks and Caicos Islands where the rocky ground makes installation of septic tanks difficult. The VIP is a latrine built with bricks to make it impervious and contains water which is led away by pipe.

## THE EDUCATION SECTOR

The history of education in the Caribbean has a curious relationship to the rise and fall of slavery in these islands. At various times during slavery, the slaves and their offspring were discouraged from acquiring education for fear that they would become too aware of their exploitation and would rise up against slavery. At other periods it was felt that a good Christian background and some exposure to education would produce a responsible and more importantly, a productive slave for the work of the plantation. It was not until the post-emancipation period of 1838 that ex-slaves gained limited access to education which hitherto had been mostly privately organized and mainly intended for whites. Mass education in the Caribbean is, therefore, a product of a long hard struggle by ex-slaves as well as liberals and church organizations.

The present system of education in the MIP and other countries carry the legacy of the historical evolution of education in the post emancipation period. A dual system emerged in the educational system in which the high schools offered training which ultimately equipped students for professional careers in law, medicine, civil service and managerial positions. The public, primary school system offered literacy, numeracy and basic knowledge to equip students for vocational and technical careers in the labour force. The high schools were privately operated and serviced the middle classes. The upper classes were believed to have educated their children abroad. The public school system was state-run and serviced the peasant and working classes. This latter education ended at age 14.

In the post-independence period rapid expansion of the educational system led to greater access by people than before. Countries of the Eastern Caribbean over the years have achieved fairly high levels of education for their populations. The governments of the region have always attached importance to education and presently spend 13-24 per cent of their total budget on education.

Some problems still remain with respect to access to education as will be discussed later. As with the period 1870 to 1900, many children continue to be enrolled in schools. This enrollment was seen as the acquisition of a chance at greater social mobility. Short of winning the lottery, and in the absence of very lucrative sporting contracts outside of cricket, and also in the context of an entertainment industry which offers limited opportunities, Caribbean people continue to see education as the principal avenue of social mobility. Educationally, women have kept pace with men and in some countries, surpassed them in getting education at primary and secondary levels but have lagged behind at tertiary levels. Qualitatively, the education of women has been influenced by identifiable features of the traditional role of Caribbean women.

### PRE-SCHOOL EDUCATION

Over the years the Eastern Caribbean has witnessed the establishment of a number of pre-school centres. These centres are mainly privately run. Only a small number of pre-schools is run by the government and then, as adjuncts to primary schools. Pre-schools cover the age range of 3-5. Though about 50 per cent attend these centres, in some territories such as St. Kitts and St. Lucia only 28 per cent of the pre-school population are in these facilities. Most of the teachers are female and the majority of them are untrained. At the moment, training needs are being met by in-service training sponsored by the United Nations Children's Fund (UNICEF), Ministries of Education, the Caribbean Child Development Centre (CCDC), Service Volunteered for All (SERVOL) and RPTDC courses or manuals.

Some 50 per cent of the children 3-5 years old are not attending pre-school establishments, however, mainly because of the high cost of tuition at these centres. Most of these children are taken care of by female relatives of the child's mother, friends or simply stay at home with their mothers who are

not currently in the paid labour force. Some children are also left at homes which charge a fee for their services. There is no evidence to suggest that in these non-institutional care arrangements there are any trained care providers.

In most MIP countries governments seek to influence and regulate these pre-school establishments. Most governments in fact perceive pre-school education to be part of their responsibility. Some have established mechanisms for establishing standards and registration of schools and teachers. There appears to be no standardized educational programme which is followed by these pre-school centres. Some in society have voiced objections to imposing a structured programme of learning on these children, opting instead for sensory stimulation and exploration by the child.

The following Table gives a sense of the picture of pre-school education in some MIP countries.

**TABLE 5  
PRE-SCHOOL ENROLMENT**

COUNTRY	AGE 3-5	ENROLLED	NUMBER OF SCHOOLS	NUMBER OF TEACHERS
St. Kitts	3000	1676	51	92
Antigua	3500	1682	50	140
St. Lucia	N/A	5785	26	244
Grenada	N/A	3426	70	153
St. Vincent	1650*	3000-5000	71	N/A
Dominica	N/A	2627	66	103
BVI	N/A	567	N/A	N/A
Turks & Caicos	1230*	700	N/A	N/A
Montserrat	N/A	N/A	N/A	N/A

\*0-5 years old

#### PRIMARY LEVEL EDUCATION

Between the ages of 5 and 15 (sometimes 16), co-educational primary education is provided mostly at the expense of the government. In a few countries some primary schools are privately run but these are few in number. Education at this level is mandatory. The number of schools, as seen from Table 7 range from 14 in Montserrat to 81 in St. Lucia. This Table also shows the teacher/pupil ratios for the various countries. These ratios are good and are better than in some of the larger territories in the wider Caribbean.

**TABLE 6**  
**PRIMARY SCHOOL ENROLMENT**

COUNTRY	NUMBER OF SCHOOLS	ENROLLED	NUMBER OF TEACHERS	RATIO
BVI	27	2463	104	1:24
Antigua	43	9097	446	1:20
Montserrat	14	1403	67	1:21
St. Kitts	27	6457	263	1:24
Dominica	66	16105	646	1:25
St. Lucia	81	32809	1060	1:31
St. Vincent	61	24541	1261	1:19
Grenada	58	19963	761	1:26
Turks & Caicos	N/A	N/A	N/A	N/A

SOURCE: OECS Statistical Pocket Digest 1988

Attendance levels are not as high as they should be, a number of social and economic factors sometimes intervene. According to social workers, in many working class and small farming communities in both St. Kitts and Nevis, some children are seasonally withdrawn from school to assist parents in reaping crops such as potatoes and yams, or in other tasks such as weeding and trashing on sugar cane estates. In Grenada, a similar thing happens for market day. In St. Vincent children absent themselves on 'banana days'. In Antigua every year, especially during the tourism season from mid-December to mid-March, a number of children drop out of school. For some children, however, the absences are explained in terms of lack of lunch money, school shoes or clothing. These instances point to the fact that the economic status of the child is inextricably tied to that of the parent, hence when there is only one parent viz. a female, the burden is exacerbated.

Some primary schools in the Eastern Caribbean tend to show a high attendance rate as in Dominica. However, the government has only been able to achieve this through the use of a shift system which is in existence in several schools. The drop-out rate varies from territory to territory. In Antigua and Barbuda, the rate is 1.5 per cent for primary schools, both public and private in 1988-89. drop-out rates of students at the primary school level in St. Lucia ranges from 1.2 per cent to 1.5 per cent since 1985. What seems to be a common feature, however, is that more boys drop out at this level than girls. In Antigua and Barbuda in the 9 years from 1980 to 1988 there were 1,600 drop-outs from primary school, 950 or 59.3 per cent were males. It is not clear why this pattern has emerged but it is believed that adolescent boys have more opportunities for employment than female adolescents.

Another gender-related matter at the primary school level is that the majority of teachers are females. In fact, teaching at all levels except the tertiary level is dominated by females. Some in recent times have attempted to attribute a significance to this, in so far as they argue that young boys are being deprived of positive male role models and male images. The flip side of this argument, however, is that teaching is viewed in society as an extension of the female role of child care provider and nurturer, and hence is construed in gender stereotypical terms. At another level, teaching at these levels is not the most remunerative job and therefore the absence of male teachers may better be explained in terms of wage and opportunity preferences. More research is required to understand this phenomenon fully.

## COMMON ENTRANCE EXAMINATION

At the age of 11, entry into secondary school is determined on the basis of a Common Entrance Examination. This is a system of screening in which the brightest children are the only ones allowed to complete the transition from primary to secondary level or high school. Only St. Kitts and Nevis in the OECS area has been able to ensure full secondary education. Few secondary places are available in St. Lucia, for example, only 30 per cent of primary school leavers gain places in secondary schools. There are not enough places for between 40 and 75 per cent of school students. The number of schools ranges from one in Montserrat to 21 in St. Vincent, some of which are government-run, some government- assisted and some private.

Students who fail to gain a secondary school place are given a second and sometimes a third chance to do so. Those who do not make good their chances remain in their primary schools and participate in a Junior Secondary Programme aimed at providing them with a combination of academic and skills training.

**TABLE 7  
COMMON ENTRANCE EXAMINATION**

COUNTRY	YEAR	NUMBER TAKING EXAMINATION	% PASSED
St. Vincent	1985	1262	60
Antigua & Barbuda	1989	1556	49
St. Lucia	1990	5712	33.4
Dominica	1987	2062	25.8
Grenada	1987	2693	46.4

In the case of the Turks and Caicos Islands, children attend the primary school until age 12 when the transition to secondary school is expected to be made. The vehicle for making this transition is not the Common Entrance Exam but a related test called the Achievement Test which is given to each child. This test is used by secondary school administrators as a point of reference and guidance in streaming children.

In the last three years performance has been generally poor in the students' Achievement Test.

Those who scored above 40:

In 1988	-	32%
In 1989	-	35%
In 1990	-	35%

The transition to secondary school level is no ordinary rite of passage but an important hurdle to surpass in the Caribbean child's life.

### SECONDARY LEVEL EDUCATION

As indicated in the previous section, one of the main problems at the secondary school level is lack of places. The following Table shows the number of schools and the enrolment for all MIP countries.

**TABLE 8  
SECONDARY SCHOOL ENROLMENT**

COUNTRY	NUMBER OF SCHOOLS	ENROLLED	NUMBER OF TEACHERS	RATIO
BVI	4	1143	76	1:15
Antigua	15	4413	319	1:14
Dominica	9	3264	171	1:19
Grenada	18	6437	297	1:22
Montserrat	1	984	71	1:14
St. Kitts/Nevis	6	4115	273	1:15
St. Lucia	12	6284	351	1:18
St. Vincent	21	6447	371	1:17
Turks & Caicos	4	809	64	1:14

Based on the above, the teacher/student ratios are better than at the primary level. Approximately 82 per cent of the secondary staff in the Turks and Caicos Islands are expatriate staff and this seems to pose a problem to education in so far as stability and long-term planning are concerned.

Drop-out rates are generally lower at this level. In addition, gender ratios in drop-outs tend to be either roughly equal, or females rank higher than males. This reverses the trend noted at the primary school level in the preceding section.

The quality of education varies from territory to territory. In Antigua and Barbuda, the quality of education is higher than other Eastern Caribbean countries. At both primary and secondary levels, trained teachers account for 70 per cent and 65 per cent of the teacher population respectively. Approximately 50 per cent of Antiguan teachers in secondary schools have degrees. Not all islands

enjoy such relatively high standards. Both St. Vincent and Grenada have had serious problems with untrained teachers. However, both countries are coming to grips with this issue. Teachers at some point usually obtain training. Each island has its own Teacher Training College. Many teachers who move beyond the teacher training level and acquire degrees tend to leave the service. There is a brain drain, in which migration of highly trained people to larger territories leave the home country depleted of human capital.

### THE CARIBBEAN EXAMINATIONS COUNCIL

The Caribbean Examinations Council (CXC) was created in 1972. Among other things, it awards certificates at the Ordinary Level which are used as indicators or qualifiers for work or for continuation of education at the tertiary level. Perhaps the CXC will eventually replace the London and Cambridge General Certificate of Education (GCE) diplomas but for now the two educational boards co-exist.

The number of CXC passes is high in Dominica and low in Grenada and declining in St. Lucia. In St. Vincent and the Grenadines, of 746 CXC candidates, only 82 or 11 per cent passed three subjects; 5 is the matriculation minimum. St. Lucia reported that between 1985 and 1988, the number of subject passes went down, but picked up again in 1989 in which year the combined GCE/CXC rate was 55 per cent. The situation in the Turks and Caicos Islands is not very promising insofar as 60 to 70 per cent of the student body is unable to achieve a credible level of performance. The 1990 results recorded some of the lowest levels to date with 10.4 per cent passes at CXC Basic Level and 57.8 per cent at CXC General. It should be noted that in some islands students do not write the CXC exams preferring instead to stick with the longer established London or Cambridge exams. Equally important to note is the generally accepted feeling that CXC examinations are more difficult and more rigorous than the London and Cambridge exams. This latter point may help to explain the poor performance in some cases. Finally, it should be noted that students in some of the larger Caribbean territories have similar problems with the CXC exams, often within specific subject areas.

### VOCATIONAL EDUCATION

Technical/vocational education is conducted with most schools. The pre-vocational education has been introduced to provide some balance in the highly academic curricula. However, some of these pre-vocational efforts are inadequate. In this regard, there have been efforts to establish further training mainly through incorporating vocational and technical training in the State and Community Colleges. Almost all of the MIP have incorporated training in the areas of building, plumbing, electrical work and hotel services.

The kind of training mentioned above is also being done less formally in skills training institutes and programmes for those already in the labour force. Some of the programmes are opened to young adults as well. The programmes are often put on by the relevant Ministry and are sponsored by the Organization of American States and with the assistance of the United States Agency for International Development.

At the tertiary level some territories provide additional vocational training in a Community College or Polytechnic which provides the opportunity to pursue either academic courses leading to the GCE A'Level or technical courses leading to the City and Guilds Certificate. To facilitate students wishing to pursue studies at the University of the West Indies (UWI), three options are available. The Department of Extra-Mural Studies offers first-year courses in the Social Sciences in non-campus territories, as well as O'Level courses which can help the students to achieve basic UWI entry requirements. In addition, the UWI campuses transmit a limited number of course via satellite to the Extra-Mural Departments, permitting students at those centres to interact directly with campus lecturers.

A number of territories also run a wide range of adult education programmes through Divisions of Ministries, through Ministries themselves, through special projects of voluntary organizations and occasionally, through educational broadcasts developed on the initiative of local radio stations. Given the high illiteracy rates in some territories such as Grenada (25 per cent), Dominica (30 per cent) and St. Lucia (46 per cent), literacy has become an important objective of the adult education programmes.

## RECOMMENDATIONS

Despite the progress which has been made in education in the Eastern Caribbean, there is still a long way to go before a level of satisfaction in this area is reached. It is recommended that more resources are sought in order to deal with some of the problems in education. Moreover, existing resources need to be better utilized in order to improve and expand opportunities in early childhood development (ECD) with particular emphasis on training and re-training of teachers at this level. Any strategy to assist ECD should build on the present, concentrate on poorer groups, provide support so that cost is affordable to the needy and establish minimal standards for operation. There seems to be a role at this level for which the private sector could get involved and play its part.

At the primary and secondary levels, there is a need for greater balance in the curriculum between the academic and the technical and vocational orientations. There is a need to upgrade buildings, equipment and materials. The problem of providing the system with better trained and qualified teachers must be addressed urgently. The question of increasing the remuneration of teachers to attract and maintain good people cannot be overstated. However, clearly the greatest need at the secondary level is to increase the availability of spaces so that more children can be accommodated. It may not be a bad idea to review the efficacy of the Common Entrance Examination as a screening device, and explore whether there are other options which could be used to handle this transition to the secondary level. Finally, there is a need to increase the level of literacy and numeracy in the population through improvements in and expansion of adult education opportunities - there is a need for more popular community participation in the educational development of the nation.

## COMMUNICATION AND SOCIAL MOBILISATION FOR BETTER PARENTING

The area of communication and social mobilization for better parenting in MIP countries is still in its formative stages. Its work is predicated on the generally accepted position that better parenting is crucial to physical as well as the socio-psychological wellbeing of the child. Moreover, it is believed that parents can be educated to adopt better parenting skills. The parent/child relationship could be improved through systematic communication and mobilization of parents through existing institutional channels but also through more informal and cultural modalities.

Individual parents and families are exposed to many influences and sources of information. It is important, therefore, that all the different sources are mobilized to provide a consistent set of messages and other incentives in support of better parenting. To this end, it is important to ascertain the political, economic and social institutions' will and capacity to help the parents and families to adopt better parenting practices. A survey of the current parenting models and practices of all MIP countries is in progress. When once the major problems at this level are identified, they are to form the basis for new curriculum goals for better parenting education and communication.

There is already some indication of institutional receptivity to mobilization. This manifests itself in MIP countries' willingness to help create the legislative framework necessary for better parenting. MIP country governments have all ratified the Convention on the Rights of the Child or are in the process of doing so. These governments have signed or are about to sign the Summit Declaration and Action Plan and are expected to work in accordance with the Summit Declaration within the next year. In addition, they have demonstrated their willingness through their participation in the UNICEF-sponsored Parliamentary Symposium on the Rights of the Child (1989), to consider and implement programmes to improve parenting skills in the region.

In this effort at mobilization for better parenting, the help of professionals whose work bring them in contact with the community and its people will be enlisted. In this regard, health officials, educators, trade unionists, the church and the artist can all play and are already playing a useful role, however, these efforts could be coordinated and mobilized.

The media of communication in the territories, the radio, television and press establishments in particular have a wide and effective reach. Associated as they are with the regional radio, wire and TV services of the Caribbean News Agency (CANA) and the Caribbean Broadcasting Union (CBU), they are in a position to inform their publics on internal and regional matters efficiently. This fact has led UNICEF to launch the Caribbean Multi-Media Support Project (CMMS) with CANA and CBU to systematically produce and broadcast information about the children of the region.

Recognition of the amount of households with radios and television sets makes the CMMS project all the more important. However, the project also recognizes that it has to mount an effective strategy to communicate its message in the context of, in some territories, limited local programming during the day. In many MIP countries extra-regional programming predominates the non-print media. Clearly the need for more participatory methodologies exist. The SISTREN Theatre Collectiv group of Jamaica has been doing some excellent work through dramatic workshops which focus on particular problems with WID. Similar work is being done by some non-governmental organizations (NGOs) in this regard - the Eastern Caribbean Popular Theatre is one such example.

The CMMS must strike some balance between its media outreach programme and the very strong oral tradition of the region. It is true that many people have access to various types of media but in the final analysis it is the word-of-mouth communications which persist at the folk level. If a strategy

which seeks to target working class people with respect to parenting is to be effective, it must incorporate the oral tradition - it must operate at the level of the folk traditions and its language of discourse must be one which is recognizable and comprehensible to people of that level.

Further developments in the CMMS project are recommended to expand the types of programmes available on radio, TV and the press. Programmes about children need to be supplemented by programmes for children and by children. A number of the countries in question are currently licensees for Sesame Street. It is being suggested that a Caribbeanised version of Sesame Street be considered. The current Fun School programme for children on the Caribbean Broadcasting Corporation (CBC) in Barbados is a project with tremendous potential for growth in a regional context.

Finally, a possible expansion of the CMMS is the use of the existing linkage between the region's TV stations and CNN World Report, to produce children's stories and broadcast to the world via CNN World Report. A recent example is the production of a story on children's month activities in Barbados for CNN World Report broadcast at the end of May. Among other things, this is expected to help generate the external funds necessary to support better parenting initiatives in the territories.

## CONCLUSION

The Situation Analyses reviewed in this report generally point to a relatively good position of the status of children and women in middle income countries. The Analyses also reveal considerable improvements in most areas affecting children. However, all reports suggest that there is room for improvement in health, education, nutrition and in the field of legal reform.

Economically, the MIP countries are characterized as open and dependent, small, with limited natural resources. They are countries which are subject to natural disasters, the effect of which sometimes lead to shifts of development goals and objectives in these MIP countries. It was noted that debt-servicing was a problem in the Eastern Caribbean and has in the past led to shifting priorities in such a way that social programmes are often set back. In many of the MIP countries the expenditure on social services, e.g. education and health, etc., has remained the same over the past few years. This situation tends to impact heavily on women and children who seem to suffer more from problems of structural adjustment.

The socio-economic context then helps to explain the ability of people, including dependent children, to survive the conditions under which they have to live. Thus improved or declining economic performance can make a real difference in the quality of life of individuals. Hence the economic diversion is of crucial importance.

With respect to the situation of children, it should be noted that despite the progress made in the Eastern Caribbean there remains areas of concern and a need for improvement. A lot of the progress especially in the area of the health of children is due to the excellent coverage of the immunization programme. This is responsible for the absence of many common diseases. The Analyses suggest a need for improved ante-natal and post-natal care given the incidence of neo-natal deaths and stillbirths.

In conjunction with improving adequate care for women is the need to provide education in terms of delaying first pregnancy. It is generally believed that delaying pregnancy could help in eliminating related problems of prematurity and low birthweight of infants. This latter point is also made in relation to nutrition education. Other recommendations relate to nutrition education in curbing the incidence of mild and moderate malnutrition, and to encouraging breastfeeding and proper weaning practices. The importance of good parenting was stressed in many reports. There were strong suggestions to have parenting skills become an important aspect of FLE programmes in these countries. The need to have FLE programmes fully institutionalized and standardized in all MIP countries was also a recurring recommendation.

Overcrowding and improperly trained personnel were some of the problems identified as affecting institutional care of children in the Eastern Caribbean. Clearly, the quality of care can be affected by these problems. In addition, not only a question of care for abused children emerges, but also problems of accuracy and reliability of data collection loom large in this respect. Indeed, the new awareness about child abuse brought on by increased information and public education about the subject have served to underscore this particular problem.

With respect to the status of women, the Situation Analyses show that their positions in society are seriously affected by their level of education, economic dependency, the numbers of children they have, the availability of adult educational opportunities, the marginal role played by their male

partners in family relations, their nutritional practices and knowledge, and the legal structures which place them at a disadvantage. The need to improve their skills through appropriate training and to provide them with financial assistance to become economically independent, were strong recommendations in the reports.

Environmental factors were indicated as contributing to the health status of children and adults. Though the situation had in fact improved dramatically, there were still areas of concern, particularly with respect to the disposal of waste in some parts of MIP countries. It was felt that research should be conducted into whether or not there was a connection between gastroenteritis and diarrhoeal diseases, and the disposal of waste. In this regard also the need to establish a broad-based environmental awareness programme was recommended for all affected areas.

At the level of education there are some problems affecting this area in MIP countries. Not much attention is directed at standards and quality at the level of pre-schooling. Existing resources need to be better utilized in order to improve and expand opportunities in ECD, with particular emphasis on training. At the level of primary and secondary education there is a pressing need for fully trained teachers. Policymakers should also consider reviewing the remuneration of teachers in an effort to stem the exodus from teaching to other better paying jobs.

Both at primary and secondary levels there is a need for greater balance in the curriculum between academic and vocational approaches. There is also a need to upgrade buildings, equipment and materials. The most serious problem at the secondary school level, is that of unavailability of spaces to accommodate children. Quite apart from the difficulty associated with passing the Common Entrance Examination for some children, there is a bigger problem of placement. There is also a need to increase the level of literacy and numeracy in the population through improvements in and expansion of adult education opportunities.

Finally, recognition of the need to involve the community in collectively contributing to part of the solution to the problems identified in all of the reports, has led to the development of a specialized programme of communication and social mobilization for better parenting in MIP countries. This programme which is still being formulated aims at reaching a wider cross-section of the community through the use of the media and the oral tradition, involving folktales, artists, calypsonians, storytellers, etc. The primary purpose is to pull together all the various strands of the MIP through communication and social action.

In general many of the MIP goals and objectives have either been satisfied or are at least achievable with continued assistance and support. More work remains to be done in all MIP countries.