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Generation Unlimited: Well-being of Young People in the Eastern Caribbean

Final Report

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Final Report

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Acronyms

ART	Antiretroviral Treatment
B4R	Business for Results
BMI	Body Mass Index
CARICOM	Caribbean Community
C4D	Communication for Development
CDB	Caribbean Development Bank
CDEMA	Caribbean Development Emergency Management Agency
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CEE	Climate, Environment and Energy
CFS	Child-Friendly Spaces
COVID-19	Novel Coronavirus Disease 2019
CPA	Country Poverty Assessment
CRC	Convention on the Rights of the Child
CRI	Climate Risk Index
CRPD	Convention on the Rights of Persons with Disabilities
CSEC	Caribbean Secondary Examination Certificate
CSME	CARICOM Single Market and Economy
CSSF	Comprehensive Safe School Framework
CSSI	Caribbean Safe School Initiative
DALY	Disability-Adjusted Life Year
DEVAW	Declaration on the Elimination of Violence Against Women
E-CPA	Enhanced Country Poverty Assessment
EC$	Eastern Caribbean Dollar
ECA	Eastern Caribbean Area
ECD	Early Childhood Development
ECE	Early Childhood Education
ECHO	European Commission's Civil Protection and Humanitarian Aid Operations
EiE	Education in Emergencies
GDI	Gender Development Index
GenU	Generation Unlimited
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GII	Gender Inequality Index
GNI	Gross National Income
GSHS	Global School-Based Student Health Survey
HDI	Human Development Index
HPV	Human Papillomavirus
IDB	Inter-American Development Bank
IFPRI	International Food Policy Research Institute
ILO	International Labour Organization
IMF	International Monetary Fund

INEE	Inter-Agency Network for Education in Emergencies
IOM	International Organization for Migration
IPV	Intimate Partner Violence
ISCED	International Standard Classification of Education
KAP	Knowledge, Attitudes and Practice
LFS	Labour Force Survey
LWC	Living Water Community
MCP	Multi Country Programme
MDG	Millennium Development Goal
MICS	Multiple Indicators Cluster Survey
NCD	Non-communicable Diseases
NEET	Not in Education, Employment or Training
NER	Net Enrolment Rate
OECS	Organization for Eastern Caribbean States
OLPC	One Laptop per Child
OOSCI	Out-of-School Children Initiative
OPHI	Oxford Poverty and Human Development Initiative
PAHO	Pan American Health Organization
PHC	Population and Housing Census
POC	Persons of Concern
PPP	Purchasing Power Parity
PSS	Psychosocial Support
SDG	Sustainable Development Goal
SitAn	Situation Analysis
SFP	School Feeding Programme
SIDS	Small Island Developing States
SLC	Survey of Living Conditions
SMP	School Meals Programme
STI	Sexual Transmitted Infection
TLC	Temporary Learning Centre
TVET	Technical and Vocational Education and Training
UDHR	Universal Declaration of Human Rights
UNDP	United Nations Development Programme
UNESCO	United Nations Education, Scientific and Cultural Organization
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
US	United States
US$	United States Dollar
VAC	Violence Against Children
VAWG	Violence Against Women and Girls
WASH	Water, Sanitation and Hygiene
WFP	World Food Programme
WHO	World Health Organization

Foreword

The UNICEF Office for the Eastern Caribbean Area (ECA) is pleased to present this study on *Generation Unlimited: Well-being of Young People in the Eastern Caribbean*.

Evidence-informed programming is critical not only to our Multi-Country Programme of Cooperation with the governments of the Eastern Caribbean Area countries and territories but to the day-to-day decisions that are needed to determine policy, programme delivery and budget allocation of limited resources to the most critical issues and vulnerable groups. Notwithstanding some gaps in data availability, we see this analysis as an integral contribution to the enhancement of knowledge on young people and their families in the subregion.

This *Generation Unlimited: Well-being of Young People in the Eastern Caribbean* study is designed to help governments shape national policies and action plans in line with the Sustainable Development Goals agreed in 2015 by the international community. It describes the current situation of young people, identifies barriers and bottlenecks in advancing their rights in health, education, child protection and social inclusion and sets forth key recommendations.

It is a critical tool for the development the 2022-2026 UNICEF ECA Multi-Country Programme which is currently being developed, as the identification of the vulnerable segments of the child, adolescent and youth populations will help to sharpen our focus as we seek to better support governments to respond to the needs of all young people, but especially those most at risk of multiple deprivations.

It is hoped that this study will be valuable to all sectors including governments; international, regional and national organizations; other development partners and United Nations agencies; non-state actors and the media as well as special interest groups and organizations whose mission is to work towards the advancement of the rights of children, adolescents and youth.

We sincerely thank all those who contributed to its development.

Chapter 1
Situation analysis approach

Over the years, the United Nations Children's Fund (UNICEF) has worked with ministries of education and social development, and other partners in the Eastern Caribbean Area (ECA) to protect the rights of children of all ages – from early childhood through adolescence. With the continuous commitment to deliver for all children, in recent years, efforts to support the unique needs of young people have gained momentum as the challenges they face have acome more sharply into focus. Disadvantages, such as poverty, lack of education, unemployment, exposure to crime and violence among others continue to limit the lives of young people. Nurturing young people through adolescence and young adulthood provides the key to unlocking a better future for young people, which benefits families, communities and society at-large.

From 2015-2017, UNICEF, in collaboration with governments from each of the 12 ECA countries and territories, conducted situation analyses of children; each of these reports revealed country-specific data and information related to the lives of children. In 2019, an updated situation analysis (SitAn) of children in the ECA was conducted as part of UNICEF's Strategic Moment of Reflection. Although not specifically focused on young people, these situation analyses indicated that young people face specific or heightened challenges, including but not limited to mental health and suicide, overweight and obesity, learning gaps, unemployment, poverty, exposure to violence, and other social and economic issues that need be studied. These challenges and issues will be analysed and explained in this SitAn on young people in the ECA.

Box 1. Who are young people?

There are no universally accepted definitions for adolescence and youth, but the United Nations understands adolescents to be aged 10-19 years and youth to be aged 15-24 years; together, adolescents and youth are referred to as young people, encompassing the ages of 10-24 years.

The transition from adolescence to young adulthood is an important transitional period in the life cycle, which includes rapid physical growth and neurological sculpting, the onset of puberty and sexual maturity, and emotional, social and cognitive development. It is a critical period for individual identity development when young people are figuring out who they want to be in the world, which creates an opportunity for growth, exploration and creativity. It is also a period in time when gender roles can either be consolidated or challenged and transformed. Influencing social and gender norms during this transitional period can shape life trajectories of girls and boys, both the opportunities and vulnerabilities they may face. For instance, adolescent girls' lives may be constrained because of child marriage, school dropout, forced and unprotected sex, early pregnancy and gender-based violence (GBV). For boys, definitions of masculinity that promote risk-taking behaviours, such as joining gangs, and drug and alcohol use can lead to short- and long-term life and health consequences.

UNICEF Programme Guidance for the Second Decade: Programming with and for Adolescents, 2018.

Realizing the rights of young people and advancing their development and well-being requires a comprehensive analysis and understanding of their current life situations and circumstances, based upon data and evidence. In 2019, the Ministry of Equity of Saint Lucia and UNICEF launched the study entitled, *Adolescent Well-being and Equity in Saint Lucia*, which was followed in 2020, with the study entitled, *Generation Unlimited: The Well-being of Young People in Barbados*. These two studies put young people at the forefront of the national development agenda and provided baseline data information for monitoring Sustainable Development Goals (SDGs), and supported the development of effective youth policies and programmes in Saint Lucia and Barbados. Building upon these successful experiences and based upon the need for data and evidence that can inform policies and programming, UNICEF is leading this SitAn of the well-being of young people in the ECA which aligns with UNICEF's global initiative entitled, A Young People's Agenda.

Purpose and scope

This purpose of this comprehensive SitAn on young people in the ECA will focus on key issues and deprivations affecting young people aged 10-24, including threats and risk factors and negative impacts and outcomes. The aim is to compile and interpret the most recent data and information, including trend data when relevant, on young people within the context of age groups, as it relates to their rights to thrive, to education and learning, to be protected from violence and exploitation, to live in a safe and clean environment, and to have an equitable chance in life.[1] In keeping with the UNICEF mandate to safeguard the rights of all young people, this SitAn adopts rights-based and equity-based approaches, and gender and humanitarian action lenses. It will also examine achievements and progress made toward SDGs, and bottlenecks and barriers that exist across sectors and prevent disadvantaged young people from benefiting from interventions and services.

This SitAn aims to accomplish the following objectives to:

- Provide up-to-date information from multiple sources in order to further the understanding of the situation of young people in the ECA.
- Contribute to the Generation Unlimited (GenU) partnership in the ECA and the development or update of the national youth strategies among Eastern Caribbean countries and territories.
- Support evidence-based policy-making on adolescent and youth issues by governments and development partners in the ECA, for improving young people's well-being and promoting social inclusion.
- Raise awareness about challenges faced by young people among policymakers, practitioners and the general public.

Data and findings from this SitAn entitled, *Generation Unlimited: The Well-being of Young People in the Eastern Caribbean,* can be used to inform programme directions and advocacy priorities, interventions that will be planned for the next country programme cycle (2022-2026) in consultation with governments, and influence allocation of resources and public expenditures, and B4R initiatives. Data and findings can also be used to formulate key messages for communication for development (C4D) initiatives, and can be disseminated on UNICEF and partners' websites, along with ensuing recommendations, to inform collective action.

1 United Nations Children's Fund, *UNICEF Strategic Plan, 2018-2021*, UNICEF, New York, NY, USA, 2018.

Subgroups of young people

Young people aged 10-24 include a number of distinct subgroups, including: children and adults; persons in primary and secondary school; pre- and post-pubescent children; individuals inside and outside the labour force; and individuals under and over the legal age of sexual consent.[2] These different categorizations are shown in Figure 1.1. Age groups vary relevant to the different topics, and can vary across countries and territories. In this context, when analyses refer to 10-19 years and 15-24 years, these will respectively be designated as adolescents and youth.

Figure 1.1 Subgroups of young people ages 10-24 years

<table>
<tr><th>Age (years)</th><th>Terminology</th><th>Child/Adult</th><th>Schooling</th><th>Labour force</th><th>Age of consent</th><th>Stage in life cycle</th></tr>
<tr><td>10</td><td rowspan="5">Young adolescents</td><td rowspan="6">Child</td><td>Primary education</td><td rowspan="3">No</td><td rowspan="4">No</td><td rowspan="5">Education, transition to adolescence, puberty, early manifestation of independence</td></tr>
<tr><td>11</td><td rowspan="4">Secondary education</td></tr>
<tr><td>12</td></tr>
<tr><td>13</td></tr>
<tr><td>14</td></tr>
<tr><td>15</td><td rowspan="5">Older adolescents</td><td rowspan="5">Yes</td><td rowspan="5">Yes</td><td rowspan="5">Complete education, entry into labour market, sexual maturity, growing independence</td></tr>
<tr><td>16</td></tr>
<tr><td>17</td><td rowspan="4">CAPE/Post-secondary education</td></tr>
<tr><td>18</td><td rowspan="3">Adult</td></tr>
<tr><td>19</td></tr>
<tr><td>20-24</td><td>Young adults</td><td>Work, marriage, children</td></tr>
</table>

Sources: *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF, 2020, p.23.

Threats and risks to the well-being of young people

Figure 1.2 offers a simplified representation of the relationship between various threats and risk factors in young people's lives and the potential negative impacts and outcomes these can have on young people.[3] For instance, growing up in poverty can lead to risky behaviours in youth (e.g., juvenile offending and gang involvement), and have negative impacts in adulthood (conflict with the law and incarceration) on young people's lives. The reverse can also occur; conflict and incarceration can contribute to poverty and low earnings in adulthood. The relationship between threats and risk factors and negative impacts and outcomes are not a guarantee, but there are often strong correlations; many of these relationships and correlations will be explored in this SitAn. It is important to understand that many young people overcome threats, risk factors and difficult situations, and go on to thrive and lead productive and satisfying lives.[4]

2 United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 23.

3 United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF Office for the ECA, Christ Church, Barbados, 2020.

4 Ibid.

Figure 1.2. Threats, risks and outcomes related to the well-being of young people

Threats and Risk Factors	→	Negative (risky) behaviours by youth	→	Negative youth outcomes	→	Negative adult outcomes
Macro-environment Lack of employment opportunities Poverty Inequality Failings of the education system Violence against children Gender-based violence Climate change and its impacts		Child labour		Unemployment/ underemployment		Unemployment
		Poor academic performance and/or school dropout		Lack of academic or vocational qualifications		Poverty Low earnings
Micro-environment Negative peer groups and peer pressure		Early sexual initiation		Teenage pregnancy		Poor parenting
		Unsafe sex		Sexual and/or physical abuse		Unhealthy relationships with spouse/partner, children and others
Family Lack of parental involvement and supervision Family breakdown Absence of one or more parents Alcohol and/or drug abuse by a parent Domestic violence Child abuse and neglect		Sexual exploitation and abuse		Low self-esteem/lack of confidence		Intimate partner violence (abused becomes the abuser)
		Early marriage		Mental and physical health problems		Sexual exploitation, including prostitution
				Sexual and reproductive health problems, including sexually transmitted infections		
		Alcohol and/or drug use/abuse		Suicidal thoughts and attempts		Criminal behaviour
		Juvenile offending and/or criminal behaviour		Child neglect and abandonment		Conflict with the law and Incarceration
		Gang involvement		Social exclusion		Early death
Individual Physical disabilities Mental disabilities Learning disabilities				Juvenile offending and/or criminal behaviour		
				Incarceration		

Sources: Modified from Figure 1.1 in *Generation Unlimited: The Well-being of Young People in Barbados,* UNICEF, 2020, p. 23; see also, Figure 2.3 in World Bank, *Caribbean Youth Development: Issues and Policy Directions,* World Bank, Washington, DC, USA, 2003.

Conceptual framework for analysing young people's rights

The conceptual framework for this SitAn on young people in the ECA is guided by *UNICEF's Core Guidance: New Generation Situation Analysis*[5] and informed by UNICEF documents related to GenU, as well as the recent UNICEF studies entitled, *Adolescent Well-being and Equity in Saint Lucia* and *Generation Unlimited: The Well-being of Young People in Barbados*.

5 United Nations Children's Fund, *New Generation Situation Analysis*, UNICEF, New York, NY, USA, 2019.

The focus is on developing a narrative of young people's rights and well-being in the ECA, including the realization (or non-realization) of their rights in ECA and each of the 12 Eastern Caribbean Small Island Development Societies (SIDS). More specifically, this SitAn investigates the unequal realization of young people's rights to education and learning, to protection from violence and exploitation, to live in a safe and clean environment, and to have an equitable chance in life. The analysis also aims to foster an understanding of the drivers of inequities across each of these different dimensions (e.g., inequities based upon sex, age, socio-economics, ethnicity, nationality, disability).[6] The conceptual framework will situate the analysis in the country context with a clear recognition of regional and global issues that impact children's and women's lives at the country-level.[7]

The focus is also on identifying data gaps that exist at the country-level and should be addressed to generate a better picture of the situation of young people in the ECA.[8] This includes an absence of data on vulnerable groups or 'invisible' or 'unaccounted' adolescents and youth, such as migrants (especially those without access to structured services).[9] Illustrating critical data gaps can create opportunities to engage in dialogue and advocate with governments and other partners, including central statistics offices, to fill these gaps with improved administrative data collection, prevalence studies, multi-topic or issue-specific surveys, research and enhanced analysis of existing data. This can feed into national planning, budgeting, legislative and policy processes.[10]

Methodology

This SitAn on the well-being of young people in the ECA is an effort to distil the latest data and information on the rights of young people, as it relates to their rights to thrive, to education and learning, to participate, to be protected from violence and exploitation, to live in a safe and clean environment, and to have a fair chance in life.

The primary methodology for this SitAn is a comprehensive desk review of data and information from recognized and credible regional, national and subnational data sources that are widely accepted and used, and data and findings from studies, research and evaluations.[11]

National data sources include housing and population surveys, national household income and living standard surveys, labour force surveys, and other population-based surveys, such as the latest Surveys of Living Conditions (SLC), Multiple Indicators Cluster Surveys (MICS), Labour Force Surveys (LFS), Country Poverty Assessments (CPA) Populations and Housing Census (PHC), Women's Health Surveys, and special surveys (e.g., knowledge, attitudes and practices (KAP) surveys).

Administrative data from national education statistical digests/registries, health information management systems, and civil registration and vital statistics are also good sources of information. Economic data sources include national budget and expenditure data, and country data from the World Bank and the United Nations Educational, Scientific and Cultural Organization (UNESCO).[12] The World Bank is a good source of information for SDG-related indicators, including current and trend data.

6 Ibid, 2019, p. 14.

7 Ibid, 2019, pp. 14-15.

8 Ibid, 2019, p. 16.

9 Ibid, 2019, p. 18.

10 Ibid, 2019, pp. 16-18.

11 Ibid, 2019, p. 17.

12 United Nations Children's Fund, *New Generation Situation Analysis*, UNICEF, New York, NY, USA, 2019, pp. 17-18.

In situations where there is a lack of official data, alternative data and information sources were used to serve as a substitute for official data and used to triangulate information or complement official statistics to deepen the analysis. Alternative data sources may come from organizations working with vulnerable and/or marginalized persons and national human rights institutions, and can include findings from specialized studies and evaluations, journal articles and newspaper articles.[13]

Comparative analysis focuses on inequities based upon characteristics of young people and households (e.g., socio-economic quintiles). Most important are comparisons across countries and territories, and based upon gender, age and vulnerability status (e.g., migrant status, adolescents without parental care, young people living in economically vulnerable households, disabled young people, victims of violence, female-headed households). Such analysis is important to understanding the multiple forms of discrimination and exclusion experienced by young people.

Comparative analysis also allows for an examination of the strengths and weakness of national institutions that influence the realization of children's rights, including rights set out in the Convention on the Rights of Children (CRC), Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), Convention on the Rights of Persons with Disabilities (CRPD) and other core international and regional human rights instruments. Progress against these formal obligations is a central benchmark by which to assess the situation of children and women.[14]

Consultations with young people

The UNICEF Office for the ECA organized a series of consultations with children and young people in February 2021 as part of a larger UNICEF global initiative to ensure that the views and suggestions of children and young people are taken into consideration in the process of developing UNICEF strategies that will inevitably affect their lives.[15] Consultations were conducted following the guidelines and protocols offered in *Engaging Children and Young People of the UNICEF Strategic Plan, 2022-2025 – Guidance Manual for Local Consultations.*

A cross-section of children and young people in Anguilla, Barbados, Dominica, Montserrat and Trinidad and Tobago were engaged on four thematic areas – learning and skills, climate change, mental health, and, children and adolescents in humanitarian and protracted crisis. Qualitative data collected during these consultations were analysed and integrated into this SitAn.

Data limitations

This SitAn focused on compiling both quantitative and qualitative data and information that will offer a comprehensive assessment of the situation of young people in the ECA. In the process of compiling data and information on young people from across 12 countries and territories, data limitations quickly became apparent. The most notable data limitations include: a lack of data and information from across sectors for young people aged 10-24; data typically focus on children aged 0-17, but are not disaggregated by age and not disaggregated to focus on adolescents aged 10-19; data were not typically disaggregated by age groupings that are relevant to young people (e.g., age groups included 6-11 years and 12-16 years); data on young people aged 18-24 years was largely non-existent.

13 Ibid, 2019, pp. 17-18.

14 United Nations Children's Fund, *Situation Analysis of Children in Grenada,* UNICEF Office for the ECA, Christ Church, Barbados, 2017, p. 18.

15 United Nations Children's Fund, *Engaging Children and Young People of the UNICEF Strategic Plan, 2022-2025 – Guidance Manual for Local Consultations*, UNICEF: New York, NY, USA, 2020, p. 3.

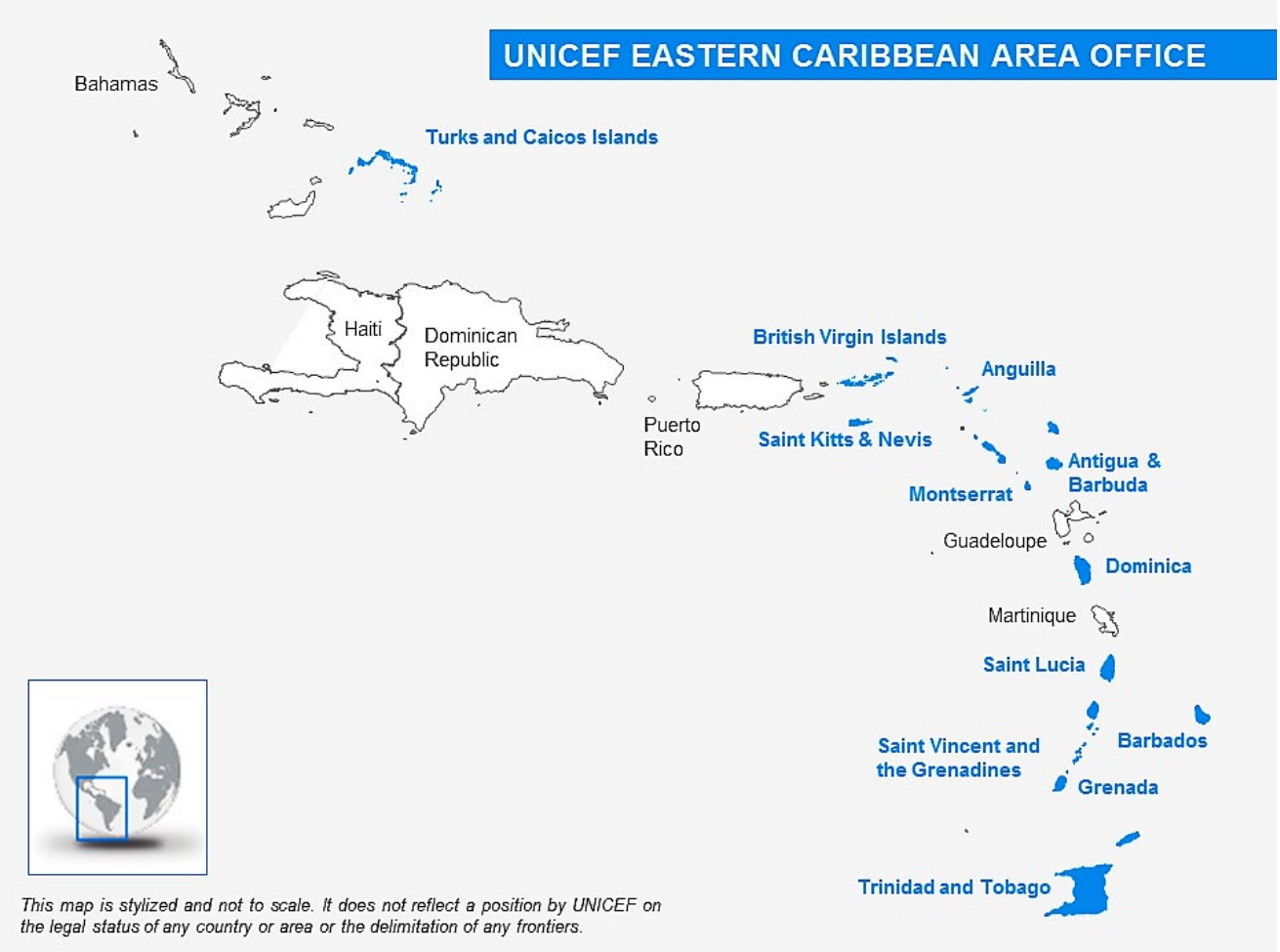
There are significant survey and administrative data gaps on young people. Data that do exist are often outdated; in some cases, a decade old. Given these realities, it is difficult to fully understand the current situation of young people in the ECA.

Structure of the report

The structure of this report has been informed by *UNICEF's Core Guidance: New Generation Situation Analysis* and other situation analyses reports on children, and GenU and adolescent well-being reports. It provides the most relevant basis for mapping the diverse characteristics of young people in each of the 12 countries and territories in the ECA.

- Overview of the ECA
- Every young person has a fair chance in life
- Every young person learns
- Every young person participates
- Every young person thrives
- Every young person is protected from violence and exploitation
- Every young person lives in a safe and clean environment.

Chapter 2
Overview of the Eastern Caribbean Area



This SitAn focuses on the well-being of young people aged 10-24 in the 12 SIDS in the ECA, including eight independent states (Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago) and four British Overseas Territories (Anguilla, British Virgin Islands, Montserrat, and the Turks and Caicos Islands). In the ECA, the most recent population and housing census data from 2010-2012 revealed there are 515,053 young people aged 10-24, accounting for 23.2 per cent of the 2.2 million population.[16] Realizing the rights of young people and investing in their development contributes to their full participation and improved governance, which accelerates progress toward the 2030 Agenda for Sustainable Development and SDGs.[17]

There is growing recognition as to the importance to investing in young people, particularly since young people face many economic, social and cultural challenges. For instance, the types of skills needed in the labour market are changing, technological changes are making many jobs vulnerable to automation, and many education systems are struggling to prepare young people with the skills they need to meet employers' expectations. In addition, a large proportion of job creation is driven by entrepreneurs and small businesses, leaving a growing pool of young job seekers with an insufficient number of jobs.[18] These challenges are more acute for young people in disadvantaged communities, and those who lack opportunities because of their gender, race, ethnicity, disability and/or sexual orientation.[19]

16 *Data based upon Eastern Caribbean country-specific 2010-2012 Population and Housing Survey Census data.*

17 United Nations Children's Fund, *UNICEF Programme Guidance for the Second Decade: Programming for Adolescents,* UNICEF, New York, NY, USA, 2018, p. 6.

18 United Nations Children's Fund, *Generation Unlimited. Creating Decent Jobs for Youth*, UNICEF, New York, NY, USA, 2020.

19 United Nations Children's Fund, *Generation Unlimited: Creating Better Education, Skills, Employment and Entrepreneurial Opportunities for Young People in the Workplace.* UNICEF: New York, NY, USA, 2020, p. 2.

The 2030 Agenda for Sustainable Development has been designed as a blueprint to achieve a better and more sustainable future for all, including young people. The 2030 Agenda can play a key role in enhancing development efforts for young people; at the same time, young people have an important role to play in sustainable development in the context of implementing the 2030 Agenda. The active engagement of young people in sustainable development efforts is central to achieving sustainable, inclusive and stable societies by 2030, and to averting the worst threats and challenges to sustainable development, including impacts of climate change, poverty, unemployment, gender inequality, conflict and migration.[20]

It is often during adolescence and young adulthood that inequities become particularly apparent. Economic, social and structural disadvantages, and racism, bias and discrimination can prevent poor and marginalized young people from successfully completing their secondary education and progressing on to post-secondary and tertiary education programmes; in turn, restricting their entry into the labour market and earning a quality wage.[21] Interventions that target young people can effectively prevent inequities from passing on to future generations; however, the first step in addressing inequities requires understanding how they relate to issues of poverty, academic achievement, school dropout, unemployment, exploitation, violence and criminal offending. [22]

Given this context, in 2018, the UNICEF launched GenU as a new partnership to help young people succeed. The goal of the initiative is to make sure that every young person is in some form of school, learning, training or employment by 2030.[23] GenU brings together public and private partners, and young people to identify and scale up solutions, unlock investments, and empower all young people to play a positive role in their societies and accelerate momentum toward achievement of the SDGs. The focus is on young people of both genders, including the most vulnerable and marginalized, and those in the greatest danger of being left behind, such as girls, the poor, disabled, minority groups and migrants.[24] The aim is to provide young people with the support they need to reach their full potential, which includes strengthening their connections to caring adults and access to quality health care, education and social protection, as well as opportunities to participate and to have their voices heard. [25]

In the ECA, governments are aware of the problems facing young people in their countries. In an effort to address issues facing young people, governments have established policies, programmes and interventions designed to support and enable young people to avoid threats to their well-being and to improve protections and opportunities for those who are marginalized. Despite these efforts, advocacy and action efforts have been hampered by a lack of data and understanding of the situation of young people in the ECA. Data on young people are needed to describe patterns and trends, and differences across groups, and to determine priorities for investment, as well as to monitor the impact and effectiveness of investments in young people's lives.[26]

Accordingly, UNICEF is undertaking this SitAn on the well-being of young people in the ECA. This SitAn will focus on key issues and deprivations affecting young people, as well as priority interventions needed to ensure that their rights are

20 United Nations, *World Youth Report on Youth and the 2030 Agenda for Sustainable Development,* United Nations Department of Economic and Social Affairs, New York, NY, USA 2018.

21 United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF office for the ECA, 2019, Bridgetown, Barbados, 2019, p. 20; *The Promise of Adolescence: Realizing Opportunity for All Children*. The National Academies of Sciences, Engineering and Medicine, 2019. Retrieved on 18 February 2021 from: 4 Inequity and Adolescence | The Promise of Adolescence: Realizing Opportunity for All Youth | The National Academies Press (nap.edu).

22 *Generation Unlimited: The Well-being of Young People in Barbados*, p. 20.

23 Generation Unlimited. Retrieved on 22 January 2021 from: Generation Unlimited | Our time, our turn, our future.

24 Generation Unlimited. Retrieved on 22 January 2021 from: Generation Unlimited | Our time, our turn, our future.

25 Social protection is concerned with preventing, managing and overcoming situations that adversely affect people's well-being, and consist of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, illness, disability and old age.

26 United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF office for the ECA, 2019, Bridgetown, Barbados, 2019, p. 21.

protected, respected and fulfilled, and that they are able to benefit from opportunities and make safe and productive transitions to adulthood.[27]

Population

ECA countries and territories have a combined population of approximately 2.2 million, ranging from as few as 4,775 in Montserrat and 13,555 in Anguilla to as many as 1,327,367 in Trinidad and Tobago (see Annex Table 1 for a detailed breakdown of populations by age groups). Table 2.1 reveals the proportion of males and females in each country. Underrepresentation of females in some countries and territories may reflect an increase in the migration of women out of these countries (referred to as the feminization of migration, which has been linked to increased empowerment of women in the Caribbean).

Table 2.1. Population by country, 2010-2012

Country	Population	Total population		Children (ages 0-17)	Young people (ages 10-24)		Adult (ages 18+)
		Male	Female		Adolescents (ages 10-19)	Youth (ages 15-24)	
	n	%	%	%	%	%	%
Anguilla	13,555	49.4	50.6	27.9	14.6	14.6	72.1
Antigua and Barbuda	84,760	47.6	52.4	29.2	17.0	16.0	70.8
Barbados	226,193	47.8	52.2	23.8	13.6	13.4	76.2
British Virgin Islands	28,054	49.3	50.7	26.3	13.6	12.4	73.7
Dominica	69,246	51.1	48.9	28.6	17.7	17.0	71.4
Grenada	105,508	50.2	49.8	28.8	17.3	18.7	71.2
Montserrat	4,775	51.6	48.4	24.6	14.1	12.1	75.4
Saint Kitts and Nevis	47,195	48.8	51.2	27.6	16.8	16.8	72.4
Saint Lucia	172,874	49.7	50.3	29.8	18.6	17.8	70.2
Saint Vincent and the Grenadines	109,188	51.3	48.7	30.4	18.2	17.1	69.6
Trinidad and Tobago	1,327,367	50.2	49.8	24.9	14.0	16.0	75.1
Turks and Caicos Islands	30,556	49.5	50.5	24.6	12.4	13.7	75.4
Total	**2,219,271**	**49.8**	**50.2**	**27.2**	**15.0**	**15.1**	**74.4**

Source: Data based on country-specific *2010-2012 Population and Housing Survey Census* data.

In the ECA, children aged 0-17 represented 27.2 per cent of the total population, whereas adolescents aged 10-19[28] represented 15.0 per cent and youth aged 15-24[29] represented 16 per cent of the population.[30] Table 2.1 reveals variations in the proportion of young people across countries and territories. Saint Lucia and Saint Vincent and the Grenadines had the highest proportion of adolescents at 18.6 per cent and 18.2 per cent, respectively, and Grenada had the highest proportion of youth at 18.7 per cent.

It should be noted that population data presented in Table 2.1 are based upon 2010-2012 Population and Housing Survey Census data and do not reflect recent migration flows in the ECA, including the recent influx of Venezuelan migrants into Trinidad and Tobago and emigration outflows that resulted following Hurricanes Irma and Maria in 2017.

27 Ibid, 2020, p. 20.

28 Adolescents include younger adolescents aged 10-14 years and older adolescents aged 15-19 years, see United Nations Children's Fund, *UNICEF Programme Guidance for the Second Decade: Programming for Adolescents*. UNICEF, New York, NY, USA, 2018, p. 9.

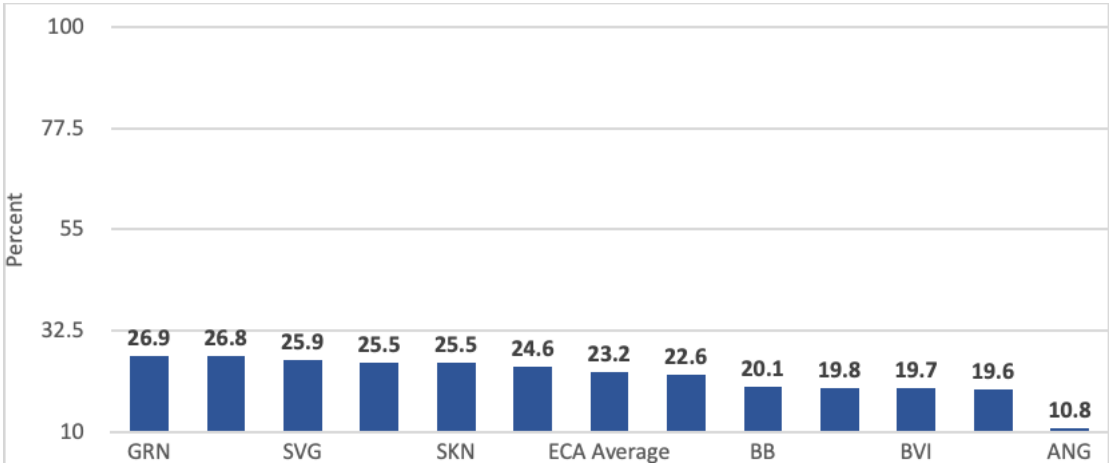
29 Youth includes older adolescents aged 15-19 years and young adults aged 20-24 years, see United Nations Children's Fund, *UNICEF Programme Guidance for the Second Decade: Programming for Adolescents*. UNICEF, New York, NY, USA, 2018, p. 9.

30 Age groupings are consistent with those defined in *UNICEF Programme Guidance for the Second Decade: Programming for Adolescents,* 2018, p. 9.

Young people in the population

In the ECA, on average, young people aged 10-24 represented nearly one in four or 23.2 per cent of the population in the ECA. Chart 2.1 shows that Grenada (26.9 per cent) and Saint Lucia (26.8) had the largest proportion of young people in the population, followed by Saint Vincent and the Grenadines (25.9 per cent), Dominica (25.5 per cent), Saint Kitts and Nevis (25.5 per cent) and Antigua and Barbuda (24.6 per cent). The smallest proportion of young people made up the populations of Anguilla (10.8 per cent). It is crucial to remember that many young people are children, protected by the Convention on the Rights of the Child (CRC), until they reach the age of 18.

Chart 2.1. Young people ages 10-24 in the population by country, 2010-2012



Source: Data based upon country-specific *2010-2012 Population and Housing Survey Census* data.

Changes in population age structures, 2010-2020

For those countries that have population estimates and projections available, changes in the population age structure were analysed for the 10-year period of 2010 to 2020. Table 2.2 shows that the populations of Barbados and Saint Vincent and the Grenadines remained almost unchanged (increased less than three per cent) from 2010 to 2020. Similarly, the populations of Grenada, Saint Lucia and Trinidad and Tobago increased by only 5-6 per cent from 2010 to 2020. In comparison, the population of Antigua and Barbuda increased by 11.9 per cent during this same 10-year period.

In each of these six countries, the population increases have been largest in the older age groups (45 years of age and older); a clear indication that the populations in these Eastern Caribbean countries are ageing. At the same time, the adolescent populations have decreased in number in each of the six countries, and the populations of youth have decreased as well, except in Antigua and Barbuda where the population of youth increased in number by 3 per cent and in Barbados by less than 1 per cent. In general, the populations of young people decreased in each of the six countries.

Table 2.2. Population by age groups and country, 2010 and 2020 (Population projections)								
	Age groupings						Subgroups	
	Young children	Young people	Younger working ages	Older working ages	Elderly	All ages	Adolescents	Youth
Country and years	0-9 years	10-24 years	25-44 years	45-64 years	65+ years	Total	10-19 years	15-24 years
Antigua and Barbuda[b]								
2010	13,800	**21,791**	27,820	18,140	6,477	**88,028**	**14,930**	**14,165**
2020	14,582	**21,448**	28,325	24,435	9,139	**97,929**	**13,868**	**14,632**
No. Change (2010-2020)	782	**-343**	10,505	6,295	2,662	**9,901**	**-1,062**	**467**
% Change (2010-2020)	5.7%	**-1.6%**	1.8%	34.7%	41.1%	**11.2%**	**-7.1%**	**3.3%**
Barbados[b]								
2010	36,706	**56,483**	79,544	72,013	37,385	**282,131**	**38,101**	**37,488**
2020	30,617	**55,281**	74,740	78,739	47,998	**287,375**	**36,514**	**37,733**
No. Change (2010-2020)	-6,089	**-1,202**	-4,804	6,726	10,613	**5,244**	**-1,587**	**245**
% Change (2010-2020)	-16.6%	**-2.1%**	-6.0%	9.3%	28.4%	**1.9%**	**-4.2%**	**0.6%**
Grenada[b]								
2010	16,387	**28,948**	28,982	21,510	10,406	**106,233**	**19,156**	**19,873**
2020	18,132	**24,835**	34,363	24,174	11,019	**112,523**	**16,137**	**16,213**
No. Change (2010-2020)	1,745	**-4,113**	5,381	2,664	613	**6,290**	**-3,019**	**-3,660**
% Change (2010-2020)	10.6%	**-14.2%**	18.6%	12.4%	5.9%	**5.9%**	**-15.8%**	**-18.4%**
Saint Lucia[b]								
2010	24,433	**47,546**	53,345	33,945	14,816	**174,085**	**33,094**	**31,564**
2020	21,813	**40,206**	58,280	44,422	18,906	**183,627**	**24,336**	**29,053**
No. Change (2010-2020)	-2,620	**-7,340**	4,935	10,477	4,090	**9,542**	**-8,758**	**-2,511**
% Change (2010-2020)	-10.7%	**-15.4%**	9.3%	30.9%	27.6%	**5.5%**	**-26.5%**	**-8.0%**
Saint Vincent and the Grenadines[b]								
2010	17,658	**29,343**	30,837	21,510	8,907	**108,255**	**20,589**	**19,035**
2020	15,945	**26,715**	31,448	25,838	10,994	**110,940**	**17,425**	**18,362**
No. Change (2010-2020)	-1,713	**-2,628**	611	4,328	2,087	**2,685**	**-3,164**	**-673**
% Change	-9.7%	**-9.0%**	2.0%	20.1%	23.4%	**2.5%**	**-15.4%**	**-3.5%**
Trinidad and Tobago[b]								
2010	187,591	**307,178**	413,248	309,949	110,181	**1,328,147**	**187,560**	**219,545**
2020	184,450	**271,503**	441,414	340,975	161,146	**1,399,488**	**185,807**	**175,185**
No. Change (2010-2020)	-3,140	**-35,675**	28,166	31,026	50,965	**71,341**	**-1,753**	**-44,360**
% Change (2010-2020)	-1.7%	**-11.6%**	6.8%	10.0%	46.3%	**5.4%**	**-0.9%**	**-20.2%**

Source: Economic Commission for Latin America and the Caribbean (ECLAC). Retrieved on 1 March 2021 from: Latin America and the Caribbean: Population estimates and projections | Static Page | Economic Commission for Latin America and the Caribbean (cepal.org).

Table 2.3. Population age structure by country, 2010 and 2020 (Population projections)

Country and years	Age groupings						Subgroups	
	Young children	Adolescents and young people	Younger working ages	Older working ages	Elderly	All Ages	Adolescents	Youth
	0-9 years	10-24 years	25-44 years	45-64 years	65+ years	Total	10-19 years	15-24 years
	%	%	%	%	%	%	%	%
Antigua and Barbuda[b]								
2010	15.7	**24.8**	31.6	20.6	7.4	100.0	**17.0**	**16.1**
2020	14.9	**21.9**	28.9	25.0	9.3	100.0	**14.0**	**14.9**
% Point Difference (2010-2020)	-0.8	**-2.9**	-2.7	4.4	1.9		**-3.0**	**-1.2**
Barbados[b]								
2010	13.0	**20.0**	28.2	25.5	13.3	100.0	**13.5**	**13.3**
2020	10.7	**19.2**	26.0	27.4	16.7	100.0	**12.7**	**13.1**
% Point Difference (2010-2020)	-2.3	**-0.8**	-2.2	1.9	3.4		**-0.8**	**-0.2**
Grenada[b]								
2010	15.4	**27.2**	27.3	20.2	9.8	100.0	**18.0**	**18.7**
2020	16.1	**22.1**	30.5	21.5	9.8	100.0	**14.3**	**14.4**
% Point Difference (2010-2020)	0.7	**-5.1**	3.2	1.3	0.0		**-3.7**	**-4.3**
Saint Lucia[b]								
2010	14.0	**27.3**	30.6	19.5	8.5	100.0	**19.0**	**18.1**
2020	11.9	**21.9**	31.7	24.2	10.3	100.0	**13.3**	**15.8**
% Point Difference (2010-2020)	-2.1	**-5.4**	1.1	4.7	1.8		**-5.7**	**-2.3**
Saint Vincent and the Grenadines[b]								
2010	16.3	**27.1**	28.5	19.9	8.2	100.0	**19.0**	**17.6**
2020	14.4	**24.1**	28.3	23.3	9.9	100.0	**15.7**	**16.6**
% Point Difference (2010-2020)	-1.9	**-3.0**	-0.2	3.4	1.7		**-3.3**	**-1.0**
Trinidad and Tobago[b]								
2010	14.1	**23.1**	31.1	23.3	8.3	100.0	**14.1**	**16.5**
2020	13.2	**19.4**	31.5	24.4	11.5	100.0	**13.3**	**12.5**
% Point Difference (2010-2020)	-0.9	**-3.7**	0.4	1.1	3.2		**-0.8**	**-4.0**

Source: Economic Commission for Latin America and the Caribbean (ECLAC). Retrieved on 1 March 2021 from: Latin America and the Caribbean: Population estimates and projections | Static Page | Economic Commission for Latin America and the Caribbean (cepal.org).

The aging of the population is shown in more detail in Table 2.3 and Chart 2.2. In each of the six countries, the proportion of populations aged 45-64 years increased from 9.3 per cent in Barbados to 34.7 per cent in Antigua and Barbuda between 2010 and 2020. In addition, the proportion of populations aged 65+ years increased from 5.9 per cent in Grenada to as much as 41.1 per cent in Antigua and Barbuda to 46.3 per cent in Trinidad and Tobago. At the

same time, there were decreases in the proportion of young people (10-24 years) in each country; decreases in the proportion of young people were greatest in Saint Lucia (-15.4 per cent), Grenada (-14.2 per cent) and Trinidad and Tobago (-11.6 per cent).

Chart 2.2. Population age structure by country (%), 2010 and 2020 (Population projections)

Source: Economic Commission for Latin American and the Caribbean (ECLAC). Retrieved on 1 March 2021 from: Latin America and the Caribbean: Population estimates and projections | Static Page | Economic Commission for Latin America and the Caribbean (cepal.org).

Governance and political economies

Eastern Caribbean countries and territories are characterized by political stability, with open and competitive democratic systems. Social indicators are relatively good, which point to the commitment of governments to improve quality of life for residents.

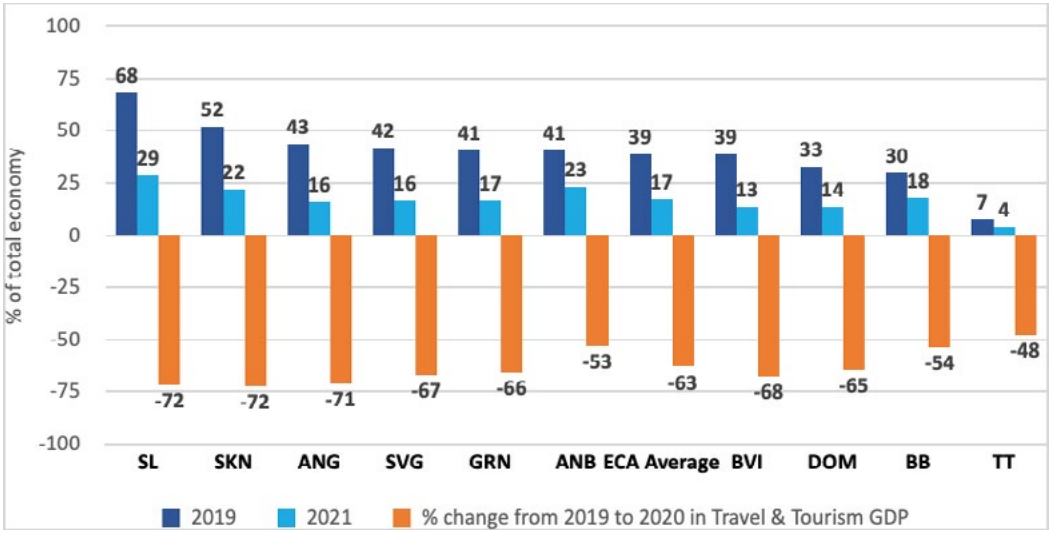
Each government participates in regional integration mechanisms, such as the Organization for Eastern Caribbean States (OECS) and the Caribbean Community (CARICOM), which focus on social development and have programmes in several areas that are compatible with UNICEF priorities. Still, however, ECA countries and territories face unique challenges in providing services to children and their families, and all have considerable work to do to ensure the full realization of the rights of children and young people.

ECA countries and territories face development challenges as small open economies that are predominately service-based in the areas of communications, banking, insurance, distribution trade (wholesale and retail trade), transport and government services. Some countries have tourism-dependent economies which have grown in recent years.[31] For instance, Antigua and Barbuda, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines have economies that rely heavily on tourism, as well as agriculture, and specialize in only a few products and services. As a result, these countries are heavily dependent on imports for food, fuel and goods.[32]

In the ECA, the employment landscape needs to be understood given that it constitutes the environment in which young people enter labour markets. On average, there are a disproportionate number of micro- and small and medium enterprises in the economy; these enterprises make up 70 to 85 per cent of companies, which contribute to 60 to 70 per cent of the Gross Domestic Product (GDP) and account for about 50 per cent of employment in the ECA.[33] These enterprises are also more prone to operate in the informal employment sector, which means employees and their families are impacted by shocks in the community.

Tourism disproportionately impacts the economies of nearly all ECA countries and territories, except for Trinidad and Tobago, where oil and gas industries, retail and construction diversify the economy. Chart 2.3 shows that among the 10 Eastern Caribbean countries and territories for which there are data, on average, the travel and tourism industry accounted for 39 per cent of the total regional economy in 2019, and only 17 per cent of the total regional economy in 2020, resulting in a 63 per cent decrease in the regional travel and tourism GDP from 2019 to 2020. Data in Chart 2.3 shows the extent to which to the COVID-19 global pandemic has impacted the travel and tourism industry in the ECA, including the total contribution of travel and tourism to the GPDs of each country and territory. Countries and territories' GDPs have been hit hard by travel restrictions, border closures and lockdown measures that began in March 2020 in an effort to curb the spread of COVID-19. At the time of writing this report, the travel and tourism industry had yet to rebound and return to pre-pandemic levels.

Chart 2.3. Total contribution of travel and tourism to GPD, 2019 and 2020



Source: World Travel and Tourism Council, 2021. Retrieved on 4 June 2021 from: Travel & Tourism Economic Impact | World Travel & Tourism Council (WTTC).

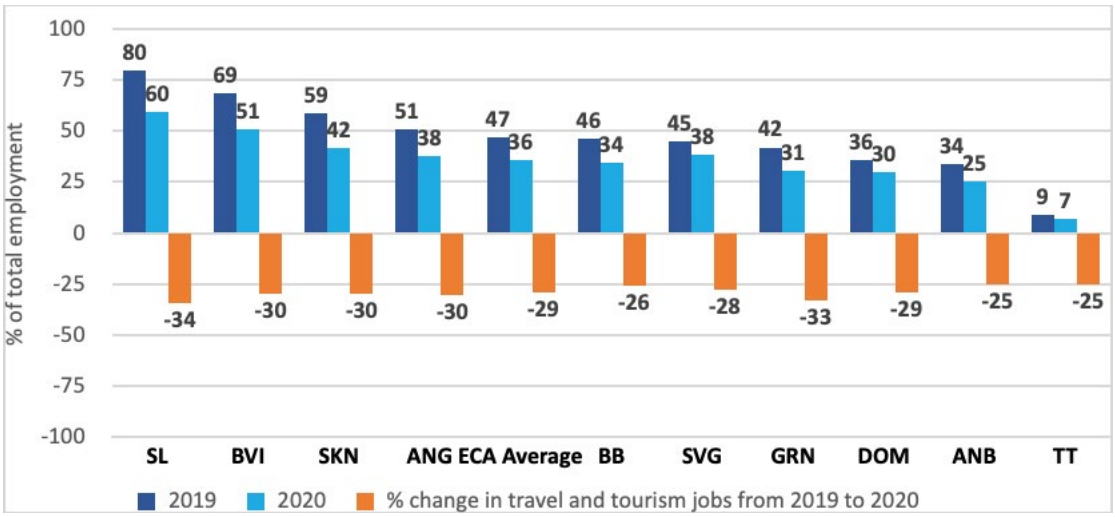
31 World Bank. Retrieved on 7 September 2019 from: https://www.worldbank.org/en/country/caribbean/overview.

32 Ibid, 2019.

33 Economic Commission for Latin America and the Caribbean, *The Caribbean Outlook*. ECLAC, Port of Spain, Trinidad and Tobago, 2018, p.41.

Chart 2.4 shows that in the ECA, on average, the travel and tourism industry contributed to 47 per cent of the total regional employment in 2019, and only 36 per cent of the total regional employment in 2020, resulting in a 29 per cent decrease in regional travel and tourism employment from 2019 to 2020. Data in Chart 2.4 shows the extent to which to the COVID-19 global pandemic greatly impacted the total contribution of travel and tourism to employment in 10 of the 12 Eastern Caribbean countries and territories. It is notable that the total contribution of travel and tourism to employment was highest in Saint Lucia and the British Virgin Islands in 2019 and 2020, and lowest in Trinidad and Tobago. In addition, Saint Lucia and Grenada experienced the largest percentage change in travel and tourism jobs from 2019 to 2020. Given this context, the tourism industry presents an opportunity for business for results (B4R) initiatives.

Chart 2.4. Total contribution of travel and tourism to employment, 2019 to 2020



Source: World Travel and Tourism Council, 2021. Retrieved on 4 June from: Travel & Tourism Economic Impact | World Travel & Tourism Council (WTTC).

Although Eastern Caribbean countries and territories have the potential of benefiting from their proximity to Latin America, North and South America and other large regional markets, they depend on only a few markets for their exports and other traded services, and have high exposure to terms-of-trade shocks.[34] SIDS are often limited in their ability to put in place institutions and macro-economic and fiscal policies that can help manage their exposure to terms-of-trade shocks. [35]

Rich ocean resources drive what is referred to as the 'blue economy', particularly in Eastern Caribbean countries and territories where there is support for sustainable, integrated management of coastal and marine assets, which are fundamental to both national and regional economic growth.[36] At the same time, however, these countries and territories are vulnerable to climate change and extreme weather conditions, and highly prone to natural disasters which threaten 'blue economies.' In recent years, some countries and territories have seen damages from natural disasters (e.g., destruction of infrastructure and livelihoods) surpass their annual GDPs. For instance, losses due to Hurricanes Irma and Maria were estimated to be in the billions of United States dollars (US$). British Virgin Islands lost US$3.6 billion (nearly three times its GDP) and Dominica lost US$1.3 billion (more than twice its GDP). The total recovery needs for Dominica, Barbuda and British Virgin Islands were estimated at more than US$5 billion.[37] Investing

34 World Bank. Retrieved on 7 September 2019 from: https://www.worldbank.org/en/country/caribbean/overview.

35 United Nations Children's Fund, *Situation Analysis of Children in the Eastern Caribbea*n, UNICEF Office for the ECA, Christ Church, Barbados, 2020.

36 World Bank. Retrieved on 7 September 2019 from: https://www.worldbank.org/en/country/caribbean/overview; Retrieved on 7 September 2019 from: https://www.worldbank.org/en/results/2018/05/08/transitioning-toward-a-blue-economy-in-grenada-and-other-eastern-caribbean-states.

37 United Nations Children's Fund, *UNICEF's Response to Hurricanes Irma and Maria: Recovery, Rebuilding and Resilience*, UNICEF Office for the ECA, Christ Church, Barbados, 2018, p.5.

to prepare for natural disasters and climate-related impacts will be critical for the region's resilience and reduction of human and economic costs.[38]

In 2017, the Eastern Caribbean's GDP growth average was at a record low of 0.6 per cent, largely due to the impact of hurricanes on several economies. Table 2.4 shows that in 2018, the GDP growth average increased to 3.7 per cent, and in 2019, increased to 3.1 per cent. This upturn in GDP growth was reinforced by reconstruction activities, primarily in post-emergency countries, and robust performance in tourism and construction sectors, as well as positive global developments from main trading countries (Canada, United Kingdom and United States).[39] In 2018 and 2019, Anguilla experienced the largest growth in GDP at 10.9 per cent each year.

Table 2.4. Percentage annual GDP growth by country, 2018 and 2019

Country	% GDP Growth (2018)	% GDP Growth (2019)
Anguilla	10.9[a]	10.9
Antigua and Barbuda	7.4	4.7
Barbados	-0.6	-0.1
British Virgin Islands	2.3[a]	NA
Dominica	2.3	3.6
Grenada	4.1	1.9
Montserrat	5.2[a]	3.0[b]
Saint Kitts and Nevis	2.9	2.8
Saint Lucia	2.6	1.7
Saint Vincent and the Grenadines	2.2	0.5
Trinidad and Tobago	-0.2	0.0
Turks and Caicos Islands	5.6	5.3
ECA Average	**3.7**	**3.1**

Sources: Retrieved on 24 January 2021 from: GDP growth (annual %) | Data (worldbank.org); [a] *Country Economic Review 2019. Caribbean Development Bank, 2019;* [b] Retrieved on 24 January 2021 from: UNCTADstat - General Profile.

Public debt is high across the Eastern Caribbean, putting a limit on state spending. Excluding British Overseas Territories, nearly all countries in the subregion had a debt-to-GDP ratio above 60 per cent in 2018 and 2019.[40] As a result, there have been concerns about the ability of Eastern Caribbean countries to achieve a 60 per cent debt-to-GDP ratio by 2030 (SDG 8 target), especially given their vulnerabilities to natural disasters and external shocks.

Socio-economic impacts of COVID-19

Since March 2020, the COVID-19 has affected the ECA along with the rest of the world. Like other countries, the governments in the ECA reconfigured their health care systems, temporarily closed borders, schools and non-essential businesses, and established lockdowns to reduce the movement of the populations and enforce social distancing to contain the spread of the virus.[41] These measures have led to disruptions of social life and well-being, changes to human behaviour, sharp rises in unemployment and reduction in household incomes.

In 2020, the COVID-19 global pandemic heralded the worst economic contraction in the history of the Caribbean. As

38 World Bank. Retrieved on 7 September 2019 from: https://www.worldbank.org/en/country/caribbean/overview.

39 United Nations Children's Fund, *UNICEF Country Office Annual Report 2018 – Eastern Caribbean Multi-Country Programme*. UNICEF Office for the ECA, Christ Church, Barbados, p. 1.

40 Retrieved on 24 January 2021 from: DebtDatas | Eastern Caribbean Central Bank (eccb-centralbank.org).

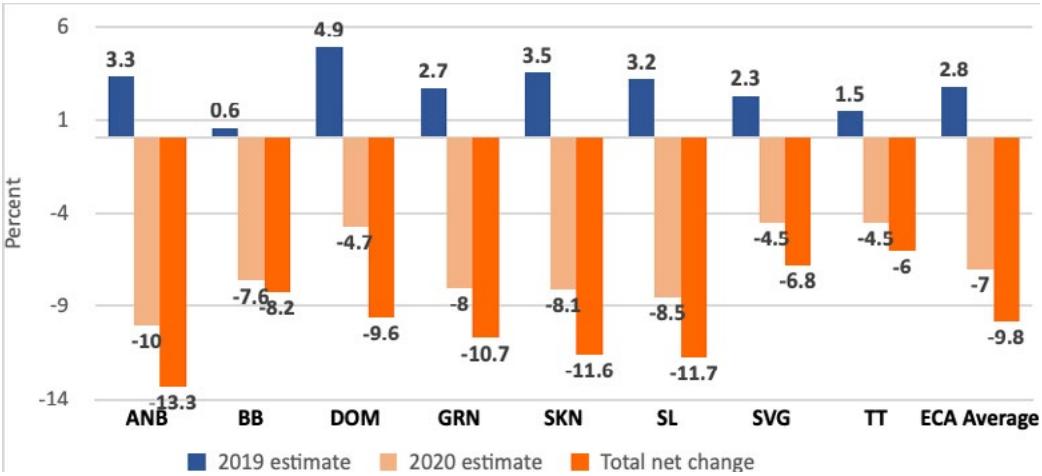
41 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the Eastern Caribbean Area*. UNICEF/USAID, Bridgetown, Barbados, 2020, p. 1.

tourism has come to a standstill, the direct and indirect source of more than 40 per cent of GDP and 25 per cent of private sector jobs are at serious risk. Public sector jobs are also impacted by the pandemic. In addition, already fragile agriculture, fisheries and non-tourism service industries will also be significantly impacted, as the main buyers (cruise ships, hotels/resorts and restaurants) have disappeared from local markets.[42]

The World Bank anticipated the Caribbean economy would contract by 3.1 per cent in 2020, excluding Guyana.[43] In comparison, the International Monetary Fund (IMF) predicted that the sudden stop in tourism caused by border closures and lockdowns aimed at containing the spread of COVID-19 would cause a 6.2 per cent contraction of the Caribbean economy in 2020, the deepest recession in more than half a century.[44]

Chart 2.5 shows IMF projections as to the extent to which Eastern Caribbean countries will be affected by the impacts of COVID-19. The pandemic has already taken a heavy toll on individuals, families, communities, businesses, economics, governments and infrastructure.[45] For eight Eastern Caribbean countries with available data, the GDP is projected to drop by 7 per cent in 2020, compared to an increase of 2.8 per cent in 2019, before the onset of the COVID-19 pandemic. The full impact of the emergency is given by the net change, the difference between the 2019 and 2020 estimates, which shows that the ECA economies will be on average 10 per cent lower than they would have been without the outbreak of the virus. The 7 per cent decrease in GDP projected for 2020, is more than double the global average of 3 per cent, and is on par with the projections for the European region (7.5 per cent). The high rates for ECA countries and territories reflect the importance of tourism to their economies. In the ECA, the average tourism contributes to the economy and employment is respectively 35 per cent and 51 per cent (see Chart 2.3).

Chart 2.5. Projected GDP growth rates in 2020



Note: Data for Anguilla, British Virgin Island, Montserrat and Turks and Caicos Islands are not available.

Source: United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the Eastern Caribbean Area*, UNICEF/USAID, Christ Church, Barbados*, 2020,* p. 2; see also IMF estimates, 2019 and 2020.

42 United Nations Development Programme Barbados & the Eastern Caribbean, COVID-19 Response Programme. Retrieved on 18 February 2020 from: COVID-19 Response Programme | UNDP in Barbados & the Eastern Caribbean.

43 Retrieved on 24 January 2021 from: Caribbean Overview (worldbank.org).

44 IMF Sees Caribbean Economy Shrinking 6.2% in 2020 due to pandemic. US News & World Report, April 29, 2020. Retrieved on 24 January 2021 from: IMF Sees Caribbean Economy Shrinking 6.2% in 2020 Due to Pandemic | Investing News | US News.

45 UNDP Barbados & the Eastern Caribbean. COVID-19 Response Programme. Retrieved on 18 February 2020 from: COVID-19 Response Programme | UNDP in Barbados & the Eastern Caribbean.

In the ECA, governments have been actively deploying national responses to the threat of COVID-19 in the context of already challenged fiscal realities, physical infrastructure and service delivery systems. Many countries have economics that are not sufficiently diversified and rely heavily on tourism, foreign direct investment and trade for their growth; as a result, the massive slow-down in imports and exports will amplify the effect of the coronavirus in the region. In the ECA, the pandemic's impact is likely to be widespread, affecting nearly all aspects of the economics of countries in the region and will reinforce existing social and economic vulnerabilities, inequalities and risks. The global pandemic threatens to deepen disparities and undo programme on sustainable development. [46]

Recovery in many Caribbean countries will depend on how quickly the tourism sector rebounds. This, in turn, depends upon the removal of travel restrictions, availability and costs of air flights and cruises, perceptions of safety of potential tourists, travel insurance issues and the availability of the necessary finance after a period where many will have experienced significant decreases in income.[47]

Human development

The *Human Development Report 2020*[48] presents Human Development Index (HDI) values and ranks for 189 countries and territories with the most recent data for 2019. Table 2.5 presents 2019 updated HDI values[49] and rankings for Eastern Caribbean countries; HDI rankings and values for British Overseas Territories are not available. The scores for the three HDI dimension indices are aggregated into a composite index using a geometric mean, and a ranking is provided.[50] Eastern Caribbean countries are classified as 'very high' and 'high' on the HDI, ranging from 58 (Barbados) to 97 (Saint Vincent and the Grenadines) out of 189 countries.

Table 2.5. Human development indices and rankings by country

Country	HDI 2020		Change in HDI rank 2014-2019	Life expectancy at birth (SDG 3)	Expected years of schooling (SDG 4.3)	Mean years of schooling (SDG 4.6)	GNI per capita (2017 PPP$) (SDG 8.5)
	Rank	Value					
Antigua and Barbuda	78	0.778	1	77.0	12.8	9.3	20,895
Barbados	58	0.814	-6	79.2	15.4	10.6	14,936
Dominica	94	0.742	-6	78.2	13.0	8.1	11,884
Grenada	74	0.779	2	72.4	16.9	9.0	15,641
Saint Kitts and Nevis	74	0.779	0	74.8	13.8	8.7	25,038
Saint Lucia	86	0.759	6	76.2	14.0	8.5	14,616
Saint Vincent and the Grenadines	97	0.738	-3	72.5	14.1	8.8	12,378
Trinidad and Tobago	67	0.796	-1	73.5	13.0	11.0a	26,231
Latin America & the Caribbean	---	0.766	---	75.6	14.6	8.7	14,812

Note: HDI rankings for British Overseas Territories in the Caribbean are not available.
Source: United Nations Development Programme, *Human Development Report 2020,* UNDP, New York, NY, USA 2020.

46 United Nations Development Programme Barbados & the Eastern Caribbean, COVID-19 Response Programme. Retrieved on 18 February 2020 from: COVID-19 Response Programme | UNDP in Barbados & the Eastern Caribbean.

47 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the Eastern Caribbean Area*, UNICEF/USAID, Bridgetown, Barbados, 2020, p. 4.

48 Retrieved from: | Human Development Reports (undp.org).

49 The HDI was created to emphasize that people and their capabilities should be the criteria for assessing the development of a country, not economic growth alone.

50 The HDI is a summary measure of average achievement in key dimensions of human development, including: the ability to lead a long and healthy life, measured by life expectancy at birth; the ability to acquire knowledge, measured by mean years of schooling for adults aged 25 years and more, and expected years of school; and the ability to achieve a decent standard of living, measured by gross national income per capita. The scores for the three HDI dimension indices are aggregated into a composite index using a geometric mean and a ranking provided; United Nations Development Programme, *Human Development Report 2020,* UNDP, New York, NY, USA 2020.

To measure human development more comprehensively, the *Human Development Report 2020* presents the Gender Development Index (GDI), which compares female and male achievements on HDI values (see Annex Table 2), and the Gender Inequality Index (GII), which highlights women's empowerment as it relates to reproductive health, education, political representation and the labour market (see Annex Table 3).[51]

Disadvantages faced by women and girls are a major source of inequality regionally and one of the greatest barriers to human development progress. In the ECA, GDI and GII rankings were not calculated for each country due to a lack of data on one or more of the gender development and inequality indices. Existing data does, however, demonstrate gaps in women's income and variations in educational attainment and labour force participation. Annex Table 3 reveals variations in maternal mortality ratios (e.g., Grenada and Barbados have the lowest maternal mortality ratios, whereas Saint Lucia has the highest), adolescent birth rates (e.g., Grenada and Trinidad and Tobago have the lowest adolescent birth rates, whereas Saint Vincent and the Grenadines has the highest), and the share of seats in parliament held by women (e.g., Saint Kitts and Nevis and Saint Vincent and the Grenadines have the lowest share of seats in parliament held by women, whereas Grenada and Antigua and Barbuda have the highest).

Climate risks

Eastern Caribbean countries and territories are vulnerable to the negative impacts of climate change, including but not limited to extensive damage from intense tropical storms and hurricanes, floods, landslides and drought, and extensive coastal erosion. In general, climate change-related impacts create risks to populations, fiscal and macro-economic stability, private sector investment in productive activities, sustainable growth and poverty reduction. In terms of addressing the threat of climate change, the cost of inaction is high. In the Caribbean, projections indicate that losses could total US$22 billion annually by 2050; that figure represents 10 per cent of Caribbean's economy.[52] The sectors that are most likely to be impacted are infrastructure, agriculture, water availability, health, energy and tourism.

The *Global Climate Risk Index (CRI) 2020*[53] presents global climate risk indices and values for 2018 based on the occurrence and effect of extreme weather events that occurred in 2018 and the 20-year period of 1999-2018. Rankings are based on the most recent data related to four dimensions: number of fatalities; number of fatalities per 100,000 inhabitants; losses in millions of US$ in purchasing power parity (PPP); and percentage of losses per unit of GDP (see Annex Tables 4 and 5). Scores for the four dimensions are aggregated into a composite index using a geometric mean, and a rank is provided.

Table 2.6 presents CRI rankings for 2017 and 2018 and the 20-year period of 1999-2018 for Eastern Caribbean countries; CRI rankings and values for British Overseas Territories in the ECA are not available. The higher the rank (ranging from 1-135 for 2017 and 2018, and 1-181 for the 20-year period of 1999-2018), the higher the climate vulnerability. Ranks and values are based on past data and do not include factors such as rising sea levels and glacier melts. In 2017 Dominica ranked the 3rd most vulnerable country globally for climate risks, but in in 2018, Dominica dropped in rank to the 10th most vulnerable country globally for climate risks for the 20-year period of 1999-2018. It is also notable that in 2017, Antigua and Barbuda ranked the 13th most vulnerable country globally for climate risks, but in 2018 dropped in rank to 135th most vulnerable country globally for climate risks.

51 Retrieved from: http://hdr.undp.org/en/content/human-development-index-hdi.

52 Inter-American Development Bank. Retrieved on 24 January 2021 from: Climate Change in the Caribbean Small Island States | IADB.

53 Eckstein, D., M.L. Hutfils & M. Winges, *Global Climate Risk Index 2019: Who Suffers Most from Extreme Weather Events? Weather-related Loss Events in 2017 and 1998 to 2017*, Germanwatch e.V., Berlin, Germany, 2018.

Table 2.6. Climate Risk Index for 2017 and 2018 and 1999-2018 by country			
Country	**CRI Rank, 2017**	**CRI Rank, 2018**	**CRI Rank, 1999-2018**
Antigua and Barbuda	13	135	47
Barbados	124	135	151
Dominica	3	135	10
Grenada	124	70	21
Saint Kitts and Nevis	61	135	127
Saint Lucia	124	135	51
Saint Vincent and the Grenadines	124	135	52
Trinidad and Tobago	101	88	161

Note: CRI rankings for British Overseas Territories are not available.

Source: Eckstein, D., V. Kunzel, L. Shafer & M. Winges, *Global Climate Risk Index 2020 – Who Suffers Most from Extreme Weather Events? Weather-Related Loss Events in 2018 and 1999 to 2018,* Germanwatch e.V., Berlin, Germany, 2019.

The relationship between global climate change and regional modes of climate variability is highly complex. Significant shits in variability and extreme temperatures and precipitation are projected for the Caribbean over the coming decades. Changes in the region's climate have already been observed, including the warming of air and ocean surface temperatures, decreases in annual rainfall, rising sea levels, and increases in intensity and frequency of extreme weather events.[54]

Ultimately, sea level rise will cause coastal erosion, retreating mangroves and saline intrusion into shallow groundwater reserves in low-lying Barbuda and the Grenadines. Volcanic islands with narrower coastal zones, such as Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia and Saint Vincent are more likely to experience landslides in mountainous or hilly areas. Many of these changes are already taking place.[55]

Climate-resilience is key to sustainable development. At the same time, achieving SDGs will facilitate the efforts of countries and territories to mitigate and adapt to climate change. In recent years, governments and development partners have given specific attention to counterbalancing the negative consequences of climate change, to prevent further risk and damage. UNICEF has been supporting governmental and nongovernment partners in Eastern Caribbean countries and territories to address climate change by: a) putting children and young people at the heart of climate change strategies and response plans; b) recognizing children and young people as agents of change; and c) protecting children and young people from the impact of climate change and environmental degradation.[56]

In recent years, young people have taken the lead on advocating for better policies to mitigate climate change and its effects. Using social media, young people have organized and raised awareness of the realities of climate change, and identified solutions. National, regional and international youth climate movements have encouraged young people to become civically engaged in addressing climate change, often in partnership with the United Nations.

54 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019.

55 Ibid, 2019.

56 United Nations Children's Fund, *Child Alert: Children Uprooted in the Caribbean*, UNICEF, New York, NY, USA, 2019.

Disasters and hazards[57]

Eastern Caribbean countries and territories are highly vulnerable to environmental and climate hazards and disasters, including hurricanes, floods, landslides, drought, earthquakes, tsunamis and volcanic eruptions. The ECA is also among the most vulnerable areas in the world to the impacts of climate variability and change. The impacts of natural hazards in SIDS context have a multiplier effect.[58] In particular, geographic size, small populations, dependent economies, and fragile and intricate connections between ecosystems and livelihoods of SIDS have immense implications for both the vulnerability and sustainability.[59] The small size and geographical features of the islands restrict the area available for housing and public infrastructure and development. It has been estimated that 60 per cent of the Caribbean region's population and 70 per cent of economic activity is located within two miles of a coastline; OECS figures are estimated to be even higher, with more than 80 per cent of the population located in coastal areas.[60] When a catastrophic disaster strikes a SIDS – unlike other developing country contexts – the entire population and economy are usually affected.[61]
In September 2017, Hurricanes Irma and Maria inflicted catastrophic social, economic and environmental damage and loss, including numerous fatalities across five island states – Antigua and Barbuda, Anguilla, British Virgin Islands, Dominica and Turks and Caicos Islands. Approximately 143,000 people were affected, including 39,000 children.[62] In Dominica, the costs of Hurricane Maria were estimated to amount to US$1.37 billion[63] and to have wiped out more than a decade's worth of development.[64] In Antigua and Barbuda, recovery needs amounted to US$222 million, primarily for Barbuda which saw 95 per cent of houses destroyed and the entire population evacuated.[65] In addition, British Virgin Islands estimated that US$721 million was needed to implement its Recovery and Development Plan. The costs of these disasters are estimated to have exceeded national GDPs for Dominica and British Virgin Islands.[66]

In October 2018, Trinidad and Tobago experienced torrential rainfall, receiving the equivalent of a month's worth of rain in just two days. The resulting flooding and landslides affected 80 per cent of the country and an estimated 150,000 people.[67] Under various climate projection scenarios, it is likely that such events will become more common in the Caribbean, while the effects of slow-onset crises, such as coastal erosion, drought and salinization of groundwater reserves will become increasingly commonplace.[68]
In April 2021, Saint Vincent and the Grenadines began experiencing the volcanic eruption of La Soufrière. The 4,094-

57 Disasters are, "a serious disruption to the functioning of a community or a society involving widespread human, material, economic and/or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resource", (UNISDR). "Hazards are a dangerous phenomenon, substance, human activity or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and service, social and economic disruption and/or environmental damage". United Nations Children's Fund, *Guidance on Risk-Informed Programming*, UNICEF, New York, NY, USA.

58 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis: UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019; Organization of Eastern Caribbean States, *Regional Strategic Environment and Social Assessment,* OECS, Castries, Saint Lucia, 2018; Caribbean Disaster Emergency Management Agency, *Comprehensive Disaster Management Strategy 2014-2024,* CDEMA, St. Michael, Barbados 2014.

59 Ibid, 2019; Ibid, 2018; Ibid, 2014.

60 Ibid, 2019; Ibid, 2018; Ibid, 2014.

61 United Nations Development Programme, *From Early Recovery to Long-Term Resilience in the Caribbean. Hurricanes Irma and Maria: One Year On*, UNDP, Bridgetown, Barbados, 2018.

62 United Nations Children's Fund, *UNICEF's Response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience*. UNICEF Office for the ECA, Christ Church, Barbados, 2019, p.10; Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019; United Nations Children's Fund, *UNICEF Eastern Caribbean Area, Situation Monitoring Report, 28 May 2018*, UNICEF Office for the ECA, Christ Church, Barbados, 2018.

63 Based on the Post-Disaster Needs Assessment (PDNA) for Dominica, the identified recovery needs for reconstruction and resilience interventions – incorporating the principle of 'building back better' where possible – amount to $1.37 billion; United Nations Development Programme, From Early Recovery to Long-Term Resilience in the Caribbean, Hurricanes Irma and Maria: One Year On, UNDP, Bridgetown, Barbados, 2018.

64 Pegram and Knaute, *Caribbean Children Facing the Climate Crisis,*; International Monetary Fund (2019), 'Building a more resilient Caribbean to natural disasters and climate change', available at: http://blogs.worldbank.org/developmenttalk/building-more-resilient-caribbean-natural-disasters-and-climate-change.

65 *From Early Recovery to Long-Term Resilience in the Caribbean*; Pegram and Knaute, *Caribbean Children Facing the Climate Crisis.*

66 United Nations Development Programme, *From Early Recovery to Long-Term Resilience in the Caribbean. Hurricanes Irma and Maria: One Year On*, UNDP, Bridgetown, Barbados, 2018.

67 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019; Office for the Coordination of Humanitarian Affairs, *Trinidad and Tobago: Floods and Landslides due to intense rains*, OCHA, 23 October 2018.

68 Pegram and Knaute, *Caribbean Children Facing the Climate Crisis*.

foot stratovolcano has caused pyroclastic flows and spewed more than 100 million cubic meters of ash and debris miles into the air, creating a deadly mixture of superheated gases, rock and mud. Ongoing volcanic eruptions have destroyed homes and crops, contaminated water supplies and displaced up to 20 per cent of the people on the island. Officials noted that ash was piling up to 16 inches (42 centimetres) high in some homes in the northern part of Saint Vincent, where the volcano is located. There are concerns that ash and debris from the eruption will form volcanic mudflows and lahars as the rainy seasons begins. Rains could unleash fast-flowing rivers of mud and debris capable of great damage.[69] The eruption has also impacted neighbouring islands of Barbados and Saint Lucia with ashfall affecting visibility and accumulations causing some damage to crops, buildings and homes.

The UN Resident Coordinator for Barbados and the Eastern Caribbean described the scene in Saint Vincent as 'apocalyptic.' More than 16,000 people were evacuated ahead of the first explosion on 9 April 2021; more than 6,200 evacuees have taken refuge in 88 government-run shelters and thousands of others in homes or private shelters.[70] Given the fact that the volcanic eruption is still ongoing, officials are still quantifying the damage, but experts warn that it will take a long time for Saint Vincent to recover and rebuild, and to meet the humanitarian relief needs of the people. Experts estimate that the costs of rebuilding Saint Vincent will run in the hundreds of millions of dollars and will require substantial assistance from the region and global community.[71] Given the fact that thousands of people have been displaced, there are also concerns about the ongoing COVID-19 pandemic and the Atlantic hurricane seasons that starts in June.

The Eastern Caribbean region's susceptibility to climate vulnerabilities and change is exacerbated by locally driven environmental degradation and mismanagement of resources, as well as extensive development, increasing urbanization, population growth, unsustainable agricultural practices, and rapid growth of the tourism industry. Such changes have led to environmental challenges, including: loss of biodiversity and declining fish stocks; poor air quality; solid waste management challenges; and impacts from extractive processes (e.g., removal of sand for construction accelerating beach erosion and damage to costal habitats).[72]

69 'United Nations seeks $29M for Saint Vincent amid new volcanic threats', Associated Press, 20 April 2021. Retrieved on 25 April 2021 from: UN seeks $29M for St. Vincent amid new volcanic threats (apnews.com).

70 Ibid, 2021; 'Part of Caribbean island of Saint Vincent unrecognizable after volcano erupts', CNN, 24 April 2021. Retrieved on 25 April from: St. Vincent's La Soufrière volcano: Parts of island unrecognizable after eruptiion – CNN.

71 Ibid, 2021; Ibid, 2021.

72 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019.

Box 2.1. Spotlight on the priority needs of young people in humanitarian and protracted crises

In February 2020, during UNICEF-led consultations with young people in Anguilla, Dominica and Montserrat, they were asked to reflect upon the key priority needs of young people in emergencies. In 2017, the people of Anguilla and Dominica experienced devastation from Hurricanes Irma and Maria. Some children's homes were secure during the hurricane, but they still needed electricity, had to use buckets of water to bathe, and could only eat from tin cans. Other children's homes suffered damage and they recalled how they were scared and worried, particularly once they saw the flooding and damage to their homes. These children focused on the need for electricity and the ability to charge their phones and access the Internet, as well as needing water and food. They recalled that humanitarian crisis lasted for three-and-a-half months or more.

Children also spoke about needing to keep their hope and faith during and after the hurricane because they were worried and, 'not always thinking straight'. Some children learned to live without things and to live with those things that they did have. They reflected on playing board games – chess and dominos – since they did not have access to the Internet and computers. Some children spent more time playing outside, bonding with others and making new friends. Children also recalled the damage to the beaches; places that children enjoy spending their time with friends and family. They also spoke about how important it was to learn that their friends were okay and to hear how their friends were doing.

It is notable that adolescents from Dominica thought a lot of people suffered from depression following Hurricane Maria, and that these mental health issues had not been addressed. They recognized that after the hurricane, people needed counsellors and experts to talk to, but people did not receive the mental health support needed. As a result, they thought that some people were now suffering from post-traumatic stress disorder (PTSD).

Because adolescents in Montserrat had not experienced a natural disaster, they reflected upon the COVID-19 pandemic. During the pandemic, their priorities had been accessing textbooks, a reliable laptop and the Internet, particularly a stable Internet connection. There was the opinion that fibre-optics should be introduced to Montserrat to improve access to the Internet. Other priority needs they thought about, particularly in the event of an emergency such as a hurricane, would be having a safe environment and shelter, and having access to water, food and sanitary devices.

In recent years, environmental migration – the movement of people forced to leave their homes because of sudden or progressive changes in the environment that adversely affect their lives or living conditions – has gained attention in the Eastern Caribbean. Anecdotal evidence suggests that environmental migration is often used as a short- or long-term coping strategy by many Caribbean citizens after disasters strike. In 2018, the International Organization for Migration (IOM) conducted a Migration Governance Needs Assessment in 10 island states of Commonwealth Caribbean that highlighted the limited integration of human mobility issues in climate change and disaster plans and strategies. The assessment revealed data gaps that must be addressed as countries and territories require adequate information to plan interventions. The goals are to assist OECS states to respond effectively to the mobility dimensions of environmental crises, providing for the socio-economic well-being of environmental migrants and the societies that host them. In 2019, IOM organized a capacity building workshop for policymakers on Migration, Environment and Climate Changes, including data needs and gaps. As a follow-up, in 2020, IOM Dominica and the OECS Secretariat hosted a virtual event aimed at outlining project activities and initiating the active participation of OECS Member States and government stakeholders in the areas of environment, immigration and climate change.[73]

73 'IOM to Support Enhanced Data and Evidence on Climate Change Migration in the Eastern Caribbean', *EmoNews*, 28 September 2020. Retrieved on 19 February 2021 from: IOM to Support Enhanced Data and Evidence on Climate Migration in the Eastern Caribbean | emonews (emonewsdm.com).

The development of policies, strategies and innovative programmes to make environments safer and more secure in a changing world is important. This requires national partners working together to strengthen the integration of humanitarian and development programming by supporting more resilient systems to better prepare for, respond to, and recover from shocks and stresses, and to understand and respond to environmental migration.[74] In the ECA, governments are realizing that building resilience to climate change and working to ensure they can effectively react to natural hazards and disasters is imperative. Programmes and interventions should include built-in resilience and an awareness of how climate change renders islands in the region particularly vulnerable.

Human migration

The issue of migration has gained increasing importance on the political agenda of both source and destination countries in the Caribbean and a particular concern is the impact of migration of children and young people. Migration represents an increasingly important livelihood diversification for many households in the Caribbean.[75]

The most important factors that influence migration flows are socio-economic inequities and environmental hazards in the Caribbean; unemployment rates, especially among youth and women, are high in the ECA.[76] Some Caribbean countries, such as Grenada, have moderate outward migration rates, which have been consistent over the past few decades as a result of volunteer emigration of skilled labour, whereas other countries and territories have experienced an increase in migration (e.g., Montserrat and Dominica).[77]

Migration of educated elite has been a troubling factor as it relates to forming adequate human development capital.[78] Saint Kitts and Nevis is one of a few ECA countries that has registered a negative change in population over the past several years as a result of volunteer emigration, but the high emigration rate tends to be among the educated elite. Remittances from emigration have made significant contributions toward poverty alleviation in the Saint Kitts and Nevis in the form of cash, food, real estate and small business investments.[79]

The liberalization of trade barriers and free movement of workers as a consequence of globalization has resulted in both legitimate and illicit migration flows in the region.[80] The CARICOM[81] Single Market and Economy (CSME), signed in 1989, and the 2011 OECS Revised Treaty of Basseterre established a political and legal framework for intra-regional movement of skills, labour and travel, while harmonizing access to social services, providing for the transfer of social security, and setting common standards and measures for accreditation and equivalency. The free movement of labour is an integral and critical aspect of the region's development strategy and success of the economic union.[82]

74 United Nations Children's Fund, *Goal Area 4 – Every child lives in a safe and clean environment. UNICEF Global Annual Results Report 2018*, UNICEF, New York, NY, 2019, p. 6.

75 Morlachetti, A., *Study on Children in Situations of Migration and Statelessness in the Caribbean UK Overseas Territories*, UNICEF Office for the ECA, Christ Church, Barbados, 2017 p. 5.

76 Retrieved on 7 September 2019 from: <https://www.worldbank.org/en/country/caribbean/overview>.

77 United Nations Children's Fund, *Situation Analysis on Children in Montserrat*, UNICEF Office for the ECA, Christ Church, Barbados, 2016.

78 United Nations Children's Fund, *Situation Analysis on Children in Grenada*, UNICEF Office for the ECA, Christ Church, Barbados, 2017, p. 28; United Nations Children's Fund, *Situation Analysis on Children in Saint Kitts and Nevis,* UNICEF Office for the ECA, Christ Church, Barbados, 2017, pp. 25-26; United Nations Children's Fund, *Situation Analysis on Children in Saint Vincent and the Grenadines*, UNICEF Office for the ECA, Christ Church, Barbados, 2017, pp. 24-25.

79 United Nations Children's Fund, *Situation Analysis on Children in Saint Kitts and Nevis,* UNICEF Office for the ECA, Christ Church, Barbados, 2017, pp. 25-26.

80 United Nations Children's Fund, *Situation Analysis on Children in Grenada*, UNICEF Office for the ECA, Christ Church, Barbados, 2017, p. 28; United Nations Children's Fund, *Situation Analysis on Children in Saint Kitts and Nevis,* UNICEF Office for the ECA, Christ Church, Barbados, 2017, p. 25; United Nations Children's Fund, *Situation Analysis on Children in Trinidad and Tobago,* UNICEF Office for the ECA, Christ Church, Barbados, 2017, pp. 26-27.

81 The Treaty of Chaguaramas established the Caribbean Community and Common Market, later known as CARICOM. It was signed on 4 July 1973 and took effect on 1 August 1973. The treaty also established the Caribbean Community including the Caribbean Single Market and Economy, replacing the Caribbean Free Trade Association which ceased to exist on 1 May 1974.

82 There are key benefits offered by the OECS framework where the CSME is lacking, e.g., the former permits citizens to hold permanent residence and retire in any member State, and travel is facilitated with any picture ID; whereas the latter permits a minimum of six months without a work permit, and a return ticket and evidence of financial support are required. See, *Situation Analysis on Children in Grenada*, p. 29; *Situation Analysis on Children in Saint Kitts and Nevis*, pp. 25-26.

IOM draws attention to irregular migration in the region, which is an important aspect of south-south migration, but remains a sensitive topic as it undermines the legitimate functioning of government authorities to regulate entry and stays of non-nationals. Irregular migration in the Caribbean includes intra-regional, outward and extra-regional migration, with the Caribbean serving as a transit region for South Americans, Asians and Africans. Irregular migrants are particularly vulnerable and subject to many forms of mistreatment because they overstay and/or are victims of human smugglers or traffickers.[83]

Young people migrate for diverse reasons and in various ways. This includes: to seek opportunities, whether economic or educational; to reunite with family members who had previously migrated; to move from their place of residence owing to gradual or sudden changes in the environment that adversely affect their living conditions; and to flee from the impacts of natural disasters, domestic violence and extreme poverty.[84] Although children usually travel with their parents, members of their extended family or other adults, a growing and significant number of young people, including adolescents, are migrating autonomously and unaccompanied.[85]

It is well documented that young people affected by international migration are in a situation of double vulnerability, particularly if they are children, whether they are alone or with their families, born to migrant parents in destination countries, or left behind in their country of origin.[86]

A recent assessment of children on the move in the Caribbean four British Overseas Territories – Anguilla, Montserrat, Turks and Caicos Islands, and British Virgin Islands – revealed: policies and rules regulating family reunification, temporary visits, the acquisition of temporary and permanent residence, naturalization and citizenship are extremely complicated; a high level of discretion is used in decisions taken by migration authorities; and there is no appropriate dissemination of information to migrants about entitlements and requirements to apply for any of these options. In addition, there is an absence of child-sensitive migration-related legislation, policies and practices, and lack of migration-related issues in laws and policies relating to children that take into account the special needs and vulnerable situation of migrant children and children affected by migration, including those who are undocumented.[87]

For migrants, the instability created by a system of being permanently in transit and/or undocumented, and the costs of this are detrimental to the well-being of families and their children.[88] This is despite the fact that migrants contribute substantially to the economy in the territories, not only through paying taxes and other contributions, but also because most of the territories have very low dependency ratios. This means higher tax revenues, due to larger working populations, and lower government expenditures on education and health, due to fewer children and elderly people. Nevertheless, migrants are still denied access to social programmes and other benefits, including the right to participate actively in public issues (e.g., the right to vote is reserved for nationals, who can make up a minority of the population in some of the territories).[89]

83 International Organization for Migration, *Migration in the Caribbean: Current Trends, Opportunities and Challenges*, Working Papers on Migration, IOM, San Jose, Costa Rica, 2017, pp. 44-45.

84 Morlachetti, A., *Study on Children in Situations of Migration and Statelessness in the Caribbean UK Overseas Territories*. UNICEF Office for the ECA, Christ Church, Barbados, 2017 p. 5.

85 Ibid, 2017, p. 5.

86 Ibid, 2017, p. 5.

87 Ibid, 2017, pp. 72-73.

88 Morlachetti, A., *Study on Children in Situations of Migration and Statelessness in the Caribbean UK Overseas Territories*, UNICEF Office for the ECA, Christ Church, Barbados, 2017, pp. 72-73.

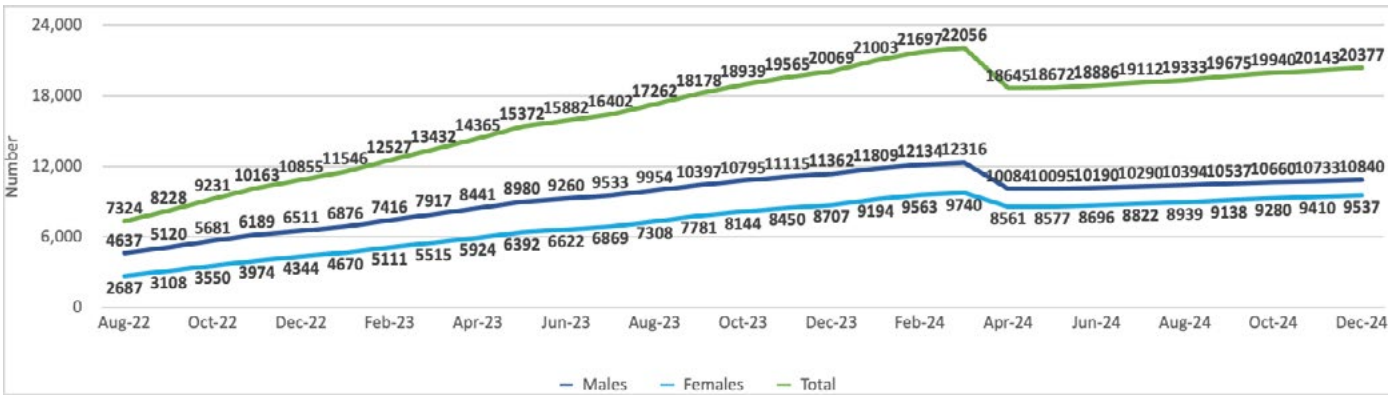
89 Ibid, 2017, pp. 72-73.

Migrants and their children are economically vulnerable because of having to pay more for health treatment; not being eligible for social protection, and facing bureaucratic issues related to work permits and immigration requirements.[90] A major concern related to migration of women and children are weaknesses in social and child protection systems among CARICOM Member States. Governments need to increase investment in child protection systems and strengthen and enforce social and child protection policies and practices to better protect children and families living in poverty and facing vulnerabilities (e.g., violence, abuse and exploitation, including sexual exploitation and child labour, which can be exacerbated by migration).[91] In the ECA, weak national social and child protection frameworks have limited the capacities of governments to identify and respond to the protection needs of migrant children and young people, including unaccompanied and separated children and trafficking victims.

Venezuelan migrants in Trinidad and Tobago

Trinidad and Tobago is considered a destination country by many Venezuelans fleeing poverty, food shortages and political upheaval, and seeking a better life with increased economic security and opportunities for themselves and their families.[92] Venezuelan migrants who move to Trinidad and Tobago appear to be less educated than Venezuelans who move to other countries further south, and are more likely to be younger and single, and report more limited access to health care and mental health resources.[93] In 2020, border closures due to COVID-19 and the absence of asylum legislation for refugees and migrants to access international protection have left Venezuelans with limited choices but to attempt to enter the country irregularly, resulting in exposure to heightened protection risks.[94]

Chart 2.6. Number of persons of concern (POC) in Trinidad and Tobago, August 2018- December 2020



Source: DTM Situation Monitoring, 12 January 2021.

90 Ibid, 2017, pp. 72-73.

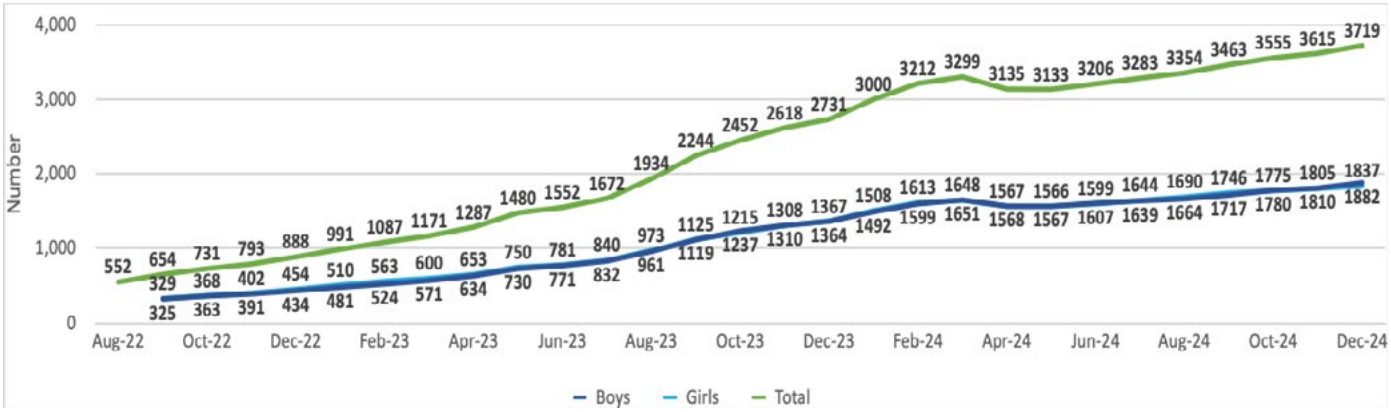
91 The International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families is a United Nations multilateral treaty governing the protection of migrant workers and families. Signed on 18 December 1990, it entered into force on 1 July 2003 after the threshold of 20 ratifying States was reached in March 2003; United Nations Children's Fund, *Situation Analysis on Children in Saint Kitts and Nevis,* UNICEF Office for the ECA, Christ Church, Barbados, 2017, pp. 25-26.

92 International Organization for Migration, *Monitoring Migrants Presence: Trinidad and Tobago*, Round 3, November 2020; see also *Situation Analysis on Children in Saint Kitts and Nevis*, p 20.

93 United Nations Children's Fund, *End of Year Results Summary Narrative*, Barbados, 2020.

94 Ibid, 2020.

Chart 2.7. Number of child POCs in Trinidad and Tobago, August 2018-December 2020



Source: DTM Situation Monitoring, 12 January 2021.

The situation of migrant children has been a concern in Trinidad and Tobago, which has become one of the largest refugee-receiving countries in the Caribbean in recent years.[95] In June 2019, before the pandemic, the Government of Trinidad and Tobago conducted a Venezuelan Registration Exercise, which registered 16,523 Venezuelan nationals and authorized successfully screened persons, in irregular circumstances, to work for a period of one year in Trinidad and Tobago.[96] By the end of June 2020, the UNHCR recorded 18,900 persons of concern (POC),[97] more than 150 per cent more than the number recorded in August 2018.[98] In December 2020, UNHCR recorded 20,377 persons of concern (POC) living in Trinidad and Tobago (Chart 2.6), of which 18.3 per cent were children (Chart 2.7).[99] Among the 3,719 POC children, 71.3 per cent were asylum seekers, 3.5 per cent were separated/unaccompanied and 30.9 per cent were under five years of age.[100]

The effects of migration on children and young people can be significant, including experiences of separation, marginalization and discrimination.[101] Children in migrant families often face adaptation issues and critical challenges in the areas of health, education, economic security, housing, and access to social protection and basic services.[102] In 2018, an IOM study involving 555 migrants[103] found that 90 per cent were working in the informal sector. Although their basic needs appeared to be met (93 per cent had access to potable water, electricity and health services), food security was an issue for at least one-fifth of migrants who reported they did not have three meals a day. Many migrants who travelled with their children were facing challenges accessing education and certain health services for their children.[104] For instance, more than three-quarters of migrant children aged 5-18 had been in the country for more than one year and still did not have access to formal education; access to education and training was cited as a priority by 36 per cent of respondents. In addition, one-third of migrants were in need of medical assistance, but were unable to access medical care, citing lack of knowledge about where to go, denial of access and fear as the main reasons.

95 United Nations Children's Fund, *Situation Analysis on Children in Trinidad and Tobago,* UNICEF Office for the ECA, Christ Church, Barbados, p. 17

96 International Organization for Migration, *Monitoring Migrants Presence: Trinidad and Tobago*, Round 3, November 2020, p. 1.

97 POCs include all children on the move, including migrants, asylum seekers and refugees and all children on the move.

98 United Nations Children's Fund/United States Agency for International Development, *The Impact of COVID-19 on Migrant Children in Trinidad and Tobago*, UNICEF/ USAID, Christ Church, Barbados, July 2020.

99 United Nations High Commissioner for Refugees Situation Monitoring, 12 January 2021.

100 UNHCR Situation Monitoring, 12 January 2021

101 International Organization for Migration, *Migration in the Caribbean: Current Trends, Opportunities and Challenges*. Working Papers on Migration, IOM, San Jose, Costa Rica, 2017, p. 36.

102 United Nations Children's Fund, *UNICEF Country Office Annual Report 2018, Eastern Caribbean Multi-Country Program*, p. 2; United Nations Children's Fund, *Situation Analysis on Children in Montserrat*, UNICEF Office for the ECA, Christ Church, Barbados, 2016; United Nations Children's Fund, *Situation Analysis on Children in Turks and Caicos Islands,* UNICEF Office for the ECA, Christ Church, Barbados, 2016, pp. 34-38.

103 Migrants included secondary school graduates to skilled and technical individuals who are gravitating towards construction and commerce.

104 United Nations Children's Fund, *Migration flows in Latin America and the Caribbean, Situation Report No. 5*, May-December 2018.

In 2020, IOM's Displacement Tracking Matrix (DTM) documented that 59 per cent of the children living with the respondents did not have access to education in Trinidad and Tobago and more than half identified lack of documents and costs as the main reason for that inaccessibility.[105] More specifically, according to UNHCR data, as of June 2020, among the estimated 3,200 POC children in Trinidad and Tobago, 63 per cent were school-age children, including 41 per cent of primary school age and 22 per cent eligible for secondary school. In mid-2019, 90 per cent of parents with school-age children indicated that their children did not have access to formal education.[106] By March 2020, prior to school closures forced by the spread of COVID-19, it was apparent that migrant children's access to education had increased through Equal Place[107] and other schools. In March 2020, when the Government of Trinidad and Tobago established lockdown measures to curb the spread of COVID-19, the closure of physical educational spaces forced Equal Place and other educational institutions to operate online. Online education resulted in an expansion in the number of children reached by Equal Place because it eliminated the barrier of limited space and the high out-of-pocket transportation costs for parents to get their children there.[108] Online education could create different barriers for migrant children accessing education, including access to computers/tablets and reliable Internet access which is needed for online education and remote learning.[109] By the end of 2020, it was estimated that 1,198 migrant and school-age refugee children had been able to develop their literacy, numeracy and life skills through Equal Place.[110]

A heightened sense of fear among Venezuelan migrants was also highlighted in an assessment of migrant women and girls carried out by the UN Women Caribbean Multi-Country Office, supported by the United Nations High Commission for Refugees (UNHCR) and IOM. Venezuelan migrant women and girls were afraid of being detained by immigration officials or police. Many women/girls felt unsafe at home, and outside of the home, because they worried about detention and deportation, and physical and sexual assaults. In all, 83 per cent of migrants reported depression among some family members, including their children.[111] In 2019, over one-fifth of migrants indicated their most pressing needs related to concerns about residential status and safety.[112]

The increase in migrant detention and deportation has hindered migrants from seeking basic social services, including social welfare and protection services. In addition, increases in the number of family separations have created a heightened sense of fear among Venezuelan migrants, and led to children to be placed in residential institutions.[113] According to anecdotal evidence, while migrants and refugees seek health, education and social protection services, they are often turned away because of legal and administrative barriers.[114] In 2020, IOM's DTM document revealed that income generation/employment emerged as the first priority need of migrants, followed by legal assistance and medical care. Food needs also topped the second and third priorities. In comparison, baseline interview prioritized shelter, jobs and food respectively as the main needs of migrants.[115]

105 International Organization for Migration, *Monitoring Migrants Presence: Trinidad and Tobago*, Round 3, November 2020.

106 Trinidad and Tobago DTM 2019 Report.

107 Equal Place, a blended educational programme supported by UNICEF, UNHCR, The United Nations Refugee Agency, Living Water Community, and Trinidad and Tobago Venezuela Solidarity Network.

108 UNICEF and partners, including Living Water Community, developed materials and guidance to support parents with at-home support for online learning. This guidance was complemented through the #SpeakUp Facebook Live Series, a joint initiative between UNICEF, OECS Commission, and PAHO, that delivered guidance and practical tools to cope in times of crisis, see *UNICEF End of Year Results Summary Narrative,* Barbados, 2020.

109 Information provided by UNICEF Office for the ECA.

110 United Nations Children's Fund, *End of Year Results Summary Narrative*, Barbados, 2020.

111 United Nations Children's Fund, *Migration Flows in Latin America and the Caribbean, Situation Report No.* 4, December 2018, p. 18.

112 United Nations Children's Fund/United States Agency for International Development, *The Impact of COVID-19 on Migrant Children in Trinidad and Tobago*, UNICEF/USAID, Christ Church, Barbados, July 2020.

113 This reality was highlighted in an assessment of women and girls carried out by the United Nations Women Caribbean Multi-country Office (supported by UNHCR and IOM); United Nations Children's Fund, *Migration Flows in Latin America and the Caribbean, Situation Report No. 5*, May-December 2018; United Nations Children's Fund, *Migration Flows in Latin America and the Caribbean*, Situation Report No. 1, Jan-Feb 2019, p. 17.

114 Information provided by UNICEF Office for the ECA.

115 International Organization for Migration, *Monitoring Migrants Presence: Trinidad and Tobago*, Round 3, November 2020.

With the onset of the COVID-19 pandemic, the most pressing issues facing Venezuelan migrants were the worsened quality of food (31 per cent), not having a place to sleep/risk of eviction (27 per cent), discrimination (25 per cent) and unemployment (8 per cent). It was, however, noted that 55 per cent of migrants surveyed received support during the COVID-19 pandemic, with in-kind assistance being the most widely accessed type of support; 81 per cent of this support was provided by religious organizations and international organizations. In addition, 82 per cent of respondents indicated they had access to essential hygiene and disinfection supplies, including masks and sanitizers.[116]

National child protection frameworks have limited capacity to identify and respond to the protection needs of migrant children and adolescents, including trafficked, unaccompanied and separated children. In addition, there are language barriers that create additional gaps in accessing specialized services. In 2019, it was documented that migrant children and adolescents have no access to psychosocial support or safe spaces for socialization, play and learning.[117] In 2020, an estimated 142 children accessed intervention to prevent and address violence, abuse and exploitation, 109 were provided with psychosocial support, including access to child friendly spaces, and 58 separated and unaccompanied children were provided with family care and specialized services.[118] Under the coordination of the Child Protection Working Group, members and national government stakeholders developed and implemented a 2020 Action Plan to address protection needs of children on the move.[119]

Box 2.2. Spotlight on adolescents on the move in Trinidad and Tobago

UNICEF-led consultations conducted with Venezuelan adolescents living in Trinidad and Tobago highlighted that they understood they needed to migrate with their families, but they felt that people in Trinidad and Tobago did not fully understand the circumstances that pushed them to migrate, and perceived them as invading their territory. For some adolescents, this partially influenced their decision to isolate themselves and to not to leave their homes because they, 'don't know what can happen when they go out'.

Adolescents on the move in Trinidad and Tobago spoke about experiencing discrimination and xenophobia from their classmates. Some classmates had even been told to 'go back to their country'. They also experienced insecurity in the community and on public transport. One adolescent migrant explained, "I would like to see it [discrimination] comes to an end". Some adolescents voiced that they wanted others to recognize them as equals and worth the same, and explained that they felt significantly hurt by the attitudes of others that they were not worthy. Adolescent girls also reported a higher number of episodes where they felt their security was threatened if they went out.

Adolescents on the move in Trinidad and Tobago understood their integration was a two-way process in which people from the host country needed to learn something about Venezuela, including the country's history, culture, people and food to improve their opportunities for integration or social cohesion. Language was also a significant barrier, which adolescents recognized as fundamental to accessing a job when they turned 16 years of age, which they understood to be the legal age for work. They asked for vocational skills-building, although they could not define any specific areas of vocational training.

In Trinidad and Tobago, although the number of children affected by the irregular status of their parents is unknown,

116 Ibid, 2020.

117 United Nations Children's Fund, *Migration Flows in Latin America and the Caribbean*, *Situation Report No. 1*, Jan-Feb 2019, p. 17.

118 *Trinidad and Tobago DTM Situation Monitoring*, 12 January 2021.

119 United Nations Children's Fund, *End of Year Results Summary Narrative*, Barbados, 2020.

there have been discussions regarding the creation of a policy for children of migrants, particularly as it relates to guardianship if their parents are detained. This is of critical importance as children are not allowed to stay at the detention centre with their parents. In the absence of a formal guardianship policy, unaccompanied and separated migrant children are unofficially placed in the care of relatives or friends of their parents.[120]

The Immigration Division of the Ministry of National Security established a Refugee Office to facilitate registration and monitoring of refugees and asylum-seekers. Following the completion of the government's registration exercise in mid-2019, registration cards were issued to migrants, allowing temporary legal employment until the end of 2020. In mid-2019, 61 per cent of adult migrants were employed; one-third were unemployed. More than 80 per cent were no longer working in the sectors they were employed in prior to departure from Venezuela. Income generation and employment were the priority needs of migrants. In addition, one-third of working migrants reported they were being paid less than the official Trinidad and Tobago minimum wage.[121] In 2020, IOM's DTM found a surge in unemployment among migrants, coupled with a moderate decrease in employment. In addition, in the post-migration period all students discontinued their educational pursuits and some of them were absorbed into the labour market as employees, while a little over half were unemployed. An analysis of the current work sector indicated that almost a quarter of employed migrants were engaged in the construction sector (22 per cent) and 56 per cent worked in the informal sector. It is notable that 93 per cent of people working in the informal sector and 65 per cent of those working the formal sector had not signed a contract and/or had no proof of payment for their services.

120 United Nations Children's Fund, *Situation Analysis on Children in Trinidad and Tobago,* UNICEF Office for the ECA, Christ Church, Barbados, p. 17

121 United Nations Children's Fund/United States Agency for International Development, *The Impact of COVID-19 on Migrant Children in Trinidad and Tobago*, UNICEF/USAID, Christ Church, Barbados, July 2020, p. 10; see also International Organization for Migration, *Monitoring Migrants Presence: Trinidad and Tobago*, Round 2.

Chapter 3
Every young person has a fair chance in life

Ending or dramatically reducing poverty has been an overarching objective of the Millennium Development Goals (MDGs) and remains central to the 2030 Agenda for Sustainable Development. In particular, SDG 1 focuses on, "ending poverty in all its forms everywhere". Associated targets are, "to eradicate extreme poverty for all people everywhere", (SDG 1.1) and, "to reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions according to national definitions" (SDG 1.2). SDG 1 and its targets have important implications for this SitAn, including the need to assess the multiple dimensions of poverty and the impact of poverty on young people.[122]

Every young person should have the right to fulfil his or her full potential; however, when a young person grows up in poverty, experiences social discrimination and face barriers to accessing essential services, these experiences have lifetime consequences. These conditions often impede the opportunity for them to achieve their full potential.

Moreover, adolescence and young adulthood are transitional stages in life, but growing up in poverty and deprivation can lead young people to engage in risky behaviours, such as substance use/abuse and involvement in gangs and other criminal activities, and can affect their mental health.[123] Engagement in risky behaviours can have detrimental effects for young people and threaten their life chances and abilities to reach their full potential, and contribute to inter-generational poverty.

Social protection is a collection of programmes and policies that address lifelong consequences of poverty and exclusion.[124] This includes social assistance (e.g., cash transfers), social insurance (e.g., health insurance), and employment and educational support. Such programmes and policies can help to reduce poverty and improve the overall physical, emotional and social development of young people. As part of national programmes and policies to reduce poverty, governments have a major role to play in deciding how public resources can be invested to break cycles of poverty and invest in social protection.

Efforts to strengthen public finance and investment in young people, and to address public finance bottlenecks to service delivery that contributes to reducing multi-dimensional poverty are essential to improving systems and leveraging resources for young people.

Poverty

Poverty is at the heart of a considerable amount of vulnerability, social discrimination and exclusion: Households with inadequate income are more vulnerable to changing economic, social and environmental circumstances and to reduced income-earning potential. People in poverty also tend to live in inadequate and unsanitary housing in less desirable neighbourhoods, which are especially vulnerable to weather-related damage. They are also more prone to live in communities with high rates of crime and violence, which can be unsafe environments for adolescents and young people.

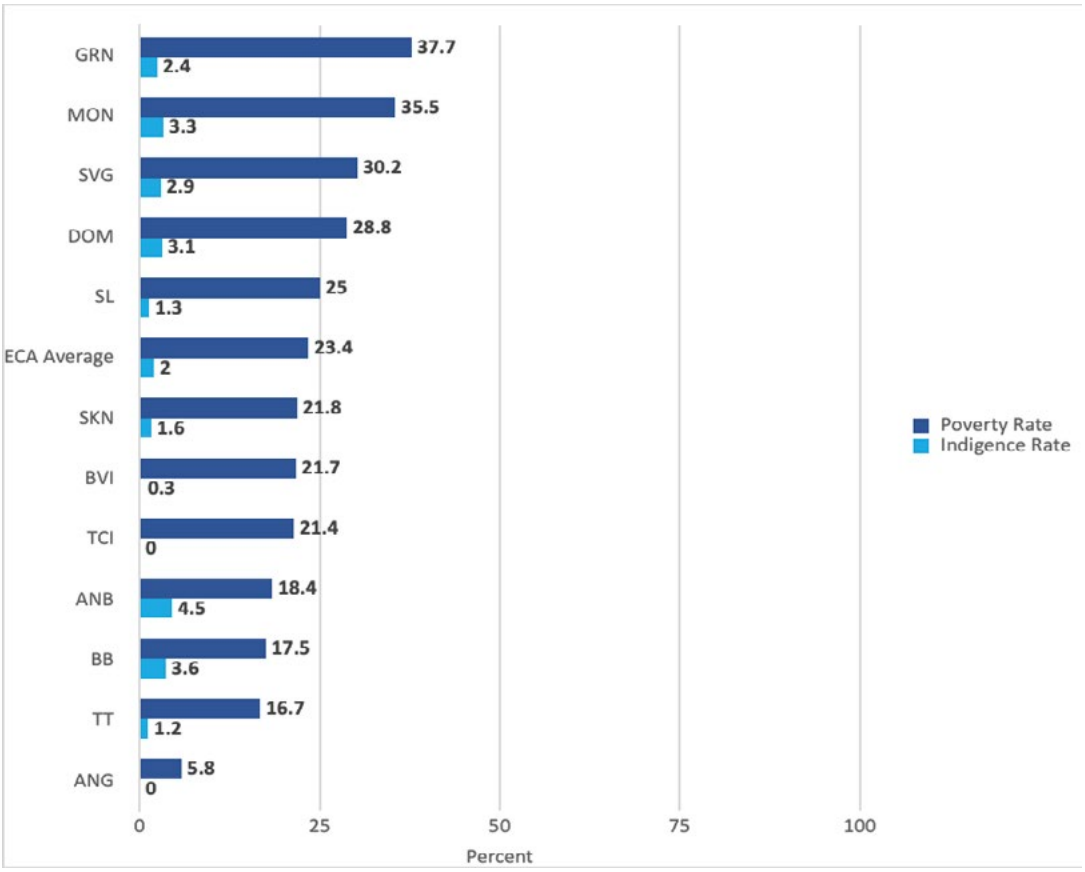
Poverty is a problem in the ECA even though countries and territories have reached a level of development that should allow a significant proportion of people living in poverty to escape it.[125] Chart 3.1 shows that, on average, nearly one in four, or 23.4 per cent of people were living in poverty in the ECA. Grenada had the highest poverty rate at 37.7 per cent, followed by Montserrat (35.5 per cent), Saint Vincent and the Grenadines (30.2 per cent), Dominica (28.8 per

122 United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados,* UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 32.
123 Ibid, p. 32.
124 Retrieved on 16 December 2019 from: https://www.unicef.org/social-policy/social-protection.
125 United Nations Children's Fund, *Situation Analysis of Children in the Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 15.

cent), and Saint Lucia (25.0 per cent).[126] All of these countries and territories had poverty rates above the ECA average (23.4 per cent). In comparison, Anguilla's poverty was exceptionally low at 5.8 per cent.

Female-headed households and children aged 0-14 were disproportionality represented among those living in poverty; accounting for about 40 per cent of the total population below the poverty line in Saint Kitts and Nevis and Grenada.[127]

Chart 3.1. ECA poverty and indigence rates[128] by country (%)



Sources: OECS Commission/United Nations Children's Fund, *Child Poverty in the Eastern Caribbean Area, Final Report*, OECS Commission/UNICEF, Castries, Saint Lucia, 2017, p. 15; Kairi Consultants Limited, *Saint Lucia National Report of Living Conditions, 2016,* Kairi Consultants Limited, Tunapuna, Trinidad and Tobago, 2018; Inter-American Development Bank, *Barbados Survey of Living Conditions, 2016-2017,* IDB, New York, NY, USA, 2017*;* Kairi Consultants Limited, *Analysis of the Trinidad and Tobago Survey of Living Conditions, 2005,* Kairi Consultants Limited, Tunapuna, Trinidad and Tobago, 2007.

In the ECA, indigence levels[129] were generally low, averaging less than 3 per cent; however, the rates were higher in Antigua and Barbuda (4.5 per cent) and Barbados (3.6 per cent).[130] In many Eastern Caribbean countries, indigence rates have fallen over the past two decades. For example, in Grenada, the indigence rate dropped from 12.9 per cent in 1998, to 2.4 per cent in 2008. Likewise, in Barbados, the indigence rate dropped from 9.1 per cent in 2010, to 3.6

126 The main data source for initializing this effort has been CPAs. From 2006-2012, most countries and territories in the ECA conducted their latest CPA with support of the Caribbean Development Bank and the European Union. OECS Commission/United Nations Children's Fund, *Child Poverty in the Eastern Caribbean Area, Final Report*, OECS Commission/UNICEF, Castries, Saint Lucia, 2017.

127 United Nations Economic and Social Council, *Eastern Caribbean Multi-Country Programme (MCP) 2017-2021*, 14-16 September 2016, p. 2.

128 Two poverty lines were included in the data sets: (i) the indigence or absolute poverty line, and (ii) the general poverty line. The indigence poverty line is defined as the minimum cost of the food basket necessary to provide a person with a healthy diet. The general poverty line adds an allowance for essential non-food expenditures (housing, transport, clothing, etc.); OECS Commission/United Nations Children's Fund, *Child Poverty in the Eastern Caribbean Area, Final Report*, OECS Commission/ UNICEF, Castries, Saint Lucia, 2017, p.10.

129 Indigence is a level of poverty in which real hardship and deprivation are suffered and comforts of life are wholly lacking.

130 OECS Commission/United Nations Children's Fund, *Child Poverty in the Eastern Caribbean Area, Final Report*, OECS Commission/UNICEF, Castries, Saint Lucia, 2017, p.15.

per cent in 2016-2017.[131] At the same time, the poverty rate in Barbados dropped from 19.3 per cent in 2010, to 17.5 per cent in 2016-2017.[132]

Poverty among young people

Against the backdrop of commitments to SDGs, Eastern Caribbean countries and territories started to generate regular measurement of child poverty using standard definitions based on vetted global and regional methodologies, particularly through implementation of the Enhanced CPA (E-CPA) and MICS. The E-CPA uses the SLC data to generate child poverty estimates based on regional methodologies and the MICS integrates the multi-dimensional poverty measurements developed by the United Nations Development Programme (UNDP) and Oxford Poverty and Human Development Initiative (OPHI).[133] While progress has been made to report on child poverty rates, data related to poverty among young people, including adolescents and youth, are not regularly analysed and reported.

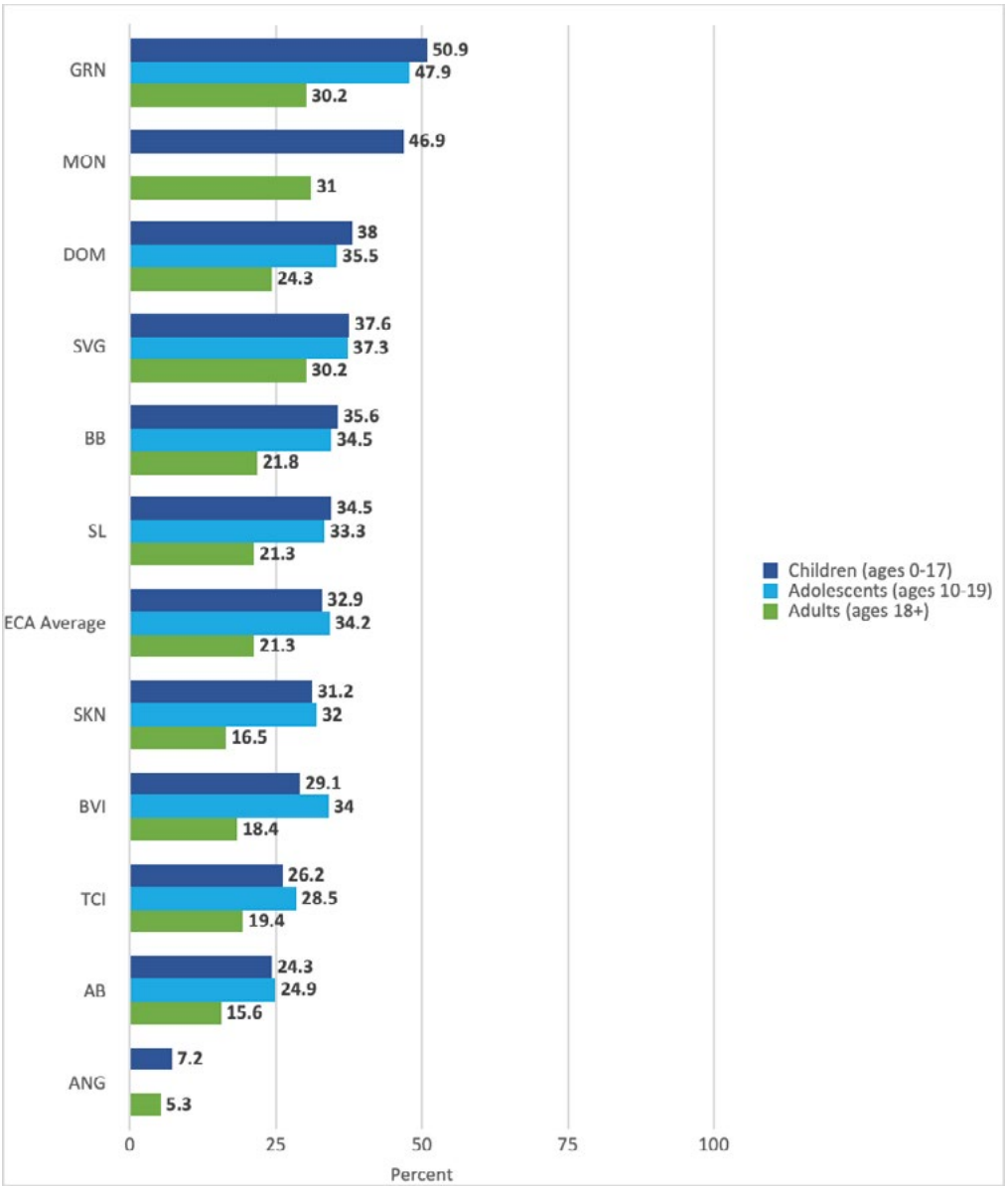
Based on adolescent poverty data that are available in the ECA, child and adolescent poverty rates are noticeably higher than adult poverty rates. Chart 3.2 shows how child and adolescent poverty rates compare with those of adults across each of the Eastern Caribbean countries and territories. In the ECA, on average, there was little difference between child poverty rates (32.9 per cent) and adolescent poverty rates (34.2 per cent), both being significantly higher than adult poverty rates (21.3 per cent).

131 United Nations Children's Fund, *Situation Analysis on Children in Grenada*, UNICEF Office for the ECA, Christ Church, Barbados, 2017; *Barbados Survey of Living Conditions, 2016.*

132 Inter-American Development Bank, *Barbados Survey of Living Conditions, 2016-2017,* IDB, New York, NY, USA, 2017.

133 United Nations Children's Fund, *UNICEF ECA Social Inclusion and Child Rights Monitoring Programme Strategy Note 2017-2021*.

Chart 3.2. ECA poverty rates for children, adolescents and adults (%)



Note: Poverty rates for adolescents are not available for Anguilla and Montserrat.

Sources: OECS Commission/United Nations Children's Fund, *Child Poverty in the Eastern Caribbean Area, Final Report*, OECS Commission/UNICEF, Castries, Saint Lucia, 2017; Kairi Consultants Limited, *Saint Lucia National Report of Living Conditions, 2016,* Kairi Consultants Limited, Tunapuna, Trinidad and Tobago, 2018; Inter-American Development Bank, *Barbados Survey of Living Conditions, 2016-2017,* IDB, New York, NY, USA, 2017

Age disaggregated data were not available for all countries and territories; therefore, poverty and indigent rates for young people (ages 10-24) could not be calculated or reported. Only in Barbados were indigent and poverty rates available by age groupings that represent younger children, adolescents and youth for 2010 and 2016. Table 3.1 shows that the indigence rate for adolescents (ages 10-19) decreased by 8.6 percentage points, from 14.5 per cent in 2010 to 5.9 per cent in 2016. In addition, the indigence rate for young people (ages 10-24) decreased by 8.6 percentage points from 13.9 per cent in 2010 to 5.3 per cent in 2016. The decrease in indigent rates is reflected in the increase in the poverty rate for adolescent and young people from 2010 to 2016. In particular, the poverty rate for adolescents increased by 4.4 percentage points from 29.9 per cent in 2010 to 34.3 per cent in 2016. In addition, the poverty rate for young people increased by 4.9 percentage points, from 26.7 per cent in 2010 to 31.6 per cent in 2016.

Table 3.1. Poverty and indigence rates in Barbados (%), 2010 and 2016						
	Poverty rates			Indigence rates		
Age group	2010 (%)	2016 (%)	%-Point change	2010 (%)	2016 (%)	%-Point change
0-9 years	32.2	37.6	5.4%	15.4	6.8	-8.6%
10-14 years	32.1	32.6	0.5%	14.3	6.2	-8.1%
15-19 years	27.6	36.0	8.4%	14.7	5.5	-9.2%
20-24 years	20.3	26.3	6.0%	12.6	4.1	-8.5%
25+ years	15.1	20.7	5.6%	6.7	3.7	-3.0%
All ages	**19.3**	**24.8**	**5.5%**	**9.1**	**4.3**	**-4.8%**
10-19 years (Adolescents)	29.9	34.3	4.4%	14.5	5.9	-8.6%
15-24 years (Youth)	24.0	31.2	7.2%	13.7	4.8	-8.9%
10-24 years (Young people)	26.7	31.6	4.9%	13.9	5.3	-8.6%

Source: United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados,* UNICEF Office for the ECA, Christ Church, Barbados, 2020.

Table 3.2 shows that in the ECA, on average, adolescents (ages 10-19) living in female-headed households were more likely to live in poverty (37.7 per cent) and to be indigent (4.6 per cent), compared to adolescents living in male-headed households (28.9 per cent and 2.6 per cent, respectively). It is notable that in Barbados, adolescents living in female-headed households (19.6 per cent) were nearly four times more likely to be indigent, than adolescents living in male-headed households (5.5 per cent). Similarly, in Saint Kitts and Nevis, adolescents living in female-headed households (2.7 per cent) were twice as likely to be indigent as adolescents living in male-headed households (1.1 per cent).

Table 3.2. Adolescent poverty and indigence rates by sex of head of household (HoH) by country				
	Poverty rate		Indigence rate	
	Male HoH (%)	Female HoH (%)	Male HoH (%)	Female HoH (%)
Antigua and Barbuda	25.9	24.8	2.6	5.9
Barbados	20.2	38.7	5.5	19.6
British Virgin Islands	16.5	22.5	0.0	0.6
Dominica	36.1	35.1	5.3	4.2
Grenada	43.5	53.8	3.1	4.2
Saint Kitts and Nevis	26.9	35.4	1.1	2.7
Saint Lucia	38.2	36.1	2.7	1.4
Saint Vincent and the Grenadines	31.3	40.8	3.2	3.0
Turks and Caicos Islands	30.6	26.3	0.0	0.0
ECA average	**28.9**	**37.7**	**2.6**	**4.6**

Note: Barbados 2010 data and Saint Lucia 2005/6 data were available for these indicators.
Sources: OECS Commission/United Nations Children's Fund, *Child Poverty in the Eastern Caribbean Area, Final Report*, OECS Commission/UNICEF, Castries, Saint Lucia, 2017.

Impact of COVID-19 on poverty

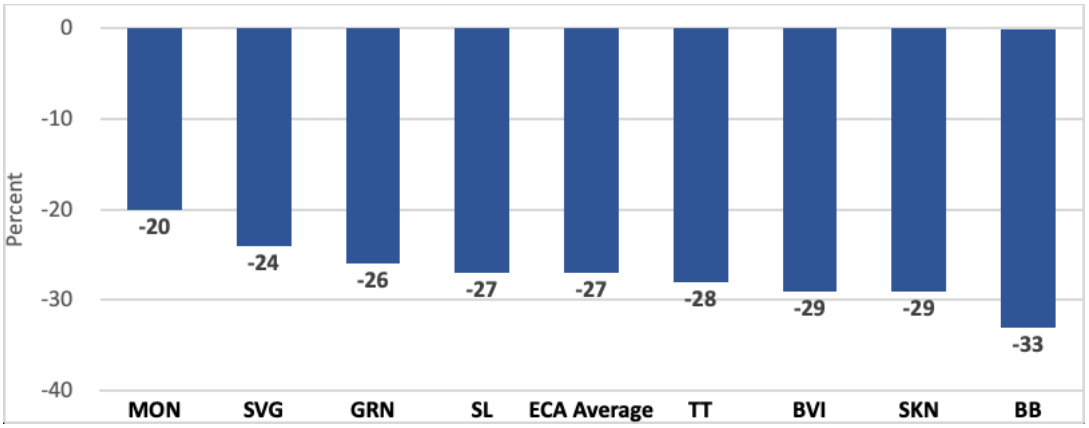
The short-term impact of the COVID-19 pandemic on households and businesses has been devastating, particularly for the poor. In 2020, it was estimated using the International Food Policy Research Institute (IFPRI) finding that indigent rates are likely to increase by 2 per cent for every 1 per cent reduction in GDP. Caribbean countries will not be immune to the negative consequences of COVID-19. The projections show a more than six-fold increase in severe poverty in the ECA.

Since March 2020, containment measures, particularly restrictions on movement and closures of businesses, adopted by governments across the world, including in the ECA, to combat the spread of COVID-19 continue to lead to sharp increases in unemployment and lost wages. A large number of private sector jobs continue to be lost, while others are affected by pronounced reductions in working hours, wages or earnings. The impact will be particularly acute in those countries heavily reliant on the tourism industry, which has been described as, 'close to collapse'.[134]

To obtain an indication of the potential magnitude of these changes, projections have been made by applying assumptions regarding the loss of jobs based on the ILO categorization of economic sectors and their vulnerability to the impact of COVID-19.[135] The high dependence of Eastern Caribbean countries on tourism will significantly prolong the current high levels of unemployment compared to less tourist dependent economies.[136] Bear in mind, pre-COVID-19 data are for differing years for each country, and do not take into account the impact of, or increases to, unemployment resulting from the 2017 hurricanes or the 2021 volcanic eruption in Saint Vincent and the Grenadines.

Chart 3.3 shows the estimated percentage change in total employment for eight of the 12 ECA countries and territories for which data are available. On average, ECA countries have lost, or are in the process, of losing 27 per cent of their jobs. There is some variation from country-to-country, ranging from a 20 per cent reduction in employment in Montserrat, to a 33 per cent reduction in employment in Barbados. Countries with lower employment reductions tend to be those with higher proportions of agricultural employment (e.g., Grenada, Saint Lucia, and Saint Vincent and the Grenadines) or a more dominant public sector (e.g., Montserrat).

Chart 3.3. Estimated reductions in employment, 2020



Note: Data are not available for Anguilla, Antigua and Barbuda, Dominica or Turks and Caicos Islands.

Source: United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA,* UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 11.

134 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA*, UNICEF Office for the ECA, Christ Church, Barbados, 2020; see also, OECS Authority, Monetary Council on the Eastern Caribbean Currency Union (ECCU), 2020 reported in *Saint Lucia Now*, 15 March 2020: 'OECS tourism industry faces collapse in ten days due to coronavirus' – report.

135 Percentage reductions in each sector have been assumed and then applied on a country-by-country basis, to the latest data on the sectoral breakdown of employment. The decreases in sectoral employment are then aggregated and added to the total current unemployment in order to obtain estimates of the actual increase in unemployment numbers and rates (absolute and relative). The following caveats apply to these projections: a) assumptions on the sectoral employment reductions are normative in that they are not linked to GDP projections or other predictive modelling, and they have been applied identically to all countries; b) estimates are based on the current situation at the time the document was produced. The COVID-19 situation will persist until restrictions on working and movement are lifted. Unemployment can then be expected to reduce as economies enter the recovery period. The extent of the recovery will depend on the timing and approach to emerge from the current lockdowns, measures adopted to mitigate the impact of firm closures, and the resilience of individual country's economy. See, United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA,* UNICEF Office for the ECA, Christ Church, Barbados, 2020; ILO (2020). *ILO Monitor 2nd edition,* 'COVID-19 and the world of work – updated estimates and analysis'.

136 The International Monetary Fund (IMF) GDP projections for other small island tourist reliant economics are also very high, such as Seychelles is 14 per cent and Maldives is 12 per cent; *The socio-economic impact of COVID-19 on children and young people in the ECA*.

Table 3.3 offers a summary of the implications for unemployment levels resulting from the estimated employment losses shown in Chart 3.3; the implications are stark. Across eight ECA countries and territories, approximately 300,000 people were estimated to lose their jobs due to COVID-19, leading to an increase in the unemployment rate from 8 per cent to 35 per cent (26 percentage-point change). This represents a fourfold increase in unemployment in the region. Estimated changes to unemployment rates vary from country to country with the lowest change projected for Montserrat (18 percentage-point change from 7 per cent pre-pandemic to 25 per cent during the pandemic) and the change projected for Barbados (30 percentage-point change from 10 per cent pre-pandemic to 40 per cent during the pandemic).

Table 3.3. Projected unemployment rates related to the COVID-19 pandemic (April 2020)

	Unemployment (numbers)			Unemployment rates		Changes	
Country	Pre-pandemic	Pandemic projection	Increase	Pre-pandemic	Pandemic projection	%-point change	Ratio
Barbados	15,363	61,016	45,653	10%	40%	30%	4.0
British Virgin Islands	477	5,010	4,533	3%	32%	29%	10.5
Grenada	24,301	40,028	15,727	29%	48%	19%	1.6
Montserrat	188	683	495	7%	25%	18%	3.6
Saint Kitts and Nevis	447	6,289	5,842	2%	28%	26%	14.1
Saint Lucia	21,476	44,691	23,215	21%	44%	23%	2.1
Saint Vincent and the Grenadines	11,571	22,699	11,128	20%	39%	19%	2.0
Trinidad and Tobago	20,000	202,196	182,176	3%	30%	27%	10.1
ECA total/Average	**93,843**	**382,613**	**288,771**	**8%**	**35%**	**26%**	**4.1**

Note: Pre-pandemic data are for various years.

Source: United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA,* UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 12.

Bear in mind that data in Table 3.3 reflect the fact that increased unemployment will primarily affect private sector workers and especially those involved directly or indirectly in the tourism sector. The situation of public sector workers will be largely unaffected as they will be more likely to retain their jobs during the pandemic. In addition, the estimates exclude the impact of any measures, such as furlough and job support schemes adopted by governments to reduce the unemployment impacts of business shutdowns.[137]

Increases in unemployment rates will lead directly to sharp reductions in household incomes and concomitant increases in poverty levels. Poverty will also increase due to reductions in earnings for some of those who are able to retain their jobs, but face reduced hours and/or pay cuts. Table 3.4 shows that prior to the spread of COVID-19, on average, poverty levels in the Eastern Caribbean were 25 per cent (ranging from a low of 17.1 per cent in Trinidad and Tobago to a high of 37.7 per cent in Grenada) and child poverty rates at 36.0 per cent (ranging from a low of 22.0 per cent in Trinidad and Tobago to a high of 50.9 per cent in Grenada). The severe poverty/indigence levels were even lower at 2.5 per cent, on average, for the population at-large, and 3.9 per cent for children, prior to the spread of COVID-19.

Since the spread of COVID-19, it has been projected that severe poverty rates will increase in the ECA, impacting society at-large, but children in particular. Table 3.4 shows that, on average, the severe poverty rate is projected to increase from 2.5 per cent pre-pandemic to 16.5 per cent as a result of it. For children, the severe poverty rate is projected to increase from 1.9 per cent pre-pandemic to 16.3 per cent as a result of it. The severe poverty rates are

137 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA,* UNICEF Office for the ECA, Christ Church, Barbados, 2020, pp. 11-12.

projected to be highest in Antigua and Barbuda (23.7 per cent) for the population at-large, and lowest in Trinidad and Tobago (10.3 per cent).

Table 3.4. Projected changes in poverty rates due to the COVID-19 pandemic (April 2020)

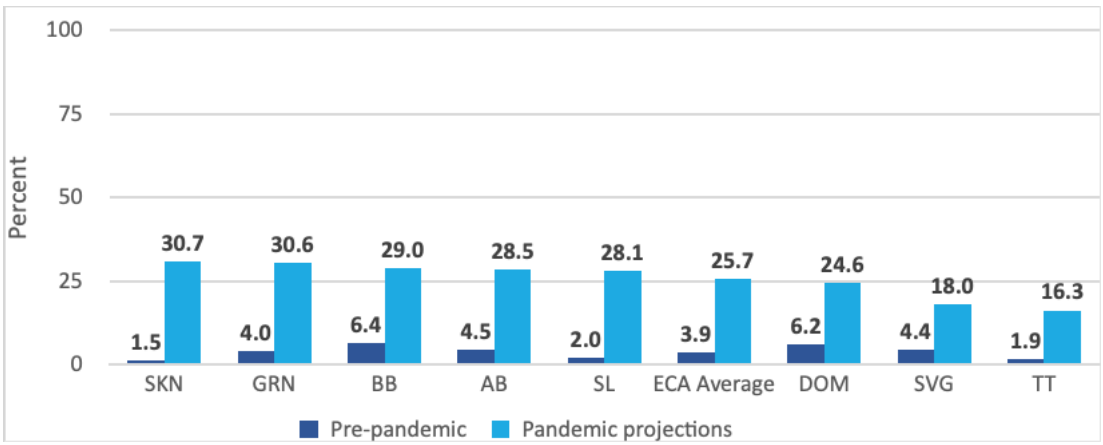
	Overall poverty rates		Severe poverty rates			
	All	Children	All (pre-pandemic)	All (project-ed)	Children (pre-pandemic)	Children (projected)
	%	%	%	%	%	%
Antigua and Barbuda	18.4	24.3	3.7	23.7	4.5	28.5
Barbados	24.8	35.6	4.3	19.5	6.4	29.0
Dominica	28.8	38.0	3.1	12.5	6.2	24.6
Grenada	37.7	50.9	2.4	18.4	4.0	30.6
Saint Kitts and Nevis	21.8	31.2	0.8	17.0	1.5	30.7
Saint Lucia	25.0	34.5	1.3	18.3	2.0	28.1
Saint Vincent and the Grenadines	30.2	37.6	2.9	11.9	4.4	18.0
Trinidad and Tobago	17.1	22.0[b]	1.2	10.3	1.9[b]	16.3
ECA average	**25.0**	**36.0**	**2.5**	**16.5**	**3.9**	**25.7**

Notes: There were insufficient data available for Anguilla, British Virgin Island, Montserrat and Turks and Caicos Islands to enable projections. Projections provided are estimated by assuming the average ratio of child/total severe poverty ratio for other countries.

Source: United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA,* UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 13.

The impact of COVID-19 on the proportion of children living in severe poverty is stark. Table 3.4 and Chart 3.4 show that due to the COVID-19 pandemic, severe poverty rates for children were projected to be higher than the ECA average (25.7 per cent) in five countries, including Saint Kitts and Nevis (30.7 per cent), Grenada (30.6 per cent), Barbados (29.0 per cent), Antigua and Barbuda (28.5 per cent) and Saint Lucia (28.1 per cent). In comparison, pandemic severe poverty rates for children were projected to be lowest in Trinidad and Tobago (16.3 per cent) and Saint Vincent and the Grenadines (18.0 per cent).

Chart 3.4. Projected changes in child indigent rates (severe poverty) due to the COVID-19 pandemic



Notes: There were insufficient data available for Anguilla, British Virgin Island, Montserrat and Turks and Caicos Islands to enable projections. Projections provided are estimated by assuming the average ratio of child/total severe poverty ratio for other countries.

Source: United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA,* UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 13.

It is important to note that increases in poverty will affect workers across all income groups. For instance, a hotel manager on an above average income who becomes unemployed is as likely to fall into poverty as medium- (e.g., receptionists and cooks) and low-paid (e.g., cleaners) workers; all will be more vulnerable than low-paid government workers, who will remain in employment. Mitigating factors will be the presence of other household members who remain in employment and, above all, the availability of other sources of income and savings. These factors can be expected to reduce the potential increase in poverty in the short-term, but if pandemic recovery takes longer, rather than shorter in time to take hold, or is slower rather than faster, only households with significant savings are likely to be spared.[138]

For households that descend into poverty, this will not be a minor situation, such as moving from just above to just below the poverty line, but the descent will be drastic – from a comfortable income to little or no income. The impacts of increased unemployment and poverty will considerably exacerbate the issues identified throughout this report, including educational performance and attainment, youth unemployment, and increased mental health problems. There will also be heightened risks of child abuse and domestic violence due to increased tensions as households struggle to satisfy their requirements for basic needs (food and utilities), and the newly unemployed try to cope with losing jobs that they have held before.[139] There are also concerns that youth who are at high risk for drug and alcohol use/abuse and delinquent and criminal behaviours are at increased risk of engaging in risky behaviours as their household socio-economic situation worsens, and prospects for employment opportunities are diminished by high youth unemployment rates (see Chapter 6).

Social protection

Social protection is a right enshrined in the Universal Declaration of Human Rights (1948), and is recognized in Article 26 of the Convention on the Rights of the Child (CRC) where it states that every child has a right to social security. Social protection is concerned with preventing, managing and overcoming situations that adversely affect people's well-being, and consists of policies and programmes designed to reduce poverty and vulnerability by promoting efficient labour markets, diminishing people's exposure to risks, and enhancing their capacity to manage economic and social risks, such as unemployment, exclusion, illness, disability and old age. Social protection includes social assistance (cash transfers), social insurance (health insurance), and employment and education support. Such programmes and policies reduce child poverty and improve access for children and their families to nutritious and sufficient food, health care and education, and improve the overall physical, emotional and social development of a child.[140]

Social protection is crucial to tackling the various dimensions of child poverty; efforts to expand coverage for children are key to reducing child poverty and addressing discrimination (e.g., based on gender, disability and age), as a direct result to upholding children's right to a decent standard of living. Well-designed social protection systems can help families overcome financial and social barriers to accessing social services and employment; this contributes directly to principles of 'leaving no one behind' and 'reaching the furthest behind'.[141]

138 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 13.

139 Ibid, 2020, pp. 13-14.

140 Retrieved on 16 December 2019 from: https://www.unicef.org/social-policy/social-protection.

141 Ibid, 2019.

Cash transfers

There is no clear consolidated information or data about children covered by a social protection programme. In many countries, public assistance programmes do not cover the total number of children. Table 3.5 offers a snapshot of the gaps and coverage, including a list of social and public assistance programmes that use cash transfers.

Social assistance programmes in education

Among OECS Member States, there are several different social assistance programmes in the education sector. Table 3.6 shows that these vary across countries, but often include: government transfer grants; school meals programmes; school uniform programmes; eBooks; transportation subsidy programmes; and One Laptop per Child (OLPC) programmes for desktops and projectors. Some of these programmes target both primary and secondary schools, and others target only one or the other.

School feeding has emerged as a major food security strategy and social protection measure for children in school systems in the ECA. Initially, school feeding was a strategy for combatting under-nutrition among targeted students, but it has increasingly adopted a 'healthy eating' approach to deal with aspects of both over- and under-nutrition. The focus on over-nutrition has become more relevant in the Caribbean because of emerging problems of overweight and obesity.[142]

142 University of the West Indies and Food and Agriculture Organization, *A Holistic Diagnosis of the School Feeding Programme in 14 Countries of the Caribbean Community*, University of the West Indies at St. Augustine, Trinidad and Tobago and FAO of the United Nations, 2018, p. 3.

Table 3.5. National assistance programmes using cash by country				
Country/Programme	**No. poor children (ages 0-17)**	**No. people/ household covered**	**Benefit amount**	**National government**
Anguilla				
Public Assistance Programme	239	115 individuals	EC$400-$1,000	Ministries of Health, Education and Social Development
Antigua and Barbuda				
Board of Guardian	6,562	553 individuals	Adult: EC$216,67 Child: EC$163.50 Visual disability/ blind:EC$238 Other/Leprosy: EC$268	The Barbuda Council
People's Benefit Programme		2,028 individuals	EC$215	Ministries of Social Transformation, Human Resource Development, Youth and Gender Affairs
Barbados				
National Assistance Programme	383	4,980 household (cash) 6,619 (in-kind)	BB$1,458 (2016)	Ministry of People Empowerment and Elder Affairs
British Virgin Islands				
Public Assistance Programme	1,773	93 individuals	UP to US$350	Ministry of Health and Social Development
Financial Assistance Programme		1,076 households 3,274 individuals	US$800-$1,200 per month (for three months)	Ministry of Health and Social Development
Dominica				
Public Assistance Programme	9,024	2,200 individuals	Family allowance: EC$375 Adult allowance: EC$150 Child allowance: EC$128	Ministry of Health and Social Development
Grenada				
Support for Education, Empowerment and Development (SEED) Programme	20,289	9,352 individuals	EC$50-$300, varies by need	Ministry of Social Development, Housing and Community Empowerment
Montserrat				
Public Assistance Programme	45	287 individuals	Food package: EC$400	Ministry of Health and Social Services
Social Welfare Benefits		108 individuals	Financial benefit: EC$525	Ministries of Education, Health and Social Services
Saint Kitts and Nevis				
Unconditional cash transfer/ liveable wage	5,690	3,828 households	EC$500	Ministries of Community Development, Gender Affairs and Social Services
Saint Lucia				
Public Assistance Programme	22,380	3,356 individuals 2,600 households	EC$215-465	Ministries of Social Transformation, Equity and Social Justice, Empowerment, Youth Development and Sports, and local government

Country/Programme	No. poor children (ages 0-17)	No. people/ household covered	Benefit amount	National government
Saint Lucia, cont.				
Child Disability Grant		300 individuals	EC$200 per child provided to eligible households to support in caring for children with severe disabilities	Department of Community Services of the Ministry of Social Transformation, Local Government and Community Empowerment, and the Ministry of Social Justice
Saint Vincent and the Grenadines				
Public Assistance Programme	13,260	About 10,000 individuals	EC$200-$400	Ministries of National Mobilization, Social Development, Family, Gender Affairs, Persons with Disabilities and Youth
Zero Hunger Programme		330 and 1 cohort from Grades K to 6	EC$300-$350	– Ministry of Finance and Economic Planning
Turks and Caicos Islands				
Social Enhancement Aid	2,416	142 individuals	US$120 per child	Department of Social Development/ Ministry of Education, Youth, Culture and Library Services
Home Help Aid		98 individuals	US$150 weekly (part-time) US$250 (full-time)	Department of Social Development/ Ministry of Education, Youth, Culture and Library Services
Rent Assistance		11 individuals	US$150-$500	Department of Social Development/ Ministry of Education, Youth, Culture and Library Services
Trinidad and Tobago				
Food Support Programme (Debit Card)		23,000 households	Category 1: TT$510/ month Category 2: TT$650/ month Category 3: TT$800/ month	Ministry of Social Development and Family Services
General Assistance Grant		1,466 individuals		Ministry of Social Development and Family Services
Disability Grant		23,000 individuals	Adults: TT$2,000 Children: TT$1,500	Ministry of Social Development and Family Services
Public Assistance Programme		19,304 individuals	1 person: TT$1,150-$1,300 2 persons: TT$1,400-$1,550 3 persons: TT$1,600-$1,750 4 or more persons: TT$1,750-$1,900	Ministry of Housing and Urban Development

Note: Table includes the key/largest national social assistance programmes using cash in each country; it does not depict a comprehensive list of all social protection programmes in each country.**Source:** United Nations Children's Fund, *Situation Analysis of Children in the Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2020.

Table 3.6. Social assistance programmes in education by country, 2018-2019					
Country	**Programme**	**Target population**	**No. participating**	**Total spent (EC$)**	**Cost per child (EC$)**
Anguilla	School Feeding Programme		131		
Antigua and Barbuda	National School Meals	Public Preschool & Primary	5,331	6,735,392	1,263
	School Uniform	Primary & Secondary	16,028	2,000,000	125
	eBooks	Forms 1-5 Secondary	5,951	1,141,998	192
	Transportation Subsidy Programme	Primary & Secondary	17,298	2,110,000	122
	OLPC Programme	Selected Primary & Secondary		36,110,130	
Barbados	School Meals Programme	Primary & Secondary	20,400	25,900,000[a]	1,270
British Virgin Islands	School Feeding Programme		52		
Dominica	Government Transfer Grant	Secondary	759	379,500	500
	Transportation Subsidy Programme	Primary	87	44,950	517
	Education Trust Fund – School & CXC Fees	Secondary	227	63,351	279
	School Feeding Programme		2,169		
Grenada	School Feeding Programme		10,000	5,500,000[a]	550
Montserrat	School Feeding Programme	Primary & Secondary	17,344	147,424	9
	Textbook Rental Programme	Forms 1-3 Secondary	568	287,418	506
	Textbook Rental Programme	Forms K-6 Primary	564	28,531	51
Saint Kitts and Nevis	School Feeding Programme		5,400	2,400,000[a]	450
	Textbook Rental Programme			99,935	
Saint Lucia	School Feeding Programme	Primary & Secondary	6,156	915,748	149
	Bursary Programme	Primary	1,955	245,819	126
	One-off Bursary	Form 1 Students	2,141	1,070,500	500
	Transportation Subsidy Programme	Secondary	2,381	4,107,372	1,725
Saint Vincent and the Grenadines	School Feeding Programme	Primary	7,500	3,000,000[a]	390
	Textbook Rental Programme	Forms 1-3 Secondary	6,594	1,000,000	152
Trinidad and Tobago	School Feeding Programme		87,000	93,800,000[a]	1,080

[a] Annual cost.

Sources; United Nations Children's Fund, *Situation Analysis of Children in the Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2020; Organization for Eastern Caribbean States, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020; UNESCO Institute for Statistics; United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 16.

Various systems of school feeding exist, including the School Feeding Programme (SFP), which was first established in 1963 and is administered in eight of the 12 Eastern Caribbean countries – Antigua and Barbuda, Barbados, Dominica, Grenada, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago. The SFP aims to provide healthy meals and snacks to children in government infant and primary schools, and in some secondary schools and other educational institutions (implementation varies by country). In Saint Kitts and Nevis and Trinidad and Tobago, small farmers were connected to the SFPs to promote healthy eating.

In Saint Lucia, the SFP is one of the Government's headline social protection programmes.[143] In addition to data presented in Table 3.7, the 2016 *Saint Lucia National Report of Living Conditions* revealed that 95 per cent of children and adolescents aged 3-16 were attending schools and that the SFP was made available to 54 per cent of those children and adolescents. Of these, 69 per cent benefited from the SFP.[144] The benefit rate was slightly higher for poor children and adolescents ages 3-16 (76 per cent) than for others (69 per cent) in the same age group.

In Saint Lucia, children aged 3-4 (88 per cent) and aged 5-11 (71 per cent) were most likely to benefit from the SPF because they were in primary schools where the SFP was available. In comparison, adolescents aged 12-16 (42 per cent) were less likely to benefit as the majority were in secondary schools where the SFP was not available. Among children aged 5-11, poor (59 per cent) and non-poor (54 per cent) children were almost equally likely to benefit from the SFP.

Table 3.7. General characteristics of the SFP in Saint Lucia and Barbados

	Saint Lucia			Barbados		
	SFP available rates	Benefit from SFP[a]	Benefit from SFP rate[b]	SMP available rate	Take-up rate	SMP coverage
Age group	%	n	%	%	%	%
3-4 years	45.7	1,178	88.3	n/a	n/a	n/a
5-11 years	79.4	10,013	71.4	n/a	n/a	n/a
10-11 years	n/a	n/a	n/a	77.7	78.6	61.0
12-16 year	28.1	1,655	42.2	30.0	20.2	6.0
3-16 years	54.0	12,846	68.9	n/a	n/a	n/a
10-16 years	n/a	n/a	n/a	40.0	44.0	17.6

[a] Receive snacks or meals from the SFP; in principle, all SFP beneficiaries have to make a small payment.

[b] SFP take-up rate.

Sources: United Nations Children's Fund, *Situation Analysis of Children in the Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2020; United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF office for the ECA, Bridgetown, Barbados, 2020.

The 2020 UNICEF report *Generation Unlimited: The Well-being of Young People in Barbados* focused on the benefits of the School Meals Programme (SMP) – a variation of the SFP – for adolescents aged 10-16 in Barbados. Table 3.7 shows the SMP was available to 40 per cent of adolescents, of whom 44 per cent benefited from it (equivalent to about 18 per cent of this age group).[145] It is notable, however, that the SMP was available to more than 78 per cent of adolescents aged 10-11, and the take-up rate (i.e., those receiving benefits) was 79 per cent among this age group (equivalent to 61 per cent of adolescents aged 10-11).

143 Ministry of Equity, Social Justice, Empowerment, Youth Development, Sport, culture and Local Government and United Nations Children's Fund, *Adolescent Well-being and Equity in Saint Lucia*, Ministry of Equity and UNICEF, Castries, Saint Lucia, 2018; see also, Inter-American Development Bank, *Barbados Survey of Living Conditions, 2016-2017,* IDB, New York, NY, USA, 2017.

144 Kairi Consultants Limited, *Saint Lucia National Report of Living Conditions, 2016,* Kairi Consultants Limited, Tunapuna, Trinidad and Tobago, 2018, p. 93.

145 United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF Office for the ECA, Christ Church, Barbados, 2020.

In Barbados, poor adolescents aged 10-16 were more likely to benefit from the SMP (46 per cent) than other adolescents (30 per cent). Efforts to strengthen the effectiveness of the SMP could be directed at increasing take-up rates, particularly among children most in need.

Social protection in emergencies

The CARICOM 'Building a Caribbean Pathway for Disaster Resilience' document sets out a resilience agenda built around five pillars, which includes both 'social protection for the most marginal and most vulnerable' and 'environmental protection'.[146] The framework recognizes the disproportionate impacts of hazards on vulnerable groups, and the deepening inequities across the population groups due to limited coping capacity. This is experienced mostly among people living in poverty and the rest of the population affected that will also require assistance, while also potentially affecting large population groups. The framework proposes broadening social protection mechanisms to reach the most vulnerable, including low-income families and people with disabilities.[147]

Although children and young people are not explicitly addressed in the Pathway document, many of its recommendations will directly benefit them. These include proposals to strengthen poverty alleviation programmes and to promote greater integration of environmental information in informal education. The document also recognizes the need to promote 'life chances' for children, adolescents and youth, and to target each of these groups to encourage environmentally friendly practices.[148]

Building on lessons learned from the World Food Programme (WFP) and UNICEF joint emergency cash programme in Dominica following Hurricane Maria, the Government of Dominica is working to strengthen delivery of the country's public assistance programme – its flagship cash transfer intervention, which covers more than 1,000 children in recipient households.

Across the ECA, targeted interventions will be provided for children who face multiple social and economic vulnerabilities. More broadly, efforts are under way to build capacity for shock-responsive social protection in the region.[149] This includes recognizing the use and function of the social protection system to identify the poorest and most vulnerable households; putting in place inter- and intra-sectoral arrangements to scale up cash transfer programmes in the event of an emergency, and building the capacity of social welfare and local government agencies to be prepared to support response efforts.[150]

Impact of COVID-19 on demands for social protection

Households experiencing substantial or near total loss of income will, in most cases, have limited possibilities to cope without government assistance. Governments in the Eastern Caribbean have a variety of social protection programmes that could be extended to reduce the impact of lost jobs, wages and incomes due to the spread of COVID-19. These social protection programmes include contributory schemes (e.g., social insurance), non-contributory schemes (e.g., social assistance programmes) and active labour market programmes (e.g., support to businesses).[151]

146 CARICOM, *Building a Caribbean Pathway for Disaster Resilience in the CARICOM*, CARICOM: Georgetown, Guyana.

147 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019.

148 Ibid, 2019.

149 Ibid, 2019.

150 Alviar, C., 'Joint Emergency Cash Transfer (JECT) Process Review', Roseau, Dominica, 2018.

151 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, pp. 14-16.

Given the focus on young people, the focus is on non-contributory schemes, such as social assistance programmes, SFPs, and youth employment programmes. Across Eastern Caribbean countries, social assistance programmes vary in terms of their target groups (e.g., poor families, poor individuals, people with disabilities), eligibility criteria (often based on non-income indicators), benefits provided (e.g., in-cash or in-kind) and duration of support (i.e., time-limited). Regardless, demand for social protection has increased immensely during the pandemic due to rising unemployment and poverty rates. Expanding social protection programmes for governments will be costly at a time when public finances will be stretched thin by falling revenues and limited options for borrowing. Governments will need to balance social protection expenditures against interventions that support businesses and productive capacities.[152]

Given the projected increase in populations living in poverty, including severe poverty, due to the COVID-19 pandemic, social assistance programme needs are high. There will likely be a major shortfall in the ability of governments to meet the social assistance needs of all individuals and families living in poverty during the pandemic and thereafter as they struggle to recover financially. Given the fact that the severely poor live on the margins of destitution, this represents a major shortfall. In other words, governments may need up to three times the current level of resources to achieve full coverage of both the poor and severely poor populations. These resource needs will place a strain on government finances, and will likely require an urgent reappraisal of social assistance programmes, including eligibility criteria and benefit levels.[153]

SFPs are social protection programmes that have wide coverage and are found in every Eastern Caribbean country (see Table 3.6). Meals are either cooked on site in school kitchens (i.e., in five countries) or prepared in a central location and distributed to the schools (i.e., in two countries); Trinidad and Tobago employ both methods. The majority of SFPs are not targeted, but are open to all pupils, often with a nominal co-payment; co-payments can be waived for needy students. Since the main target group are primary school children, primary school enrolment data have been used as the basis for calculating SFP coverage. Some SFPs do not operate in every primary school, in particular privately-run schools. The average cost of SFPs varies significantly across countries, depending on the food provided – breakfasts and/or lunches – along with country variations in costs of living.[154]

Across eight Eastern Caribbean countries, SFPs provide meals to about two-thirds of primary school-age children. Even in lower coverage countries, SFPs are by far the most extensive social protection programme in operation. The total annual cost of SFPs is EC$140 million (US$52 million), at an average cost per beneficiary of EC$990 per annum (US$ 370). In addition to providing quality food to more than two-thirds of primary school-age children, SFPs guarantee children a significant quantity of their daily nutritional needs. SFPs also provide local employment and the use of local produce to the extent possible. During the pandemic it has been difficult to maintain SFPs, particularly when schools are closed and households are experiencing reduced incomes; this will have adverse effects on children's access to quality nutrition.[155]

Early on in the pandemic, the governments and development partners have come to recognize that social protection priorities for children and young people are to: expand social assistance programmes to include households with children living in severe poverty and who would risk destitution without social assistance in cash or kind; strengthen youth employment programmes to reduce the risk of antisocial behaviour due to rising unemployment; and the need for alternative measures during school closures and summer to prevent a deterioration in child nutrition for the most vulnerable and to maintain SFPs for when school's re-open.[156]

152 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA, UNICEF Office for the ECA*, Christ Church, Barbados, 2020, pp. 14-17.

153 Ibid, 2020, pp. 14-16.

154 Ibid, 2020, pp. 14-16.

155 Ibid, 2020, pp. 14-16.

156 Ibid, 2020, p. 17.

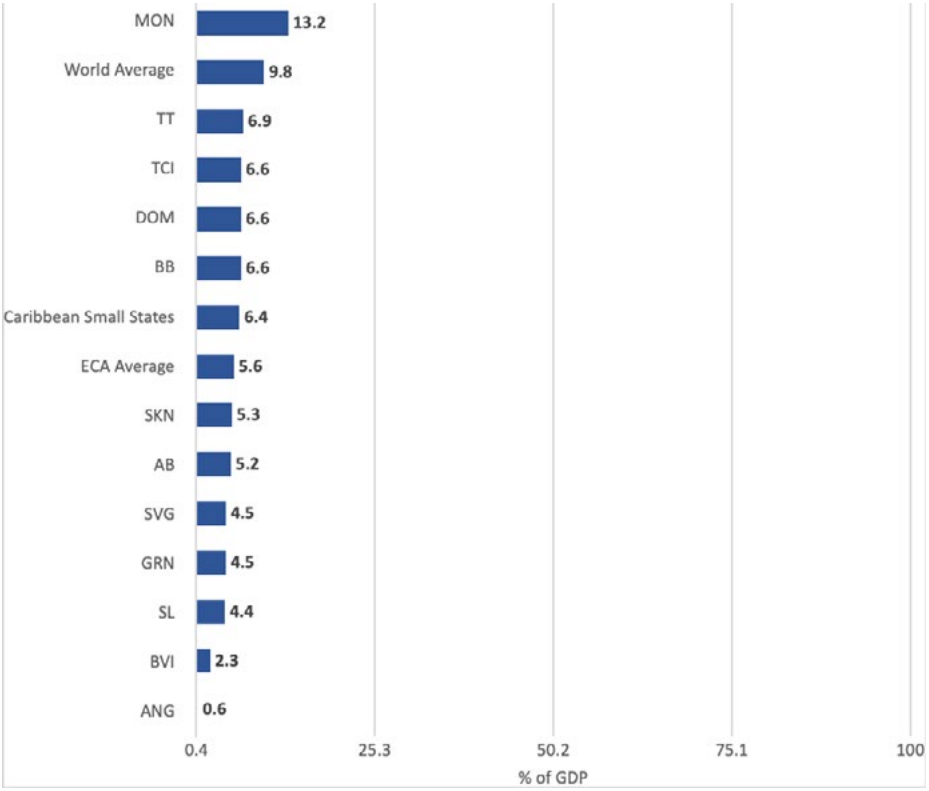
Public finance for children and young people

Health public expenditures

Chart 3.5 reveals 2017-2018 public expenditures (% of GDP) related to health care. On average, Eastern Caribbean countries allocated only 5.6 per cent of the GDP to health expenditures; this compared to 6.4 per cent, on average, among Caribbean Small States and 9.8 per cent globally.

Only Montserrat allocated a larger proportion of the GDP to health expenditures (13.2 per cent), exceeding the global average. In addition, Montserrat, Trinidad and Tobago (6.9 per cent), Turks and Caicos Islands (6.6 per cent), Dominica (6.6 per cent) and Barbados (6.6 per cent) allocated a larger proportion the GDP to health expenditures, exceeding the average for Caribbean Small States (6.4 per cent) and the ECA average (5.6 per cent). In comparison, seven countries allocated a smaller proportion of their GDPs to health expenditures, compared to the ECA average. Anguilla allocated the least proportion of the GDP to health expenditures (0.6 per cent).

Chart 3.5. Public expenditures (% of GDP) allocated to the health sector, 2017-2018



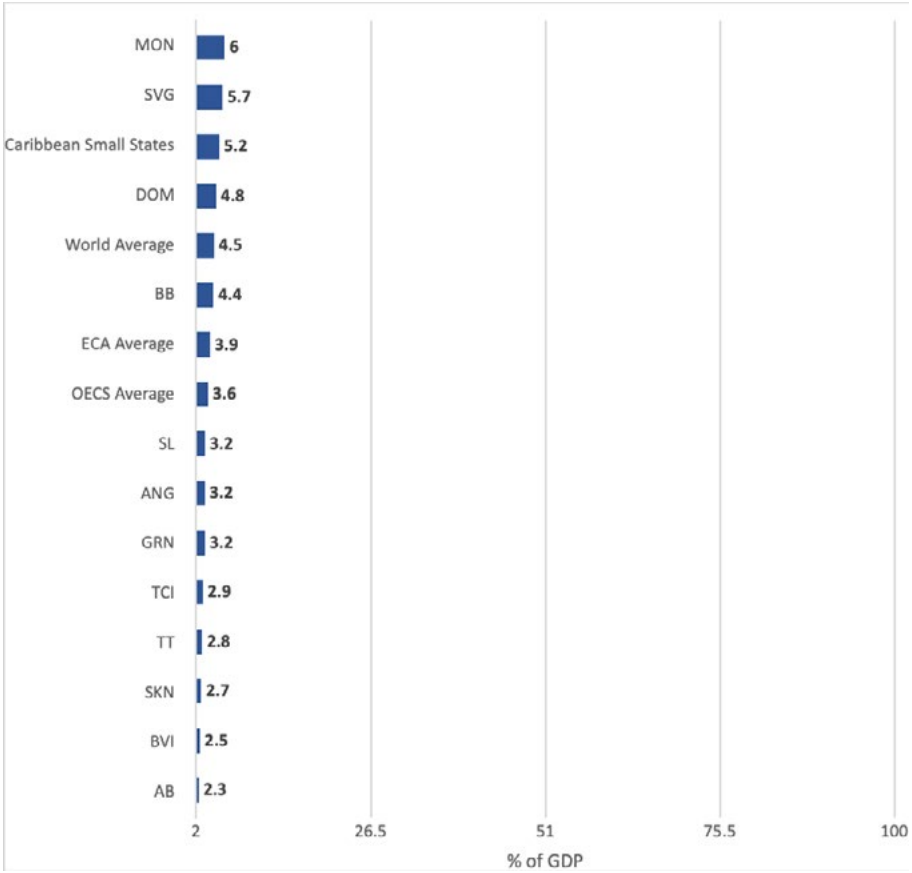
Note: Expenditure from Montserrat reflects both health and social services expenditure combined.
Sources: Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area,* UNICEF Office for the ECA, Christ Church, Barbados, 2017; *World Health Organization Global Health Expenditure database.* Retrieved on 31 March 2021 from: Current health expenditure (% of GDP) | Data (worldbank.org).

Education public expenditures

Chart 3.6 reveals 2017-2019 public expenditures (% of GDP) related to education. On average, Eastern Caribbean countries allocated only 3.9 per cent of the GDP to education expenditures, and OECS Member States allocated 3.6 per cent of the GDP to education expenditures; this compared to 5.2 per cent, on average, among Caribbean Small States and 4.5 per cent globally.

Montserrat (6.0 per cent), Saint Vincent and the Grenadines (5.7 per cent) and Dominica (4.8 per cent) allocated a larger proportion of the GDP to education expenditures, exceeding the global average (4.5 per cent) and average for Caribbean Small States (5.2 per cent). In addition, Barbados allocated a larger proportion the GDP to education expenditures (4.4 per cent), exceeding the ECA (3.9 per cent). In comparison, eight countries allocated a smaller proportion of the GDP to education expenditures, compared to the ECA average.

Chart 3.6. Public expenditures (% of GDP) allocated to the education sector, 2017-2019



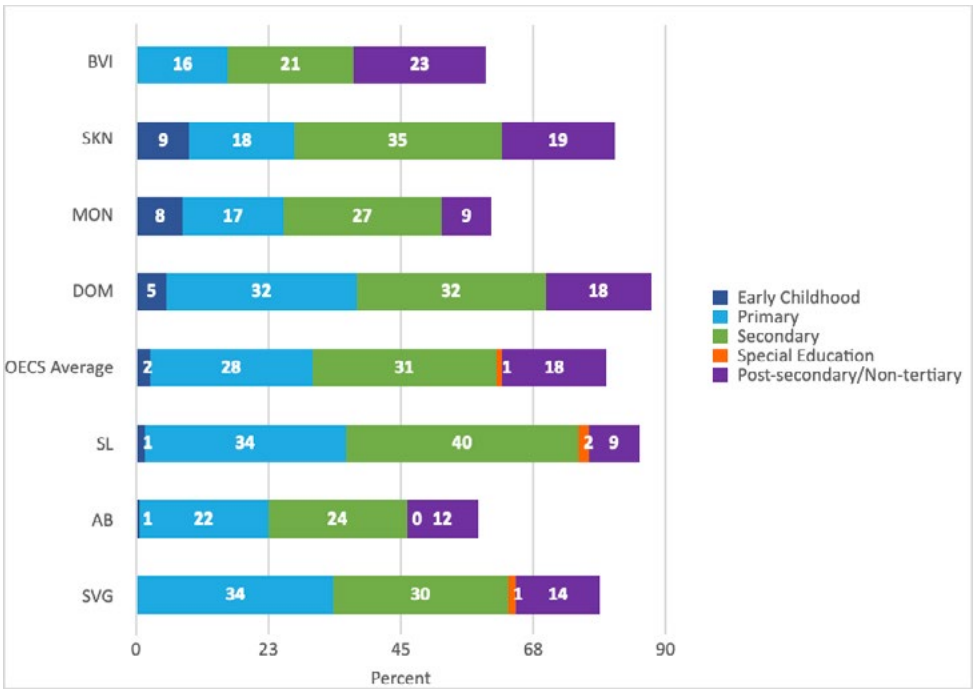
Sources: Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area,* UNICEF Office for the ECA, Christ Church, Barbados, 2017; OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020; UNESCO Institute for Statistics*:* Retrieved on 31 March 2021 from: Government expenditure on education, total (% of GDP) | Data (worldbank.org).

For OECS Member States, data are available as to the proportion of the education budget that was allocated to early childhood, primary and secondary education, as well as post-secondary/non-tertiary education; data was not available for tertiary education. Chart 3.7 shows that on average, among OECS Member States, 28 per cent of education budgets were allocated to primary education and 31 per cent to secondary education, and only 18 per cent to post-secondary/non-tertiary education. Saint Lucia (34 per cent), Saint Vincent and the Grenadines (34 per cent) and Dominica (32 per cent) allocated a larger proportion of their education budgets to primary education, twice as much as the British Virgin Islands (16 per cent) and Montserrat (17 per cent).

As it relates to secondary education, Saint Lucia (40 per cent) allocated the largest proportion of the education budget to secondary education, nearly twice as much as Antigua and Barbuda (24 per cent) and British Virgin Islands (21 per cent). Finally, in terms of post-secondary/non-tertiary education, the British Virgin Islands invested the largest proportion of their education budget to post-secondary/non-tertiary education at 23 per cent, more than twice as

much as Saint Lucia (9 per cent) and Montserrat (9 per cent). Investment in secondary, post-secondary/non-tertiary and tertiary education is important to improving learning outcomes and skills of young people.

Chart 3.7. Proportion of education budget allocated by type of education, 2018-2019



Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020; UNESCO Institute for Statistics.

Social protection public expenditures

Mobilizing national resources for children and young people in the ECA is critical to ensuring a sustainable and equitable impact on the lives of children and young people. This includes influencing national budget process. The first step to understanding how best to leverage resources for young people is to take a closer look at social sector spending.

The information below is based on data obtained from the UNICEF *Review of Social Sector Expenditures in the Eastern Caribbean*[157] and budget analyses for investments in children conducted in British Virgin Islands and Montserrat to explore the operational efficiency and effectiveness of social programmes and ministries.[158]

Chart 3.8 presents the 2016-2017 social sector expenditures for Eastern Caribbean countries and territories. Social sector expenditures refer to the use of government funds to support the well-being of the population, which has an impact on the lives of children, adolescents, youth and their families. The figures presented are drawn from publicly available expenditure estimates from three spending categories – health, education and social services. Social sector expenditures are presented as a proportion of the GDP and per capita (per person).

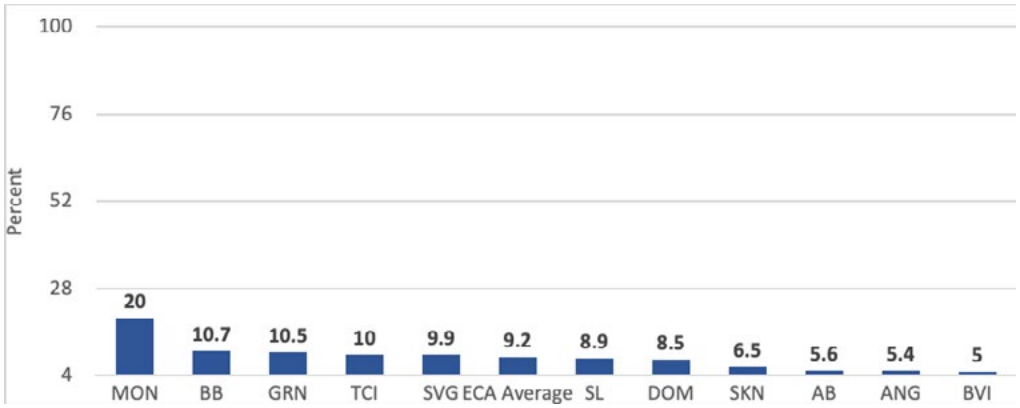
On average, Eastern Caribbean countries invested 9.2 per cent of their GDPs in the social sectors in 2016-2017, which includes health care, education and social services (Chart 3.8). Five of the 12 countries allocated public expenditures

157 Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area*, UNICEF Office for the ECA, Christ Church, Barbados, 2017.

158 Nimeh, Z., A. Van de Meeredonk, E. Van de Meerendonk & V. Perinetti, *Budget Analysis for Investments in Children in Virgin Islands (UK), UNICEF Report – Eastern Caribbean Area*, UNICEF Office for the ECA, Christ Church, Barbados, 2016.

to the social sector that exceeded the ECA average. Montserrat allocated the largest proportion of its GDP to the social sector (20 per cent), whereas six countries allocated less than 9 per cent of their GDPs to the social sector. British Virgin Islands, Anguilla, Antigua and Barbuda, and Saint Kitts and Nevis allocated the smallest proportion of their GDPs at less than 7 per cent.

Chart 3.8. Public expenditure (% of GDP) allocated to the social sector, 2016-2017



Source: Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area,* UNICEF Office for the ECA, Christ Church, Barbados, 2017.

Looking at the individual components of overall social sector expenditures, Eastern Caribbean countries allocated, on average, only 4 per cent of GDP to education, 4 per cent to health and just over 1 per cent to social services.[159]

Chart 3.8 reveals 2016-2017 public expenditures (% of GDP) on social services, including programmes that aim to strengthen the support system for children and adolescents in need of care and protection, including those in alternative care, as well as public assistance and social transfer programmes for children and adolescents, and their families. In most countries, social services include social welfare departments which are under the ministry that also provides health and/or education services.[160]

For the Ministry of Health and Social Development in British Virgin Islands, the proportion of the ministry's budget that can be linked (tagged) to children hovers around 30 per cent. This is in line with the proportion of children in the total population.[161]

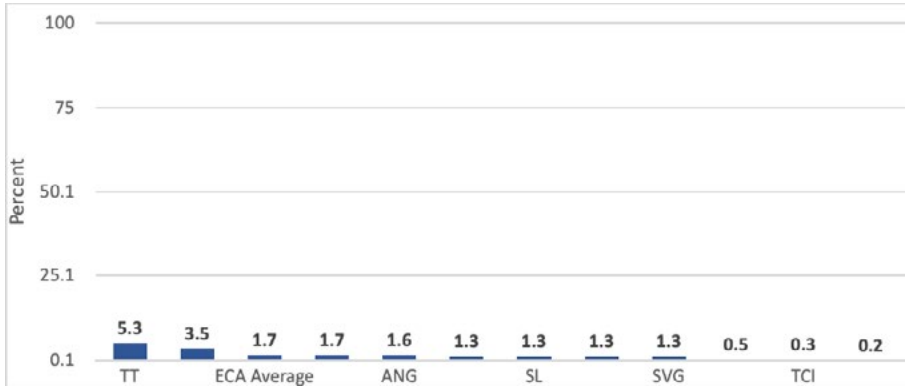
On average, Eastern Caribbean countries allocated only 1.7 per cent of GPD to social services in 2016-2017. Only three countries allocated public expenditures to social services that exceeded or equalled this regional average (Chart 3.9).

159 Nabinger, *Review of Social Sector Expenditures in the Eastern Caribbean Area.*

160 Ibid, 2017.

161 Nimeh, Z., A. Van de Meeredonk, E. Van de Meerendonk & V. Perinetti, *Budget Analysis for Investments in Children in Virgin Islands (UK), UNICEF Report – Eastern Caribbean Area*, UNICEF Office for the ECA, Christ Church, Barbados, 2016.

Chart 3.9. Public expenditure (% of GDP) allocated to social services, 2016-2017



Source: Nabinger, S., *Review of Social Sector Expenditures in the Eastern Caribbean Area,* UNICEF Office for the ECA, Christ Church, Barbados, 2017.

This section provides important national baseline data for reporting on SDG 1, and for monitoring implementation of the CRC and tracking progress toward 2030 SDG targets for reducing poverty by half for all, including children and young people.[162] Given the importance of young people to the future of Eastern Caribbean countries and territories, it is essential that policymakers address poverty and indigence by strengthening social protection systems with a focus on increasing coverage to also reach those furthest behind.[163]

Summary of data gaps on young people

This chapter focused on data related to every young person's right to have a fair chance in life. It also revealed several notable data gaps, as follows:

- Although there is a notable amount of data related to child poverty and indigence rates in ECA countries and territories, data related to poverty and indigence rates among young people, including adolescents (10-19 years) and youth (15-24 years), are lacking. Given this lack of data, there is limited understanding of the impact of the COVID-19 pandemic on poverty and indigence rates among this cohort. Such data are needed to develop evidence-based programmes and policies aimed at supporting young people during the pandemic, and to help young people thrive after it. One possibility for addressing this data gap is to analyse existing country specific poverty and indigence data to focus on young people with disaggregation by age (adolescents vs. youth) and sex (males vs. females), and other relevant indicators.
- There is a lack of social protection data related to young people. This includes data on cash transfers, social assistance programmes in education, social protection in emergencies, and the impact of COVID-19 on demands for social protection. The lack of data is striking and requires strategic thinking and planning to prioritize the types of data that should be collected, and to reflect upon existing social protection data to decide on how best to analyse it to reveal the situation of adolescents and youth.
- Public finance data, particularly health, education and social protection public expenditures, are available for most ECA countries, however, the data are not necessarily disaggregated to focus on the proportion allocate to children or young people; such analysis may not be possible in most countries and territories.

162 United Nations Children's Fund, *UNICEF Country Office Annual Report 2018, Eastern Caribbean Multi-Country Program*, p. 1.

163 OECS Commission/United Nations Children's Fund, *Child Poverty in the Eastern Caribbean Area, Final Report*, OECS Commission/UNICEF, Castries, Saint Lucia, 2017, p. 59.

Chapter 4
Every young person learns

> All young people need access to quality education and learning that develops the skills, knowledge, attitudes and values that will enable them to navigate a complex world, and succeed in school, work and life. Secondary education has the potential to be a key platform for young people to enter the world of work, start a business and have a positive impact in their communities; but only if they have the skills needed to break cycles of intergenerational poverty. The impact of the fourth industrial revolution, involving automation and the widespread use of Artificial Intelligence, is expected to make it difficult for low-skilled young people to find job opportunities. The future of work during the fourth industrial revolution mandates that for inclusive growth to be realized by all, foundational, transferable, digital, innovative, entrepreneurial and job-specific skills are required. Secondary education and skills development can contribute to broad-based economic and social growth by equipping young people with the tools for lifelong learning, so as to fully participate in society and the economy.[164]

Education is a key determinant of individual and social mobility, and an effective remedy for unemployment and chronic poverty.[165] With the adoption of the SDGs, Eastern Caribbean governments have committed to achieving universal completion of primary and secondary education by 2030, and a greater focus on inclusiveness in education, including gender parity at the primary and secondary levels. Quality education is crucial for securing a successful transition to work, yet there are still significant deficits in education and school systems in Eastern Caribbean countries and territories that translate into poor labour market outcomes for young people, particularly those with no more than secondary education.

Since March 2020, the COVID-19 pandemic has resulted in school closures and disruptions to education in countries and territories across the ECA. School closures will affect adolescents and youth for a substantial period-of-time to come, particularly in situations where classes have been interrupted and final year/promotion examinations in primary and secondary schools have been postponed or cancelled. Efforts to mitigate the impact of school closures have included developing systems for online learning and extending more traditional methods to the home environment; nevertheless, decreased academic performance and increased dropout rates are a possibility for some students.[166]

Compulsory schooling in the ECA

Compulsory primary and secondary education are provided for all children up to the age of 16 in the ECA, and comprises a 12-year span of legally mandated school attendance which, in most member states, ranges from 5- 16 years of age.[167] Children aged 5-11 years generally spend the first six to seven years in primary grades.[168] At the end of primary school (Grade 6/ISCED Grade 7), students take a national examination which is used for placement at secondary schools and identification of students who may be 'at risk' of not achieving educational outcomes.[169] Secondary education represents the second phase of compulsory education, which spans a five-year period and caters to adolescents aged 12-16 years.[170] A student normally completes secondary education by the age of 16 years.

164 Secondary education and skills. United Nations Children's Fund, *Generation Unlimited: Global Initiative on Decent Jobs for Youth*, UNICEF, New York, NY, USA, 2020, p. 4.

165 United Nations Children's Fund, *Generation Unlimited: Global Initiative on Decent Jobs for Youth – Creating and sustaining successful school-to-work transitions*, UNICEF, New York, NY, USA, 2020, p. 2; International Labour Organization, 'From School to Work'.

166 United Nations Children's Fund/United States Agency for International Development, The Socio-economic Impact of COVID-19 on Children and Young People in the ECA, UNICEF Office for the ECA, Christ Church, Barbados, 2020, pp. 4-5.

167 Knight, V., B. Ogunkola, D. Cura, D. Valencia & L. Vago, *Out-of-School Children Study in the Eastern Caribbean – Final Report*, UNICEF Office for the ECA, Christ Church, Barbados, 2017, pp. 13-14; Ministry of Equity, Social Justice, Empowerment, Youth Development, Sport, culture and Local Government and United Nations Children's Fund, *Adolescent Well-being and Equity in Saint Lucia*, Ministry of Equity and UNICEF, 2018; see also *Survey of Living Conditions and Household Budgets, 2006 and 2016*.

168 Ibid, 2017, pp. 13-14.

169 Knight et al., *Out-of-School Children Study in the Eastern Caribbean – Final Report*, pp. 13-14.

170 Ibid, pp. 13-14.

At the end of the secondary cycle (Form 5/ISCED Grade 12) students sit for the regional examination known as the Caribbean Secondary Examination Certificate (CSEC) which offers certification in a wide range of subject areas. This certification is required for enrolment at tertiary institutions and job placement.[171] Upon completion of secondary education some students join the workforce, while others continue their education at a post-secondary institution for a period of one to two years, or choose to continue their education at the university level.[172]

Access to education

Access to education has wide-ranging positive effects on young people's development and well-being, including physical and mental health, social development, civic engagement, protection from hazardous and exploitative practices, and opportunities for successful school-to-work transitions. Access to quality education is one of the most effective interventions to empower young people with the skills needed to function in and contribute to society, and is a vital prerequisite for combating poverty.[173]

With the adoption of the SDGs, governments in the ECA have committed to achieving universal completion of primary and secondary education by 2030, and a greater focus on inclusiveness in education, including gender parity at the primary and secondary levels. This chapter provides data on young people's access to education, including enrolment in primary, secondary and tertiary schools. Bear in mind, net enrolment rates[174] and completion rates at[175] each level of education in different types of educational institutions (public and private) are not available for each of the 12 ECA countries and territories.

Primary school enrolment

Primary school enrolment includes children aged 5-11; given this age group includes adolescents aged 10-11, primary school enrolment rates are reported. Chart 4.1 shows the primary school gross enrolment rate (GER) for 2018-2019 for 10 of the 12 ECA countries and territories, along with an average GER for Caribbean Small States and the ECA average. In 2018-2019, on average, in Caribbean Small States the GER was 96.3 and in the ECA the GER was 106. A GER can exceed 100 per cent in situations where many children enter school late or repeat a grade. While all 10 countries and territories had higher GERs than the average for Caribbean Small States, only four had GERs higher than the average for the ECA. These four countries included Turks and Caicos (117), Saint Vincent and the Grenadines (113), Saint Kitts and Nevis (109) and Grenada (107).

171 Ibid, pp. 13-14.

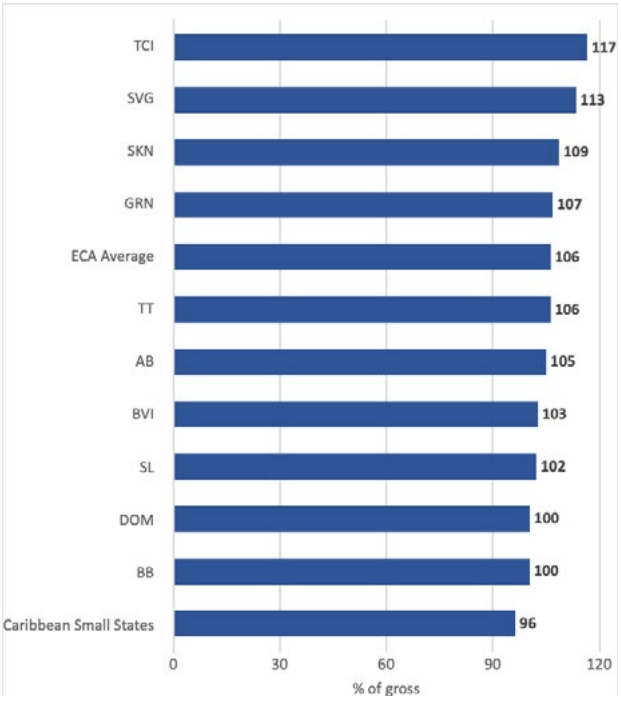
172 Ibid, pp. 13-14.

173 *Adolescent Well-being and Equity in Saint Lucia.*

174 Net enrolment rates are calculated by dividing the number of students of a particular age group enrolled in all levels of education by the size of the population of that age group.

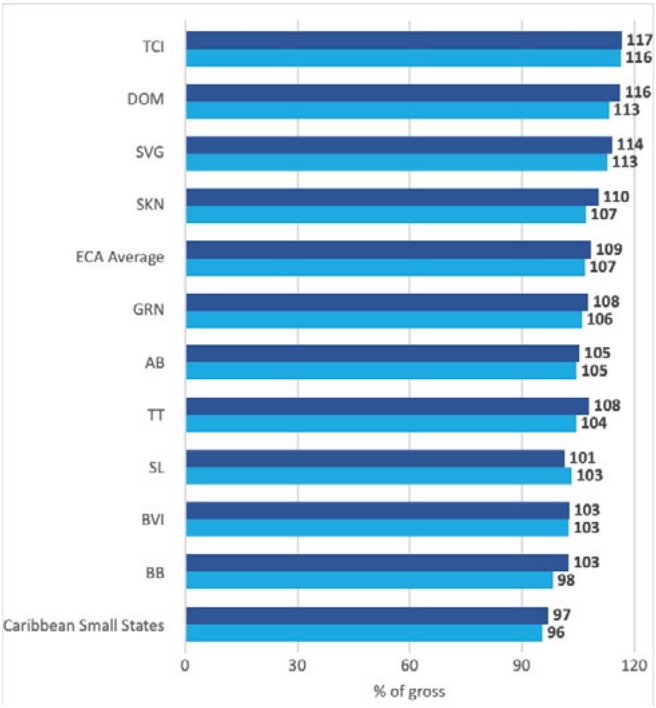
175 Completion rates indicate how many persons in a given age group have completed the relevant level of education.

Chart 4.1. GER for primary education by country, 2018-2019



Note: Data for most countries are from 2018 or 2019, except data from Saint Kitts and Nevis are from 2016 and Trinidad and Tobago are from 2010. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: School enrollment, primary (% gross) - Caribbean small states | Data (worldbank.org).

Chart 4.2. GER for primary education by gender and country, 2018-2019



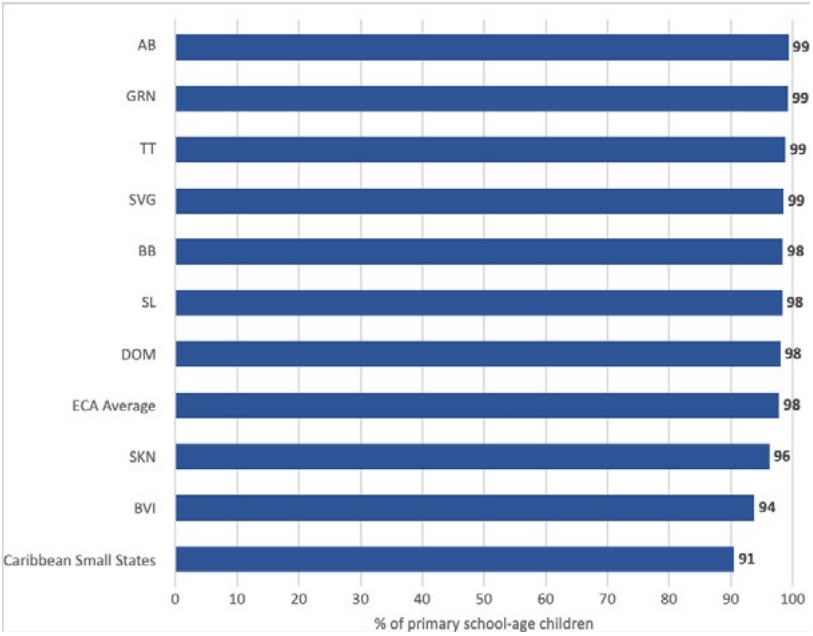
Note: Data for most countries are from 2018 or 2019, except data from Saint Kitts and Nevis are from 2016 and Trinidad and Tobago are from 2010. ECA Average is based on data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: School enrollment, primary (% gross) - Caribbean small states | Data (worldbank.org).

Chart 4.2 shows the GER for primary education by gender for each of the 10 countries. In the ECA, on average, there were no significant gender differences in GERs for primary education (males, 109; females, 107). This same pattern emerged among Caribbean Small States (males, 97; females, 96). Across each of the 10 ECA countries and territories, there were no notable gender differences in GERs for primary education.

In comparison, Chart 4.3 shows the adjusted primary school net enrolment rate (NER)[176] for 2018, for nine of the 12 Eastern Caribbean countries, along with an average NER for Caribbean Small States and the ECA. In 2018, on average, 91 per cent of primary school-age children were enrolled in primary schools in Caribbean Small States, and 98 per cent on average in the ECA. Seven countries had NERs higher than the average for the ECA. Only two countries – Saint Kitts and Nevis and British Virgin Islands – had NERs lower than the ECA average (96 per cent and 94 per cent respectively). Since the NER excludes overage and underage students, it more accurately captures the education system's coverage and internal efficiency, compared to the GER; nevertheless, it is useful to see differences between the GER and NER for capturing the incidence of overage and underage enrolments.

176 NER is the number of children in the official school-age group for a given level of education who are enrolled in any level of education, expressed as a percentage of the corresponding population; see Total net enrolment rate | UNESCO UIS.

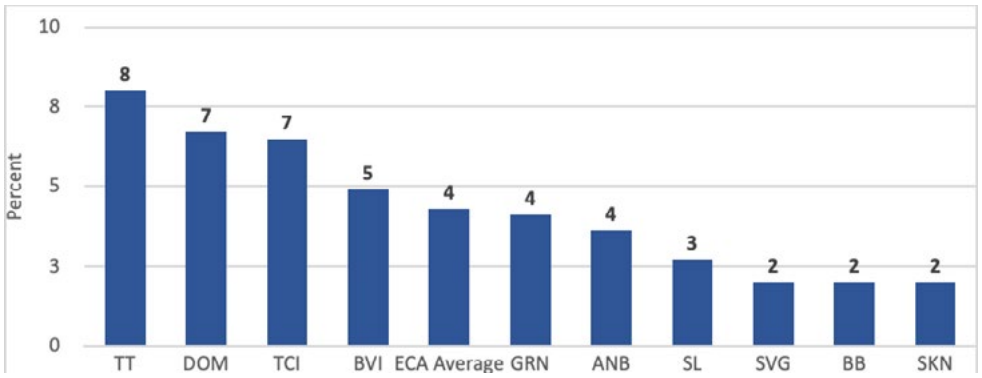
Chart 4.3. Adjusted net enrolment rate (NER) for primary education by country, 2018



Note: NER data for most countries are from 2018, except data from British Virgin Islands are from 2015, Dominica and Saint Kitts and Nevis are from 2016, Saint Vincent and the Grenadines from 2017, and Trinidad and Tobago from2010. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: Adjusted net enrollment rate, primary (% of primary school age children) | Data (worldbank.org).

Charts 4.4 and 4.5 show the proportion of overage children, including by gender, in primary schools by country. Chart 4.4 shows that, on average in the ECA, 4 per cent of children in primary schools were overage. The proportion of overage children in primary schools was highest in Trinidad and Tobago (8 per cent), followed by Dominica (7 per cent), Turks and Caicos Islands (7 per cent) and British Virgin Islands (5 per cent). In comparison, the proportion of overage student in primary schools was lowest in Barbados (2 per cent) and Saint Kitts and Nevis (2 per cent).

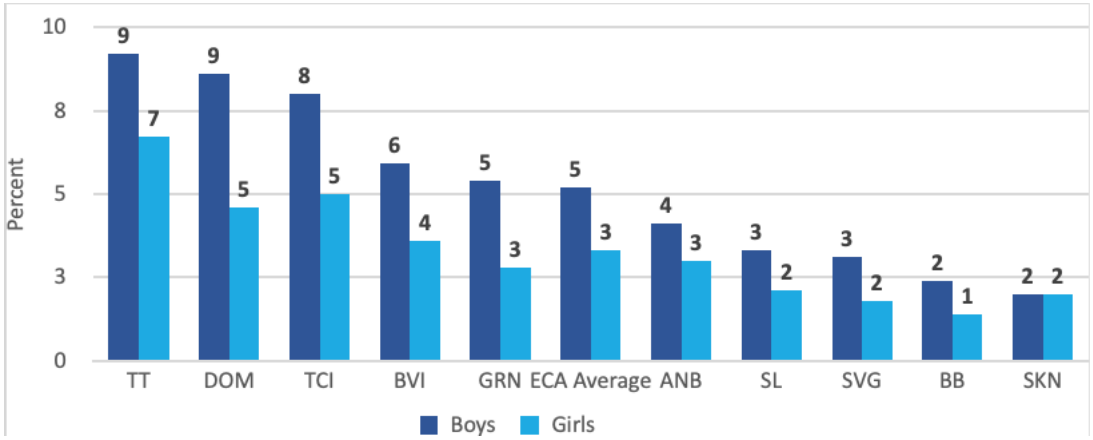
Chart 4.4. Overage students in primary schools by country (% of enrolment), 2018



Note: Data for most countries are from 2018, except data from British Virgin Islands are from 2017, Dominica and Saint Kitts and Nevis from2016, and Trinidad and Tobago from 2010. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: Over-age students, primary, female (% of female enrollment) - Trinidad and Tobago | Data (worldbank.org).

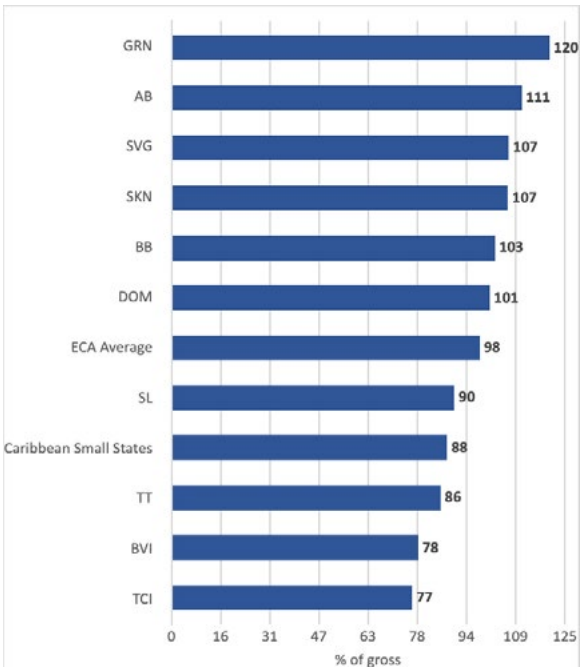
Chart 4.5 shows that on average, boys (5 per cent) were slightly more likely than girls (3 per cent) to be overage in primary school. This pattern emerged across each of the Eastern Caribbean countries for which there were data. The gender differences were most evident in Dominica and Grenada, where boys were nearly twice as likely as girls to be overage students in primary schools.

Chart 4.5. Overage students in primary schools by gender and country (% of enrolment), 2018



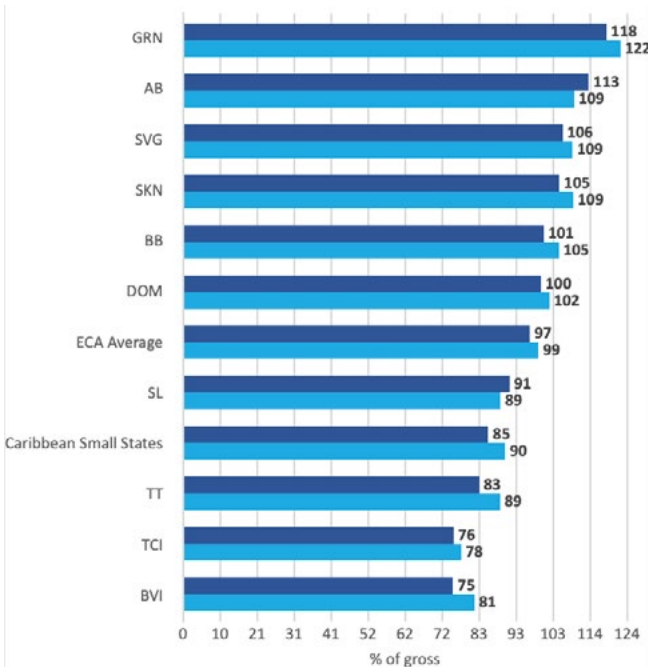
Note: Data for most countries are from 2018, except data from British Virgin Islands are from 2017, Dominica and Saint Kitts and Nevis are from 2016, and Trinidad and Tobago from 2010. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: Overage students, primary, female (% of female enrollment) - Trinidad and Tobago | Data (worldbank.org).

Chart 4.6. GER for secondary education by country, 2018-2019



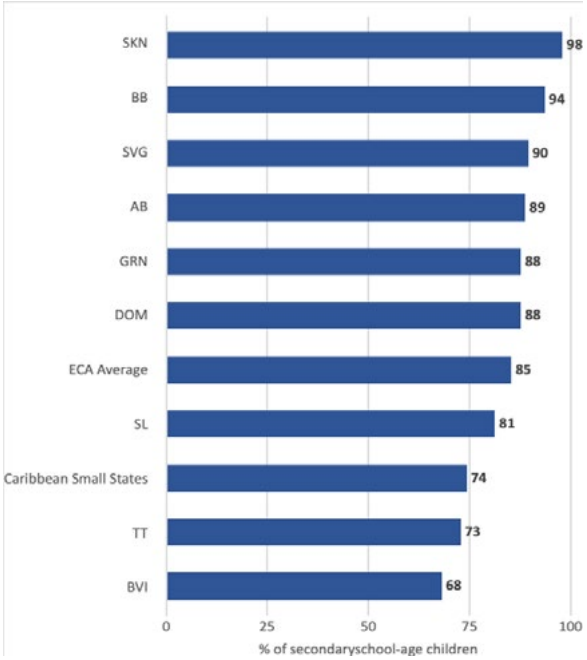
Note: GER data for most countries are from 2018 or 2019, except data from Saint Kitts and Nevis are from 2016 and Trinidad and Tobago from2004. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: School enrollment, secondary (% gross – Caribbean small states | Data (worldbank.org).

Chart 4.7. GER for secondary education by gender and country, 2018-2019



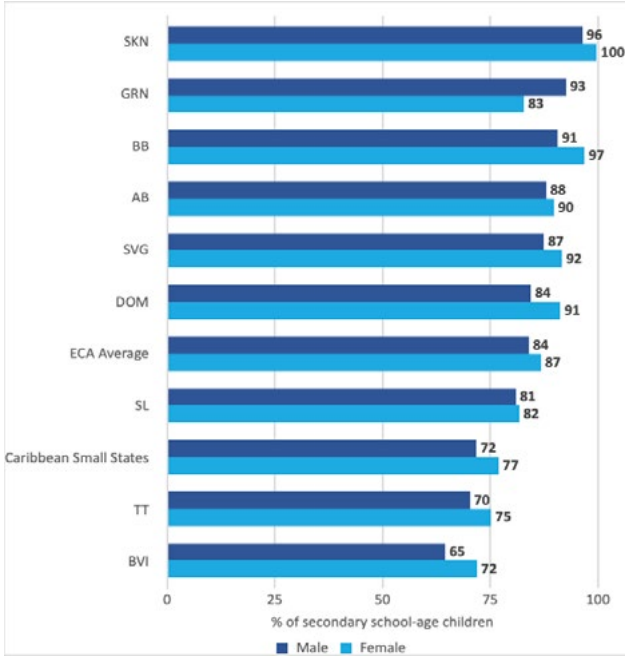
Note: GER data for most countries are from 2018 or 2019, except data from Saint Kitts and Nevis are from 2016 and Trinidad and Tobago from 2004. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: School enrollment, secondary (% gross) - Caribbean small states | Data (worldbank.org).

Chart 4.8. NER for secondary education by country, 2018



Note: NER data for most countries are from 2018, except data from Dominica are from 2016, Grenada are from 2017, Saint Kitts and Nevis are from 2016 and Trinidad and Tobago from 2004. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: School enrollment, secondary (% net) | Data (worldbank.org).

Chart 4.9. NER for secondary education by gender and country, 2018



Note: NER data for most countries are from 2018, except data from Dominica are from 2016, Grenada are from 2017, Saint Kitts and Nevis are from 2016 and Trinidad and Tobago from 2004. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: School enrollment, secondary (% net) | Data (worldbank.org).

Secondary school enrolment

Secondary education represents the second phase of compulsory education, which spans a five-year period and caters to adolescents aged 12- 16 years; a student normally completes secondary education by the age of 16. Chart 4.6 shows the secondary school GER for 2018-2019 for 10 of the 12 Eastern Caribbean countries, along with an average GER for Caribbean Small States and the ECA average. In 2018-

Chart 4.7 shows the GER for secondary education by gender for each of the 10 countries. In the ECA, on average, there were no significant gender differences in GERs for secondary education (males, 97 per cent; females, 99 per cent); this same pattern emerged among Caribbean Small States (males, 85 per cent; females, 90 per cent). Across each of the 10 Eastern Caribbean countries, there were no notable gender differences in GERs for secondary education. It is notable, however, that in eight of the 10 Eastern Caribbean countries, girls had slightly higher GERs than males, although not statistically significant, this was different from primary education where boys had slightly higher GERs than girls.

Completion rates

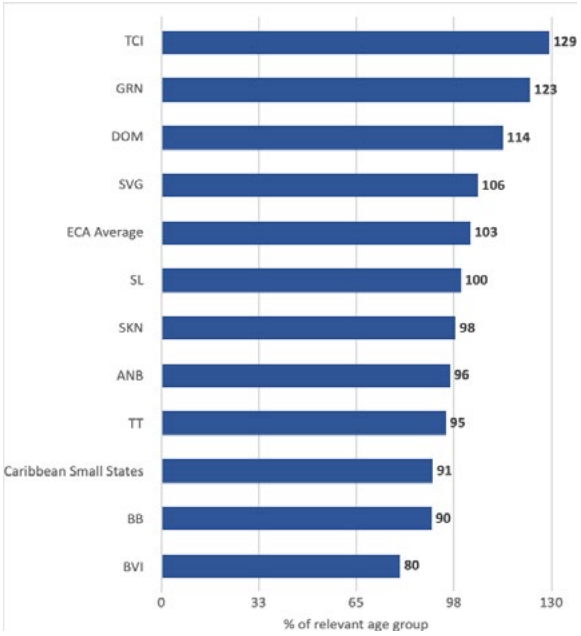
Ensuring that all girls and boys complete primary and secondary education is a target of the 2030 Agenda for Sustainable Development. Education is a vital prerequisite for combatting poverty, empowering women, economic growth, protecting children from hazardous and exploitative labour and sexual exploitation, promoting human rights and democracy, protecting the environment, and influencing population growth.

Charts 4.10 and 4.11 show the completion rates for primary education for 2018-2019. UNESCO defines the completion rate as the percentage of a cohort of children or young people aged three-to-five years above the intended age for the last grade of each level of education that completed that grade. Chart 4.10 reveals the primary education completion rates for 10 of the 12 Eastern Caribbean countries, and averages for Caribbean Small States and the ECA. On average, the completion rate for primary education was 91 per cent in Caribbean Small States and 103 per cent in the ECA. Four countries had primary education completion rates higher than the average for ECA. This included Turks and Caicos Islands (129 per cent), Grenada (123 per cent), Dominica (114 per cent) and Saint Vincent and the Grenadines (106 per cent). Primary education completion rates were lowest in Barbados (90 per cent) and British Virgin Islands (80 per cent).

Chart 4.11 shows that, on average, there were no significant gender differences in primary education completion rates in Caribbean Small States or the ECA. In general, this was the pattern across each of the 10 Eastern Caribbean countries except in Turks and Caicos Islands and Saint Lucia. There boys (140 per cent and 104 per cent respectively) had a higher primary education completion rate compared to girls (119 per cent and 96 per cent respectively). In comparison, in Saint Vincent and the Grenadines, girls (111 per cent) had a higher primary education completion rate than boys (100 per cent).

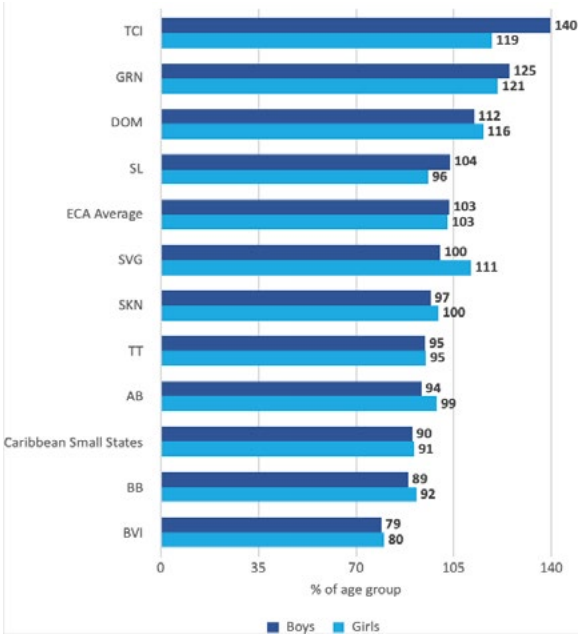
Charts 4.12 and 4.13 show the completion rates for lower secondary education for 2018-2019. Chart 4.12 reveals the lower secondary education completion rates for 10 of the 12 Eastern Caribbean countries, and averages for Caribbean Small States and the ECA. On average, the completion rate for lower secondary education was 81 per cent in Caribbean Small States and 94 per cent in the ECA. Five countries had lower secondary education completion rates higher than the average for ECA. This included Saint Kitts and Nevis (111 per cent), Grenada (107 per cent), Turks and Caicos Islands (106 per cent), Barbados (101) and Antigua and Barbuda (99 per cent). Lower secondary education completion rates were lowest in British Virgin Islands (64 per cent).

Chart 4.10. Primary education completion rate by country, 2018-2019



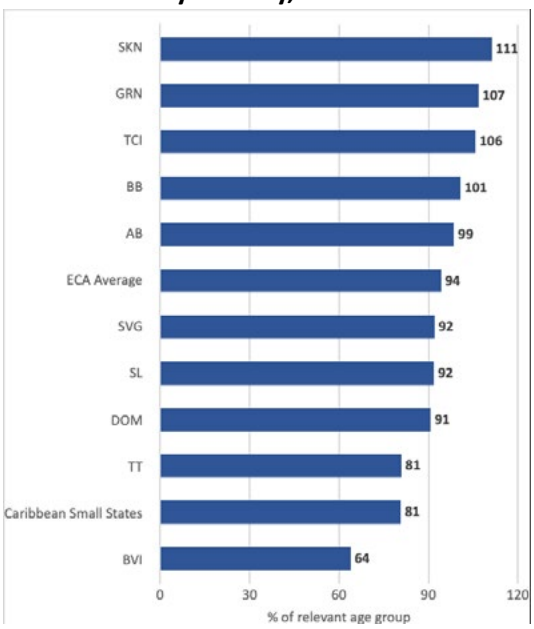
Note: Completion rate data for most countries are from 2018 and 2019, except data from Dominica and Saint Kitts and Nevis are from 2016 and Trinidad and Tobago from 2010. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from Primary completion rate, total (% of relevant age group) | Data (worldbank.org).

Chart 4.11. Primary education completion rate by gender and country, 2018-2019



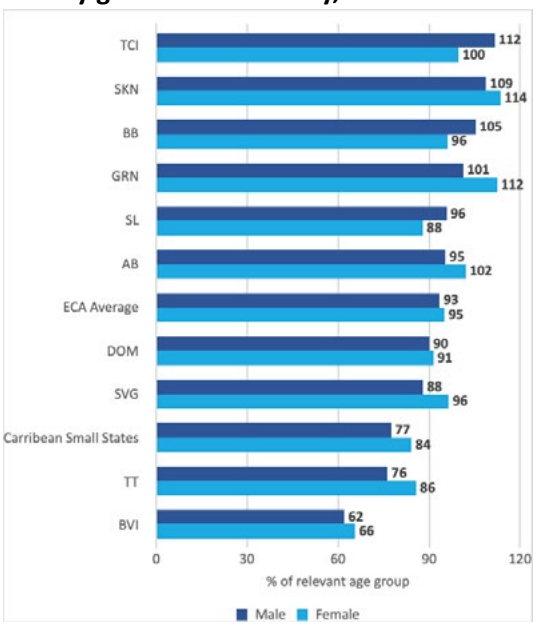
Note: Completion rate data for most countries are from 2018 and 2019, except data from Dominica and Saint Kitts and Nevis are from 2016 and Trinidad and Tobago from 2010. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 26 March 2021 from: Primary completion rate, total (% of relevant age group) | Data (worldbank.org).

Chart 4.12. Lower secondary education completion rate by country, 2018-2019



Note: Completion rate data for most countries are from 2018-2019, except data from Barbados are from 2009, Dominica are from 2015, Saint Kitts and Nevis are from 2016 and Trinidad and Tobago from 2010. ECA Average is based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 29 March 2021 from: Lower secondary completion rate, total (% of relevant age group) | Data (worldbank.org).

Chart 4.13. Lower secondary education completion rate by gender and country, 2018-2019



Note: Completion rate data for most countries are from 2018-2019, except data from Barbados are from 2009, Dominica are from 2015, Saint Kitts and Nevis are from 2016 and Trinidad and Tobago from 2010. ECA Average is based upon based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 29 March 2021 from: Lower secondary completion rate, total (% of relevant age group) | Data (worldbank.org).

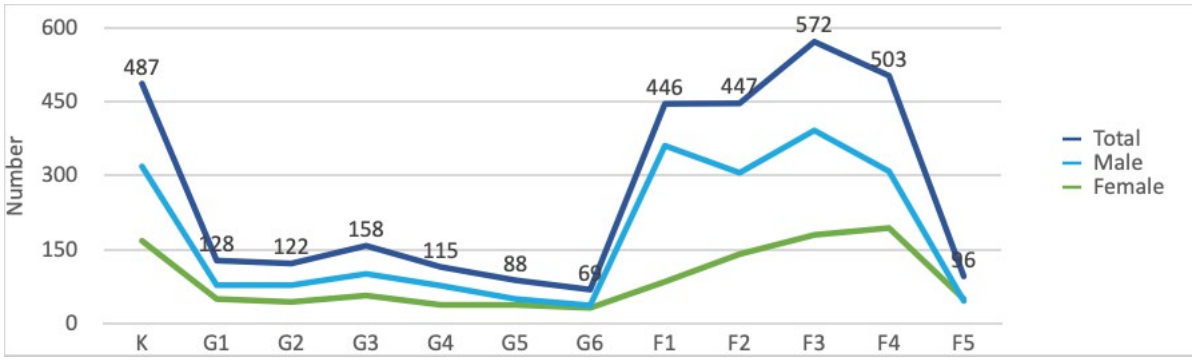
Chart 4.13 shows that, on average, there were no significant gender differences in lower secondary education completion rates in the ECA, however, there was for Caribbean Small States (boys, 77 per cent; girls, 84 per cent). In general, there were significant gender differences in lower secondary education completion rates in several Eastern Caribbean countries. Most notable, in Grenada, Antigua and Barbuda, Saint Vincent and the Grenadines, and Trinidad and Tobago, girls were more likely than boys to complete lower secondary education. In comparison, in Turks and Caicos, Barbados and Saint Lucia, boys were more likely than girls to complete lower secondary education.

Grade repetition

Grade repetition rates[177] represent the proportion of pupils who remain in the same grade in the following school year. Repeating a grade reflects the internal efficiency of educational systems. Repetition is one of the key indicators for analysing and projecting pupil flows from grade to grade within educational systems. Ideally, repetition rates should approach 0 per cent. High repetition rates reveal problems in the internal efficiency of the educational system and possibly reflect a poor level of instruction. When compared across grades, the patterns can indicate specific grades for which there is higher repetition, hence requiring more in-depth study of causes and possible remedies.

Repetition rates vary widely from each grade of primary (K and G1-G6) to secondary (F1-F5) levels of education. Chart 4.14 shows the number of repeaters by grade and sex among OECS Member States for the academic year 2018-2019. It is notable that the number of repeaters was very high for kindergarten, then decreased for primary education (grades G1 to G6), and then increased significantly in secondary education (grades F1 to F4). Repetition was very low for F5 because students graduate from F5 and, as revealed in Chart 4.18, dropout rates were high for grade F5.

Chart 4.14. Number of repeaters by grade and gender among OECS Member States, 2017-2018

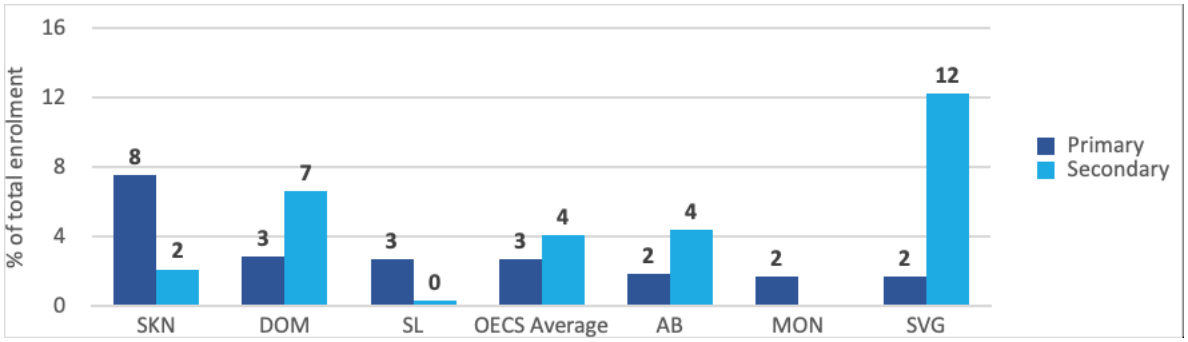


Note: Based on data from Antigua and Barbuda, Dominica, Saint Kitts and Nevis, Saint Lucia and Saint Vincent and the Grenadines; data were not available for British Virgin Islands, and for Montserrat for only secondary education.
Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020.

Chart 4.15 shows the repetition rates for primary and secondary education for six of the nine OECS Member States. Among OECS Member States, on average, the repetition rate was 2.7 per cent for primary education and 4.1 per cent for secondary education. At the primary education level, the repetition rate was highest in Saint Kitts and Nevis (7.5 per cent), and lowest in Antigua and Barbuda (1.8 per cent), Montserrat (1.7 per cent) and Saint Vincent and the Grenadines (1.7 per cent). At the secondary education level, the repetition rate was highest in Saint Vincent and the Grenadine (12.2 per cent). The repetition rate was also high in Dominica (6.6 per cent) and Antigua and Barbuda (4.4 per cent), and lowest in Saint Lucia (0.3 per cent).

177 Repetition rate is the number of repeaters in a given grade in a given school year, expressed as a percentage of enrolment in that grade the previous year.

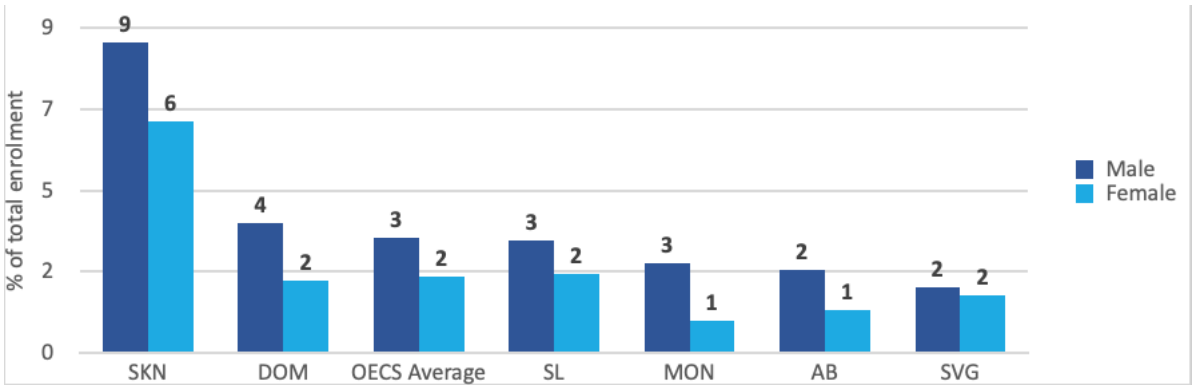
Chart 4.15. Repetition rates for primary and secondary education by country, 2017-2018



Note: Data were not available for Anguilla, British Virgin Islands or Grenada, and for Montserrat for the secondary education level.
Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020.

Chart 4.16 reveals there were significant subtle gender differences in repetition rates at the primary education level. On average, among six of the nine OECS Member States, males (3.2 per cent) were more likely than females (2.1 per cent) to repeat primary education grades. Repetition rates among both males (8.6 per cent) and females (6.4 per cent) were highest in Saint Kitts and Nevis. The gender differences were most dramatic in Montserrat, where males (2.5 per cent) were nearly three times more likely to repeat a primary education grade than females (0.9 per cent).

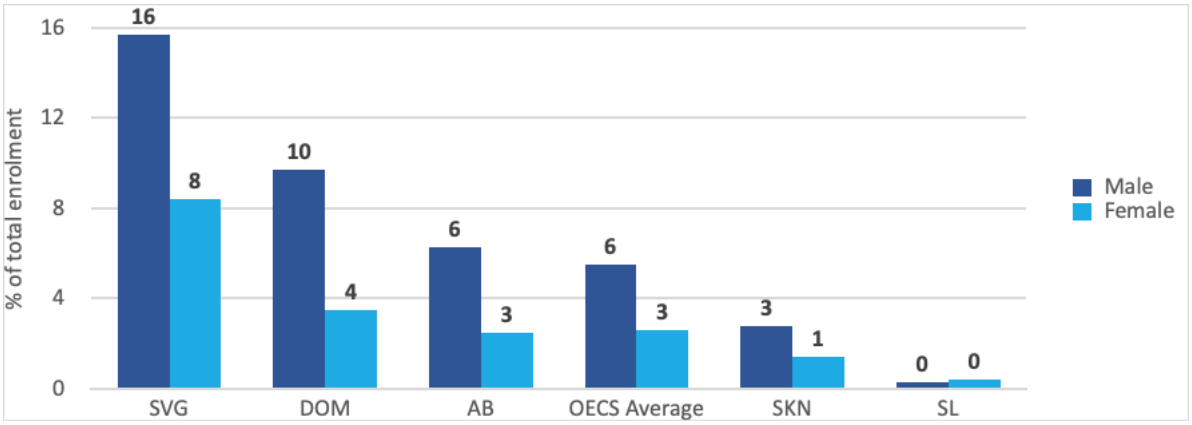
Chart 4.16. Repetition rate for primary education by gender and country, 2017-2018



Note: Data were not available for Anguilla, British Virgin Islands or Grenada.
Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020.

Chart 4.17 shows there were gender differences in repetition rates at the secondary education level. Among five out of nine OECS Member States, on average, males (5.5 per cent) were twice as likely as females (2.6 per cent) to repeat a grade in the secondary level of education. This pattern emerged among four of the five OECS Member States. Grade repetition rates were highest among both males (15.7 per cent) and females (8.4 per cent in Saint Vincent and the Grenadines.

Chart 4.17. Repetition rate for secondary education by gender and country, 2017-2018



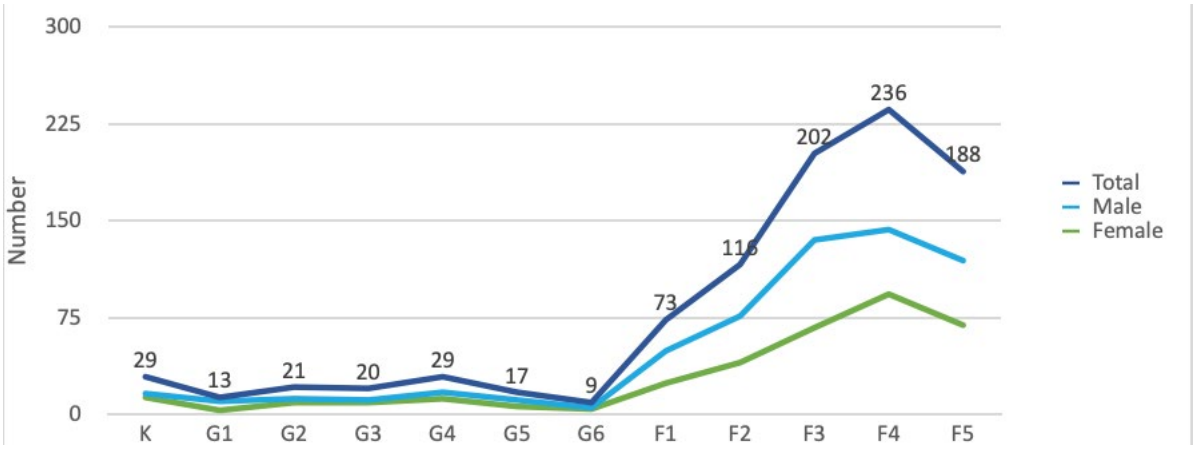
Note: Data were not available for Anguilla, British Virgin Islands or Grenada, and for Montserrat for the secondary education level.
Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020.

School dropout

School dropout rates reflect the proportion of pupils from a cohort enrolled in a given grade in a given school year who are no longer enrolled in the following school year. Premature exiting measures the phenomenon of pupils from a cohort leaving school without completion, and its effect on the internal efficiency of educational systems. School dropout is a key indicator for analysing and projecting pupil flows from grade to grade within the educational cycle.

Chart 4.18 shows that the number of dropouts varied at the primary (K and G1-G6) and secondary (F1-F5) education levels. Dropout rates were lowest at the primary education level, but significantly and steadily increased in secondary education at each grade from F1 to F4, with a slight drop off in grade F5 (graduation year). Males were more likely to drop out of primary and secondary education, compared to females; this gender difference became more pronounced in secondary education.

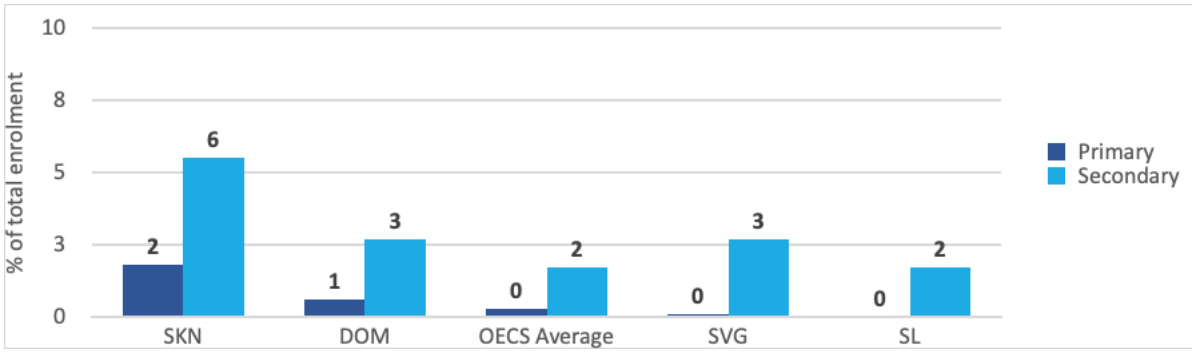
Chart 4.18. Number of dropouts by grade and gender among OECS Member States, 2017-2018



Note: Based on data from Dominica, Saint Kitts and Nevis, Saint Lucia, and Saint Vincent and the Grenadines; data were not available for Antigua and Barbuda, British Virgin Islands or Montserrat.
Source OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020.

Chart 4.19 shows the dropout rates for primary and secondary education in four of the nine OECS Member States. Among OECS Member States, on average, the dropout rate was 0.3 per cent for primary education and 1.7 per cent for secondary education. At the primary education level, the dropout rate was highest in Saint Kitts and Nevis (1.8 per cent) and lowest in Saint Lucia, where dropout was non-existent at the level of primary education. At the level of secondary education, dropout rates were highest in Saint Kitts and Nevis (5.5 per cent) and lowest in Saint Lucia (1.7 per cent).

Chart 4.19. Dropout rates for primary and secondary education by country, 2017-2018



Note: Data were not available for Antigua and Barbuda, British Virgin Islands or Montserrat

Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020.

Out-of-school adolescents

In 2017, the first Out-of-School Children Initiative (OOSCI) study was conducted in seven Eastern Caribbean countries – Antigua and Barbuda, Dominica, Saint Lucia, Saint Vincent and the Grenadines, Grenada, Saint Kitts and Nevis, and Turks and Caicos Islands. Key findings from the OOSCI study related to the proportion of children and adolescents who were excluded on each of the five dimensions of exclusion in 2013/2014. In general, total exclusion was found to be very low in the ECA:[178] In general, 3.3 per cent of adolescents aged 12-14 were out-of-school; however, 11 per cent of lower secondary-age students were facing critical risk (with students being two or more years overage),[179] and an additional 22 per cent were facing moderate risk (being one year overage). Exclusion mostly appeared at the age 14 and intensified at ages 15 and 16.

The study identified several enabling environment factors to exclusion, including low parental engagement and involvement in school; child abuse and violence; streaming among and within schools; inadequate public provisions for Early Childhood Education (ECE); and, inadequate education provision for children with special needs. The study also identified supply and demand factors to exclusion. The supply factors included inadequate student support for struggling learners, and deficiencies in teacher quality and training. Demand factors included: poverty; negative attitudes towards children living with disabilities; secondary school teachers' attitudes towards academically weak students; and, boys' disadvantage in educational participation and performance. Poor readiness of students for transition from primary to secondary level was identified as a quality factor.[180]

Charts 4.20 and 4.21 show the proportion of adolescents out-of-school at lower and upper secondary levels. Chart 5.20 shows the proportion of adolescents out-of-school for nine Eastern Caribbean countries in 2018-2019, coupled

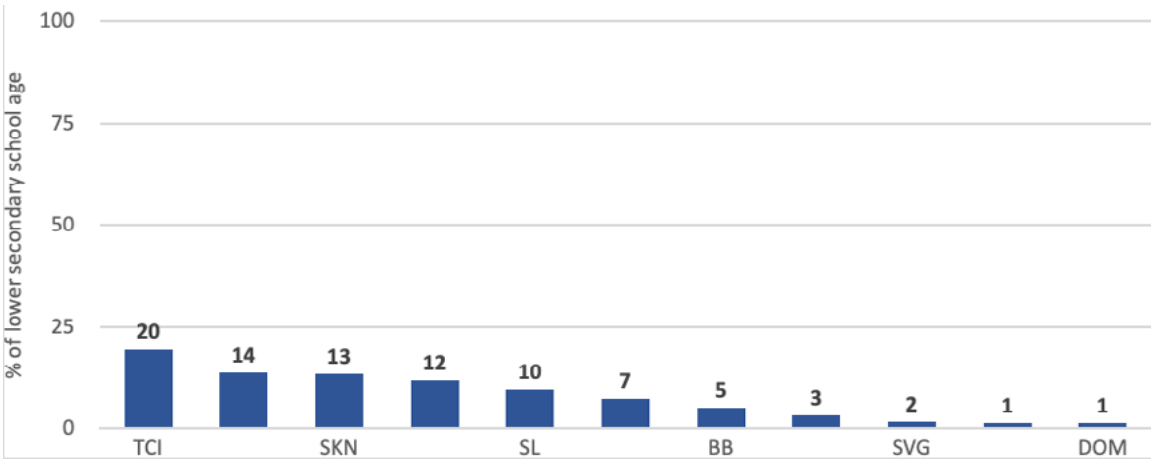
178 Knight, V., B. Ogunkola, D. Cura, D. Valencia & L. Vago, *Out-of-School Children Study in the Eastern Caribbean – Final Report*, UNICEF Office for the ECA, Christ Church, Barbados, 2017, pp. 15-17.

179 Ibid, 2017.

180 Ibid, 2017.

with the average for Caribbean Small States and the ECA. On average, 14 per cent of lower secondary school-age adolescent were out-of-school in Caribbean Small States and 7 per cent were out-of-school in the ECA. The proportion of adolescents out-of-school was highest in Turks and Caicos (20 per cent), and lower than the ECA average in Barbados (5 per cent), Grenada (3 per cent, Saint Vincent and the Grenadines (2 per cent), Antigua and Barbuda (1 per cent and Dominica (1 per cent).

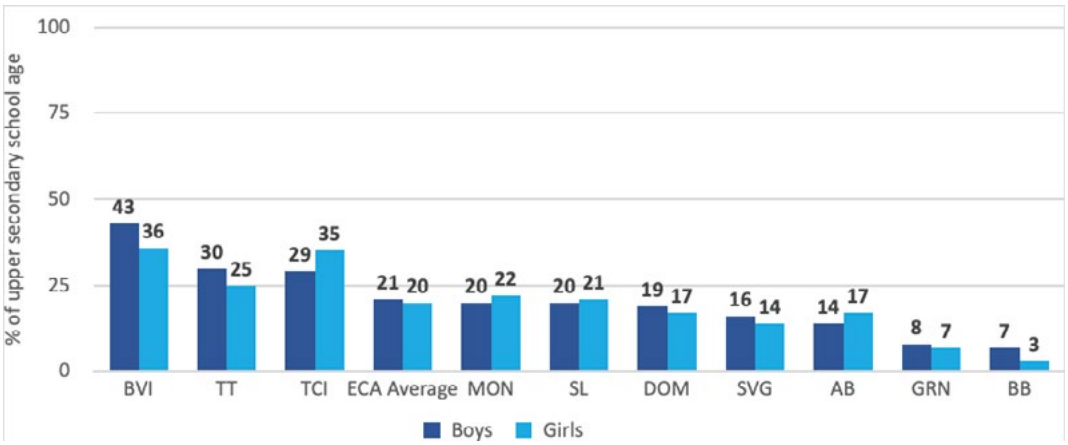
Chart 4.20. Adolescents out-of-school (% of lower secondary school-age) by country, 2018-2019



Note: Adolescent out-of-school rate data for most countries are from 2018-2019, except data from Grenada are from 2014, Saint Kitts and Nevis are from 2012 and Trinidad and Tobago from 2004. ECA Average is based upon based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 29 March 2021 from: Adolescents out of school (% of lower secondary school age) | Data (worldbank.org).

Chart 4.21 shows the proportion of adolescents out-of-school at the upper secondary level by gender. In the ECA, on average, 21 per cent of boys and 20 per cent of girls were out-of-school at the upper secondary level; there were no gender differences. The proportion of adolescents out-of-school at the upper secondary level was highest in British Virgin Islands, Trinidad and Tobago, and Turks and Caicos Islands, and lowest in Grenada and Barbados. In British Virgin Islands and Trinidad and Tobago, boys were more likely than girls to be out-of-school at the upper secondary level; whereas girls were more likely than boys to be out-of-school at the upper secondary level in Turks and Caicos Islands.

Chart 4.21. Adolescents out-of-school (% of upper secondary school-age) by gender and country, 2018-2019



Source: Retrieved on 24 April 2021 from: Adolescent health dashboards country profiles - UNICEF DATA.

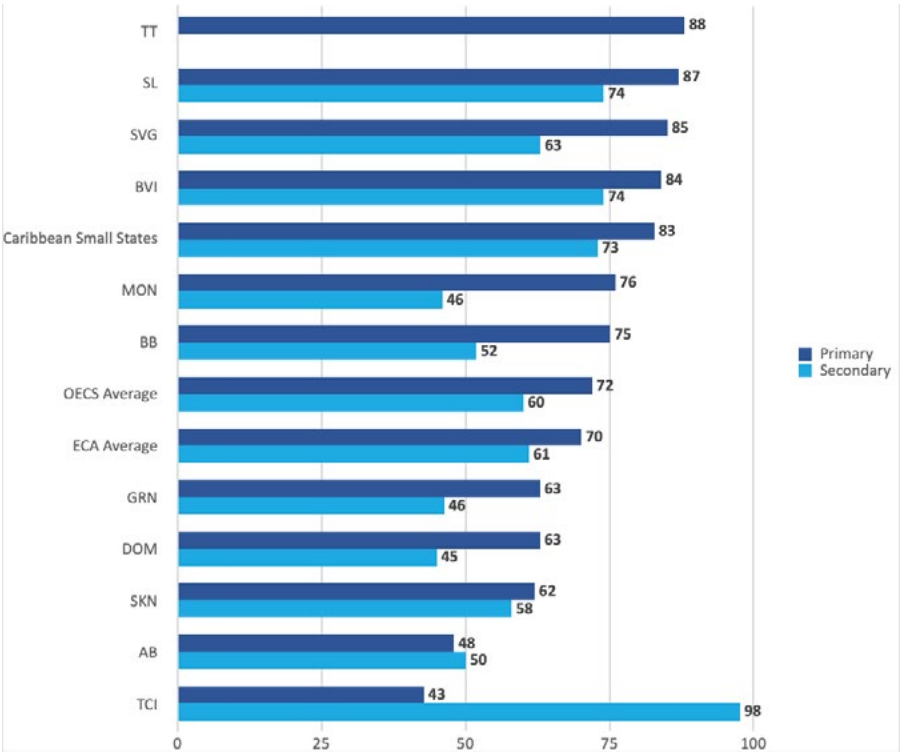
Trained teachers

A trained teacher is one who has received at least the minimum organized pedagogical teacher training pre-service and in-service required for teaching at the relevant level. Training of teachers can have a great impact on student learning outcome; yet this only happens when the teachers apply new knowledge and skills in their classroom.

Chart 4.22 shows the proportion of trained teachers at the primary and secondary education levels for 11 of the 12 Eastern Caribbean countries. On average, the proportion of trained teachers at the primary education level was 83 per cent for Caribbean Small States, 70 per cent for the ECA and 72 per cent among OECS Member States. The proportion of trained teachers at the primary education level was highest in Trinidad and Tobago (88 per cent), Saint Lucia (87 per cent), Saint Vincent and the Grenadines (85 per cent) and British Virgin Islands (84 per cent); whereas the proportion of trained teachers at the primary education level was lowest in Antigua and Barbuda (48 per cent) and Turks and Caicos (43 per cent).

On average, the proportion of trained teachers at the secondary education level was 73 per cent in Caribbean Small States, 61 per cent in the ECA and 60 per cent among OECS Member States. In general, the proportion of trained teachers at the secondary education level was lower than that at the primary education level; this is a pattern that emerged in nine of the Eastern Caribbean countries. Only in Turks and Caicos Islands and Antigua and Barbuda was the proportion of trained teachers at the secondary level higher than at the primary education level. Moreover, the proportion of trained teachers at the secondary education level was highest in Turks and Caicos Islands at 98 per cent.

Chart 4.22. Trained teachers by level of education



Note: Data for most countries are from 2018-2019, except data related to primary schools for Turks and Caicos are from 2015, and data related to secondary schools for Trinidad and Tobago are from 2009. Data related to secondary schools for Trinidad and Tobago are not available. ECA Average is based upon based upon data in the chart.

Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020; UNESCO Institute for Statistics. Retrieved on 29 March 2021 from: Trained teachers in primary education (% of total teachers) | Data (worldbank.org) and Trained teachers in secondary education (% of total teachers) | Data (worldbank.org).

Education in emergencies

Education of children impacted by disasters

Natural disasters and hazards can negatively impact the goal of ensuring that every child learns, as demonstrated by the catastrophic effects of the 2017 hurricane season, which exposed the vulnerability of the ECA's education sector.[181] In 2017, Hurricanes Irma and Maria left the school systems on the affected islands in disarray. Many school buildings were rendered unusable, having lost windows, roofs and equipment. In Dominica, for example, 83 per cent of schools reported some level of damage and 20 schools were used as shelters. In total, about 39,000 children in the five affected countries and territories – Anguilla, Barbuda, British Virgin Islands, Dominica, and Turks and Caicos Islands – were not able to go to school for at least one month, while some schools opened two or even three months later. Only children from Barbuda were able to return to school after 2.5 weeks in the sister island of Antigua, but returned to their home schools in Barbuda five months later.[182]

After the hurricanes struck, UNICEF's priority was getting countries back to a state where children could enjoy their right to education. Damage assessments were conducted and pre-positioned supplies (e.g., tents, family hygiene kits, recreational equipment, schools-in-a-box and early childhood development kits) were distributed.[183] Efforts got underway to restore schools and learning spaces, and to deliver school supplies. In Anguilla, Dominica and British Virgin Islands, temporary learning and protective spaces were set up under tents. In British Virgin Islands, temporary learning and protective spaces for children aged 3-8 were established in seven locations, reaching some 1,000 children.[184]

Within the first nine months, 180 early childhood development kits, more than 400 schools-in-a-box, almost 250 recreational kits and 88 tents were distributed. In Barbuda, an emergency curriculum was developed to support multi-grade teaching.[185] In Dominica, the European Commission's Civil Protection and Humanitarian Aid Operations (ECHO) department distributed 4,500 chairs and tables among primary and secondary schools most in need, and delivered school-based disaster risk management training.[186]

Once the initial and most pressing post-hurricane needs of children and adolescents were met, a slew of unforeseen requirements emerged, such as adolescent after-school programming. For instance, in British Virgin Islands, as schools re-opened they started operating on a shift system, which meant lessons finished at noon for many students, leaving them at increased risk of engaging in antisocial behaviours, loitering, theft, fighting and vandalism.[187] In response, the Department of Youth Affairs and Sports within the Ministry of Education addressed such challenges with the Creative Learning and Arts Programme, which gave hundreds of adolescents aged 12-15 constructive and engaging ways to cope with a truncated school day.[188]

181 United Nations Children's Fund, *UNICEF Country Office Annual Report 2018* – Eastern Caribbean Multi-Country Programme, UNICEF Office for the ECA, Christ Church, Barbados, pp. 4-7.

182 United Nations Children's Fund, *UNICEF's Response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience*. UNICEF Office for the ECA, Christ Church, Barbados, 2019, p. 38.

183 Ibid, p. 11.

184 Ibid, p. 38.

185 Ibid, p. 40.

186 Ibid, p. 38.

187 Ibid, p. 36.

188 Ibid, p. 36.

By the end of 2017, the majority of schools in Anguilla and many in Dominica had re-opened. Nearly all children in Turks and Caicos Islands and Antigua and Barbuda were back to school, as were an estimated 90 per cent in British Virgin Islands. More than one year after the hurricanes, many schools were still only partially repaired.[189]

To better understand the specific gaps and challenges, ministries of education from across the region met for an after-action review and SWOT analysis. Key lessons learned were documented (e.g., need for psychosocial support for teachers and students, need to update inter-sectoral preparedness plans that define roles and accountability, and a means to secure important school records and protect information systems) and the way forward for countries and territories and regional partners was outlined based upon three pillars of the Comprehensive Safe School Framework (CSSF) – safe learning facilities, school disaster management, and risk reduction and resilience education.[190] Identified as important was advocacy, development of regional guidance, capacity building around Education in Emergencies (EiE), and technical assistance and collaboration between countries to better implement the CSSF.[191]

The main regional initiative is the Caribbean Safe School Initiative (CSSI). This is the Caribbean contribution to the Worldwide Initiative for Safe Schools (WISS), which was designed to assist participating states to implement processes that result in safer and greater educational facilities, building on the three core pillars of the CSSF.[192] The CSSI was officially launched during the first Caribbean Safe School Ministerial Forum in April 2017. Then 12 governments signed the Antigua and Barbuda Declaration on School Safety in the Caribbean, explicitly recognizing the region's vulnerability to disaster and threats of climate change and variability to the education sector in the ECA. The Declaration embraced the global CSSF and the CSSI, and adopted a Caribbean Regional Road Map on School Safety, as well as pledged that new and existing educational infrastructure and school facilities should be fully accessible to all, including people with disabilities.[193]

Building upon the 2017 experience, concrete and significant efforts have been made to strengthen the resilience of countries to these natural disasters.[194] In the ECA countries and territories, ministries have taken steps to: make resilience education an integral part of training delivered to teachers; develop preparedness plans for successive hurricane seasons; develop safe schools programmes that involve provision of a SMART school inspection course for principals and teachers and school-level preparedness plans; and develop school safety plans, including disaster preparedness plans and training for teachers on disaster risk management. In Dominica, students worked on these plans and mapped their school compounds, noting hazards and vulnerabilities, and assessing capacities.[195]

Efforts are underway to ensure that such interventions are rolled out across each of the five countries, including development of preparedness plans for successive hurricane seasons.[196] This has been coupled with training for education personnel from across the region in EiE programming, including minimum standards of the Inter-Agency Network for Education in Emergencies (INEE) and basic tools to help strengthen risk-informed educational responses.

189 Ibid, p. 40.

190 United Nations Children's Fund, UNICEF Country Office Annual Report 2018 – Eastern Caribbean Multi-Country Programme, UNICEF Office for the ECA, Christ Church, Barbados, pp. 4-7.

191 Ibid, pp. 4-7.

192 Pegram, J. & D. Knaute, Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean, UNICEF Office for the ECA, Christ Church, Barbados, 2019.

193 Ibid, 2019.

194 United Nations Children's Fund, UNICEF's Response to Hurricanes Irma and Maria – Recovery, Rebuilding and Resilience. UNICEF Office for the ECA, Christ Church, Barbados, 2019, p. 41.

195 This work was carried out with 500,000 Euros in support from the European Commission and collaboration with the Government of Dominica and IsraAID; United Nations Children's Fund, UNICEF Country Office Annual Report 2018 – Eastern Caribbean Multi-Country Programme, UNICEF Office for the ECA, Christ Church, Barbados, pp. 4-7.

196 UNICEF's response to Hurricanes Irma and Maria – Recovery, rebuilding and resilience, p. 41.

As a result, there is increased knowledge of EiE roles, responsibilities and accountability across education stakeholders, and commitment to strengthening safe schools programming.[197]

Most recently, in April 2021, the volcanic eruption of La Soufrière in Saint Vincent has disrupted education for children and young people. Schools reopened on 17 May 2021 for students' written examinations.

Education of children on the move in Trinidad and Tobago

In Trinidad and Tobago, an unfolding humanitarian crisis has emerged in recent years with the significant influx of Venezuelan migrants. Migrant children and their families face challenges regularizing their immigration status, which affects their access to education.[198] IOM found that more than three-quarters of migrant children aged 5-18 who had been in Trinidad for more than a year, still did not have access to formal education.

Since 2018, development partners and advocates have lobbied the Government of Trinidad and Tobago to guarantee migrant children access to the formal public education system, including Early Childhood Development (ECD) Centres.[199] The Government indicated limited resources as a barrier to offering education services to migrant children – access to education services is not guaranteed because there are Trinidadians who are not able to access education services due to resource constraints.[200] In response, UNICEF, UNHCR and Living Water Community (LWC) partnered to operate a Temporary Learning Centre (TLC) that provides education opportunities at primary and secondary levels for migrant children and adolescents in Port of Spain.[201] The LWC TLC has been the only access to educational opportunities available to migrant children and adolescents, including ECD services for children under 5 years old.[202]

In 2019, the Minister of National Security and Communications announced that the Government of Trinidad and Tobago would not prevent private Catholic Schools from educating children of Venezuelan migrants. In addition, Presbyterian School Boards negotiated to establish a second shift system for migrant children to assist in the provision of accredited education.[203]

Steps have also been taken to ensure out-of-school children have access to formal education through Equal Place, an accredited online educational platform that is linked to the Trinidad and Tobago curriculum and the Caribbean Examination Board. Equal Place offers a blended learning environment of online learning and face-to-face interactions with facilitators of primary and secondary education.

The focus has also been on strengthening teachers' capacity to provide psychosocial support and rights-based, child-centred education, and positive behaviour management techniques aimed at providing strategies to better manage difficult behaviours; engage students for improved learning, and to help affected children cope with dislocation challenges. Children have also been provided with school supplies and transportation to and from the TLC.[204]

197 United Nations Children's Fund, *UNICEF Country Office Annual Report 2018 – Eastern Caribbean Multi-Country Programme*, UNICEF Office for the ECA, Christ Church, Barbados, pp. 4-7.

198 *Migration Flows in Latin America and the Caribbean, Situation* Report No. 3, April 2019, p. 2; Situation Report No. 5, May-December 2018, p. 1.

199 *Situation Report No. 2,* March 2019, p. 17.

200 *Situation Report No. 4*, May 2019, pp. 18.

201 *Situation Report No. 2*, Sept-Oct 2019.

202 *Situation Report No. 1*, Jan-Feb 2019, p. 18.

203 *Situation Report No. 5*, June 2019, p. 18.

204 *Situation Report No. 2*, Sept-Oct 2019.

As of December 2020, during the COVID-19 pandemic, a total of 1,235 migrant children of primary and secondary age enrolled in formal learning programmes were reached with blended/online education interventions (exceeding the target of 1,000 migrant children). In addition, 3,554 migrant children aged 3-16 were enrolled in psychosocial support (PSS) programmes and/or accessed Child Friendly Spaces or similar safe community spaces for children (exceeding the target of 3,250 migrant children). A total of 1,415 migrant children also accessed interventions to prevent and respond to violence, abuse and exploitation (exceeding the target of 1,000 migrant children), and 23 unaccompanied and/or separated children were reunited with their caregiver or in an appropriate protective care arrangement based on findings from a Best Interests Assessment.

It is also notable that, in 2020, 13,569 migrants (children and families) were reached with messages on life-saving skills and protective practices and behaviours during the COVID-19 outbreak, as well as with information on access and use of services (exceeding the target of 1,000 migrant children and families).

Skills and learning outcomes

At primary and secondary levels of education, children and adolescents develop foundational and transferable skills, including digital skills needed to enable them to become lifelong learners, and to access future educational and work opportunities.[205]

In the ECA, data and information about levels of learning achievement are limited; nevertheless, it is important to understand disparities in learning – which children and adolescents are learning appropriately and which are not – and to use this data and information to inform policies and management for improving learning outcomes.[206] In most countries, there is a need to better understand gender inequalities in learning outcomes, and to understand the drivers of existing gender gaps.[207]

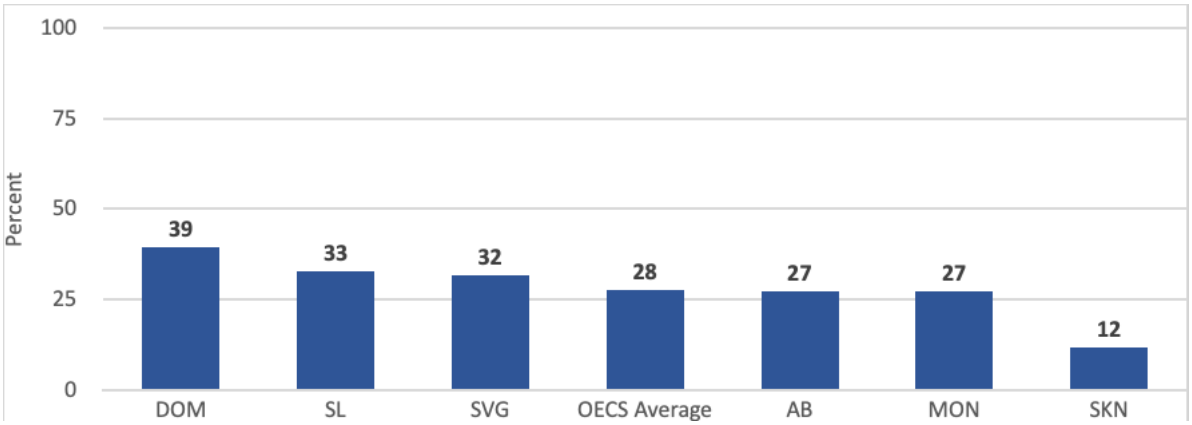
Academic achievements in primary and secondary education

Academic achievement in secondary education is determined by children's performance in primary education, particularly examination results at primary grades II, IV (National Assessments) and VI (Common Entrance Examination, CEE). In this section, academic achievement data are presented for the academic year 2018-2019.

Chart 4.23 shows achievement rates for passing five or more CSEC subjects, including English A and Mathematics among OECS Member States in 2018-2019. On average, among OECS Member States, only one in four or 28 per cent of students passed CSEC subjects, including English A and Mathematics. The proportion of students who passed five or more CSEC subjects, including English A and Mathematics, was higher than average in Dominica (39 per cent), Saint Lucia (33 per cent) and Saint Vincent and the Grenadines (32 per cent), and lowest in Saint Kitts and Nevis (12 per cent).

205 United Nations Children's Fund, *Goal Area 2: Every Child Learns – UNICEF Global Annual Results Report 2018*, UNICEF, New York, NY, USA, 2019, p. 39.
206 Ibid, p.16.
207 Ibid, p.16.

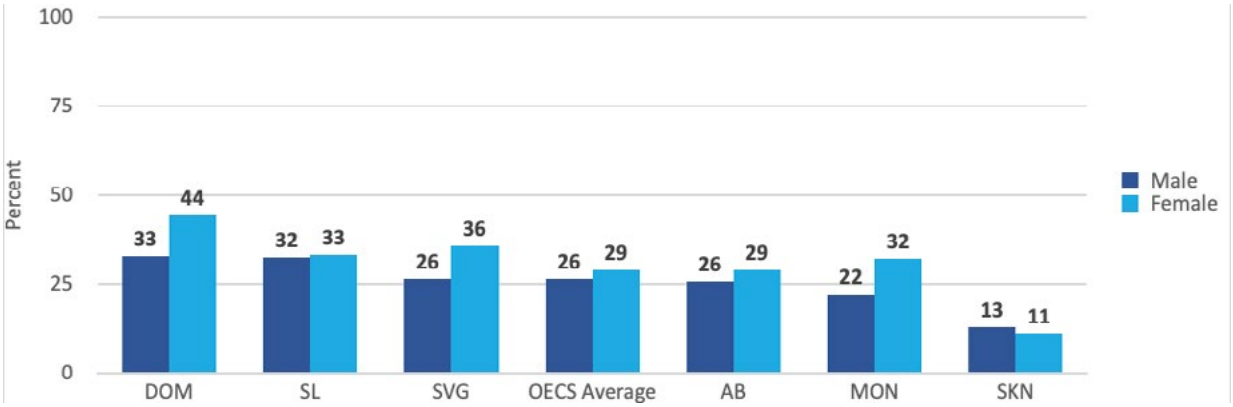
Chart 4.23. Students passing five or more CSEC subjects (with English A and Mathematics) by country, 2018-2019



Note: Data are not available for Anguilla, British Virgin Islands or Grenada.
Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020; UNESCO Institute for Statistics.

Chart 4.24 shows gender difference in achievement rates for passing five or more CSEC subjects, including English A and Mathematics among OECS Member States in 2018-2019. Among OECS Member States, on average, 26 per cent of males and 29 per cent of females passed five or more CSEC subjects. In each five of the six countries for which there are data, girls passed five or more CSEC subjects, including English A and Mathematics, more often than boys; except in Saint Kitts and Nevis. The gender differences were most pronounced in Dominica, Saint Vincent and the Grenadines and Montserrat.

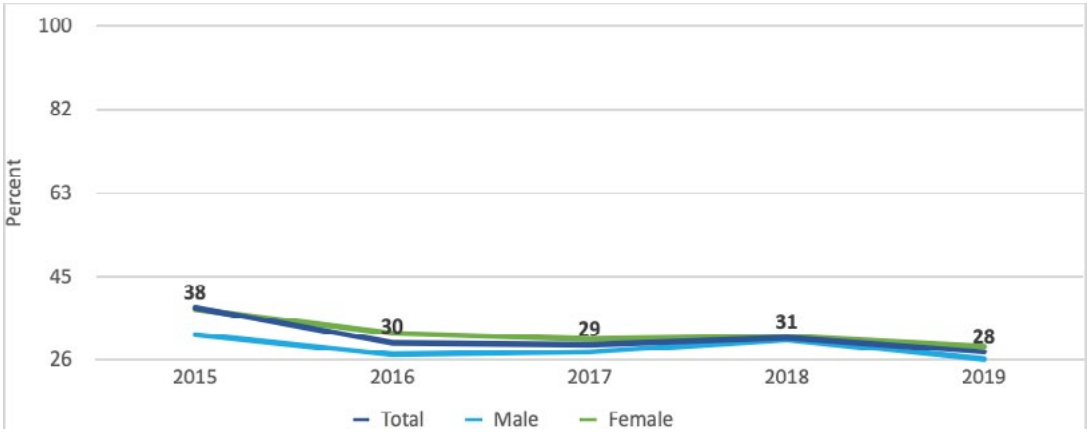
Chart 4.24. Students passing five or more CSEC subjects by gender and country, 2018-2019



Note: Data are not available for Anguilla, British Virgin Islands or Grenada
Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020; UNESCO Institute for Statistics.

Chart 4.25 shows changes over time, from 2015 to 2019, in the averages for OECS Member States of students who achieved passing grades in five or more CSEC subjects, including English A and Mathematics. Low academic achievement has long-term impacts for children and adolescents which will follow them into adulthood and negatively affect their income earning potential. Most notable was that there had been little change and no improvement in the proportion of students passing five or more CSEC subjects, on average, among OECS Member States.

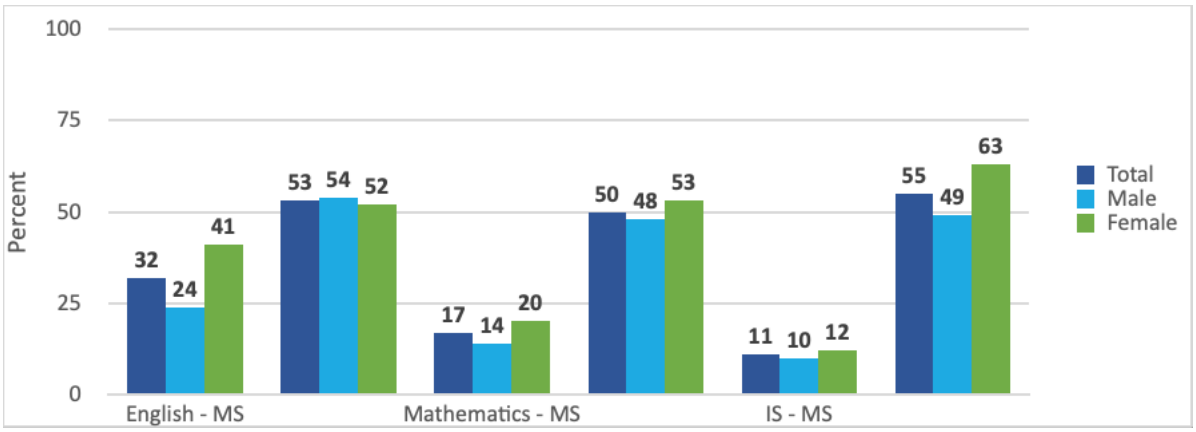
Chart 4.25. Students passing five or more CSEC subjects (OECS average) by year, 2015-2019



Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020; UNESCO Institute for Statistics.

Chart 4.26 shows the average Caribbean Certificate of Secondary Level Competence exam results for STEM subjects for OECS Member States. On average, among OECS Member States only 32 per cent of students passed English MS exams and 53 per cent passed English CM exams. It is notable that girls (41 per cent) were significantly more likely than boys (24 per cent) to pass English MS exams; there were no gender differences related to English CM exams. In addition, only 17 per cent of students passed Mathematics MS exams and 50 per cent passed Mathematics CM exams. It is notable that girls (20 per cent) were more likely than boys (14 per cent) to pass Mathematics MS exams; there were no gender differences related to Mathematics CM exams. Finally, Chart 5.28 shows that only 11 per cent of students passed IS MS exams, whereas 55 per cent of students passed IS CM exams. Girls (63 per cent) were significantly more likely than boys (49 per cent) to pass IS CM exams.

Chart 4.26. CCSLC exam results for STEM subjects for OECS Member States, 2019



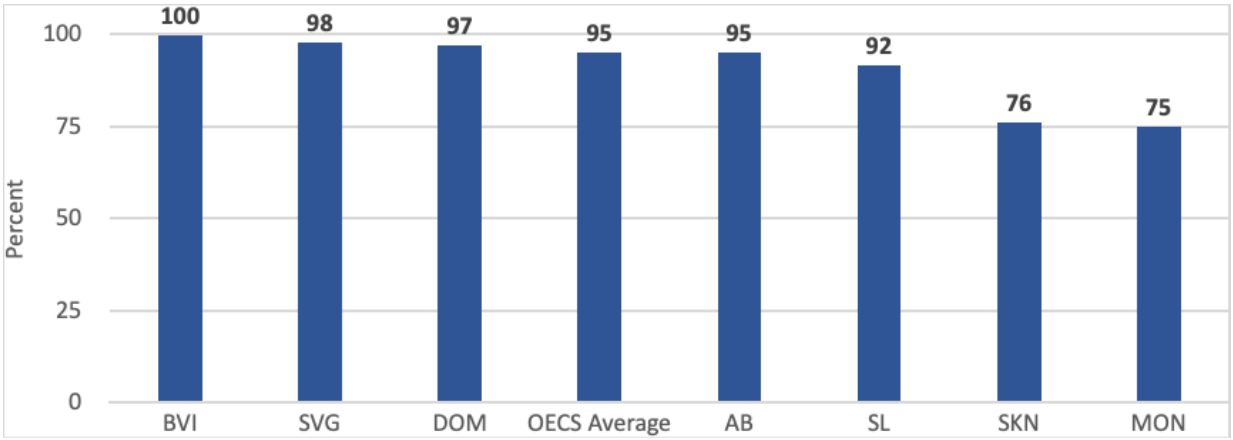
Note: Data are not available for British Virgin Islands and Grenada.

Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020; UNESCO Institute for Statistics.

At primary and secondary levels of education, children and adolescents develop foundational and transferable skills, including digital skills, needed to enable them to become lifelong learners, and to access future educational and work opportunities.[208] In the ECA, data and information about levels of learning achievement are limited. Nevertheless, it is important to understand disparities in learning – which children are learning appropriately and which are not – and to use this data and information to inform policies and management for improving learning outcomes.[209] In most countries and territories, there is a need to better understand gender inequalities in learning outcomes, and to understand the drivers of existing gender gaps.[210]

Chart 4.27 shows the proportion of students who attained Grades I, II, III and CSEC Information Technology (IT). On average, among OECS Member States, 95 per cent of students attained Grades I, II, III and CSEC Information Technology. Rates of attainment were lowest in Saint Kitts and Nevis (76 per cent) and Montserrat (75 per cent). The only notable gender differences in student attainment of Grades I, II, III and CSEC Information Technology was in Saint Kitts and Nevis, where boys (94 per cent) had higher attainment than girls (64 per cent).

Chart 4.27. Students attaining Grades I, II, III and CSEC IT by country, 2018-2019



Note: Data are not available for Anguilla and Grenada.
Source: OECS, *OECS Education Statistical Digest for the Academic Year 2018-2019*, OECS, Castries, Saint Lucia, 2020; UNESCO Institute for Statistics.

Education quality and learning outcomes continue to be a challenge for many ECA countries and territories. As a result, the focus has been on increasing the quality of education as many children in primary and secondary schools fail to meet minimum standards of learning. Across the ECA, Implementing child-friendly schools' frameworks has been a strategy for improving learning and behavioural outcomes, including school retention, as well as reducing violence.[211]

208 United Nations Children's Fund, *Goal Area 2: Every Child Learns – UNICEF Global Annual Results Report 2018*,UNICEF, New York, NY, USA, 2019, p. 39.

209 Ibid, 2019, p.16.

210 Ibid, 2019, p.16.

211 United Nations Children's Fund, *UNICEF Country Office Annual Report 2018 – Eastern Caribbean Multi-Country Programme*, UNICEF Office for the ECA, Christ Church, Barbados, pp. 4-7.

Support for young people to learn and develop skills

Consultations with young people in the ECA[212] revealed that they recognized there was a real need for programmes to help children and young people, including those with disabilities, to learn and develop skills that are needed for current and future life. Young people wanted these programmes to be free of charge for families because they recognized that families already spent a significant amount of money creating a learning environment for children and adolescents, so having to pay for programmes that support learning and skills development puts a heavy burden on families. For instance, adolescents in Montserrat wanted specialized school personnel who could support students who struggled academically and needed remedial learning.

"I think some disabled children might require extra assistance from teachers, or they need a peer to help in teaching them because some children may learn better from their peers." (Montserrat, 11-16 years)

"There can be programmes dedicated to helping the people, with people specially trained to work with people with disabilities to help with learning and life skills." (Montserrat, 11-16 years)

Young people wanted educational programmes for people with disabilities to be funded by the government and/or an organization. They recognized there was a need for teachers who specialized in teaching children and young people with disabilities, and they did not think that teachers with these areas of specialization were always available in schools. In Montserrat, adolescents also thought that children with disabilities would benefit from peer-to-peer programmes, which would provide children with disabilities the opportunity for an inclusive education and to learn alongside their peers who did not.

Since the spread of COVID-19 and the expansive use of online education by schools, children recognized that support for learning and skills building needed to extend into the home, especially for families raising children with disabilities and families who are struggling financially and have poor Internet connection.

In Trinidad and Tobago, adolescents on the move identified several different needs that they had as it relates to learning and skills development for the future. For one, they identified the need to access a repository of learning content, both online and offline, that could be accessed from home, but they faced Internet connection problems and device capability issues. Given challenges related to online learning, adolescents on the move were pleading for face-to-face contact time with teachers and the opportunity to engage with other migrant students as part of the learning process. Similar to adolescents in other Eastern Caribbean countries, children on the move in Trinidad and Tobago explained that they would like to see more courses offered to help them develop skills for employability. Two areas where adolescents on the move had specific needs were related to developing language competencies and financial support. All adolescents wanted learning English as a Second Language (ESL) to be a cornerstone of their education because it would help to support their integration into society. They also maintained there was a real need for financial support to households to ensure more stable home-based learning conditions.

In each of the four countries, young people also wanted to see more special events, seminars and webinars that aimed to facilitate their learning and develop their skills. They thought these could be conducted both nationally and regionally, and be delivered in an online platform, even after the pandemic ended.

212 In February 2021, consultations were conducted with young people ages 10-24 years in Anguilla, Dominica, Montserrat and Trinidad and Tobago as part of a UNICEF initiative focused on engaging children and young people in the ECA.

Literacy rates

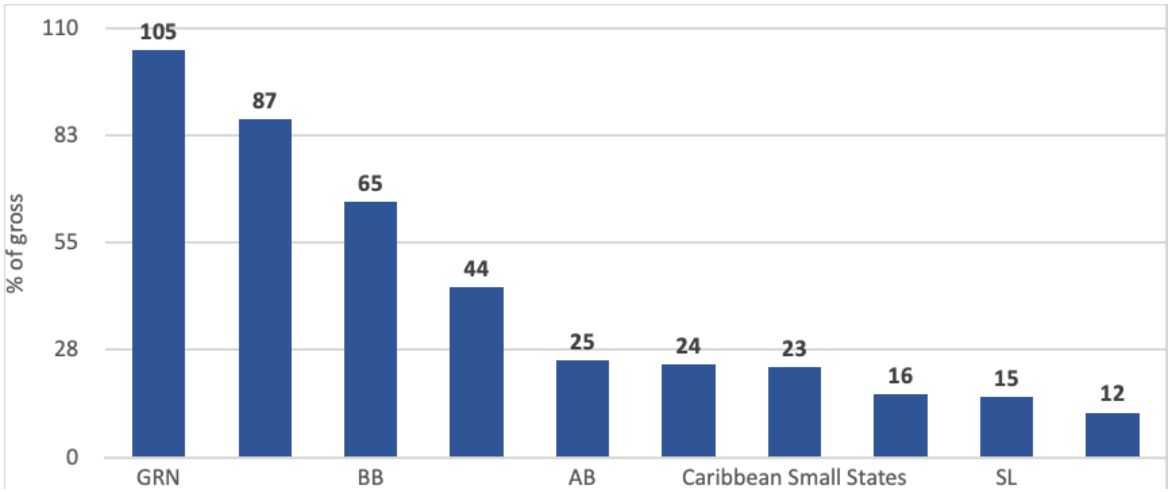
In the ECA, youth (ages 15-24) literacy rate data are available for only three countries. The youth literacy rate was 100 per cent in Barbados and Trinidad and Tobago and 99 per cent in Grenada.[213] Among people aged 15 years and older, the literacy rate was 100 in Barbados and 99 per cent in Antigua and Barbuda, Grenada and Trinidad and Tobago.[214] It is notable that these figures are nearly a decade old for most countries.

Tertiary education

Access to tertiary education for youth is crucial to learning outcomes and skills development, human development of a population, and poverty reduction in a country. Summary data on transition rates and net enrolment rates, as well as numbers of youth in tertiary education, are limited and inconsistent across each of the 12 Eastern Caribbean countries and territories. In countries and territories where data are available, much of the data are decentralized and disaggregated by institutions, making it difficult to compile and present, and to offer comparative analysis.

GER data for tertiary schools are available for eight countries in the ECA; however, the data for some countries are outdated by five to 10 years. Chart 4.28 shows the ECA average for the GER for tertiary education was 44 per cent, which is nearly twice that for Caribbean Small States (23 per cent). The GER for tertiary education was highest in Grenada (105 per cent), Saint Kitts and Nevis (87 per cent) and Barbados (65 per cent); higher than the ECA average. GERs were much lower in Antigua and Barbuda (25 per cent) and Saint Vincent and the Grenadines (24 per cent), and lowest in British Virgin Islands (16 per cent), Saint Lucia (15 per cent) and Turks and Caicos Islands (12 per cent).

Chart 4.28. GER for tertiary school (% gross)



Note: GER data for Antigua and Barbuda are from 2012, Barbados are from 2011, Grenada and British Virgin Islands are from 2018, Saint Kitts and Nevis are from 2015, Saint Lucia are from 2019, Saint Vincent and the Grenadines and Turks and Caicos Islands are from 2015, and Caribbean Small States are from 2016. ECA Average is based upon based upon data in the chart.
Source: UNESCO Institute for Statistics. Retrieved on 29 March 2021 from: School enrollment, tertiary (% gross) - Caribbean small states | Data (worldbank.org).

213 Retrieved on 28 April 2021 from: Literacy rate, youth total (% of people ages 15-24) | Data (worldbank.org).
214 Retrieved on 28 April 2021 from: Literacy rate, adult female (% of females ages 15 and above) - Suriname | Data (worldbank.org).

Technical and vocational education and training (TVET)

In the ECA, youths who leave school before completion have a difficult time returning to both non-formal and formal TVET programmes and performing successfully. Given this, the education system needs a demand-driven TVET system that supports youth (both male and female, and vulnerable and marginalized youth) to obtain the skills needed to successfully transition from secondary to post-secondary education, and into employment.

TVET can play a central role in developing the skills of youth, preparing them for employment and the labour market needs of the economy. Despite the importance of TVET, such a system of education and skills building has been largely neglected and often overshadowed in Eastern Caribbean countries by the emphasis placed on general academic education and the role of schools in preparing students for university education.

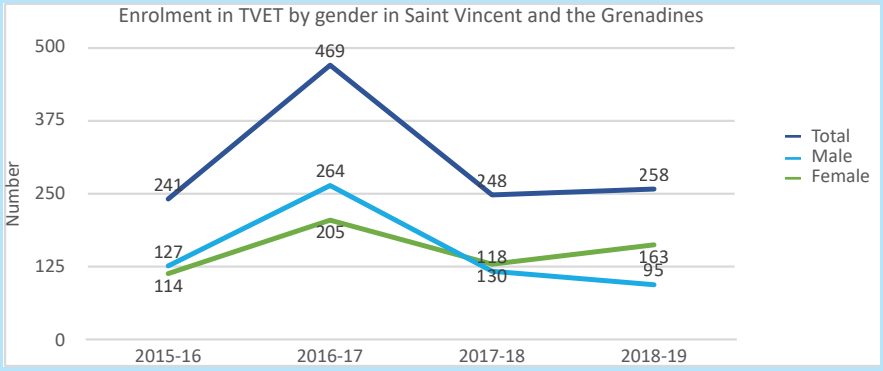
TVET programmes are needed to achieve the 2030 Agenda for Sustainable Development, and addressing issues of quality, access and relevance of education and training in line with labour market needs to facilitate decent employment of young people. In the ECA, governments would benefit from developing a national strategy for TVET and establishing a guiding framework for TVET policies at sectoral and enterprise levels. The framework should include a credible system of certification, which will ensure that skills are portable and recognized across sectors, enterprises and educational institutions, and institute work-based learning as integral components of TVET. This approach is consistent with recommendations from the CARICOM Regional Strategy for TVET, which calls for the establishment of a national training agency to coordinate and implement TVET policies across ministries and stakeholders.[215]

The lack of alignment of secondary and tertiary education with the labour markets in the ECA is contributing to skills mismatch, resulting in high youth unemployment. Thus, it is vitally important for TVET institutions at secondary and post-secondary levels to sustain the involvement of employers and workers, and their respective organizations, in keeping skills development relevant, and creating an effective bridge between the educational system and the labour market.

215 CARICOM Human Resource Development 2030 Strategy: *Unlocking Caribbean Human Potential*.

Box 4.1. Spotlight on TVET in Saint Vincent and the Grenadines

In Saint Vincent and the Grenadines, TVET at the secondary level is provided mainly at four different technical institutes located in Barrouallie, Campden Park, Kingstown and Georgetown. The Division of TVET of the Saint Vincent and the Grenadines Community College offers TVET programmes at the post-secondary level. From 2015-16 to 2018-2019, overall enrolment in TVET has fluctuated, with the largest enrolment in 2016-17 at 469. In some years, enrolment of males was greater than that of females, whereas in other years more females enrolled in TVET than males.



In 2010, Saint Vincent and the Grenadines passed the Sector Skills Development Act and the TVET Certification Framework has been established, enabling the country to issue National Vocational Qualifications (NVQs) and Caribbean Vocational Qualifications (CVQs). To date, a number of students have received their Caribbean Vocational Qualification in several areas. The Sector Skills Development Agency (SSDA) and its Secretariat, the National Qualifications Department (NQD) is responsible for developing TVET training programs, as well as NVQ and CVQ certification. The SSDA also delivers small-scale training to unemployed youth, through technical institutes (TIs) under the Ministry of Education's jurisdiction.

The Government of Saint Vincent and the Grenadines is focused on enhancing the system's capacity for TVET delivery. To this end, the TVET Development Project financed by the Caribbean Development Bank (CDB) and a sub-component of the SVG Human Development Service Delivery Project would address the long- and short-term capacity building needs for expanding access to TVET programmes and improving the learning environment of TVET instruction and management. The CDB project also includes the construction of smart classrooms at the four technical institutes, which would expand the teaching and learning capacity at these institutes.

During the past two budget cycles, TVET education has received the largest share of the Ministry's Capital Programmes. This significant investment in TVET education aims to position the country's youths to gain employment in a range of diverse vocational fields. The long-term goal is to have all students enrolled in at least one TVET-related programme.

Source: *St. Vincent and the Grenadines Education Statistical Digest 2018-2019*.

Impact of COVID-19 on education

Prior to the pandemic, many adolescents faced barriers that restricted their access to quality education and learning. Many adolescents aged 12-17 remained out-of-school; many never started or completed secondary education. In addition, access to learning opportunities remained a challenge for youth on the move.

To succeed within the current and future socio-economic environment, all young people must have access to quality education and learning that develops their knowledge and skills, and the attitudes and values needed to find and retain productive work, to make informed decisions, and to positively engage in their communities. Many young people, however, remain out of school or do not have access to quality learning opportunities. The World Bank's *2018 World Development Report* observed that the learning crisis has multiple causes, including: poor service delivery in schools and communities; low bureaucratic capacities, and policies that are not aligned with learning for all. Education and learning systems worldwide are constrained in delivering positive outcomes for young people, and remain overly focused on the acquisition of knowledge that will not prepare them to meet challenges and seize opportunities now and in the future.

Since March 2020, these barriers have been compounded by the pandemic and the closure of schools and universities. These closures lasted through to the end of the 2019-2020 academic year, in July 2020, and continued throughout the 2020-2021 academic year. The negative impacts of school closures and interruptions to education will have both direct and indirect impacts. The direct impact will be the disruption to education and the indirect impacts will arise from the huge increase in time young people have spent at home.[216]

School and university closures, interruptions to classes and cancellations or postponements of final examinations will affect the education of all school-age children and university students for a substantial period of time.[217] Gains that were made in improving access to education and learning for all young people, including children on the move, have been disrupted during the pandemic, and this has resulted in reduced learning and earning opportunities for youths aged 15-24. Furthermore, pandemic-related global recessions have further exacerbated socio-economic and educational challenges facing young people, which will put at risk any gains made in recent years to advance young people's opportunities.

There are two basic approaches to mitigating the impact of school closures, both of which are based around home-schooling – developing systems for online learning and extending more traditional methods to the home environment.[218] It is notable that access to computers and the Internet is high in the Caribbean (e.g., more than 80 per cent of females aged 15-24 had used a computer and accessed the Internet in the previous month)[219] and smartphone ownership was around 50 per cent in 2016, and is expected to be higher today. Still, however, only about half of households possessed a computer for home use and Internet coverage and reliability constrains the use of online teaching. Additionally, 40 per cent of computer users accessed computers outside of the home.[220]

The over-reliance of online learning during the pandemic has likely worked well for families that are better off financially and have access to a home-based computer, reliable Internet and technological skills. The over-reliance on online learning, however, also requires trained teachers with information, communication and technological (ICT) skills, and online course materials that are proven effective and readily available. Schools need to be able to rapidly transition to online teaching and learning; this has been a challenge for many schools, teachers and students.

216 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, pp. 4-6.

217 Ibid, 2020, pp. 4-6.

218 Ibid, 2020, pp. 4-6.

219 Statistics in this paragraph have been derived from Multiple Indicator Cluster Surveys in Barbados and Saint Lucia (2012), Trinidad and Tobago (2011) and the Saint Lucia Survey of Living Conditions 2016.

220 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, pp. 4-6.

The better option has appeared to be the expansion of home-schooling, which intuitively could be expanded and rolled out rapidly, as both teachers and materials were already available. Actions included: distribution of books, homework sheets and indicative timetables; weekly phone or video calls between teachers and students; advice to parents (many of whom were at home as well) as to how they could contribute to, and participate in their children's education. Across countries, ministries of education have established task forces to plan, implement and manage home-schooling activities, and to assess the effectiveness and needs of home-schooling initiatives; this has proven essential.[221]

In a recent study conducted by UNICEF in eight Eastern Caribbean countries, a survey of nearly 3,000 students, 554 teachers and 728 parents revealed there was a marked preference for face-to-face rather than online learning. More specifically, 67 per cent of secondary and 65 per cent of primary students preferred face-to-face learning. It is also notable that, while 90 per cent of students expressed satisfaction with in-person teaching, only 55 per cent of secondary students and 74 per cent of primary students were satisfied with online classes. Moreover, 68 per cent of teachers recognized their students were struggling in the online environment. Secondary school teachers, especially, reported there were too many distractions at home which impacted their students' ability to focus on learning. Parents also struggled in the virtual education environment. In fact, many parents were unable to supervise their children's engagement in online learning while at work.[222]

Other impacts of COVID-19 on education and learning outcomes and skills are likely to include reductions in future academic performance, and increased dropout rates, due to the possibility of some students continuing to stay away when schools re-open. To a large extent, the impacts will depend on the effectiveness of the measures to institute online learning and home-schooling, and the degree to which these teaching approaches are adopted at the family level, and school policies adopted upon the re-opening of schools.[223]

As students are likely to exhibit a wide range of educational abilities upon their return to school compared to before the pandemic, there will be a need for targeted catch-up classes and, as a prerequisite, the identification of students who should attend these classes. Given the fact that male educational performance, under most indicators, is inferior to that of females, and male dropout rates are generally higher, particular attention will need to be paid to the needs of boys in the design of catch-up classes. Given this reality, planning for the re-opening of schools should start early.[224]

Young people's experiences learning during COVID-19

During consultations[225], young people recognized that online learning had helped to prevent the spread of COVID-19. Some young people even liked being able to attend school from the comfort of their homes; they appreciated that they did not have to wake up so early in the morning and they could 'grab a snack' when they wanted. They also liked being able to use the computer and that they were learning to use new technology and software. Some young people felt that online learning was helping to prepare them for a digital age and distance learning, which will be useful when, and if, they attend a university.

"Some teachers have used electronic and technological resources; some teachers have used a platform to play games and trivia with students. I feel that is a positive aspect, because students are not just reading the book, but they are doing it in the form of a game to improve knowledge and understanding." (Montserrat, 11-16 years)

221 Ibid, 2020, pp. 4-6.

222 'UNICEF study shows students and teachers prefer to return to classroom', 8 April 2021. Retrieved on 24 July 2021 from: UNICEF study shows students and teachers prefer return to classroom.

223 Ibid, 2020, pp. 4-6.

224 Ibid, 2020, pp. 4-6.

225 In February 2021, consultations were conducted with young people aged 10-24 years in Anguilla, Dominica, Montserrat and Trinidad and Tobago as part of a UNICEF initiative focused on engaging children and young people in the ECA.

At the same time, young people felt that teachers needed to be more creative to make online learning fun and engaging for students. They recognized that learning online required teachers to use different teaching approaches to keep them engaged and interested. They also wanted teachers to understand that the same teaching styles cannot be used with all students, because they have different learning styles (e.g., visual, oral and verbal learning styles, and physical or hands-on learning styles). For instance, in Montserrat, some students liked the way that teachers were using platforms to play games and trivia with students to make learning more fun and engaging (it was not just about reading books). Playing games helped to improve their knowledge and understanding of course content and subject matter.

Online learning is not without its challenges. Some young people faced problems accessing Google classrooms from time-to-time and had technical problems with their computers (cameras and microphones) and Internet connectivity. Students also found that with online learning, technology could sometimes be a distraction, and it was not as easy to ask teachers questions and get useful answers. At the same time, some students liked that when they were engaged in online learning, they were able to get help and support from their parents.

While some students enjoyed online learning, others struggled because they learn better in a face-to-face environment, and benefit both socially and emotionally from interactions with teachers and friends. Whether they liked online learning or not, most young people were looking forward to the day when they could come together in groups and interact with each other.

Most young people thought that online learning could be used in the future to make learning easier and to encourage learning outside of the classroom. They also recognized that today's world was more technological, so the experience of online learning during the pandemic served as a stepping stone to prepare young people for the future.

"Similar to this webinar, there can be future webinars, even when the pandemic is over there can be more seminars around the region with students of similar capabilities. And there can be more seminars to help develop their skills like information and communication technology workshops." (Montserrat, 11-16 years)

"I feel very safe, and I really love computers and being online, and trying to make it fun. I feel good about seeing my friends and teachers, but they are not there to touch and say what is up, but I like online school." (Anguilla, 10-14 years)

"I think the main pro we can get from this experience of the pandemic is how everyone in the world has been forced to adapt to the use of technology and new software. It can be used to support children in the future. Learning can be made easier, like in the comfort of your home. But it can be a distraction. That is the main positive to get out of it, you can use it to boost learning among our youth." (Dominica, 14-18 years)

Adolescents in Montserrat thought there needed to be vocational training schools and more trade schools that taught vocational training and prepared young people for a trade that would lead to employment. They thought that trade schools were especially important for adolescents who might not enjoy classroom learning and did not want to pursue a university education.

Summary of data gaps on young people

This chapter focused on data related to every young person's right to learn. It also revealed numerous data gaps, including:

- Primary and lower secondary enrolment and completion rate data are typically available for 10 of the 12 ECA countries and territories, except Anguilla and Montserrat; however, repetition and dropout rate data are only available for six of the OECS countries.

- Data on out-of-school children, particularly adolescents, are lacking. Data that are available are limited to the percentage of lower secondary school-age adolescents that are out-of-school by gender. This data, however, does not offer understanding of the various reasons that adolescents are out-of-school or demographic differences among out-of-school children.

- Data related to education of children on the move in Trinidad and Tobago are available, however, there are notable data gaps, and data are not consistently reported on from year to year so the data are not always comparable. Moreover, much of the data related to education of children on the move in Trinidad and Tobago are focused on ECE and ECD activities. Existing data are not disaggregated by age, so it is not clear to what degree adolescents on the move in Trinidad and Tobago are accessing formal education.

- Enrolment and graduation rate data for tertiary education are lacking. GER data are only available for eight of the 12 ECA countries and territories; data are missing for Anguilla, Dominica, Montserrat and Trinidad and Tobago. Available data are not disaggregated by gender or type of education (i.e., undergraduate and graduate university education, and vocational and trade school education). To better understand tertiary education of young people, it is important that more detailed, disaggregated and systematic data are available for each of the 12 ECA countries and territories. Such data are needed to develop evidence-based programmes that aim to improve transition rates of young people from secondary to tertiary education, and successful completion of tertiary education. Such data can also serve to inform education reforms needed to develop a demand-driven TVET system that supports youth (both male and female, and vulnerable and marginalized youth) to obtain the skills needed to successfully transition from secondary to post-secondary education, and into employment. TVET can play a central role in developing the skills of youth, preparing them for employment and the labour market needs of the economy; however, this requires partnerships with the private sector.

- Saint Vincent and the Grenadines was the only country with data available for enrolment in TVET by gender. Such data should be available for all ECA countries and territories with TVET programmes, along with data on types of TVET programmes offered, access and completed by young people.

- Skills and learning outcomes data are limited to only six of the OECS countries and are limited to the proportion of students passing national and regional examinations; skills and learning outcomes data are not available for six countries and territories, including Anguilla, Barbados, British Virgin Islands, Grenada, Trinidad and Tobago, and Turks and Caicos Islands.

Chapter 5
Every young person participates

> For young people, the path to a successful future goes through quality education that equips them – and empowers them – with the skills they need to thrive in today's workforce. (UNICEF Executive Director Henrietta H. Fore)

Between the ages of 15-24 years, the most youths complete their education and enter the labour force; the majority will transition successfully. For many youths, however, the transition from school to work is not straightforward – their schooling is completed, but employment is not obtained – and can be long and arduous. It can be characterized by cycles of unemployment, zero-hours-contract jobs, unpaid internships and traineeships, and low-quality jobs with few legal rights or social protection. This has profound social and economic impacts in terms of lost productivity.[226]

For youths who find themselves out-of-school and unemployed, the social and economic impacts can be profound in terms of lost productivity and the mental well-being of individuals.[227] At the same time, mental health and well-being are factors in young people's ability to successfully move from school to work; research has shown that mental health issues are the primary reason why young people may find themselves with the not in employment, education or training (NEET) status.[228] In low-, middle-, and high-income countries, mental health and well-being have tended to be overlooked, yet they play an important role in the success of job searches and, ultimately, in whether young people move into decent work.[229]

Their sense of self-worth and self-esteem may also suffer, and they are at higher risk of engaging in a range of risky behaviours, including alcohol and substance use/abuse, and delinquent and criminal activities which can adversely impact themselves and their families, communities and the wider society.[230] Over the long-term, particularly if the time taken to obtain gainful employment extends into months or years, the individual may not achieve their full labour market potential, resulting in reduced income over their lifetime and, for wider society, a loss of productive potential.[231]

Globally, investments in quality wages and self-employment fall short of young people's aspirations, leaving a growing pool of young people with an insufficient number of decent jobs. Moreover, many education systems are struggling to equip young people with the skills needed to meet employer expectations. Additionally, the COVID-19 pandemic and related global recession have further exacerbated the socio-economic challenges facing youth, which puts at risk many of the gains made in recent years to advance young people's opportunities.[232]

226 United Nations Children's Fund/International Labour Organization, *Generation Unlimited: Global Initiative on Decent Jobs for Youth – Creating and sustaining successful school-to-work transitions*, UNICEF, New York, NY, USA, 2020.

227 Ibid, 2020.

228 Ibid, 2020; Gutierrez-Garcia et al., 'Emerging Adults Not in Education, Employment or Training (NEET): Socio-demographic characteristics, mental health and reasons for being NEET', *BMC Public Health*, (2008), Vol. 18, p. 25.

229 United Nations Children's Fund/International Labour Organization, *Generation Unlimited: Global Initiative on Decent Jobs for Youth – Creating and sustaining successful school-to-work transitions*, UNICEF: New York, NY, USA, 2020; Mawn et al., 'Are we Failing Young People Not in Employment, Education or Training (NEETs)? A systematic review and meta-analysis of re-engagement interventions', Systematic Reviews, 2017, Vol. 6, No., 16, p. 25.

230 Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020; Wong, J. & U. Ramakrishnan, *Crime and Youth Unemployment in the Caribbea*n, IMF Western Hemisphere Department, Georgetown, Guyana, 2017; Caribbean Development Bank, 'CDB study proposes multi-pronged thrust to cut high regional youth unemployment', Press Release; United Nations Children's Fund, *Views on Juvenile Offending: Barbados, Dominica and Saint Lucia – Report of National Surveys undertaken in 2010 and 2012*, UNICEF Office for the ECA, Christ Church, Barbados, 2010; Devonish, D. & S. Henry/CJRPU Barbados, *A Comprehensive Research Report Assessing the Juvenile Justice System and Experience of Juvenile Offenders (16–18 years) in Barbados, 2017*; Inter-American Development Bank, *Crime and Violence in the Caribbean*, IDB, New York, NY, USA, 2015.

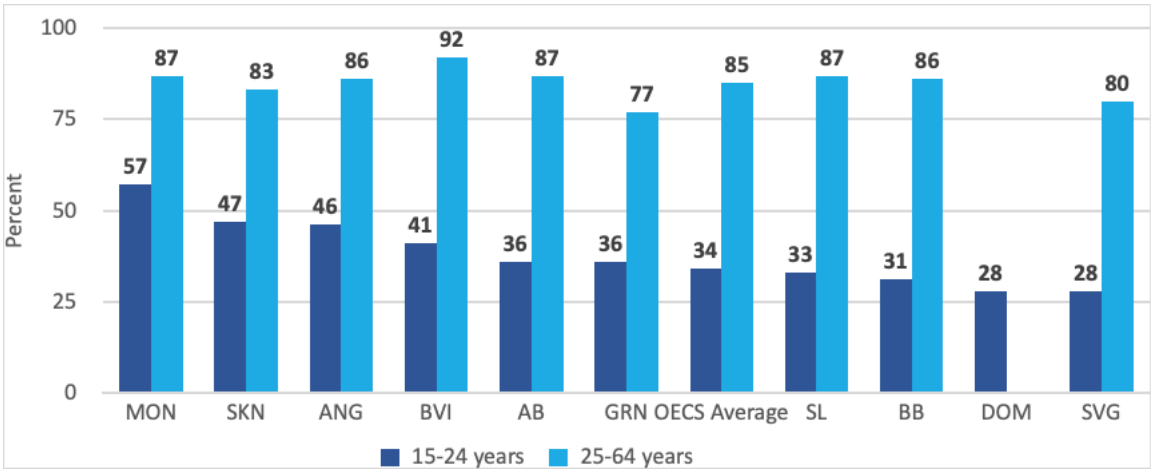
231 Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020; Nilsen, O.A. & K.H. Reiso, *Scarring Effects of Unemployment*, Institute of Labour Economics (IZA), Discussion Paper 61988, 2011; International Labour Organization , *Global Employment Trends for Youth 2013 – a Generation at Risk*, ILO, Geneva, Switzerland, 2013.

232 United Nations Children's Fund/International Labour Organization, *Generation Unlimited: Global Initiative on Decent Jobs for Youth – Creating and sustaining successful school-to-work transitions*, UNICEF, New York, NY, USA, 2020.

Youth labour force participation

In the OECS subregion, the total youth population (ages 15-24) was estimated at 103,000, of which 35,000 or 34 per cent were employed in the labour force (see Annex Table 6). Chart 5.1 shows the labour force participation among working-age populations, comparing youth aged 15-24 to adults aged 25 years and older. On average, 34 per cent of youth aged 15-24 in the OECS subregion were employed, compared to 85 per cent of adults aged 25-64 years. In all countries, a much larger proportion of adults aged 25-64 were participating in the labour force, compared to youth aged 15-24. More specifically, the youth labour force participation rate was highest in Montserrat (57 per cent) and lowest in Dominica and Saint Vincent and the Grenadines (28 per cent and 28 per cent respectively). It is notable that the youth labour force participation rate was also higher than average in Saint Kitts and Nevis (47 per cent), Anguilla (46 per cent), British Virgin Islands (41 per cent), Anguilla and Barbuda (36 per cent) and Grenada (36 per cent), and lower than average in Saint Lucia (33 per cent) and Barbados (31 per cent).

Chart 5.1. Labour force participation[233] among working-age populations by age groups and country



Note: Data for adults ages 25-64 are not available for Dominica.

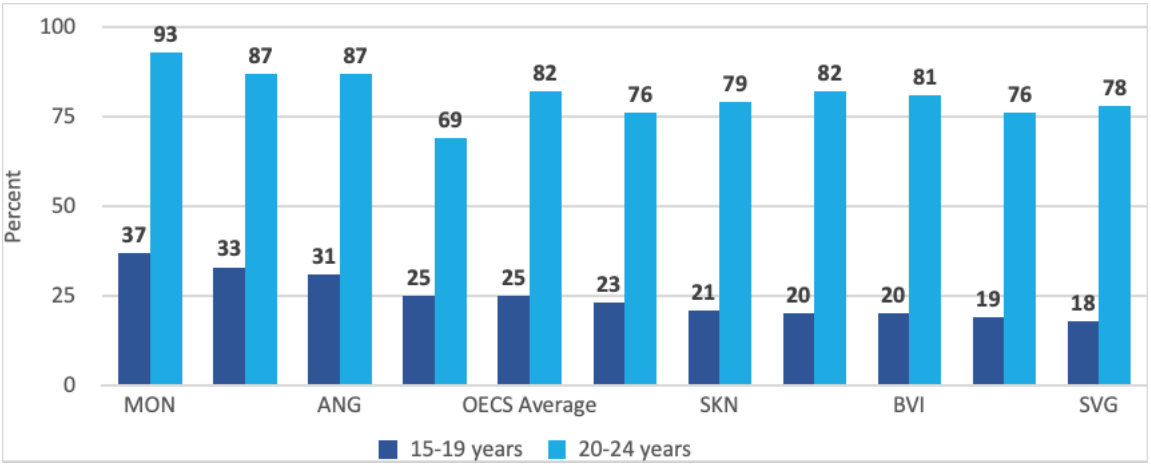
Source: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

Chart 5.2 reveals differences in labour force participation between youth aged 15-19 and 20-24 years. On average, in the OECS subregion, only 25 per cent of youth aged 15-19 were employed in the labour force, compared to 82 per cent of youth aged 20-24; this pattern emerged across each of the 10 countries. This situation was expected, as the majority of youth aged 15-19 were likely to be in school.[234] More specifically, labour force participation among youth ages 15-19 was highest in Montserrat (37 per cent) and lowest in Grenada (19 per cent) and Saint Vincent and the Grenadines (18 per cent). Similarly, labour force participation among youth aged 20-24 was highest in Montserrat (93 per cent), but lowest in Barbados (69 per cent).

233 Participation rates provide an indication of the potential labour supply relative to the working age population.

234 Where available, the country chapters contain a further age group disaggregation. These analyses show very low participation rates for youth aged 15-16, the majority of whom will be in secondary school, which are much lower than those for those aged 17-19, many of whom have entered the labour force.

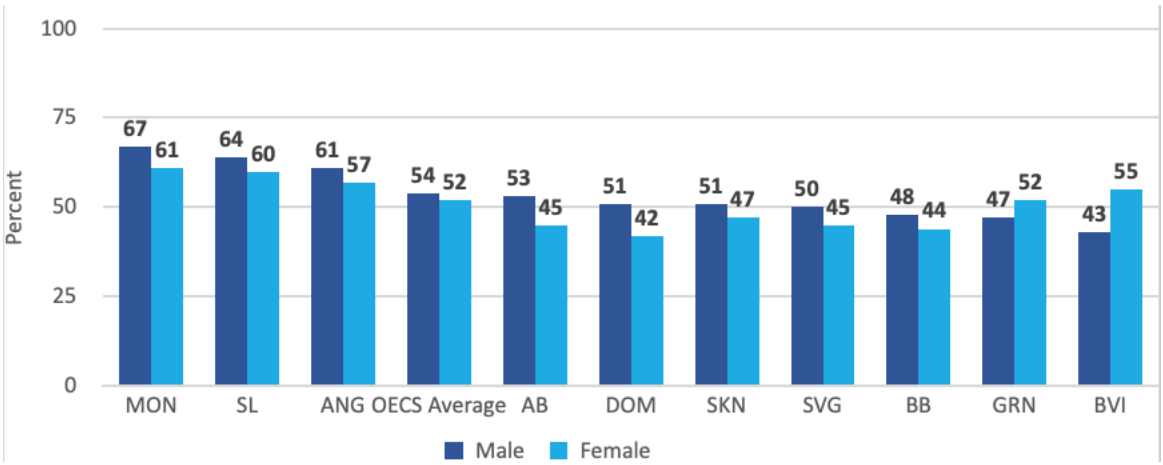
Chart 5.2. Youth labour force participation rates by age groups and country



Source: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

Chart 5.3 shows gender differences in youth labour force participation. On average, in the OECS subregion, 54 per cent of males and 52 per cent of females were employed; there were no significant gender differences. The youth labour force participation rates were higher than average for both males and females in Montserrat (male, 67 per cent; female, 61 per cent), Saint Lucia (male, 64 per cent; female, 60 per cent) and Anguilla (male, 61 per cent; female, 57 per cent). Among female youth, labour force participation was also higher than average in British Virgin Islands (55 per cent). It is notable that youth labour force participation was lower than the regional average in seven countries.

Chart 5.3. Youth labour force participation rates by sex and country



Source: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

Youth unemployment

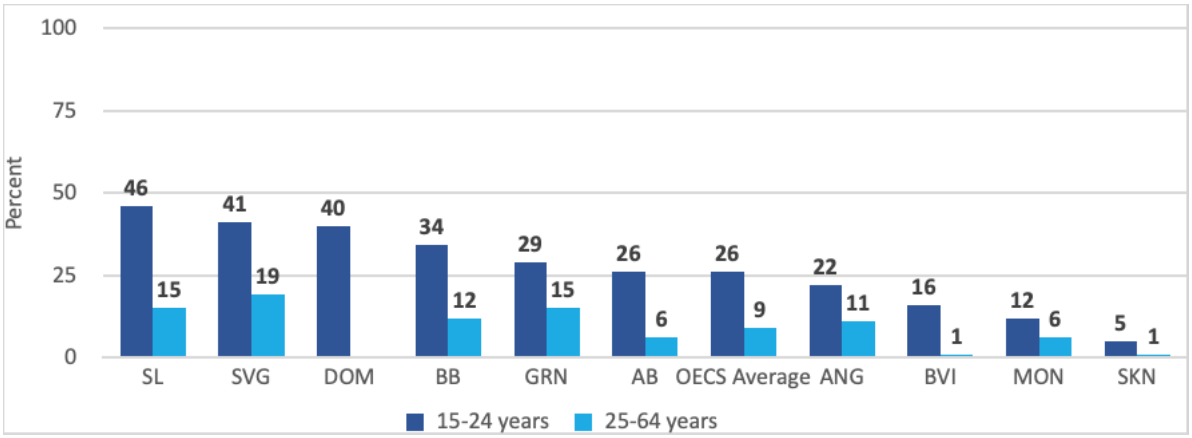
The unemployment rate is the most widely used indicator for unemployment and is a designated SDG. The unemployment rate is defined as the number of unemployed in a particular age group as a percentage of that age group's labour force. Unemployment rates are high in most Eastern Caribbean countries and territories, especially among women

and youth.[235] The Caribbean Development Bank (CDB) reports that, on average, 15 per cent of the ECA population is unemployed and the youth unemployment rate is twice as high as the total unemployment rate, accounting for nearly one in three young people (31 per cent).

Chart 5.4 shows the employment rate among working-age populations, comparing youth aged 15-24 to adults aged 25 years and older. On average, 26 per cent of youth aged 15-24 in the OECS subregion were unemployed, compared to 9 per cent of adults aged 25-64 years; this pattern emerged across each of the 10 countries. It is notable that, on average, youth were nearly three times more likely to be unemployed than adults in the region.

More specifically, youth unemployment rates were highest in Saint Lucia (46 per cent), Saint Vincent and the Grenadines (41 per cent) and Dominica (40 per cent), as well as higher than average in Barbados (34 per cent), and Grenada (29 per cent). In comparison, youth unemployment rates were lower than average in Anguilla (22 per cent), British Virgin Island (16 per cent), Montserrat (12 per cent), and Saint Kitts and Nevis (5 per cent). It is notable that the youth unemployment rate was 16 times higher than the adult unemployment rate in British Virgin Islands, five times higher in Saint Kitts and Nevis, and four times higher in Antigua and Barbuda.

Chart 5.4. Unemployment rates among working-age populations by age groups and country



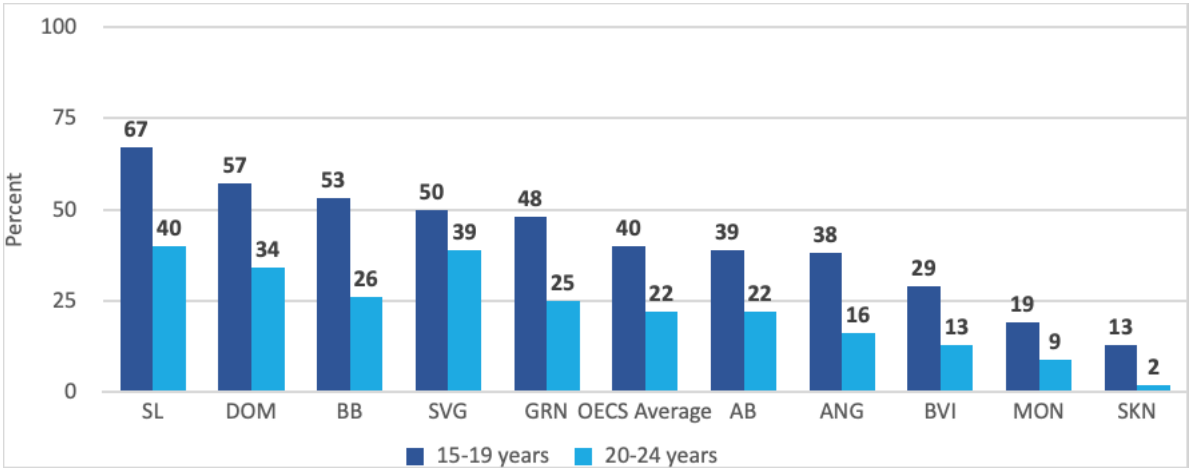
Note: Data for adults aged 25-64 are not available for Dominica.

Source: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

Chart 5.5 reveals differences in unemployment rates between youth aged 15-19 and 20-24 years. On average, in the OECS subregion, as many as 40 per cent of youth aged 15-19 were unemployed, compared to 22 per cent of youth aged 20-24; this pattern emerged across each of the 10 countries. This situation was expected as the majority of youth aged 15-19 were likely to be in school. Unemployment rates among youth aged 15-19 were higher than average in Saint Lucia (67 per cent), Dominica (57 per cent), Barbados (53 per cent), Saint Vincent and the Grenadines (50 per cent) and Grenada (48 per cent). In addition, unemployment rates among youth aged 20-24 were highest in Saint Lucia (40 per cent) and Saint Vincent and the Grenadines (39 per cent), and higher than average in Barbados (26 per cent) and Grenada (25 per cent). In comparison, unemployment rates were lowest among youth in Montserrat (ages 15-19, 19 per cent; 20-24 years, 9 per cent) and Saint Kitts and Nevis (ages 15-19, 13 per cent; 20-24 years, 2 per cent).

235 Retrieved on 2 May 2021 from: https://www.worldbank.org/en/country/caribbean/overview.

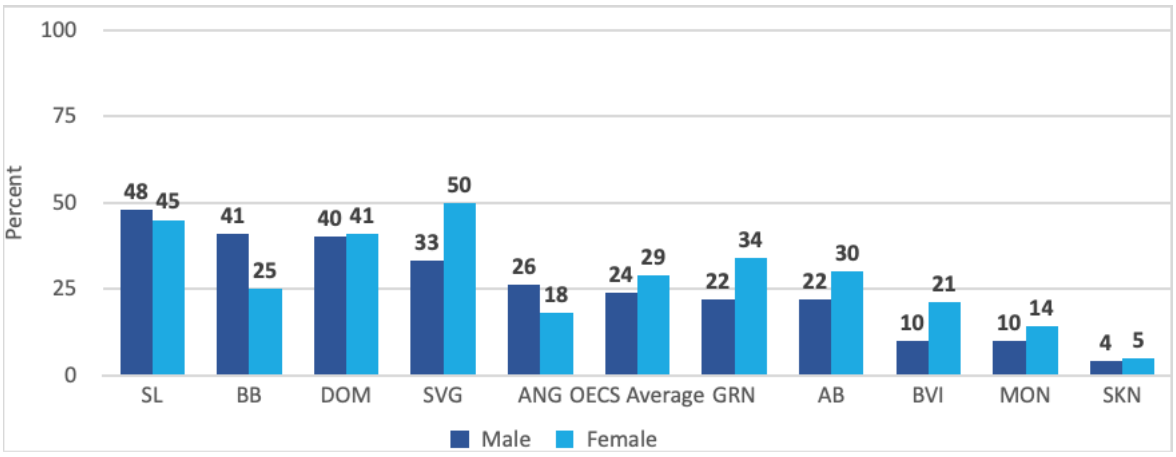
Chart 5.5. Youth unemployment rates by age groups and country



Source: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

Chart 5.6 shows gender differences in youth unemployment rates. On average, in the OECS subregion, 25 per cent of male youth and 29 per cent of female youth were employed; in seven countries, youth unemployment rates were higher among females than males. Youth unemployment rates were highest among females in Saint Vincent and the Grenadines (50 per cent), Saint Lucia (45 per cent) and Dominica (41 per cent), and higher than average in Grenada (34 per cent) and Antigua and Barbuda (30 per cent). In comparison, the female youth unemployment rates were lowest in Anguilla and Barbuda (18 per cent), Montserrat (14 per cent) and Saint Kitts and Nevis (5 per cent).

Chart 5.6. Youth unemployment rates by sex and country



Source: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

The youth unemployment rate for males was highest in Saint Lucia (48 per cent) and higher than average in Barbados (41 per cent), Dominica (40 per cent), Saint Vincent and the Grenadines (33 per cent) and Anguilla (26 per cent), and lowest in British Virgin Islands (10 per cent), Montserrat (10 per cent) and Saint Kitts and Nevis (4 per cent). In British Virgin Islands, the female youth unemployment rate (21 per cent) was two times higher than the male youth unemployment rate (10 per cent).

As a consequence of higher youth unemployment rates, youths account for a disproportionate share of total unemployment in each country. These patterns reflect the difficulties that youths encounter when they enter the labour market and do not, or are not perceived to, have the necessary qualifications and/or experience required to ensure access to many job opportunities. At the same time, for countries where information was available, the majority of unemployed youths had been unemployed for six months or more.[236]

Youth not in employment, education or training (NEET)

Education is a key determinant of individual social mobility and an effective remedy for unemployment and chronic poverty.[237] It is clear that quality education is crucial for securing a successful transition to work, yet across countries there are still significant deficits in education and school systems that translate into poor labour-market outcomes for young people. Young people with no more than a lower secondary education account for more than 30 per cent of NEETs, and are three times more likely to be NEET than those with a university degree.[238] Similarly, ILO's School-to-Work Transition surveys have found that 95 per cent of young people with no education are in informal jobs, and the incidence of informality falls with increased educational attainment.[239]

The NEET indicator is the percentage of youth population that is neither working, nor in education or training. It includes those youths who are unemployed and those who are inactive for other reasons. This indicator is the result of a recognition that unemployment is strictly defined as those who are not in employment and are actively seeking work and are available for work. As a consequence, this definition excludes a potentially significant proportion of the youth population who are not working, but are not actively seeking employment for a variety of reasons.[240]

Youth NEETs are likely at-risk from the adverse impacts of unemployment, including marginalization, exclusion, and engagement in antisocial behaviours. The need to incorporate this group of youths into the analysis of youth issues led to the NEET indicator becoming the sole youth-specific target for the post-2015 SDGs. It is notable that the youth NEET indicator can be directly compared to the unemployment to population ratio as both are derived as percentages of the overall youth population.[241]

Chart 5.7 presents the activity status of the youth population. The average NEET rate for youth was 22 per cent, which was substantially higher than the average unemployment-to-population ratio of 14 per cent due to the inclusion of the inactive population who are not studying. NEET rates vary widely, from as low as 11 per cent in British Virgin Islands to as high as 35 per cent in Saint Lucia. It is not surprising that the pattern of youth NEET rates mirrors that of youth unemployment rates. Chart 6.7 shows that, on average, the non-NEET youth population was split nearly equally between those who were in education/studying (37 per cent) and those who were employed (40 per cent).

236 Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison, OECS Commission*, Castries, Saint Lucia, 2020.

237 United Nations Children's Fund/International Labour Organization, G*eneration Unlimited: Global Initiative on Decent Jobs for Youth – Creating and sustaining successful school-to-work transitions*, UNICEF, New York, NY, USA, 2020.

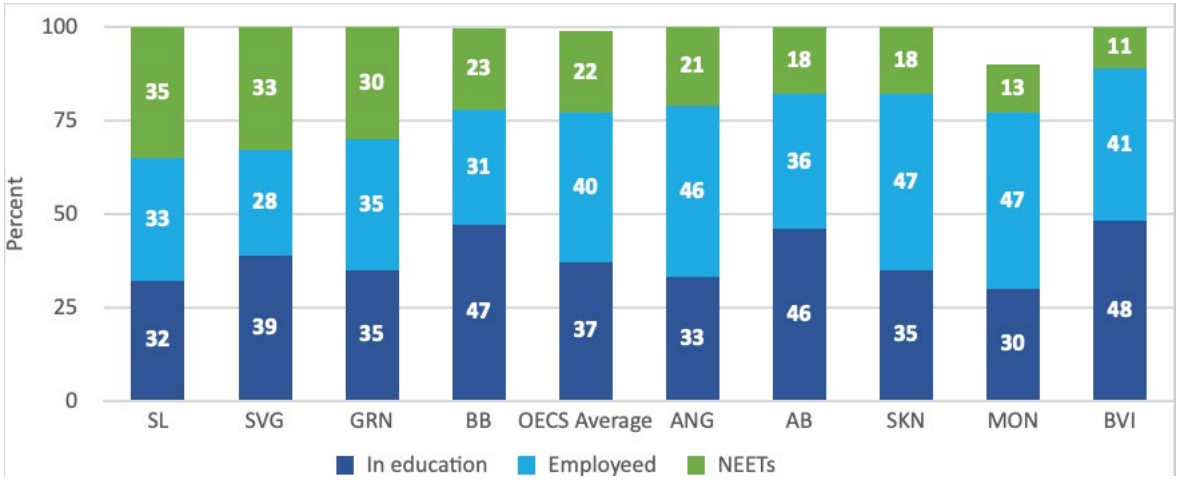
238 Ibid; see also, Organization for Economic Cooperation and Development, *Society at a Glance 2016: OECD Social Indicators*, OECD, Paris, France, 2016.

239 United Nations Children's Fund/International Labour Organization, *Generation Unlimited: Global Initiative on Decent Jobs for Youth – Creating and sustaining successful school-to-work transitions*, UNICEF, New York, NY, USA, 2020; Higgins, N, 'Rising to the Youth Employment Challenge – New evidence on key policy issues', ILO, Geneva, Switzerland, 2017.

240 Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

241 Ibid

Chart 5.7. Activity status of the youth population (ages 15-24) by country

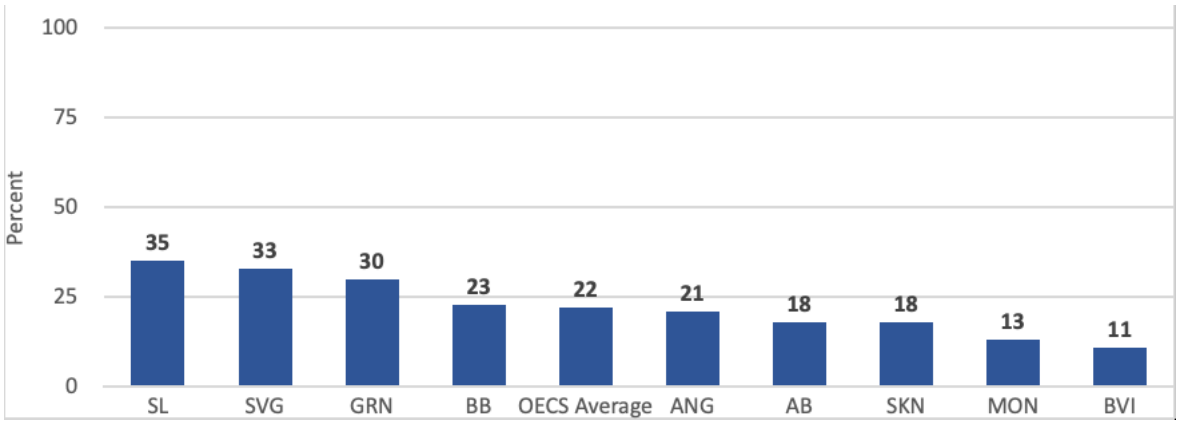


Notes: Column totals may not sum to 100 per cent due to rounding. Data are not available for Dominica.

Source: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

Chart 5.8 shows the youth NEET rate by country. As stated above, on average in the OECS subregion, 22 per cent of youth were NEET. The youth NEET rate was higher than average in Saint Lucia (35 per cent), Saint Vincent and the Grenadines (33 per cent), Grenada (30 per cent) and Barbados (23 per cent). It was lower than average in Anguilla (21 per cent), Antigua and Barbuda (18 per cent), Saint Kitts and Nevis (18 per cent), Montserrat (13 per cent) and British Virgin Islands (11 per cent).

Chart 5.8. Youth NEET rates by country

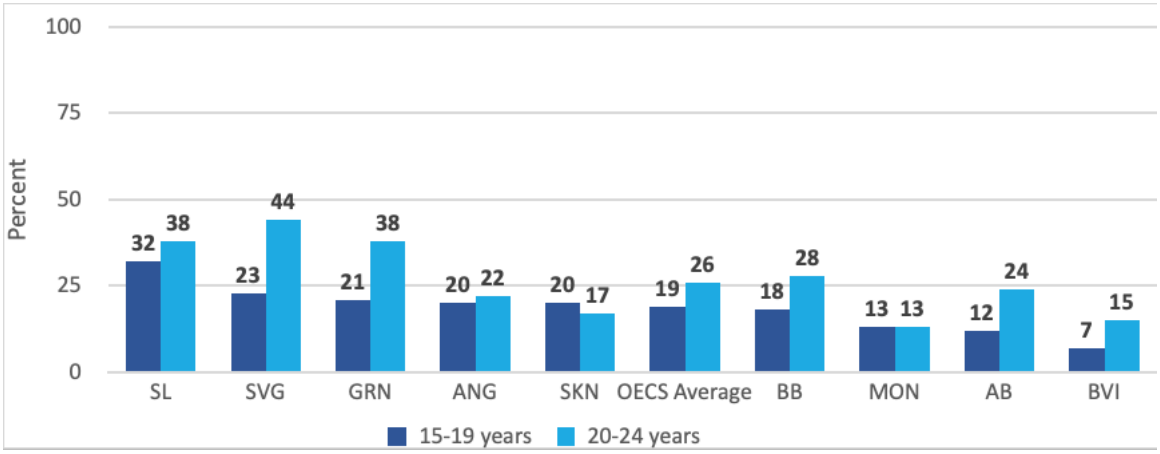


Notes: Data are not available for Dominica.

Source: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

Chart 5.9 reveals differences in youth NEET rates between youth aged 15-19 and 20-24 years. On average, in the OECS sub-region, 19 per cent of youth aged 15-19 and 26 per cent of youth aged 20-24 years were NEETs; the NEET rate was lower among youth aged 15-19 because they were more likely to still be in school. The NEET rate was highest among youth aged 15-19 in Saint Lucia at 32 per cent and lowest in British Virgin Islands at 7 per cent. Among youth aged 20-24, the NEET rates were highest in Saint Vincent and the Grenadines (44 per cent), Grenada (38 per cent) and Saint Lucia (38 per cent) and lowest in British Virgin Islands (15 per cent) and Montserrat (13 per cent).

Chart 5.9. Youth NEET rates by age groups and country

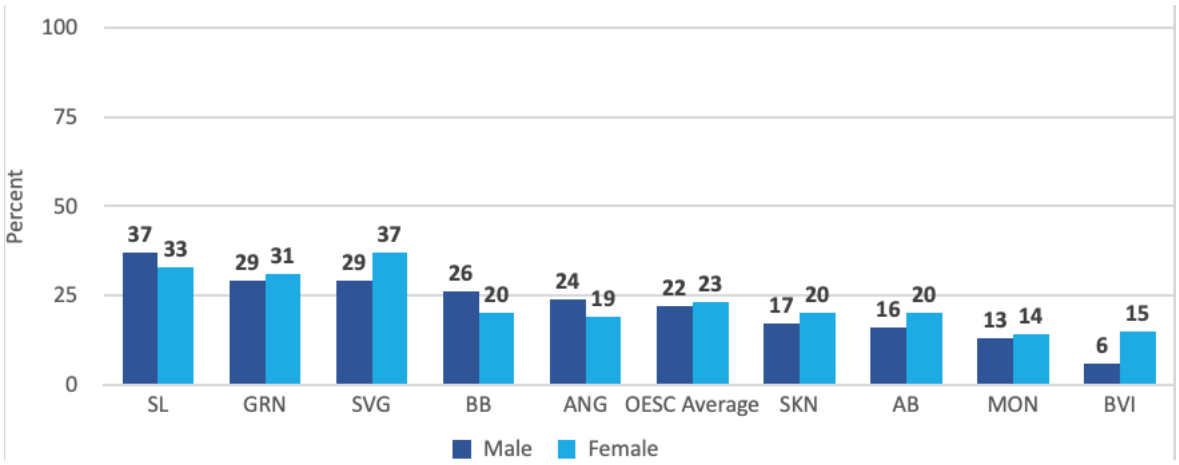


Notes: Data are not available for Dominica.

Source: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

Chart 5.10 shows gender differences in youth NEET rates. On average, in the OECS subregion, 22 per cent of male youth and 23 per cent of female youth were NEETs; in six countries, youth unemployment rates were higher among females than males. Among males, the youth NEET rates were highest in Saint Lucia (37 per cent) and lowest in British Virgin Islands (6 per cent). Among females, the youth NEET rates were highest in Saint Vincent and the Grenadines (37 per cent) and lowest in Montserrat (14 per cent). It is notable that in British Virgin Islands, the female youth NEET rate (15 per cent) was more than twice as high as the male youth NEET rate (6 per cent).

Chart 5.10. Youth NEET rates by gender and country



Notes: Data are not available for Dominica.

Source Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

One of the issues facing both policymakers and employers is that traditional approaches to education and TVET have not been able to keep up with the knowledge and skills demands of the new labour market, contributing to the development of a skills gap across global regions. The modern world of work requires individuals to have foundational academic qualifications, coupled with a range of soft and social skills essential to navigate the challenges of an ever-changing labour market, fluctuating employer demands, and a volatile macro-economic context. In addition to having a formal education, young people need the opportunity to explore options beyond their immediate school environment, such as developing entrepreneurial skills and exploring routes to sustainable self-employment. In this respect,

policymakers and researchers have become increasingly interested in how young people's social capital and networks can be used to help them move into decent work.[242]

For these reasons, youth unemployment is a major policy concern. Governments across the Eastern Caribbean are aware of these issues and are addressing them through the formulation and implementation of a wide variety of policies and programmes.[243] The relevance and importance of these programmes will become more important as the negative impacts of the COVID-19 pandemic on employment and national economies become clearer.[244]

Impact of COVID-19 on youth unemployment

Across the ECA, on average, youth (ages 15-24) unemployment rates were already high prior to the COIVD-19 pandemic. In Barbados and Saint Lucia, the proportions of youth unemployed who had never worked or had been unemployed for six months or more were 56 per cent and 77 per cent respectively. Based upon projections, the youth unemployment rate can be expected to double due to the COVID-19 pandemic. Given the majority of these unemployed youths live with their families, this can only further exacerbate the financial situations of families/households and risks of increasingly volatile family situations.[245] Further analysis is needed to understand the short- and long-term impacts of COVID-19 on youth unemployment and labour force participation.

Summary of data gaps on young people

This chapter focused on data related to every young person's right to participate in society. It also revealed data gaps, related to the following:

- Data related to youth labour force participation and unemployment rates are available for 10 of the 12 ECA countries and territories and disaggregated by sex and age groups (15-19 years and 20-24 years), but are lacking for Trinidad and Tobago and Turks and Caicos Islands.
- Youth NEET data are available for nine of the 12 ECA countries and territories and disaggregated by sex and age groups (15-19 years and 20-24 years), but are lacking for British Virgin Islands, Trinidad and Tobago, and Turks and Caicos Islands.
- There is a lack of data on the impact of COVID-19 on youth employment, unemployment and NEET. This data gap can likely be filled by analysing existing data (data collected by governments and development partners during the pandemic that measured the impact of COVID-19 on populations). Since the COVID-19 pandemic has caused job losses and interruptions to education, and has disproportionately impacted vulnerable groups, understanding the impact of COVID-19 on young people's ability to earn and thrive is important. Such data can be used to inform the development of employment programmes that engage youth, build skills and help to stabilize communities and that also foster innovation and create jobs that sustain stability and prosperity in the lives of young people and their families.[246]

242 United Nations Children's Fund/International Labour Organization, *Generation Unlimited: Global Initiative on Decent Jobs for Youth – Creating and sustaining successful school-to-work transitions*, UNICEF, New York, NY, USA, 2020.

243 International Labour Organization, *Mapping of Youth Employment Interventions in Caribbean Countries: Antigua and Barbuda, Barbados, Belize, Dominica, Grenada, Guyana, Jamaica, St. Vincent and the Grenadines, Trinidad & Tobago*, ILO, Port of Spain, Trinidad and Tobago, 2018.

244 Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020.

245 United Nations Children's Fund/United States Agency for International Development, *The Socio-economic Impact of COVID-19 on Children and Young People in the ECA*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, p. 6.

246 Brookings Institute, 'Youth or consequences: Put youth at the center of the COVID-19 recovery', 8 June 2020. Retrieved on 4 June 2021 from: Youth or consequences: Put youth at the center of COVID-19 recovery (brookings.edu).

Chapter 6
Every young person thrives

The rights of adolescents and youth to survive, grow and develop are enshrined in international conventions, including the CRC. In keeping, States are obliged to recognize the special health and development needs and rights of young people, including adolescents and youth. Young people will thrive when they continue to eat well, are stimulated and cared for at home and in their communities, and enjoy access to quality education that gives them opportunities to learn and grow into adulthood.

Health and well-being during adolescence and young adulthood lay the foundation for health trajectories across the life course and are necessary preconditions for children to successfully transition into adolescence and adulthood. Adolescents and youth are more likely to engage in risky behaviour than any other age group. Based on their stage of brain development, young people are more likely to act on impulse, misread or misinterpret social cues and emotions, get into accidents, get involved in fights, and engage in dangerous or risky behaviours. Young people are also less likely to think before they act, pause to consider the consequences of their action, and change their dangerous or inappropriate behaviours. This does not mean that young people cannot make good decisions or tell the difference between right and wrong, and it does not mean that they should not be responsible for their actions.[247]

For these reasons, young people are more likely to: experience unintentional injuries and violence-related death; engage in risky sexual behaviours; experience early pregnancy and childbirth; be exposed to HIV/AIDS and other sexually transmitted infections (STIs); engage in alcohol, tobacco and drug use; and experience mental health issues, including depression, suicide and self-harming behaviours. In addition, physical activity and proper nutrition provide fundamental health benefits for adolescents, including improved muscular fitness, bone health, maintenance of a healthy body weight and psychosocial benefits. Thus, young people are at risk of nutritional and micronutrient deficiencies and experiencing undernutrition and obesity.[248] Together, these can prevent young people from thriving and can have a negative impact on their lifelong health and well-being. Susceptibility to these threats can be exacerbated by factors such as family breakdown, poverty and unemployment.

At the same time, adolescence and young adulthood is the best time for interventions that promote improved lifelong health and well-being, such as measures to increase: sexual and reproductive health and rights; mental health screening for depression, suicidal tendencies and self-harming behaviours; prevention and treatment programmes for substance abuse; and support for antisocial behaviours.

Development of adolescents and young people is a fundamental goal of the 2030 Agenda for Sustainable Development, particularly SDG 3, "Ensuring healthy lives and promoting well-being for all, at all ages". As it relates to adolescents and young people, SDG 3 includes: reducing the number of new HIV infections (3.3.1 and 3.8.1); reducing premature suicide mortality by promoting mental health and well-being (3.4.2); strengthening the prevention and treatment of substance abuse, including narcotic drugs abuse (3.5.1) and harmful use of alcohol (3.5.2); improving access to sexual and reproductive health services, including for family planning, information and education (3.7.1) and reducing the adolescent birth rate (3.7.2); and reducing the number of deaths and illnesses from hazardous chemicals and pollution (3.9.1 and 3.9.2).

This chapter synthesizes findings from available data and information on these topics. It is notable, however, that there are significant gaps in data related to young people's health and well-being, and engagement in risky behaviours. The major challenges were: lack of data for the key indicators; data were available for only a portion of young people, such as adolescents aged 13-15, but not 17-24years of age; and some data was outdated (a decade or more old). To better

247 American Academy of Child & Adolescent Psychiatry, 'Teen Brain: Behaviour, Problem-Solving and Decision-Making', 2016. Retrieved on 5 April 2021 from: Teen Brain: Behavior, Problem Solving, and Decision Making (aacap.org).

248 World Health Organization, 'Adolescent and young adult health', 2012. Retrieved on 5 April 2021 from: Adolescent and young adult health (who.int).

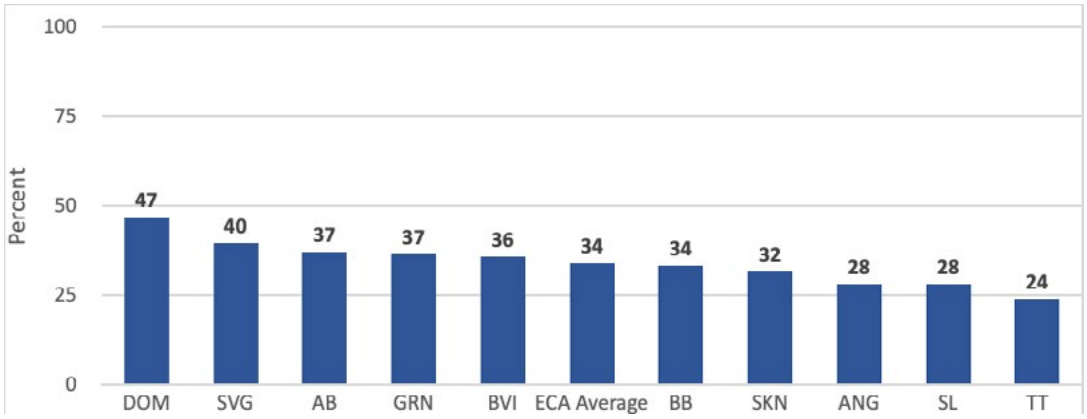
understand young people's lives, experiences and behaviours, much more research is needed to generate meaningful qualitative and quantitative data that can be used to inform programme and policy development aimed at young people.

Sexual behaviours

Adolescence is a time of major transition physically, emotionally and socially. Healthy sexuality is an important part of adolescent development and parents play an important role in helping young people develop healthy routines, behaviours and relationships that they can carry into their adult lives. Many adolescents, however, have a difficult time navigating this transition, including understanding that risky sexual behaviours can jeopardize their health during these formative years and can contribute to poor health outcomes in adulthood.[249]

Data on the sexual behaviours of young people in the ECA are limited to the Global School-based Student Health Survey (GSHS). These data are limited in scope – ever had sexual intercourse; had sexual intercourse before the age of 14; and condom use during the last act of sexual intercourse – and to adolescents aged 13-15 or 13-17 years. In some countries the data are outdated and from 2009, 2011 and 2016 to 2018. Despite these limitations, Chart 6.1 shows that in the ECA, on average, one in three or 34 per cent of adolescents aged 13-15 had ever had sexual intercourse. Adolescents aged13-15 from Dominica (47 per cent), Saint Vincent and the Grenadines (40 per cent), Antigua and Barbuda (37 per cent), Grenada (37 per cent) and British Virgin Islands (36 per cent) reported having ever had sexual intercourse at a higher rate than then ECA average. In comparison, adolescents aged 13-15 in Trinidad and Tobago were least likely to have ever had sexual intercourse, at 24 per cent.

Chart 6.1. Adolescents ages 13-15 who ever had sexual intercourse by country

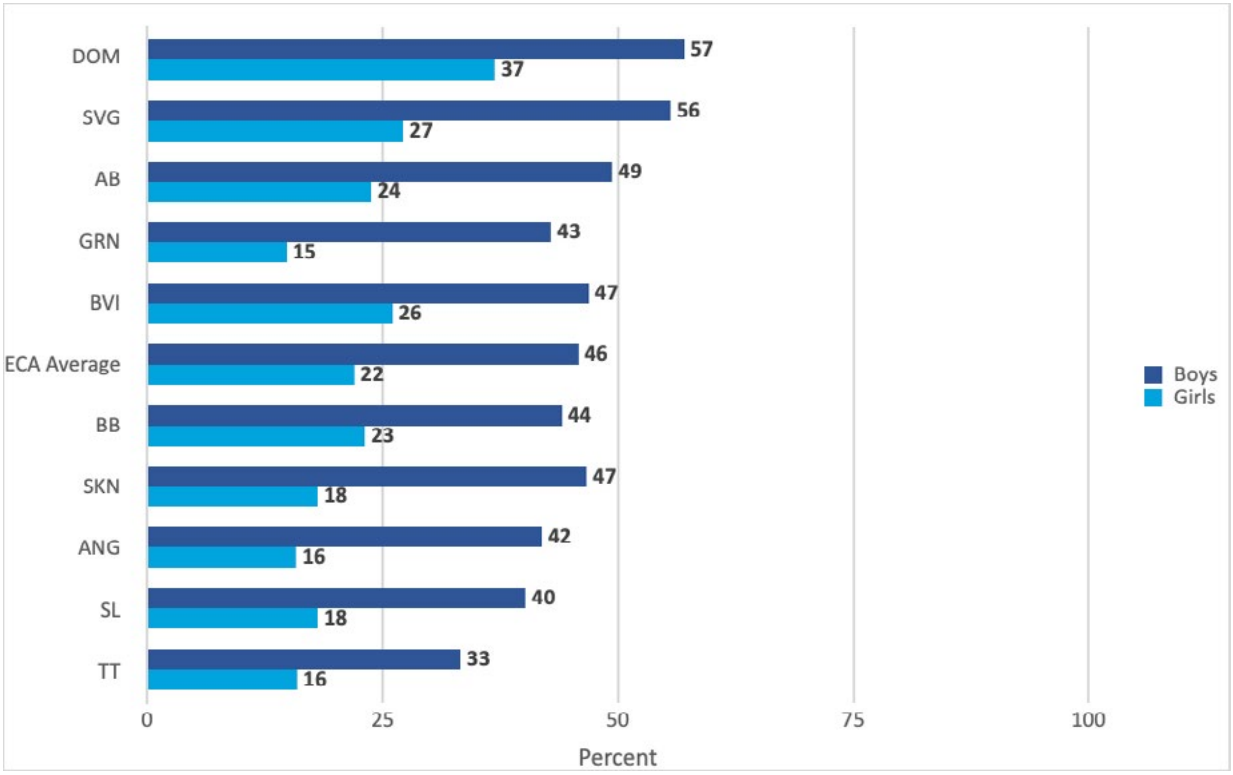


Sources: Antigua and Barbuda GSHS, 2009; Anguilla GSHS, 2016; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.2 reveals gender differences in sexual activity of adolescents aged 13-15. In the ECA, on average, boys (46 per cent) were twice as likely as girls (22 per cent) to have ever engaged in sexual intercourse. In each of the Eastern Caribbean countries and territories, boys were more likely than girls to have ever had sexual intercourse. It is notable that in Anguilla, Grenada and Saint Kitts and Nevis boys were nearly three times more likely than girls to have ever had sexual intercourse; whereas in Antigua and Barbuda, Saint Vincent and the Grenadines, and Trinidad and Tobago boys were twice as likely girls to have ever had sexual intercourse.

249 American Academy of Pediatrics, 'Adolescent Sexual Health'. Retrieved on 5 April 2021 from: Adolescent Sexual Health (aap.org).

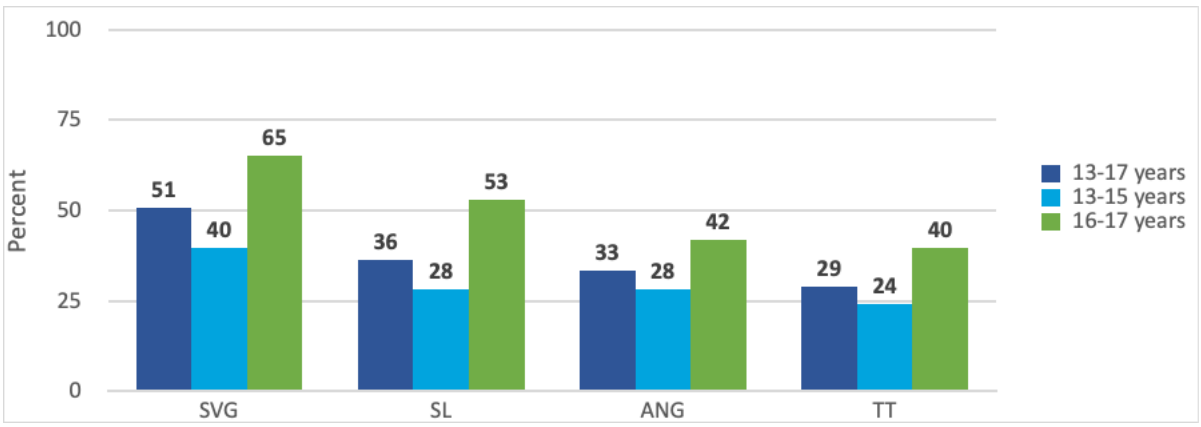
Chart 6.2. Adolescents ages 13-15 who ever had sexual intercourse by gender and country



Sources: Antigua and Barbuda GSHS, 2009; Anguilla GSHS, 2016; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.3 shows data for four countries that also had sexual activity data for adolescents aged 13-17; these were countries that more recently conducted a GSHS. Among these countries, adolescents aged 13-17 from Saint Vincent and the Grenadines were most likely to have ever had sexual intercourse, at 51 per cent. These data also show that adolescents aged 16-17 were much more likely to have ever had sexual intercourse than adolescents aged 13-15.

Chart 6.3. Adolescents ages 13-17 who ever had sexual intercourse by age group and country

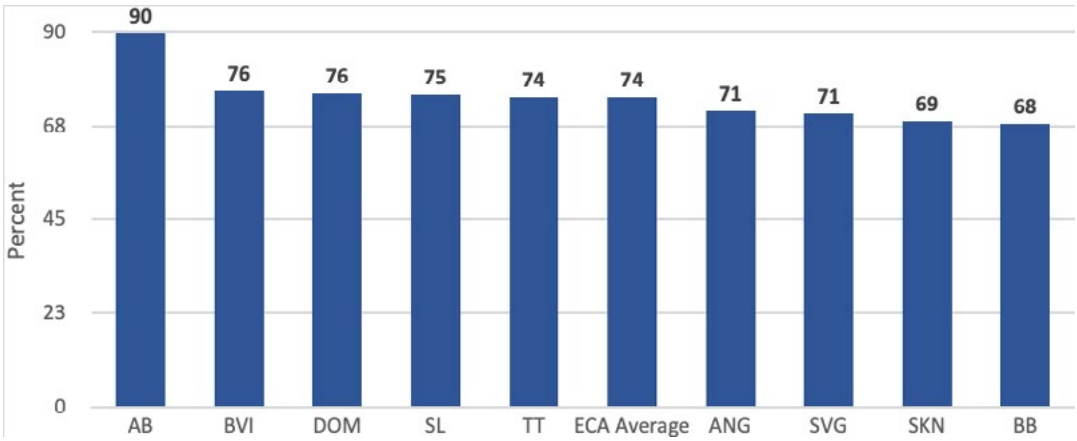


Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.4 shows the proportion of students aged 13-15 who had sexual intercourse before the age of 14 for the first time, among those students who had ever had sexual intercourse. In the ECA, on average, among adolescents aged 13-15 who had ever had sexual intercourse, 74 per cent had sexual intercourse for the first time before the age of

14. Most notable is that 90 per cent of adolescents in Anguilla and Barbuda who had sexual intercourse, had sexual intercourse for the first time before 14 years of age. In addition, as many as three out of four adolescents in the British Virgin Islands, Dominica and Saint Lucia reported their first sexual intercourse experience was before 14 years of age. In Barbados, which ranked the lowest of the countries in the ECA, still as many as two out of three, or 68 per cent, of adolescents who had sexual intercourse, did so before the age of 14.

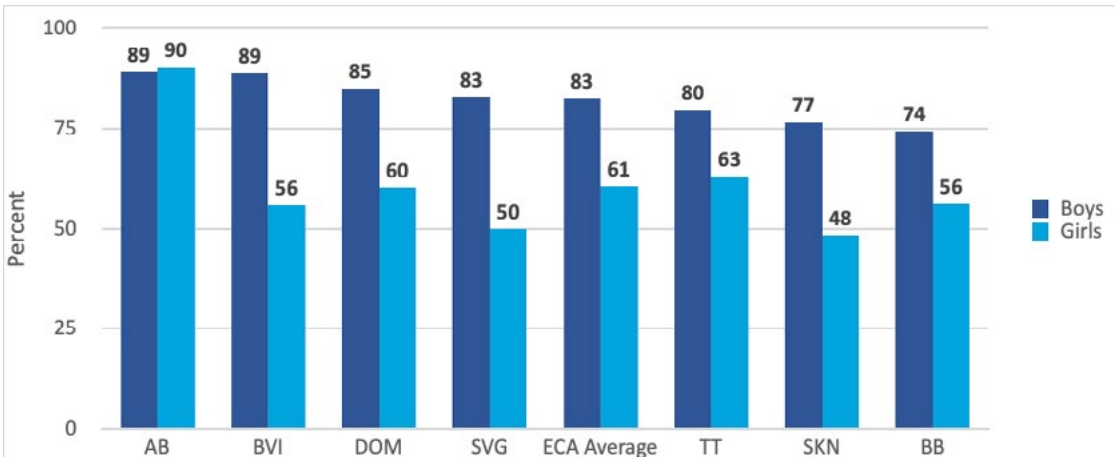
Chart 6.4. Adolescents ages 13-15 who had sexual intercourse before age 14 by country



Sources: *Antigua and Barbuda GSHS, 2009; Anguilla GSHS, 2016; Barbados GSHS, 2011; Dominica GSHS, 2009; Grenada GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.*

Chart 6.5 shows there are notable gender differences in sexual activity. On average, 83 per cent of boys had sexual intercourse before the age of 14, compared to 61 per cent of girls. Across all countries, except Anguilla and Barbuda, boys were more likely to have sexual intercourse before the age of 14; still, however, most girls who had sexual intercourse, had intercourse before 14 years of age.

Chart 6.5. Adolescents ages 13-15 who had sexual intercourse before age 14 by gender and country

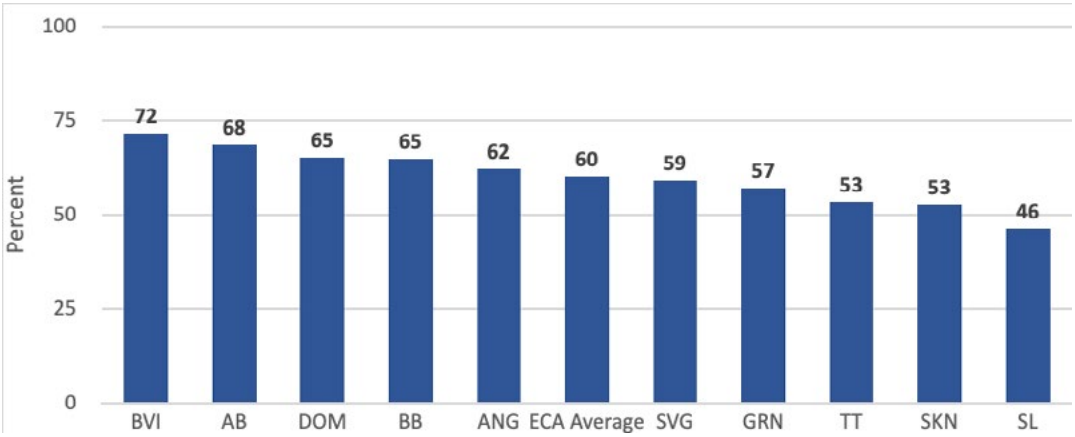


Sources: Antigua and Barbuda GSHS, 2009; Anguilla GSHS, 2016; Barbados GSHS, 2011; Dominica GSHS, 2009; Grenada GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Contraceptive use

The condom remains the most popularly used contraceptive method among teenagers. According to the United States Centers for Disease Control and Prevention (CDC), an increased proportion of sexually active adolescents report using a condom at last intercourse.[250] Chart 6.6 shows that in the ECA, on average, 60 per cent of adolescents aged 13-15 used a condom at the last sexual intercourse, among those who had ever had sexual intercourse; there were no gender differences. Condom use was slightly more common among adolescents in the British Virgin Islands, Antigua and Barbuda, Dominica, Barbados and Anguilla, and least common among adolescents in Saint Lucia.

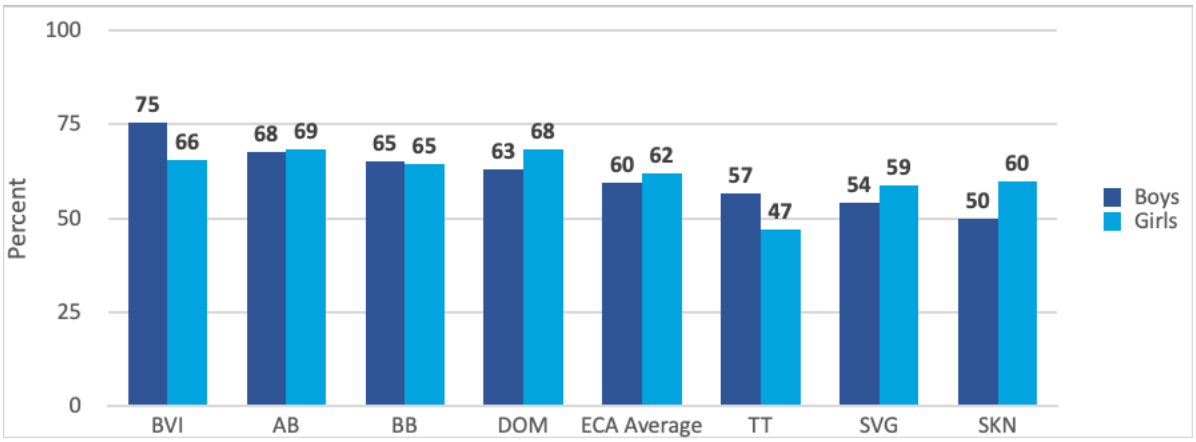
Chart 6.6. Adolescents ages 13-15 used a condom at last sexual intercourse by country



Sources: Antigua and Barbuda GSHS, 2009; Anguilla GSHS, 2016; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.7 shows there were a few notable gender differences in adolescents' condom use. In British Virgin Islands and Trinidad and Tobago, boys were more likely than girls use a condom the last time they had sexual intercourse. In comparison, in Dominica, Saint Vincent and the Grenadines, and Saint Kitts and Nevis girls were more likely than boys to use a condom the last time they had sexual intercourse.

Chart 6.7. Adolescents ages 13-15 used a condom at last sexual intercourse by gender and country

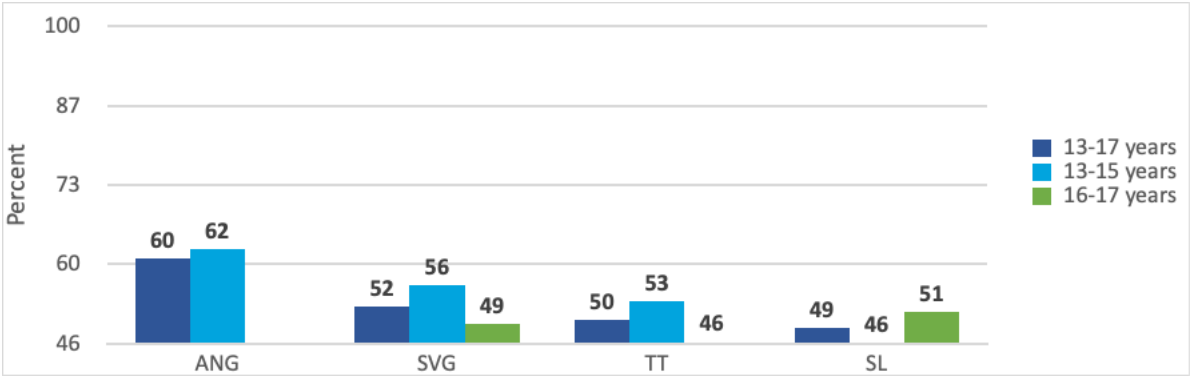


Sources: Antigua and Barbuda GSHS, 2009; Anguilla GSHS, 2016; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

250 American Academy of Pediatrics,) Policy Statement: Condom Use by Adolescents, *Pediatrics*, 2013, Vol. 132, No. 5, pp. 973-981.

Chart 6.8 shows condom use at the last sexual intercourse among adolescents aged 13-17. Adolescents aged 13-17 in Anguilla were most likely to use a condom at the last sexual intercourse, among those who had ever had sexual intercourse. Surprisingly, adolescents aged 13-15 were slightly more likely to use a condom at the last sexual intercourse than adolescents aged 16-17, except in Saint Lucia, where adolescents aged 16-17 were more likely to use a condom at the last sexual intercourse.

Chart 6.8. Adolescents ages 13-17 used a condom at last sexual intercourse by age group and country



Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Numerous factors, including individual, family, sociodemographic, attitude, education, relationship and partner-related factors influence condom use. For instance, adolescents who did not have formal sex education were less likely to use a condom at first intercourse and even less likely to use condoms consistently. Adolescents' lack of condom use has also been associated with perceptions that condoms reduce sexual pleasure and/or partner disapproval of condom use.[251] Higher rates of condom use have been documented among adolescents who perceived their partners wanted to use condoms, and among those able to communicate their desire to use condoms with their partners. Condom promotion campaigns and the influence of social networks on condom use are becoming increasingly recognized as influencing condom use among adolescents.[252] Adults, especially parents, also play an important role in promoting adolescents' sexual health, including use of condoms to protect against STIs, including HIV. More specifically, parental communication about sexual risk and condom use has been associated with increases in adolescents' use of condoms.[253]

Exposure to HIV/AIDS

SDG target 3.3 is to end the AIDS epidemic by 2030. The United Nations General Assembly Special Session on HIV/ADIS called on governments to improve the knowledge and skills of young people to protect themselves from HIV. This is especially important since adolescents and youth represent a growing share of people living with HIV worldwide. In 2019, on average, 460,000 young people aged 10-24 were newly infected with HIV globally, of which, on average, 170,000 (37 per cent) were adolescents aged 10-19.[254]

The Pan American Health Organization (PAHO) has documented a 29 per cent reduction of new HIV infections from 2010- 2019. In 2019, an estimated 330,000 people were living with HIV in the Caribbean, of which an estimated 63 per cent (210,000) were receiving antiretroviral treatment (ART). In the region, HIV disproportionately affects certain subpopulations, including gay men and other men who have sex with men, transgender women and female sex

251 American Academy of Pediatrics, Policy Statement: Condom Use by Adolescents, *Pediatrics*, 2013, Vol. 132, No. 5, pp. 973-981.

252 Ibid, 2013.

253 Ibid, 2013.

254 Retrieved on 7 April 2021 from: HIV and AIDS in Adolescents – UNICEF Data.

workers. In the Caribbean, these three key populations accounted for approximately 37 per cent of new infections in 2019. In the Caribbean, it has been estimated that 23 per cent of people with HIV are unaware of their infection, and approximately one-third are diagnosed late with advanced immunodeficiency.[255]

In the Eastern Caribbean subregion, data related to HIV/AIDS are limited. Data that are available, show Barbados had approximately 3,000 people (aged 15 and above) currently living with HIV/AIDS, of which two-thirds were male. The estimated prevalence rate is 1.6 per cent, which puts Barbados on a par with other Caribbean Small States. In addition, an estimated 18 per cent of HIV cases remained undiagnosed, and there were around 100 new cases of HIV and 50 new cases of AIDS annually. More than 40 per cent of HIV positive people were not on ART.[256]

In the ECA, data related to incidence of HIV among young people, and the proportion of young people newly infected with, and living with, HIV are limited. Data that are available show that from 1990 to 2019, Barbados and Trinidad and Tobago reported fewer than 1 per cent of females and males aged 15-24 years were HIV positive.[257] In addition, both Barbados and Trinidad and Tobago reported 100 young people aged 15-24 newly infected with HIV.[258]

In 2016, UNAIDS reported that Barbados was among one of the Caribbean countries that was closest to achieving control of HIV; this was validated by PAHO's conclusion that Barbados had successfully eliminated mother-to-child transmission of HIV. Thus, Barbados was on track to achieve the 90-90-90 targets of 90 per cent of people living with HIV knowing their HIV-positive status, 90 per cent of people knowing their HIV-positive status accessing ART, and 90 per cent of people on ART having suppressed viral loads.[259]

Teenage pregnancy and childbirth

The problem of teenage pregnancy continues to be a focus for governments in the ECA, particularly since complications from pregnancy and childbirth are the leading cause of death among adolescent girls globally.[260] However, there is a lack of data related to adolescent fertility, particularly among girls under the age of 16 and below the age of consent. Data are also lacking for the number of pregnancies among out-of-school girls and teenage pregnancy as a result of child sexual abuse, incest and/or rape.

Chart 6.9 shows adolescent fertility rates among girls aged 15-19 years for six of the 12 Eastern Caribbean countries for the period 2010-2019. Over the past decade, on average, the adolescent fertility rate has decreased from 45 per 1,000 births in 2010 to 35 per 1,000 births in 2019; this was lower than the average for Caribbean Small States. Over the past decade, in the ECA, Saint Vincent and the Grenadines, Antigua and Barbuda and Saint Lucia have had adolescent fertility rates higher than average adolescent fertility rates; whereas Barbados, Grenada and Trinidad and Tobago have had lower than average adolescent fertility rates. It is notable that in each of the six countries, the adolescent fertility rate decreased from 2010 to 2019.

255 Retrieved on 7 April 2021 from: HIV/AIDS – PAHO/WHO | Pan American Health Organization.

256 United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, p.85.

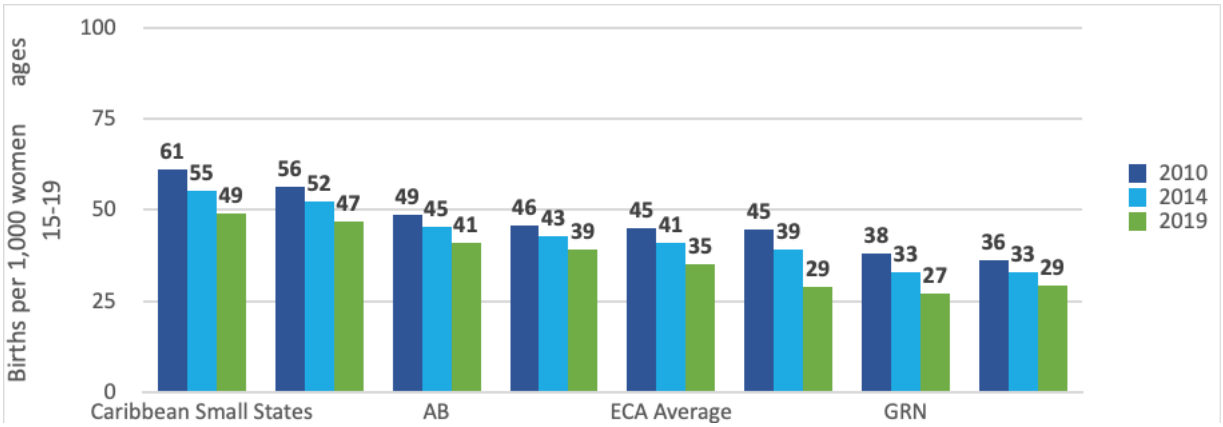
257 Retrieved on 7 April 2021 from: Prevalence of HIV, male (% ages 15-24) | Data (worldbank.org).

258 Retrieved on 7 April 2021 from: Young people (ages 15-24) newly infected with HIV | Data (worldbank.org).

259 United Nations Children's Fund, *Generation Unlimited: The Well-being of Young People in Barbados*, UNICEF Office for the ECA, Christ Church, Barbados, 2020, p.85; Joint United Nations Programme on HIV/AIDS, (2016), Barbados World AIDS Day Man Aware Campaign raises HIV awareness among men.

260 'Adolescent pregnancy'. Retrieved on 3 October 2019 from: https://www.unfpa.org/adolescent-pregnancy.

Chart 6.9. Adolescent fertility rate (births per 1,000 women ages 15-19) by country and year, 2010-2018



Source: United Nations Population Division, *World Population Prospects,* Retrieved on 29 March 2021 from: Adolescent fertility rate (births per 1,000 women ages 15-19) - Caribbean small states | Data (worldbank.org).

In most cases, teenage pregnancy is not the result of a deliberate choice; rather, early pregnancy is a consequence of little or no access to sexual education and sexual and reproductive healthcare to help girls avoid pregnancy. In the ECA, many girls who become pregnant find themselves dropping out of school. In recent years, most countries have adopted education acts or regulations that provide girls with the option of returning to school after giving birth. The challenge, however, is that few teenage mothers opt to return owing to the stigma attached to teenage pregnancy ,and because the decision to return to school is often made by school administrators who are reluctant to have teenage mothers as students. If girls do opt to go back, they may return to a different school. Girls who do not return to school, but want to complete their secondary education can often enrol in courses that allow them to attain their certificate of completion and sit for exams. The fees associated with these courses, however, are often a major bottleneck for teenage mothers who struggle to gain employment and economic independence. In general, teenage mothers are more vulnerable to poverty and social exclusion.[261]

Early marriage

'Early marriage' refers to marriages (and informal unions) in which a girl lives with a partner as if married before the age of 18. Globally, marriage before the age of 18 is a reality for many young women.[262] The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights (UDHR), with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner. The Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) mentions the right to protection from child marriage. Although marriage is not considered directly in the CRC, child marriage is linked to other rights, such as the right of children to express their view freely and the right to protection from harmful traditional practices, which are frequently addressed by the Committee on the Rights of the Child.[263]

Also, girls who marry young, especially if they bear children, often experience disruptions to their education and ability to enter the labour market. They may also experience separation from family and friends, and less freedom to participate in community activities, which can have negative consequences for their physical and mental health and well-being.

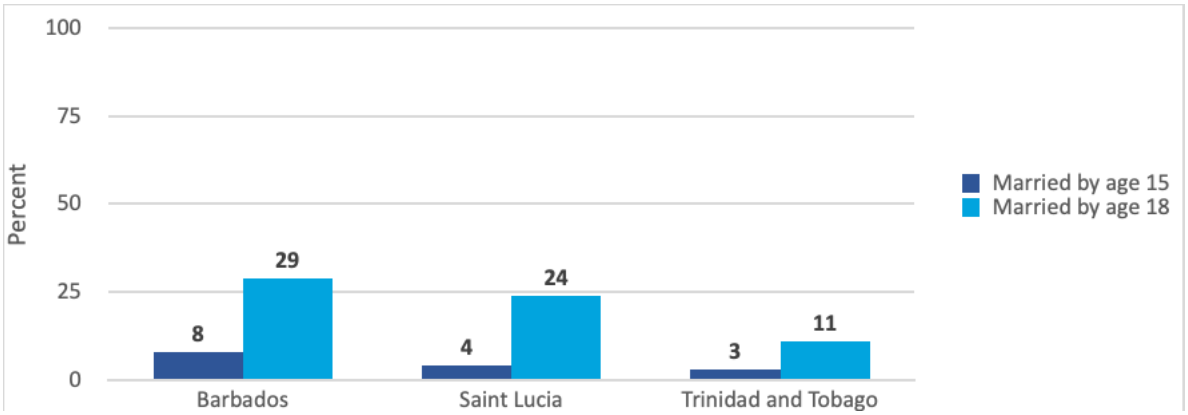
261 'Adolescent pregnancy'. Retrieved on 3 October 2019 from: https://www.unfpa.org/adolescent-pregnancy.

262 United Nations Children's Fund, *Early Marriage: A Harmful Traditional Practice*, UNICEF, New York, NY, USA, 2005, p. 1.

263 Ibid, p. 1.

SDG 5 includes a target aimed at eliminating all harmful practices, including child, early and forced marriage. The related indicator is the proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (5.3.1). Chart 6.10 shows data for three Eastern Caribbean countries related to this indicator. Most notable is that fewer than 10 per cent of women aged 20-24 in each of the three countries were first married or in a union before the age of 15. More women aged 20-24 were married before the age of 18, including 29 per cent in Barbados, 24 per cent in Saint Lucia and 11 per cent in Trinidad and Tobago. Bear in mind, these data are a decade old.

Chart 6.10 Women ages 20-24 who were first married before ages 15-18 by country, 2011-2012



Sources: Barbados MICS, 2012; Saint Lucia MICS, 2012; Trinidad and Tobago MICS, 2011.

Alcohol, tobacco and drug use

Alcohol, tobacco and drug use typically have their onset in adolescence and young adulthood, and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life.[264] During adolescence and young adulthood, young people are less able to anticipate the negative effects of alcohol, tobacco and illicit drug use on their health and well-being, including risks of abusing such substances and developing addictions.[265] Unfortunately, data related to alcohol, tobacco and drug use and abuse among young people aged 10-24 years are lacking in the ECA; data that does exist comes from the GSHS.

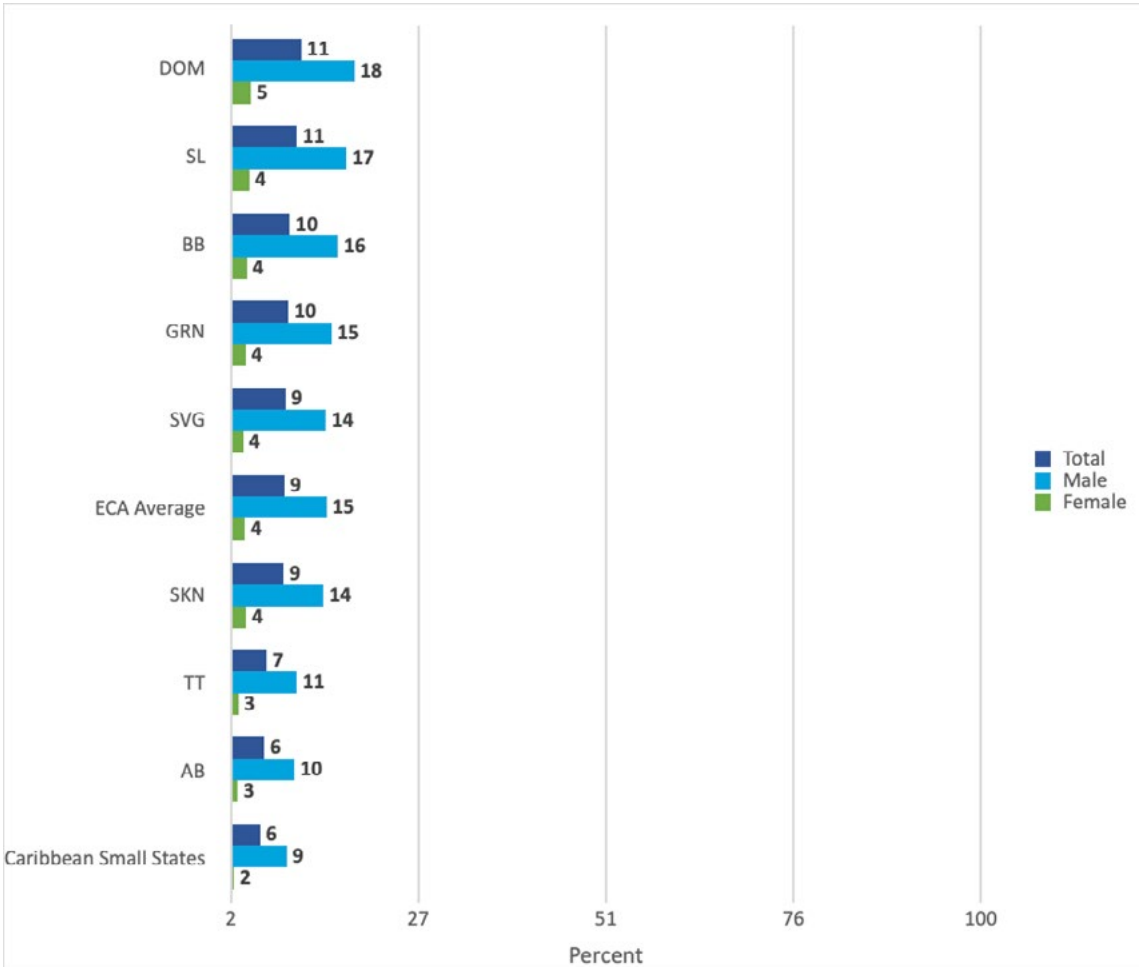
Alcohol use

Chart 6.11 shows total alcohol consumption per capita among people aged15 years and older by gender and country. In the ECA, on average, males aged 15 years and older consumed three times more alcohol (15 litres of pure alcohol per capita) than females of the same age (4 litres of pure alcohol per capita). Among Caribbean Small States, males consumed four times more alcohol than females. Alcohol consumption was higher in some countries, such as Dominica and Saint Lucia, and lower in others, such as Trinidad and Tobago and Antigua and Barbuda.

264 Patton et al., 'Our Future: A Lancet commission on adolescent health and wellbeing', *The Lancet Child & Adolescent Health*, 2016, Vol. 387, No. 10036, pp. 2423–2478; United Nations Children's Fund, *State of the World's Children 2011: Adolescence – An age of opportunity*, UNICEF, New York, NY, USA, 2011.

265 Degenhardt, L., E. Stockings, G. Patton, W.D. Hall & M. Lynskey, 'The Increasing Global Health Priority of Substance Use in Young People', *The Lancet Psychiatry*, 2016, Vol. 3, No. 3, pp. 251–264.

Chart 6.11 Alcohol consumption per capita by gender and country (litres of pure alcohol, 15+ years), 2018

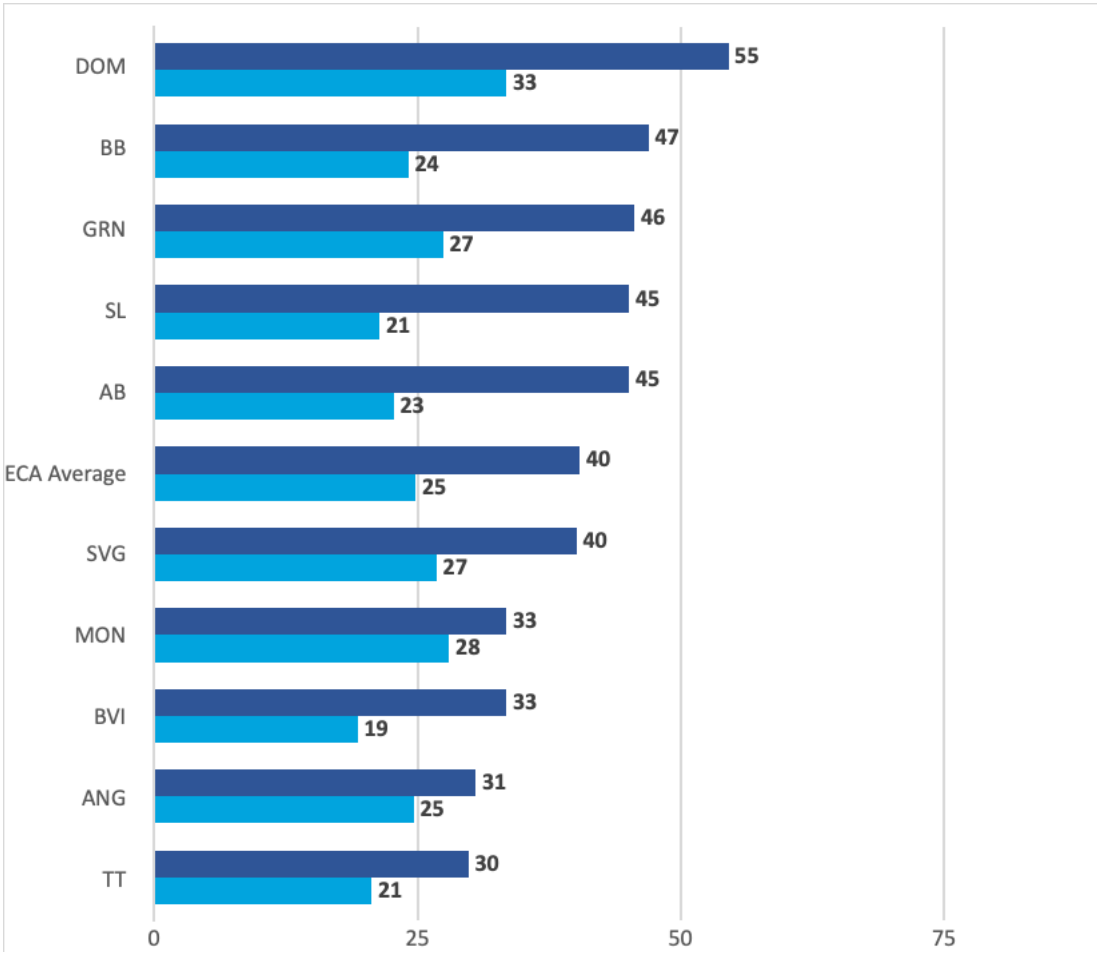


Source: World Health Organization. Retrieved on 7 April 2021 from: Total alcohol consumption per capita, male (liters of pure alcohol, projected estimates, male 15+ years of age) | Data (worldbank.org).

Chart 6.12 shows current alcohol consumption among adolescents aged 13-15 (drank at least one drink of alcohol on at least one day during the 30 days prior to the survey). In the ECA, on average, at least 40 per cent of adolescents, both male and female, consumed at least one drink of alcohol in the 30 days prior to the survey, and 25 per cent drank so much alcohol that they were really drunk on one or more occasion. There were no significant gender differences in alcohol use, but there were notable differences across countries. Adolescents aged 13-15 in Dominica, Barbados, Grenada, Saint Lucia and Antigua and Barbuda were more likely to drink alcohol than the average for the ECA; whereas adolescents in Anguilla and Trinidad and Tobago were least likely to have drunk alcohol in the 30 days prior to the survey. In addition, adolescents in Dominica, Montserrat, Saint Vincent and the Grenadines and Grenada were more likely to drink so much alcohol that they were really drunk one more occasion; whereas adolescents in British Virgin Islands were least likely to drink so much alcohol that they were really drunk.

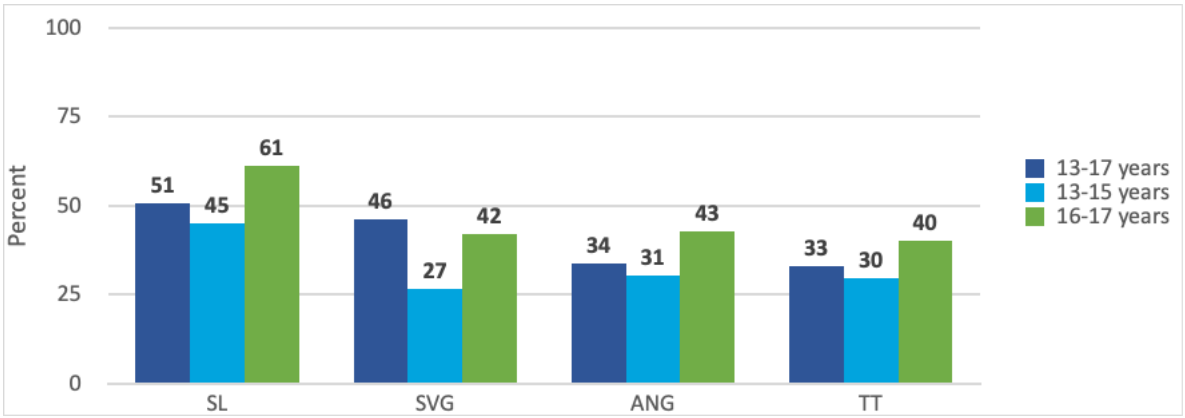
These findings are similar to data in Chart 6.13 which show that total alcohol consumption per capita among persons 15 years of age and older was higher in Dominica, Saint Lucia, Barbados and Grenada, and lower in Trinidad and Tobago. It is notable that Antigua and Barbuda had among the lowest rates of total alcohol consumption per capita (Chart 6.11), but adolescents aged 13-15 in Antigua and Barbuda had an alcohol use rate higher than the average for the ECA (Chart 6.12).

Chart 6.12. Adolescents ages 13-15 who drank alcohol and were ever drunk by gender and country



Sources: Antigua and Barbuda GSHS, 2009; Anguilla GSHS, 2016; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Montserrat GSHS, 2008; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.13. Adolescents ages 13-17 who drank alcohol in the past 30 days by age group and country

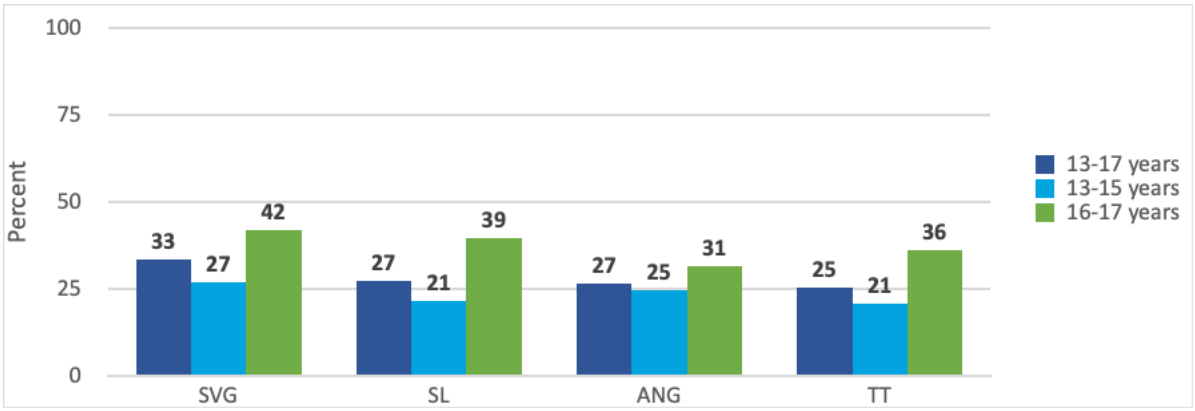


Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.13 shows that among adolescents aged 13-17, alcohol use was higher in Saint Lucia (51 per cent) and Saint Vincent and the Grenadines (46 per cent), than in Anguilla (34 per cent) and Trinidad and Tobago (33 per cent). In each of the four countries, adolescents aged 16-17 years were more likely to have drunk alcohol on at least one day during the 30 days prior to the survey, than adolescents aged 13-15 years.

Chart 6.14 shows that among adolescents aged 13-17, adolescents aged 16-17 years were significantly more likely to ever drink so much alcohol that they were really drunk one or more times during their life. This age group difference is more evident in Saint Vincent and the Grenadines, Saint Lucia and Trinidad and Tobago, than Anguilla.

Chart 6.14. Adolescents ages 13-17 who were ever drunk by age group and country



Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

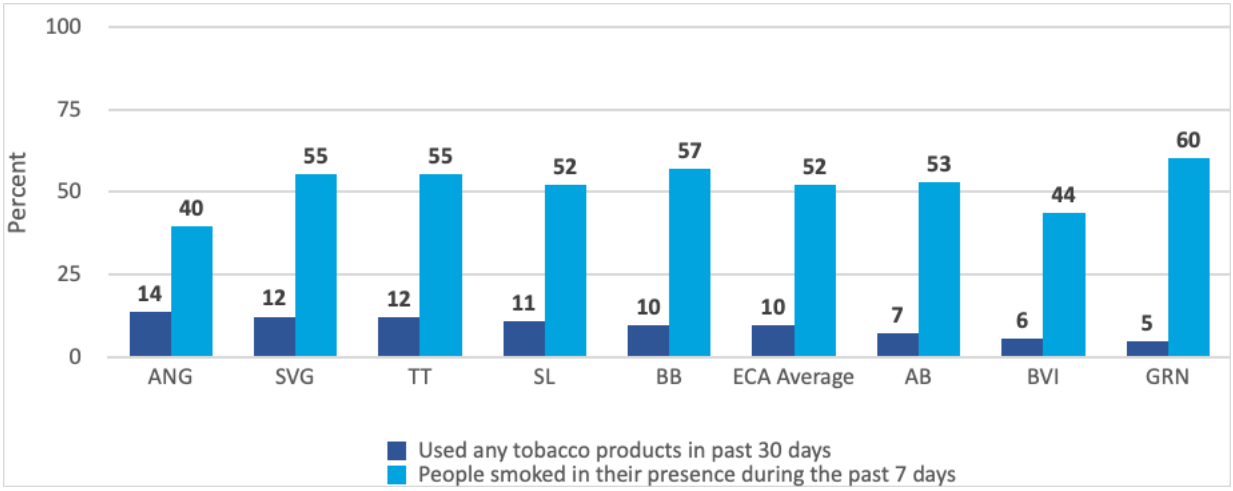
Tobacco use

Tobacco use is the leading cause of preventable disease and death, and nearly all tobacco use begins during adolescence and young adulthood. Adolescents and youths who use tobacco products are at higher risk for developing nicotine dependence and might be more likely to continue using tobacco into adulthood. There are a variety of factors associated with youth tobacco produce use, including:

- Social and physical environments (e.g., youths are more likely to use tobacco products if they see people their age or a parent using these products);
- Biological and genetic factors (e.g., smoking during pregnancy may increase the likelihood that the child will smoke cigarettes in the future);
- Mental health (e.g., depression, anxiety and stress);
- Personal violence (e.g., expect positive things from smoking, such as coping with stress and weight loss);
- Other influences (e.g., lower socioeconomic status, accessibility and price of tobacco products, doing poorly in school, and low self-image or self-esteem).

Chart 6.15 shows the proportion of adolescents aged 13-15 who had used any tobacco products on at least one day during the 30 days prior to the survey and who reported that people had smoked in their presence on one or more days during the seven days before the survey. In the ECA, on average, 52 per cent of adolescents aged 13-15 reported people had smoked in their presence during the seven days prior to the survey, and only 10 per cent of adolescents aged 13-15 had used tobacco products in the past 30 days. In the ECA, tobacco use was generally low. Tobacco use was lowest in Antigua and Barbuda (7 per cent), British Virgin Islands (6 per cent) and Grenada (5 per cent).

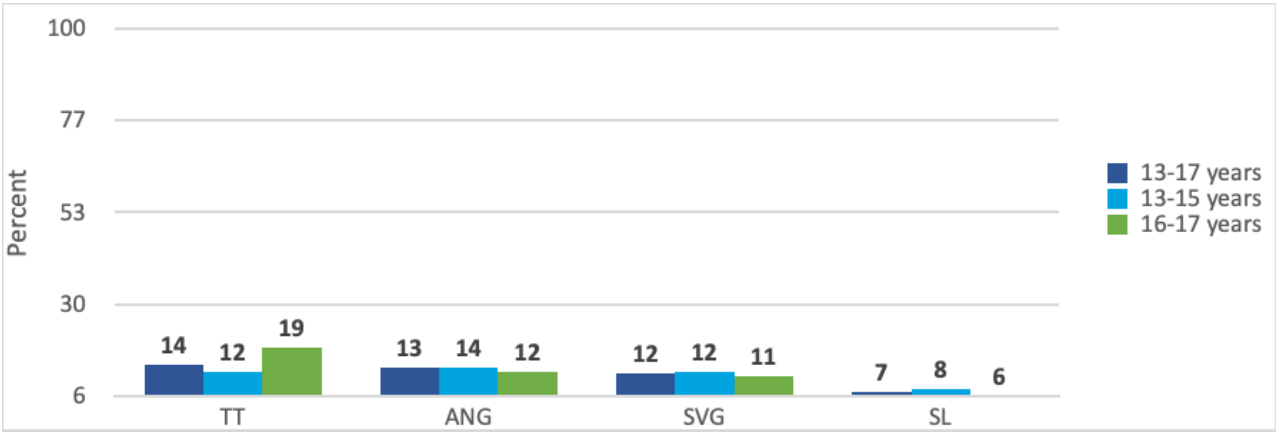
Chart 6.15. Adolescents ages 13-15 who used tobacco products and saw others smoking by country



Sources: *Antigua and Barbuda GSHS, 2009; Anguilla GSHS, 2016; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Grenada GSHS, 2008; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.*

Chart 6.16 shows that adolescents aged 13-15 years and 16-17 years were just as likely to use tobacco products, except in Trinidad and Tobago where adolescents aged 16-17 years (19 per cent) were more likely to use tobacco products than adolescents aged 13-15 years.

Chart 6.16. Adolescents ages 13-17 who used tobacco products by age group and country

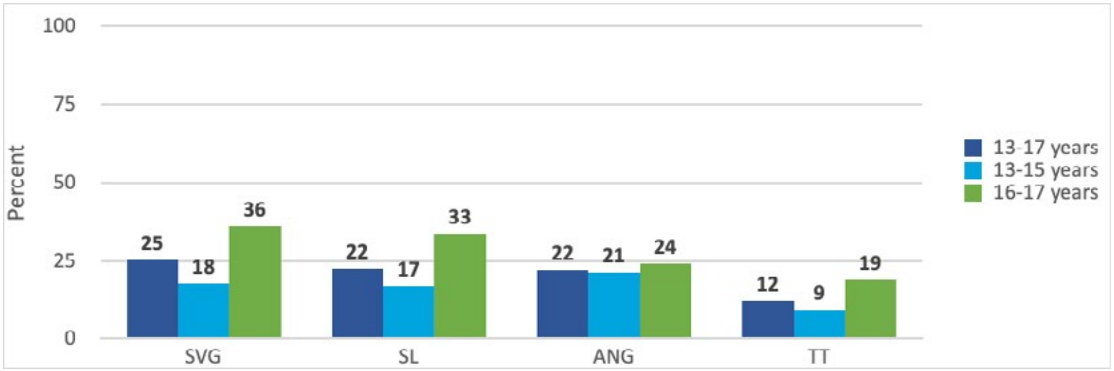


Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Drug use

As it relates to drug use, the GSHS focused on the percentage of adolescents aged 13-17 who ever used marijuana one or more times during their life. Chart 6.17 shows that as many as 25 per cent of adolescents aged 13-17 in Saint Vincent and the Grenadines had ever used marijuana, compared to only 12 per cent in Trinidad and Tobago. Adolescents aged 16-17 were twice as likely to use marijuana, compared to adolescents ages 13-15, except in Anguilla and Barbuda where adolescents aged 13-15 were just as likely to use marijuana as adolescents aged 16-17.

Chart 6.17. Adolescents ages 13-17 who ever used marijuana by age group and country



Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Nutrition and physical activity

Adolescence is the period of development that begins at puberty and ends in early adulthood, and is characterized by a rapid pace of growth that is second only to that of infancy.[266] Rapid physical growth during adolescence creates a high demand for energy and certain nutrients.[267] Energy (calories) and protein are essential in pubertal development. Adolescent females require approximately 2,200 calories/day, whereas male adolescents require 2,500 to 3,000 calories/day. Additional intake requirements include fat, calcium, iron, zinc, vitamins and fibre. Nutritional guidance for adolescents is important for supporting the development of healthy lifestyles, preventing weight-related problems, reducing disease risk and ensuring that all needs are met for growth and development. In balance with adequate physical activity, healthy dietary choices help to prevent excess weight gain, iron deficiency anaemia and poor bone mineralization, among other health problems.[268]

Five common nutritional concerns have been identified among adolescents, including: low consumption of fruit and vegetables, whole grains, calcium and low-fat dairy foods; high consumption of sweetened beverages; and frequent consumption of fast food.[269] Nutritional deficiencies and poor eating habits established during adolescence can have long-term consequences, including delayed sexual maturation, loss of final adult height, osteoporosis, hyperlipidaemia and obesity. As for vegetarian adolescents, nutritional risks include lack of iodine, vitamin B12, vitamin D and some essential fatty acids. Pregnancy may also be a risk factor for poor nutrition during adolescence, as pregnant adolescents have different nutritional needs because they are still growing.[270]

Nutrition is a critical factor for appropriate adolescent development and an important element for prevention of disease development, especially for chronic disease. A balanced, varied diet provides adequate calories and nutrition to meet the needs of most adolescents; however, many children and adolescents live in environments that do not promote optimum nutrition.[271] Nutrition and the adolescent transition are closely related because eating patterns and behaviours are influenced by many factors, including peer influences, parental modelling, food availability, food preferences, food costs,

266 Das, J.K., R.A. Salam, K.L. Thornburg, A.M. Prentice, S. Campisi, Z.S. Lassi, B. Koletzko & Z.A. Bhutta, 'Nutrition in adolescents: physiology, metabolism and nutritional needs', *Annual New York Academy of Sciences*, 2017, Vol. 1393, No. 1, pp. 21-33.

267 'Adolescent Nutrition', *Pediatric in Review*, Vol. 30, No. 12, pp. 494-496, DOI, <https://doi.org/10.1542/pir.30-12-494>.

268 Ibid <https://doi.org/10.1542/pir.30-12-494>.

269 Ibid <https://doi.org/10.1542/pir.30-12-494>.

270 Wahl, R., 'Nutrition in the adolescent', *Pediatrics Annual*, 1999, Vol. 28, No. 2, pp. 107-111.

271 Corkins, M.R., S.R. Daniels, S.D. de Ferranti, N.H. Golden, J.H. Kim, S.N. Magge & S.J. Schwarzenberg, 'Nutrition in Children and Adolescents', *Medical Clinics of North America*, 2016, Vol. 100, No. 6, pp. 1217-1235.

personal and cultural beliefs, mass media and body image.[272] Families must work to provide improved food environments to encourage optimum nutrition; after all, dietary habits established early in life may be carried into adult life.[273] Over the past decade, nutrition has been identified as a major global priority, and the increase in worldwide overweight and obesity has been highlighted. The World Health Assembly declared 2016-25 as the 'decade of nutrition' and has set global targets that have since been integrated into SDG 2 of ending hunger, achieving food security, improving nutrition and promoting sustainable agriculture. In addition to a range of other measures, SDG 2 aims to end all forms of malnutrition by 2030, and address the nutrition needs of adolescents, particularly girls.[274]

Data presented in this section are based upon the GSHS that were conducted between 2008 and 2018, depending on the country. Not all measured dietary behaviours, including underweight, overweight and obesity based on Body Mass Index (BMI), or physical activity.

Underweight adolescents

Underlying health conditions in children and adolescents can result in underweight. The World Health Organization (WHO) defines underweight as a BMI below the 5th percentile for age and gender. Among adolescents, underweight status has been associated with higher rates of morbidity and mortality, however, to a lesser extent than obesity. Underweight status has also been associated with higher rates of asthma, scoliosis, intestinal problems and emotional disorders. The onset of puberty may be delayed in male and female adolescents with a low BMI, and underweight females are more likely to have abnormal menses and subfertility. Underweight adolescents who become pregnant may be at increased risk for pregnancy complications and poor maternal and fetal outcomes, including prematurity and low birth weight.[275]

Underweight status may be related to genetics, acute or chronic undernutrition, or illness. Underweight adolescents may have a negative body image, particularly males who may desire a muscular physique. Underweight adolescents may have an eating disorder, such as anorexia or bulimia. Adolescents with low BMI may experience fatigue, lack of energy and increased susceptibility to infection. It is notable that some adolescents may be genetically lean with an efficient metabolism and low propensity to store body fat; although the percentage of body fat may be low, lean tissue is usually within normal ranges and they are proportionately small.[276]

272 Das et al., 'Nutrition in adolescents: physiology, metabolism and nutritional needs'. *Annual New York Academy of Sciences*, 2017, Vol. 1393, No. 1, pp. 21-33.

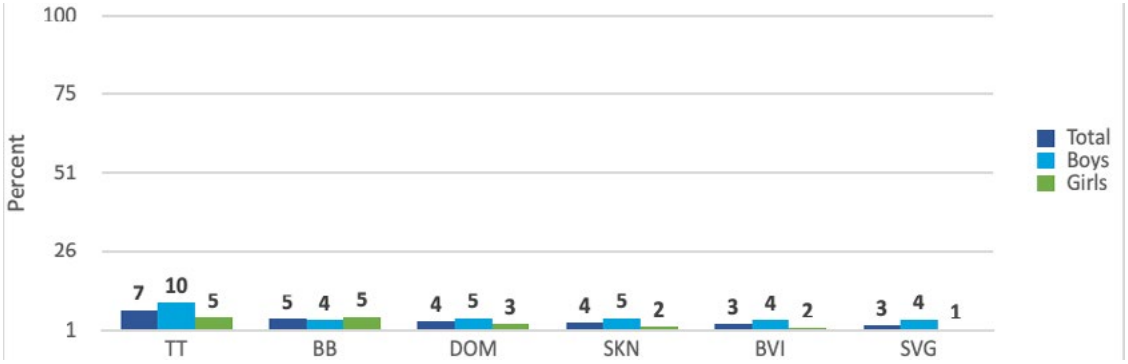
273 Corkins, M.R., S.R. Daniels, S.D. de Ferranti, N.H. Golden, J.H. Kim, S.N. Magge & S.J. Schwarzenberg, 'Nutrition in Children and Adolescents', *Medical Clinics of North America*, 2016, Vol. 100, No. 6, pp. 1217-1235.

274 Bhutta, Z.A., 'Global child nutrition and the Sustainable Development Goals', *The Lancet*, 2017, Vol. 1, Issue 4, pp. 256-257.

275 Lowe, C.J., J.B. Morton & A.C. Reichelt, 'Adolescent obesity and dietary decision-making – a brain-health perspective', *The Lancet*, 2020, Vol. 4, Issue 5, pp. 388-396, DOI, <https:/doi.org/10.1016/S2352-4642(19)30404-3>.

276 Ibid, <https:/doi.org/10.1016/S2352-4642(19)30404-3>.

Chart 6.18. Underweight adolescents ages 13-15 (<-2SD from median for BMI) by gender and country



Sources: Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Saint Kitts and Nevis, 2011; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.18 shows that among adolescents aged 13-15, the proportion underweight varied from 7 per cent in Trinidad and Tobago to 3 per cent in Saint Vincent and the Grenadines. In Saint Vincent and the Grenadines, although the proportion of adolescents with underweight status was small, it is notable that boys were four times more likely than girls to be underweight. In addition, in Trinidad and Tobago, Saint Kitts and Nevis and British Virgin Islands boys were twice as likely to be underweight, compared to girls.

Overweight and obese adolescents

Obesity is a multifaceted chronic condition with several contributing causes, including biological risk factors, socioeconomic status, health literacy, and numerous environmental influences. Of particular concern are the increasing rates of overweight and obesity among adolescents, as rates of obesity have increased globally in the past three decades.[277]

Two major factors contributing to the global rise in obesity are increases in food processing and trade liberalization, which have made cheap, highly processed foods readily available. In addition, the nutritional transition of increased consumption of energy dense foods, high in fat and sugars, together with a reduction in the availability of plant-based fibres, have contributed to the global rise in obesity. There has also been a decline in activity energy expenditure, largely due to motorized transport and less demanding manual tasks. In the Caribbean, this nutritional transition has been taking place over the past several decades, as unprocessed food from the land and sea have been replaced by processed foods that have been imported and marketed in these countries.[278]

Adolescents often do not meet the daily intake recommendations for certain food groups and nutrients, which may contribute to a heightened risk of obesity. With obesity disproportionately affecting adolescents, negative effects of excess adiposity may be particularly salient during this critical period of development. The presentation of chronic cardiometabolic disease symptoms typically observed in adults, such as hypertension, hyperglycaemia, dyslipidaemia and inflammation are becoming increasingly common in adolescents with obesity.[279] In adolescence, obesity increases the risk for Type 2 diabetes, which is likely to persist into adulthood. Eating patterns formed during adolescence are also frequently carried into adulthood and affect future risk for the development of chronic diseases such as heart

277 Ruiz, L.D., M.L. Zuelch, S.M. Dimitratos & R.E. Scherr, 'Adolescent Obesity: Diet Quality, Psychosocial Health and Cardiometabolic Risk Factor', *Nutrients*, 2019, Vol. 12, No. 1, p. 43.

278 Ibid, 2019.

279 Ibid, 2019; Caribbean Public Health Agency, *State of Public Health in the Caribbean Region 2014-2016*, Caribbean Public Health Agency, Port of Spain, Trinidad and Tobago, 2017.

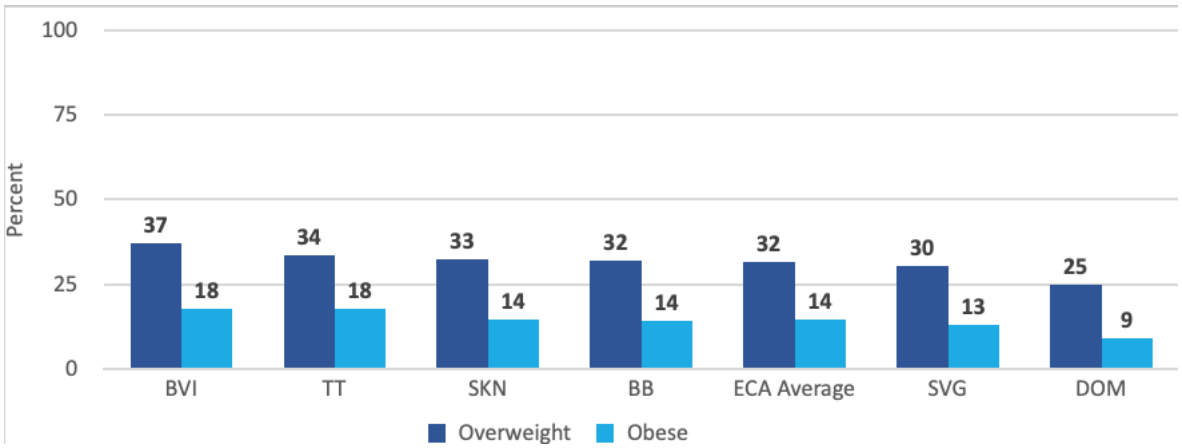
disease, osteoporosis and cancer.[280] Additionally, there is a dynamic interplay between obesity and psychosocial health, as adolescents with obesity may have increased levels of stress, depressive symptoms, and reduced resilience.[281]

In the ECA, adolescent overweight and obesity are more prevalent than underweight. Chart 6.19 shows data for adolescents aged 13-15 who were overweight (>+1SD from median for BMI by age and sex)[282] and obese (>+2SD from median for BMI by age and sex). In the ECA, on average, nearly one in three or 32 per cent of adolescents were overweight and 14 per cent were obese. Bear in mind that adolescents who were obese were also included in the category overweight. The proportion of overweight adolescents was higher than the ECA average in British Virgin Islands (37 per cent), Trinidad and Tobago (34 per cent) and Saint Kitts and Nevis (33 per cent), and lowest in Dominica (25 per cent). The same was true of obesity. Obesity was highest in the British Virgin Islands (18 per cent) and Trinidad and Tobago (18 per cent), and lowest in Dominica (9 per cent).

It is notable that the proportion of overweight and obese adolescents increased in Trinidad and Tobago from 2011 to 2017. In particular, the proportion of overweight adolescents increased by 8 percentage points, from 26 per cent in 2011 to 34 per cent in 2017, and the proportion of obese adolescents increased by 6 percentage points, from 12 per cent in 2011 to 18 per cent in 2017. These increases are dramatic and reflect a public health crisis for children and adolescents.

There were no significant gender differences among adolescents in being overweight or obese. In the ECA, on average, boys and girls were equally likely to be overweight (33 per cent and 33 per cent respectively) and obese (16 per cent and 15 per cent respectively). The only notable gender difference was in Saint Kitts and Nevis where boys (17 per cent) were more likely than girls (12 per cent) to be obese.

Chart 6.19. Overweight and obese adolescents ages 13-15 by country



Note: Overweight (>+1SD from median for BMI by age and sex) and obese (>+2SD from median for BMI by age and sex); obese adolescents are also included in the category overweight. ECA average is based on six countries with available data.

Sources: Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Saint Kitts and Nevis GSHS, 2011; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

280 'Adolescent Nutrition', Pediatric in Review, Vol. 30, No. 12, pp. 494-496, DOI, <https://doi.org/10.1542/pir.30-12-494>.

281 Ruiz, L.D., M.L. Zuelch, S.M. Dimitratos & R.E. Scherr, 'Adolescent Obesity: Diet Quality, Psychosocial Health and Cardiometabolic Risk Factor', *Nutrients*, 2019, Vol. 12, No. 1, p. 43.

282 Adolescents who are obese are also reflected in the category overweight. See Global School-based Student Health Survey Data Users Guide. Retrieved from: https://www.cdc.gov/gshs/pdf/gshs-data-users-guide.pdf.

The high prevalence of overweight and obese adolescents in the ECA is a cause of concern because it constitutes a risk factor for diabetes, high blood pressure and other non-communicable diseases. More research is needed to understand the factors that contribute to adolescent obesity and the health issues experienced by overweight and obese adolescents in the ECA, along with perceptions of prevention and the challenges faced in families, schools and communities to curb obesity among adolescents. To prevent malnutrition and overweight/obesity, adolescents need access to nutritious, affordable and sustainable diets from the earliest days of life. These building blocks of good nutrition ensure that children not only survive and thrive, but go on to lead healthy and productive lives.[283] Prevention protects adolescents from the lifelong physical and cognitive devastation caused by malnutrition and non-communicable diseases associated with obesity. Prevention initiatives also save lives and are more cost-effective than delivering treatment.[284]

To deliver these programmes effectively, UNICEF strengthens the capacities of governments to make the food system and other systems more accountable in providing nutritious diets and nutrition services for adolescents and youth. In collaboration with partners, UNICEF works to shift the policy agenda and influence national actors and key stakeholders to invest in preventing malnutrition, and to adopt and strengthen policies and allocate budgets that help make good nutrition a reality for adolescents and youth.[285]

To reduce and prevent adolescent obesity, the implementation of theory-driven multicomponent school- and community-based interventions have been suggested. These interventions promote knowledge and self-efficacy for healthful practices that have the potential to progress to sustained behaviour change.[286]

Consumption of sweetened beverages

Over the past several decades, the consumption of carbonated soft drinks has increased. The greatest increase in soft drink consumption has been among children and adolescents. Some commercial soft drinks are high in sugar content and acidity; they supply energy only, are of little nutritional benefit and lack micro-nutrients, vitamins and minerals. The consumption of soft drinks with high sugar content and acidity can have harmful effects on oral and general health (e.g., diabetes, high blood pressure and other non-communicable diseases).[287]

Chart 6.20 reveals data for the proportion of adolescents aged 13-15 who usually drank carbonated soft drinks one or more times per day in the 30 days prior to the survey. Data shows that consumption of carbonated soft drinks was high across ECA countries and territories. In the ECA, on average, 60 per cent of adolescents aged 13-15 reported that they had drunk carbonated soft drinks one or more times per day in the past 30 days. Soft drink consumption was highest in Barbados where nearly three out of four or 73 per cent of adolescents aged 13-15 drank carbonated soft drinks one or more times per day.

283 United Nations Children's Fund, *Goal Area 1: Every Child Survives and Thrives – Global Annual Results Report 2018*, UNICEF, New York, NY, USA, 2019, p. 74.

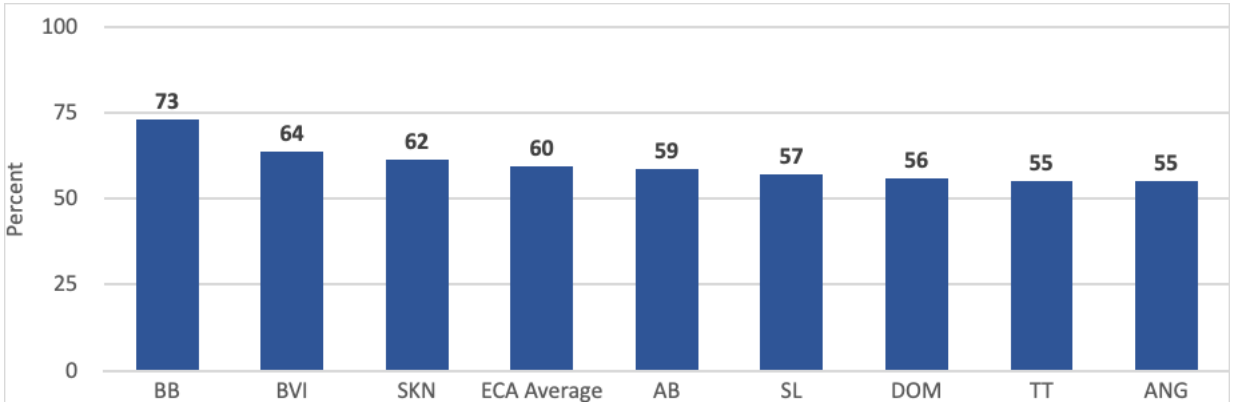
284 Ibid, 2019, p. 74.

285 Ibid, 2019, p. 75.

286 Ruiz, L.D., M.L. Zuelch, S.M. Dimitratos & R.E. Scherr, 'Adolescent Obesity: Diet Quality, Psychosocial Health and Cardiometabolic Risk Factor', *Nutrients*, 2019, Vol. 12, No. 1, p. 43.

287 Tahmassebi, J.F. & A BaniHani, 'Impact of soft drinks to health and economy: A critical review', *European Archives of Pediatric Dentistry*, 2020, Vol. 21, No. 1, pp. 109-117.

Chart 6.20. Adolescents ages 13-15 who drank soft drinks daily by country

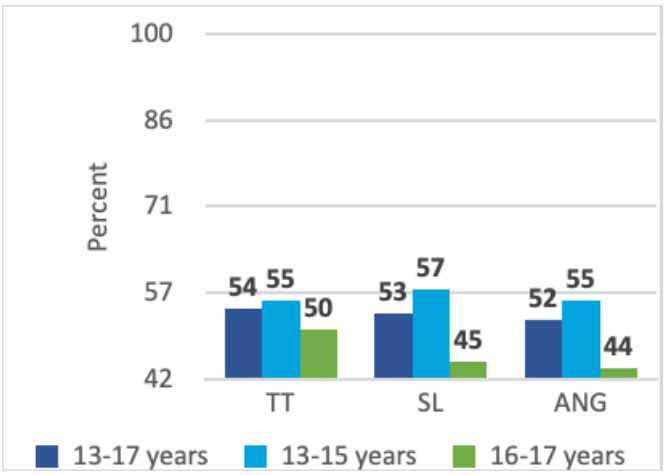


Note: ECA average is based upon the nine countries with available data.

Sources: Antigua and Barbuda GSHS, 2009; Anguilla GSHS, 2016; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2011; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Trinidad and Tobago GSHS, 2017.

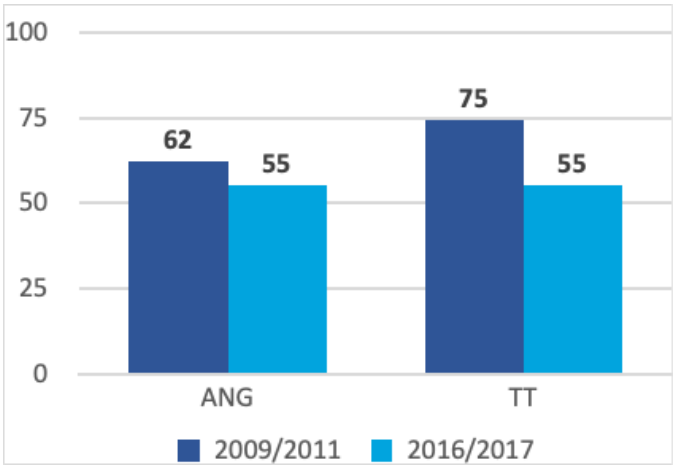
Chart 6.21 shows the proportion of adolescents aged 13-17 that had drunk carbonated soft drinks one or more times per day during the 30 days prior to the survey. Most notable is that adolescents aged 16-17 were less likely to drink soft drinks daily, compared to adolescents aged 13-15. In addition, Chart 6.22 shows that for two countries – Anguilla and Trinidad and Tobago – for which there is data at two points in time, the proportion of adolescents aged 13-15 who drank carbonated soft drinks one or more times per day decreased by 7 percentage points in Anguilla and 20 percentage points in Trinidad and Tobago.

Chart 6.21. Adolescents ages 13-17 who drank soft drinks daily by age group and country



Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.22. Adolescents ages 13-15 who drank soft drinks daily by country and year



Sources: Anguilla GSHS, 2016; Trinidad and Tobago GSHS, 2017.

To reduce consumption of soft drinks, governments can take steps to ban the sale of sugar-containing carbonated drinks in schools, restrict soft drink advertising, modify the composition of soft drinks and introduce a tax on sugar-containing soft drinks.

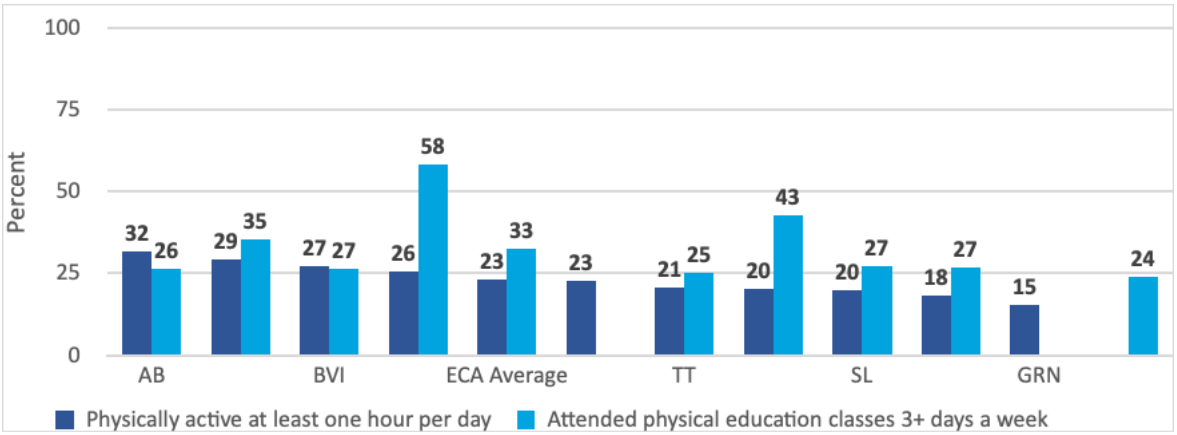
Physical activity

Regular physical activity in adolescence promotes health and fitness. Compared to those who are inactive, physically active youths have higher levels of fitness, lower body fat, and stronger bones and muscles. Physical activity also has brain health benefits, including improved cognition (e.g., academic performance and memory) and reduced symptoms of depression. Regular physical activity in adolescence can also be important for promoting lifelong health and well-being and preventing risk factors for various health conditions, such as heart disease, obesity and Type 2 diabetes.[288]

It is important to provide young people with opportunities and encouragement to participate in physical activities that are appropriate for their age, that are enjoyable and that offer variety. Adolescents should engage in at least 60 minutes (one hour) or more of moderate to vigorous aerobic physical activity each day, and muscle and bone-strengthening physical activity on at least three days a week.[289]

Chart 6.23 show that in the ECA, on average, 23 per cent of adolescents aged 13-15 were physically active at least one hour per day, and 33 per cent of adolescents attended physical education classes three or more days a week. Adolescents in Antigua and Barbuda (32 per cent) and Barbados (29 per cent) were most likely to be physically active at least one hour per day, whereas adolescents in Saint Vincent and the Grenadines (18 per cent) and Grenada (15 per cent) were least likely to be physically active at least one hour per day.

Chart 6.23. Physical activity among adolescents ages 13-15 by country



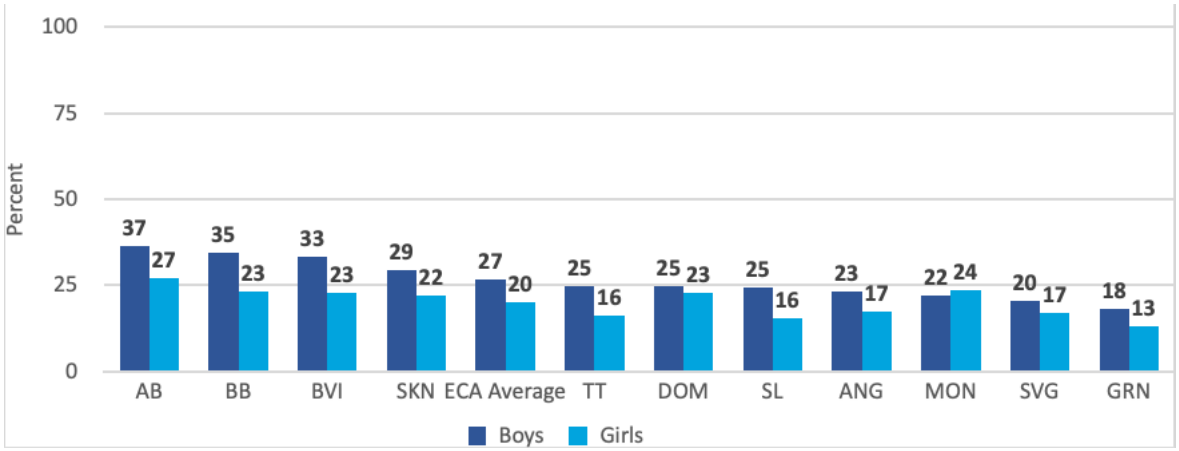
Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.23 also shows that adolescents in Saint Kitts and Nevis (58 per cent) and Anguilla (43 per cent) were most likely to attend physical education classes three or more days a week; however, this did not mean that adolescents in these two countries were more likely to be physically active at least one hour per day (26 per cent and 20 per cent respectively). This same pattern emerged in Barbados, Trinidad and Tobago, Saint Lucia and Saint Vincent and the Grenadines. In Antigua and Barbuda, the inverse occurred, where only 26 per cent of adolescents attended physical education classes three or more day a week, yet as many as 32 per cent of adolescents were physically active at least one hour per day.

288 Retrieved on 8 April 2021 from: Youth Physical Activity Guidelines | Physical Activity | Healthy Schools | CDC.
289 Retrieved on 8 April 2021 from: Youth Physical Activity Guidelines | Physical Activity | Healthy Schools | CDC.

Chart 6.24 shows that there were notable gender differences in physical activity among adolescents aged 13-15. In the ECA, on average, boys (27 per cent) were more likely than girls (20 per cent) to be physically active at least 60 minutes per day. In each country, except Montserrat, boys were more likely than girls to be physically active.

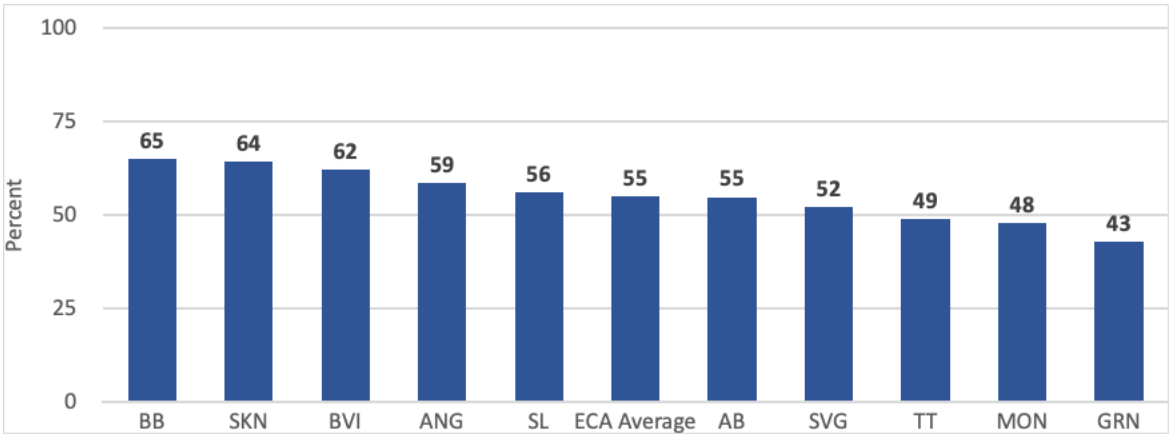
Chart 6.24. Physically active adolescents ages 13-15 (at least 60 minutes a day) by gender and country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.25 shows physical inactivity practices of adolescents aged 13-15, i.e., spending three or more hours per day sitting and watching television, playing computer games or talking with friends when not in school or doing homework during a typical or usual day. In the ECA, on average, 55 per cent of adolescents spent three or more hours per day being physically inactive (e.g., sitting and watching television, playing computer games or talking with friends when not in school or doing homework during a typical or usual day). Adolescents in Barbados (65 per cent), Saint Kitts and Nevis (64 per cent), British Virgin Islands (62 per cent) and Anguilla (59 per cent) were most likely to spend three or more hours per day sitting (physically inactive); whereas adolescents in Grenada (43 per cent) were least likely to spend three or more hours per day sitting.

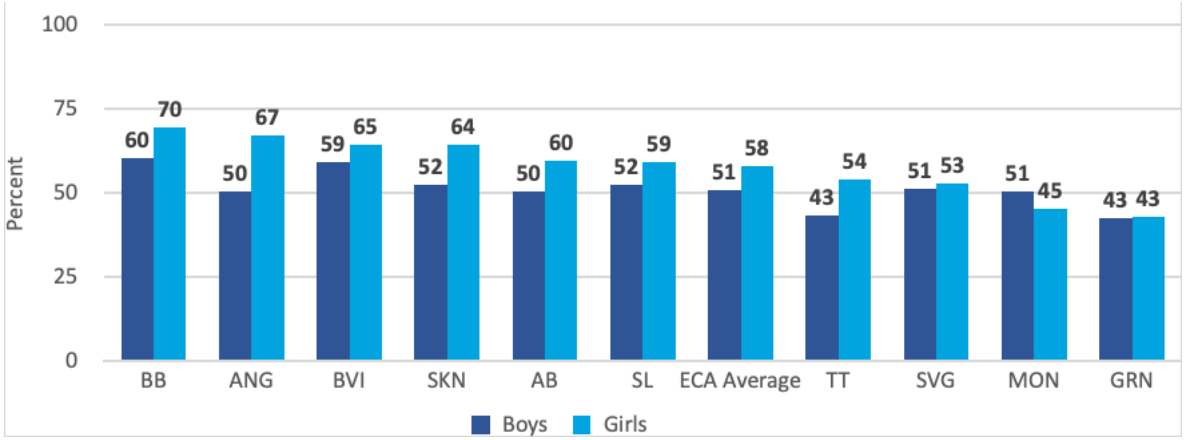
Chart 6.25. Adolescents ages 13-15 who spent 3+ hours per day sitting by country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

In the ECA, on average, girls (58 per cent) were more likely than boys (51 per cent) to spend three or more hours per day sitting. This pattern emerged in most countries, except Montserrat where boys were more likely than girls to spend three or more hours per day sitting. It is notable that more than two out of three girls spent three or more hours per day sitting in Barbados (70 per cent) and Anguilla (67 per cent). In addition, more than one in two girls spent three more hours per day sitting in all countries, except Montserrat and Grenada.

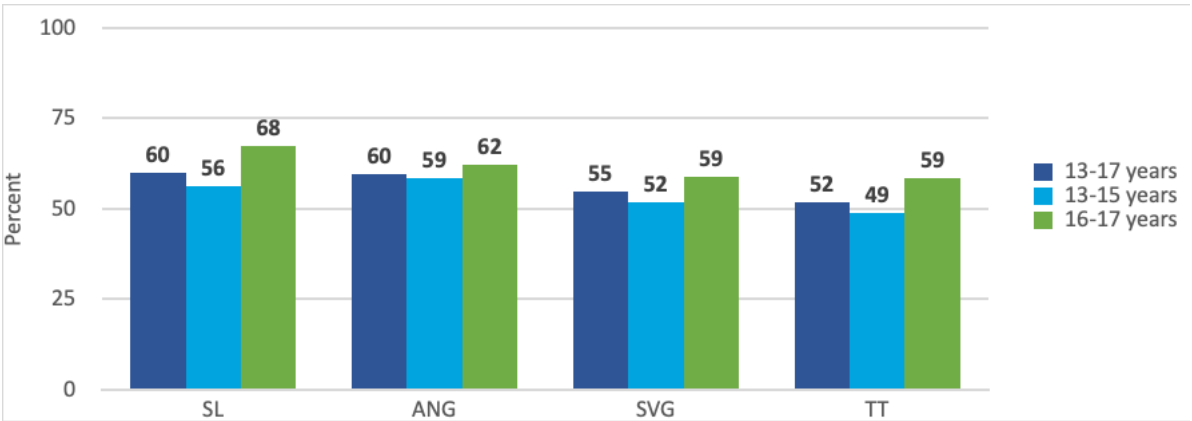
Chart 6.26. Adolescents ages 13-15 who spent 3+ hours per day sitting by gender and country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.27 shows the proportion of adolescents aged 13-17 who spent three or more hours per day sitting and watching television, playing computer games or talking with friends when not in school or doing homework during a typical or usual day. It is notable that in each of the four countries, adolescents aged 16-17 were more likely to spend three or more hours per day sitting than adolescents aged 13-15 years.

Chart 6.27. Adolescents ages 13-17 who spent 3+ hours per day sitting by age group and country



Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Mental health

Most adolescents have good mental health, however, physical, emotional and social changes that occur during adolescence, coupled with exposure to poverty, physical and/or sexual violence, harsh parenting and peer bullying can make adolescents vulnerable to mental health problems. Other risk factors that contribute to stress during adolescence include the quality of one's home life, relationships with peers, pressure to conform with peers, exploration of sexual and/or gender identity, and negative impacts of social media.[290] Some adolescents are at greater risk of experiencing mental health problems because they experience stigmatization, discrimination and exclusion, and lack of access to quality support and mental health services.[291]

Worldwide, 10 to 20 per cent of children and adolescents experience mental disorders.[292] Although most young people develop into healthy adults, many mental health problems emerge in adolescence.[293] Many mental illnesses first appear before the age of 24 years.[294] Left untreated, mental health problems can severely influence adolescents' development, educational attainment and the potential to live fulfilling and productive lives.[295] Some mental illnesses that start in adolescence persist throughout adult life, creating long-term morbidity and a substantial burden on society.[296]

Recent studies have identified depression as the largest cause of mental health problems among young people. Other mental health problems often experienced by adolescents include anxiety, eating disorders and psychosis. Poor mental health can have important effects on the wider health and development of adolescents and is associated with several health and social outcomes such as higher alcohol, tobacco and illicit drug use, adolescent pregnancy, school dropout and delinquent behaviours, self-harming behaviours and suicide ideation.[297]

Children with mental disorders often face major challenges with stigma, isolation and discrimination, as well as lack of access to healthcare and education facilities in violation of their fundamental human rights.[298]

Engaging with young people on mental health

During consultations[299], young people spoke extensively about mental health issues experienced by young people. The issues they focused on related to managing emotions, dealing with depression, and self-harming and suicidal behaviours. In 2017, people in Anguilla and Dominica experienced the devastation caused by Hurricanes Irma and Maria, so they reflected upon the impact of those natural disasters on people's mental health and well-being.

290 'Adolescent Mental Health'. Retrieved on 12 April 2020 from: https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health.

291 Ibid

292 'Adolescents and mental health'. Retrieved on 12 April 2021 from: WHO | Adolescents and mental health.

293 Blakemore, S., 'Adolescence and mental health', *The Lancet Child & Adolescent Health*, 2019, Vol. 393, No. 10185, pp. 2030-2031.

294 Ibid, 2019.

295 'Adolescents and mental health'. Retrieved on 12 April 2021 from: WHO | Adolescents and mental health.

296 Blakemore, S., 'Adolescence and mental health', *The Lancet Child & Adolescent Health*, 2019, Vol. 393, No. 10185, pp. 2030-2031.

297 'Adolescents and mental health'. Retrieved on 12 April 2021 from: WHO | Adolescents and mental health.

298 Ibid.

299 In February 2021, consultations were conducted with young people aged 10-24 years in Anguilla, Dominica, Montserrat and Trinidad and Tobago as part of a UNICEF initiative focused on engaging children and young people in the ECA.

In Anguilla, young people spoke about social norms related to gender as among the most urgent problems and issues facing boys and girls today. From their perspective, boys began to think they were stronger and better than girls, while girls were expected to conceal these qualities and were looked down upon because of their gender. Also, during puberty, as adolescents' bodies begin to change, both boys and girls developed insecurities and started to worry about their bodies (e.g., the size of their butt and if it is too big). More specifically, girls developed breasts and got their period, and they began to worry about being raped and sexually exploited. Boys could also develop mood swings.

"When most girls get their period and breasts develop, the issue is for children to be raped and put as prostitutes. I don't think it is right; it is unfair to go through that and their bodies are small and starting to develop and most of them are losing their lives." (Anguilla, 10-14 years)

Young people in Anguilla spoke about issues of poverty, particularly during the COVID-19 pandemic, as most parents were not working or were working less hours than they did before the pandemic; thus, they were worried about economic strains facing their families, particularly in a country that was heavily reliant upon tourism.

In Dominica, young people were asked about self-harming behaviours. Some young people knew of people who engaged in self-harming behaviours and understood that cutting was about redirecting one's emotional pain into physical pain, and that the practice of cutting could become a habit that becomes difficult for someone to stop. They recognized cutting as a means of escape from emotional issues that relate to past abuse and trauma, and that people who cut themselves needed psychological support and help to develop coping habits that were not harmful. They began to look at cutting in similar ways as other addictions, and how these behaviours and addictions impacted the brain and created patterns that required psychosocial support to change them.

Young people recognized that there was stigma attached to being depressed and to speaking out publicly about mental health issues; thus, young people did not have opportunities to talk about mental health and well-being. Nevertheless, they recognized that mental health services should be available to everyone, regardless of age. They also recognized that some people needed a guidance counsellor or psychologist to speak to; someone who could help them to develop coping strategies to manage their emotions and handle daily stresses and strains. Some young people maintained they would even refer a friend to the school guidance counsellor, particularly if their friend was not coping well with life or was engaged in self-harming behaviours. They believed that school guidance counsellors could help young people get the support and services they needed.

Young people also thought that teachers needed to be better equipped to identify students who were having a difficult time and experiencing difficulties learning and/or mental health issues. They thought there should be mechanisms in place in schools for teachers to identify children who were struggling with mental health issues so that the proper support could be provided to address their issues and prevent further harm to the child.

Young people thought that every school should have guidance counsellors with different areas of specialization so that they could support children and adolescents who were experiencing a range of mental health issues (e.g., anxiety, depression and suicidal thoughts) and social problems (e.g., peer bullying).

In Montserrat, young people explained that there was a psychologist or health care coordinator who visited some of the schools from time to time and provided students with information about different health issues, such as mental health. Schools encouraged students to speak with these experts. The challenge, however, was that children and adolescents did not trust these professionals to maintain their confidentiality; they worried that school guidance counsellors and psychologists would tell teachers about their issues, then before you knew it other students and parents would know about a child's situation; after which the child might be bullied. Therefore, they wanted to make sure that school guidance counsellors and psychologists were required to maintain confidentiality.

"People who are depressed, they should talk directly, and get some help from a guidance counsellor, so the guidance counsellor can give them strategies and to have more of a social life, and some should have the right friends that they can talk to when feeling down." (Anguilla, 10-14 years)

"We don't really get to talk about mental health, there is not a lot here in our communities or schools. Most of the time it is online and on the Internet. We should be able to learn about mental health in schools and to talk about it freely with teachers and students." (Dominica, 14-18 years)

"At my schools we have a school counsellor and most students don't feel comfortable talking to them, students would like more peer-to-peer opportunities where they can speak and would not be judge. Young people, if we talk about it, people want to come and fix it, but it cannot always be fixed, so it is good to talk about it and be able to express yourself." (Dominica, 14-18 years)

In Anguilla, some, if not all schools, had school counsellors, but adolescents did not necessarily feel comfortable talking to school counsellors about their problems. Young people expressed concerns about issues of confidentiality, but also some thought that school counsellors did not keep up-to-date with the needs of today's children and young people; they perceived that there was a generation gap. Some young people thought that trained peer counsellors could better help to address mental health issues among adolescents.

Young people also thought it was important that they were able to talk to their parents about their emotions and mental health, including feelings of depression, so that their parents could help them to access professional support and assistance, if needed. They recognized that both children and adults, in some cases, needed access to quality mental health services so that people did not commit suicide or homicide.

Young people also recognized that having the right friends to talk to when they felt down or depressed was important to their social and emotional well-being. Some young people thought the church was a place where they could find people who cared about them and were trustworthy, and they talked to them about their mental health.

"I disagree with Google. You type in how you are feeling and on a different circumstance and the resources they give would not be true to your situation, and it might cause you to worry and stress even more. So, you should go talk to someone who understands you much better . . . You might Google that you have a headache and then you might think you have COVID." (Montserrat, 11-16 years)

"The online programme, it would not be effective as logging on to a sight, you can logon any time and tell how you feel today and your reaction. You have one of those talking to you, there would be someone on the other side talking to you." (Dominica, 14-18 years)

It is notable that, in the ECA, young people were using the Internet (Google) and social media (Instagram and Facebook) to get information about mental health issues. Because people did not talk openly about mental health and there were not enough school-based or community-based resources to support people with mental health issues, people turned to the Internet and social medial for information and support.

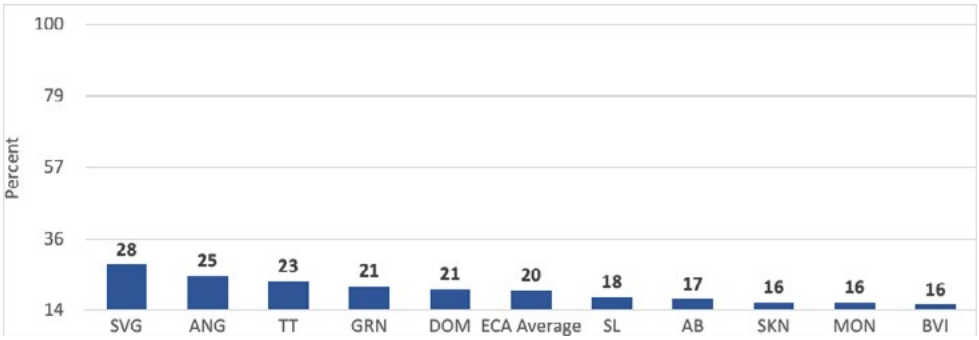
Some young people thought that mental health should be talked about and taught in schools. They thought it would be good if schools brought in mental health experts who could give lectures or seminars on mental health, including adolescents and mental health. They wanted to be able to ask questions of experts and get answers about mental health issues.

They thought it was important to have both school and community-based programmes that engaged children, adolescents and young people to talk about mental health issues. Such programmes would benefit individuals, families and communities. Some young people thought such a programme could be broadcast on the radio, so that it would reach a much larger audience. For instance, in Montserrat, it was reported that there was a radio programme called, *Enhancing your Mental Health* that is hosted by nurses.

Suicide

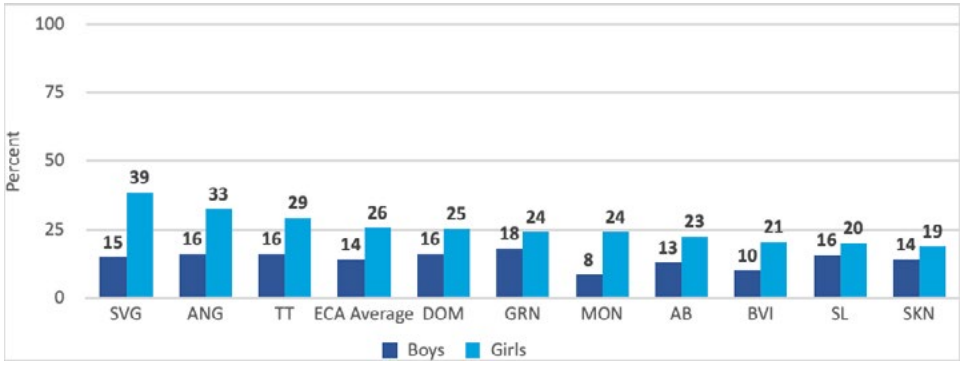
In the ECA, data related to adolescence and mental health includes GSHS data related to suicidal thoughts and attempts (see Charts 6.28 to 6.31). Chart 6.28 shows that in the ECA, on average, as many as one out of five or 20 per cent of adolescents aged 13-15 had seriously considered attempting suicide in the 12 months prior to the survey. In Saint Vincent and the Grenadines (28 per cent) and Anguilla (25 per cent) at least one in four adolescents aged 13-15 had considered attempting suicide. The proportion of adolescents with suicidal thoughts was lowest in Saint Kitts and Nevis, Montserrat and British Virgin Islands at 16 per cent.

Chart 6.28. Adolescents ages 13-15 who considered attempting suicide by country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.29. Adolescents ages 13-15 who considered attempting suicide by gender and country

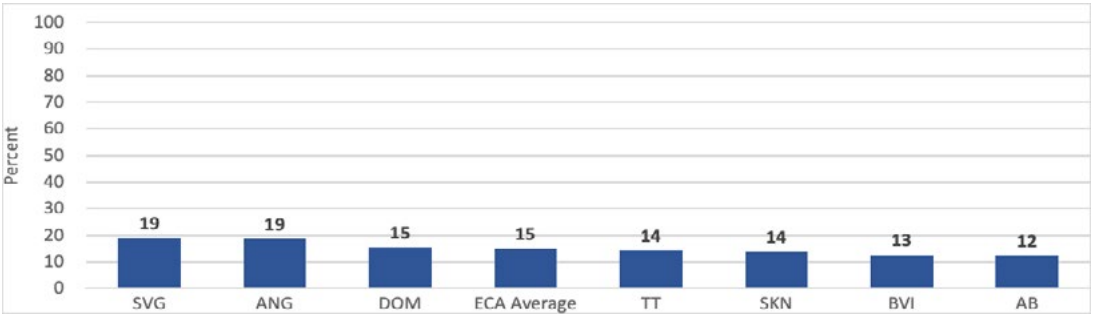


Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Data further revealed that adolescents aged 16-17 years of age were nearly equally like to seriously consider attempting suicide as adolescents aged 13-15 years. There were no significant differences based on age; however, there were significant differences based on gender. Chart 6.29 shows there were significant gender differences in suicidal thoughts. In the ECA, on average, girls (26 per cent) were more likely to seriously consider attempting suicide than boys (14 per cent); girls were nearly twice as likely as boys to consider attempting suicide. In Saint Vincent and the Grenadines and Montserrat, girls were nearly three times more likely than boys to consider attempting suicide. It is also notable that more than one in three girls or 39 per cent in Saint Vincent and the Grenadines and 33 per cent of girls in Anguilla had considered attempting suicide in the 12 months prior to the survey. In addition, more than one in four or 29 per cent of girls in Trinidad and Tobago had considered attempting suicide.

Globally, suicide is the third leading cause of death among adolescents ages 15-19. Chart 6.30 shows that in the ECA, on average, 15 per cent of adolescents aged 13-15 had attempted suicide one or more times during the 12 months prior to the survey. Suicide attempts were highest among adolescents in Saint Vincent and the Grenadines and Anguilla at 19 per cent. Chart 6.30 showed that suicide attempts were also highest among adolescents in Saint Vincent and the Grenadines, and in Anguilla.

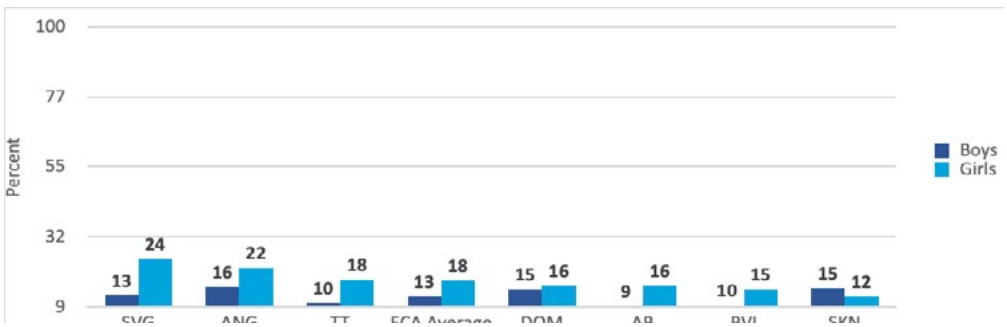
Chart 6.30. Adolescents ages 13-15 who attempted suicide one or more times by country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Saint Kitts and Nevis GSHS, 2011; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.31 shows that in the ECA, on average, girls (18 per cent) were more likely than boys (13 per cent) to have attempted suicide one or more times in the 12 months prior to the survey. In Saint Vincent and the Grenadines girls (24 per cent) were nearly twice as likely as boys (13 per cent) to have attempted suicide one or more times in the year prior to the survey. It is notable that nearly one in four or 24 per cent of girls in Saint Vincent and the Grenadines and one in five of 22 per cent of girls in Anguilla and Barbuda had attempted suicide one or more times in the year prior to the survey.

Chart 6.31. Adolescents ages 13-15 who attempted suicide by gender and country



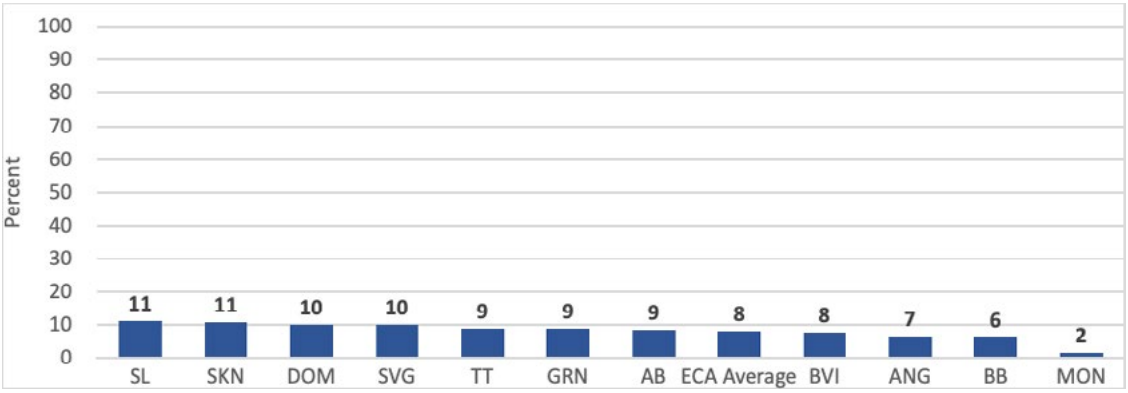
Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Saint Kitts and Nevis GSHS, 2011; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Well-being protective factors

Parental and peer relationships are very important to adolescent mental health. Teenagers with close ties with parents and friendships tend to be more adaptive to stress, report being happier due to an increased feeling of uniqueness, and are likely to do better academically. In addition, they tend to have higher self-esteem and self-confidence and may be more assertive.[300]

Chart 6.32 shows that in the ECA, on average, 8 per cent of adolescents aged 13-15 had no close friends. Although a small proportion of adolescents had no close friends, 11 per cent of adolescents in Saint Lucia and Saint Kitts and Nevis and 10 per cent in Dominica and Saint Vincent and the Grenadines had no close friends; whereas only two per cent of adolescents in Montserrat had none.

Chart 6.32. Adolescents ages 13-15 who had no close friends by country

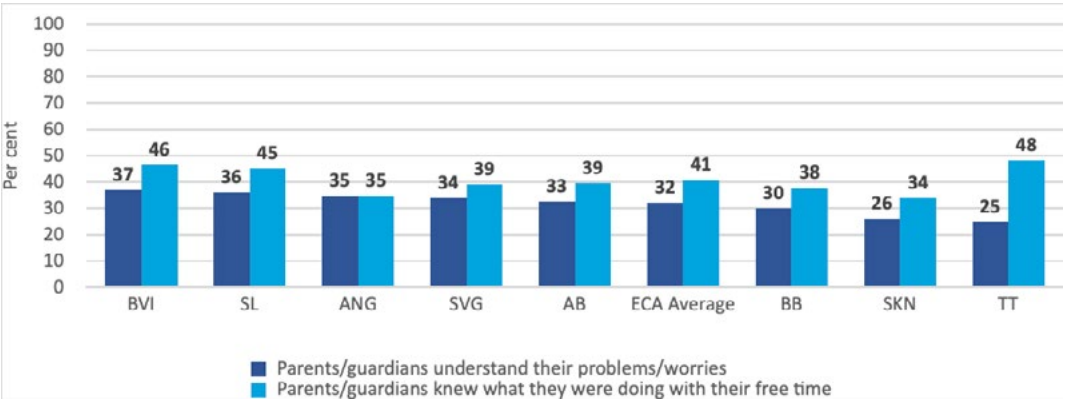


Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Research has found that parent-adolescent attachment is important to adolescent mental health and well-being. Parent-adolescent attachment can serve as a protective factor, particularly if parents/guardians understand their child's problems and worries and know what they are doing with their free time. Chart 6.33 shows that in the ECA, on average, 32 per cent of adolescents aged 13-15 reported their parents/guardians understood their problems and worries most of the time or always, and 41 per cent reported their parents/guardians most of the time or always knew what they were doing with their free time during the 30 days prior to the survey. It is notable that as few as 25 per cent of adolescents in Trinidad and Tobago and 26 per cent in Saint Kitts and Nevis reported their parents understood their problems/worries. In comparison, adolescents in Trinidad and Tobago (48 per cent), British Virgin Islands (46 per cent) and Saint Lucia (45 per cent) were most likely to report their parents/guardians most of the time or always really knew what they were doing with their free time.

300 Chen, A., 'Having a Best Friend in your Teenage Years Could Benefit You for Life'. Retrieved on 12 April 2021 from: Strong Friendships In Adolescence Pay Dividends In Adulthood : Shots - Health News : NPR, 2017; Narr, R.K., J.P. Allen, J.S. Tan & E.L. Loeb, 'Close Friendship Strength and Broader Peer Group Desirability as Differential Predictor of Adult Mental Health', *Child Development*, 2017, Vol 90, No. 1, pp. 298-313.

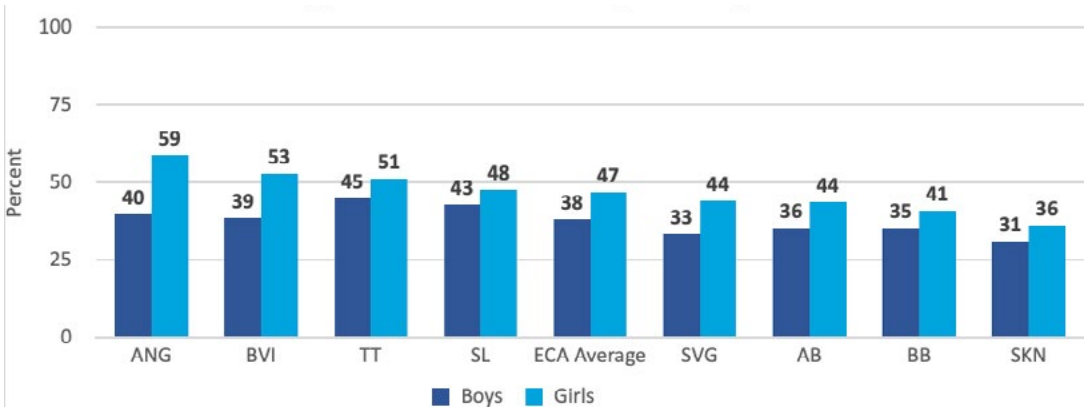
Chart 6.33. Adolescents ages 13-15 with parents/guardians involved in their lives by country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Grenada GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

There were no significant differences between girls and boys as it related to having parents/guardians who understood their problems and worries, but there were gender differences when it came to parents/guardians most of the time or always knowing what they were doing with their free time. Chart 6.34 shows that, on average, girls (47 per cent) were more likely than boys (38 per cent) to report their parents/guardians most of the time or always knew what they were doing with their free time in the 30 days prior to the survey. Girls in Anguilla (59 per cent) and British Virgin Islands (53 per cent) were most likely to report their parents/guardians knew what they were doing with their free time; whereas girls in Saint Kitts and Nevis (36 per cent) were least likely to report their parents/guardians knew what they were doing with their free time.

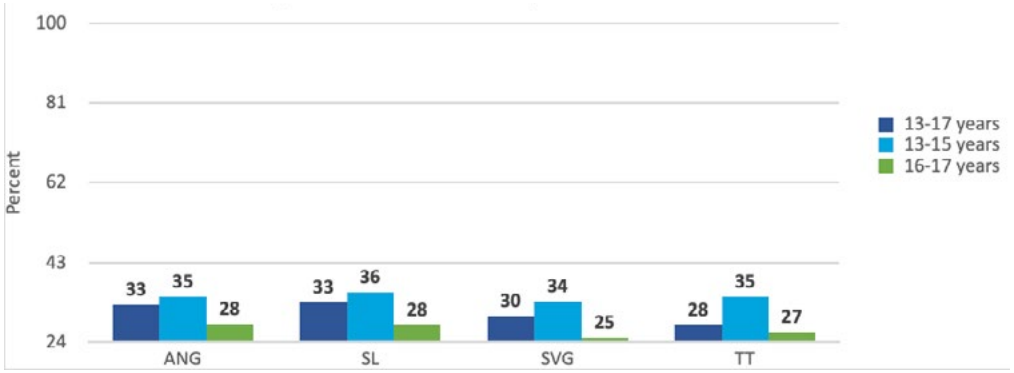
Chart 6.34. Adolescents aged 13-15 with involved parents by gender and country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Montserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

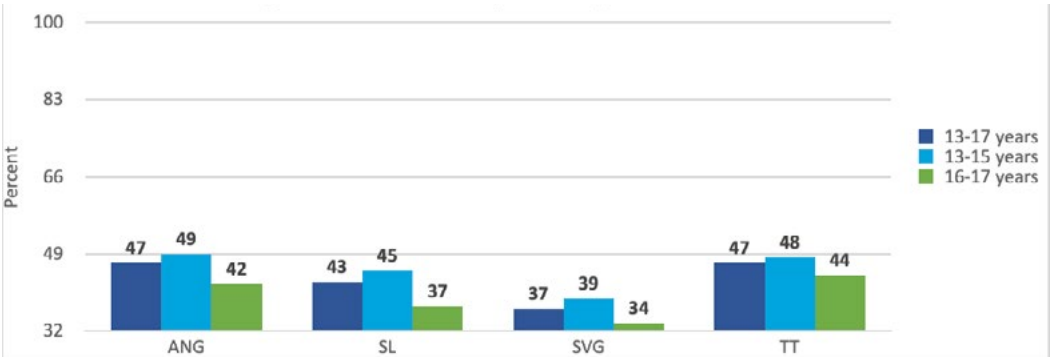
Charts 6.35 and 6.36 show that among adolescents ages 13-17, adolescents aged 13-15 were more likely to report their parents/guardians most of the time or always understood their problems and worries, and most of the time or always knew what they were doing with their free time in the 30 days prior to the survey. This is a concern because adolescents aged 16-17 are just as likely as adolescents aged 13-15 to experience mental health problems, including suicidal thoughts and attempts.

Chart 6.35. Adolescents aged 13-17 with involved parents by age group and country



Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 6.36. Adolescents ages 13-17 whose parents know how they spend time by age group and country



Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

In the ECA, the mental health and well-being of young people has received increased attention given the prevalence of mental health problems among adolescents. Enhancing social skills, problem-solving skills and self-confidence can help prevent mental health problems, such as anxiety and depression, eating disorders, behaviours disorders and other risky behaviours, including those that relate to sexual behaviour, substance abuse, and violent behaviour. School personnel and health workers need to have the competencies to relate to young people to detect mental health problems early and to provide counselling and cognitive-behavioural therapy, and treatments when appropriate.[301]

Mortality of young people

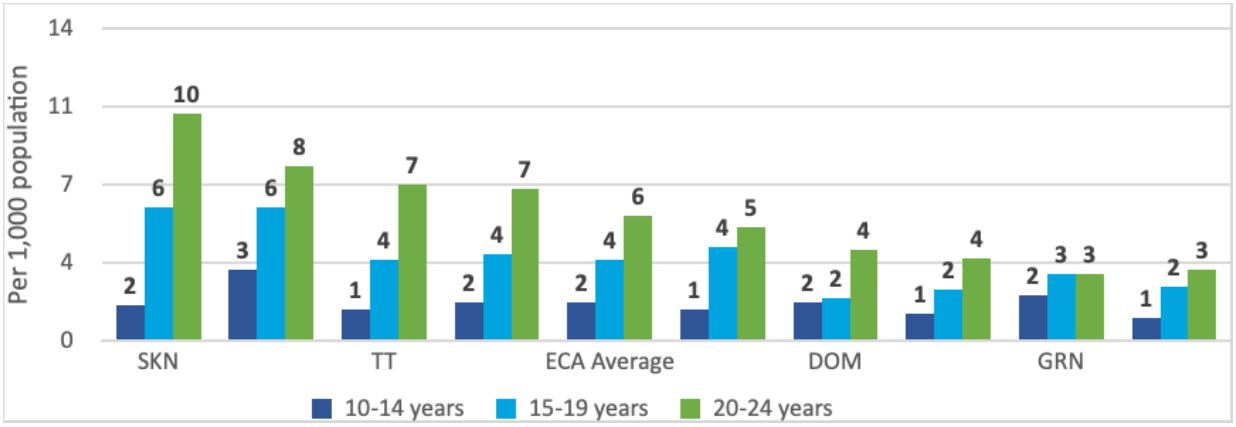
In 2012, globally, the leading causes of death among adolescents were road injury, HIV/AIDS, suicide, lower respiratory infections and interpersonal violence. Globally, HIV-related deaths had more than tripled from 2000, making it the number two cause of death among adolescents in 2012. Among young people aged 10-29 years, youth violence and homicide were the fourth leading cause of death. Youth violence includes a range of acts, from bullying and physical fighting, to more severe sexual and physical assaults and homicide. WHO estimates that for each young person killed, many more sustain injuries requiring hospital treatment. When not fatal, youth violence has a serious, often lifelong impact on a person's physical, psychological and social function.[302]

301 'Adolescents and mental health'. Retrieved on 12 April 2021 from: WHO | Adolescents and mental health.

302 'Youth violence'. Retrieved on 14 April 2021 from: Youth violence (who.int).

Chart 6.37 shows that the probability of adolescents aged 10-14 dying was highest in Saint Vincent and the Grenadines at three per 1,000. In addition, the probability of adolescents aged 15-19 dying was highest in Saint Vincent and the Grenadines and Saint Kitts and Nevis at six per 1,000, and lowest in Dominica, Barbados and Antigua and Barbuda at two per 1,000. Finally, among youth aged 20-24, the probability of dying was highest in Saint Kitts and Nevis at 10 per 1,000 population and Saint Vincent and the Grenadines at eight per 1,000 youth aged 20-24. In comparison, the probability of youth aged 20-24 dying was lowest in Grenada and Antigua and Barbuda at three per 1,000 population.

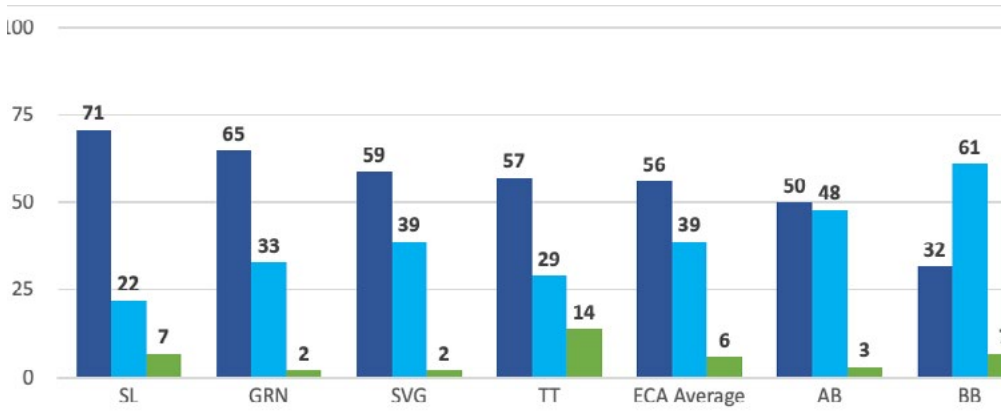
Chart 6.37. Probability of dying among young people by age groups (per 1,000 population) and country



Source: Estimates developed by the United Nations Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division). Retrieved on 31 March 2021 from: Probability of dying among adolescents ages 10-14 years (per 1,000) | Data (worldbank.org); Probability of dying among adolescents ages 15-19 years (per 1,000) | Data (worldbank.org); and Probability of dying among youth ages 20-24 years (per 1,000) | Data (worldbank.org).

In the ECA, little is known about the leading causes of death among young people; however, Chart 6.38 shows that in the ECA, on average, 56 per cent of adolescent deaths were due to injury, 39 per cent were due to non-communicable diseases (NCDs) and 6 per cent were due to communicable, maternal, perinatal and nutritional conditions. The majority of adolescents in Saint Lucia (71 per cent), Grenada (65 per cent), Saint Vincent and the Grenadines (59 per cent), Trinidad and Tobago (57 per cent) died from injuries; whereas the leading cause of adolescent deaths in Barbados was NCDs (61 per cent). Across each of the six countries, far fewer adolescents died of communicable, maternal, perinatal and nutritional conditions.

Chart 6.38. Leading causes of mortality among adolescents ages 10-19 by country



Notes: Information is not available for Anguilla, British Virgin Islands, Dominica, Montserrat, Saint Kitts and Nevis, and Turks and Caicos Islands.

Source: UNICEF Adolescent Health Dashboards. Retrieved on 24 April 2021 from: https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/.

Table 6.1 shows the leading causes of morality among adolescents aged 10-19 by gender and country. These data correspond to the leading causes of mortality presented in Chart 6.38, including injuries, NCDs and communicable, maternal, perinatal and nutritional conditions.

Table 6.1. Leading causes of mortality among adolescents ages 10-19 by gender and country

	Boys	Girls
Antigua and Barbuda	Fire, heat and hot surfaces Hypertensive heart disease Exposure to mechanical forces Congenital anomalies Interpersonal violence Poisonings Iodine deficiencies Meningitis Schistosomiasis	Drowning Ischemic heart disease Stroke Exposure to mechanical forces Chagas disease Maternal conditions Corpus uteri cancer Interpersonal violence Schistosomiasis Sickle cell disorder and traits
Barbados	Leukaemia Intimate partner violence Brain and nervous system cancers Road injury Congenital anomalies Kidney cancer Asthma Drowning Cardiomyopathy, myocarditis, endocarditis	Leukaemia Congenital anomalies Ovarian cancer Road injury Cardiomyopathy, myocarditis, endocarditis Lower respiratory infections Anxiety disorders Maternal conditions Whooping cough Interpersonal violence
Grenada	Rheumatic heart disease Road injury Exposure to mechanical forces Leukaemia Intimate partner violence Acute Hepatitis E Brain and nervous system cancers Larynx cancer Kidney disease	Fire, heat and hot substances Exposure to mechanical forces Self-harm Sickle cell disorder and traits Intimate partner violence Trachea, bronchus, lung cancers Maternal conditions Drowning Cataracts Kidney cancer
Saint Lucia	Road injury Drowning Intimate partner violence Sickle cell disorders and traits Self-harm Lower respiratory infections Exposure to mechanical forces	Intimate partner violence Road injury Congenital anomalies Maternal conditions Drowning Epilepsy Acute Hepatitis E Sickle cell disorders and traits
Saint Vincent and the Grenadines	Road injury Drowning Cardiomyopathy, myocarditis, endocarditis Leukaemia Congenital anomalies Intimate partner violence Sickle cell disorders and traits Chronic obstructive pulmonary disease	Skin diseases Intimate partner violence Self-harm Road injury Kidney diseases Epilepsy Maternal conditions Congenital anomalies
Trinidad and Tobago	Intimate partner violence Road injury Drowning Self-harm Leukaemia HIV/AIDS Congenital anomalies	Intimate partner violence Congenital anomalies Self-harm HIV/AIDS Road injury Leukaemia

Notes: Information is not available for Anguilla, British Virgin Islands, Dominica, Montserrat, Saint Kitts and Nevis, and Turks and Caicos Islands.
Source: UNICEF Adolescent Health Dashboards. Retrieved on 24 April 2021 from: https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/.

Disability-Adjusted Life Years

The disability-adjusted life year (DALY) is a summary measure of overall disease burden, expressed as the number of years lost due to ill-health, disability or early death. DALYs were developed in the 1990s by the World Bank and WHO as a measure of the global impact of disease on individual illness status, i.e., a way of quantifying the global burden of disease and comparing the overall health and life expectancy across countries. DALYs combine information about morbidity and mortality which is expressed in terms of numbers of healthy years lost.

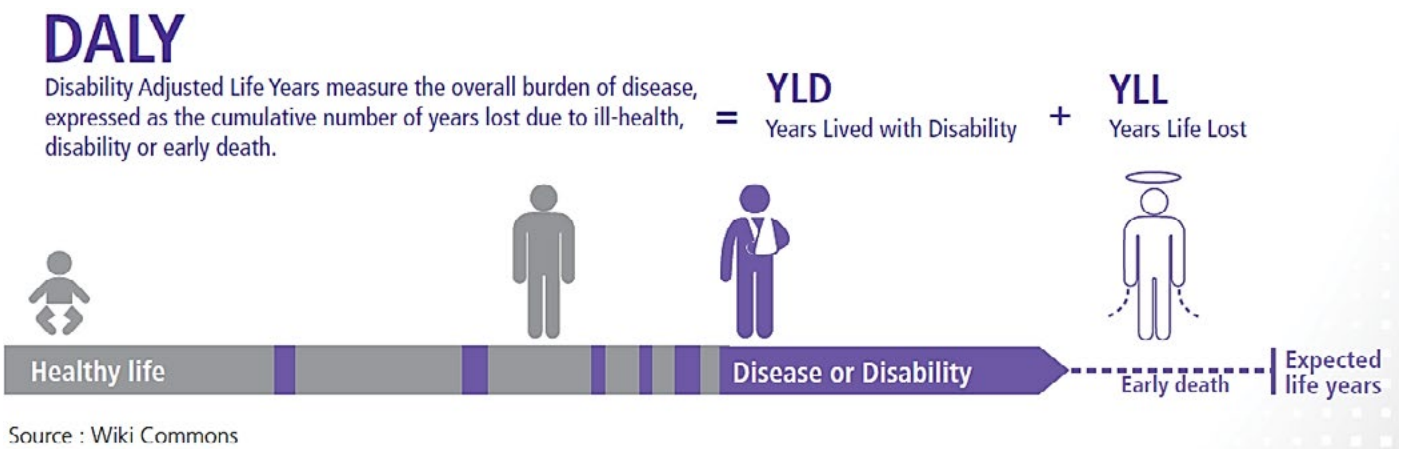
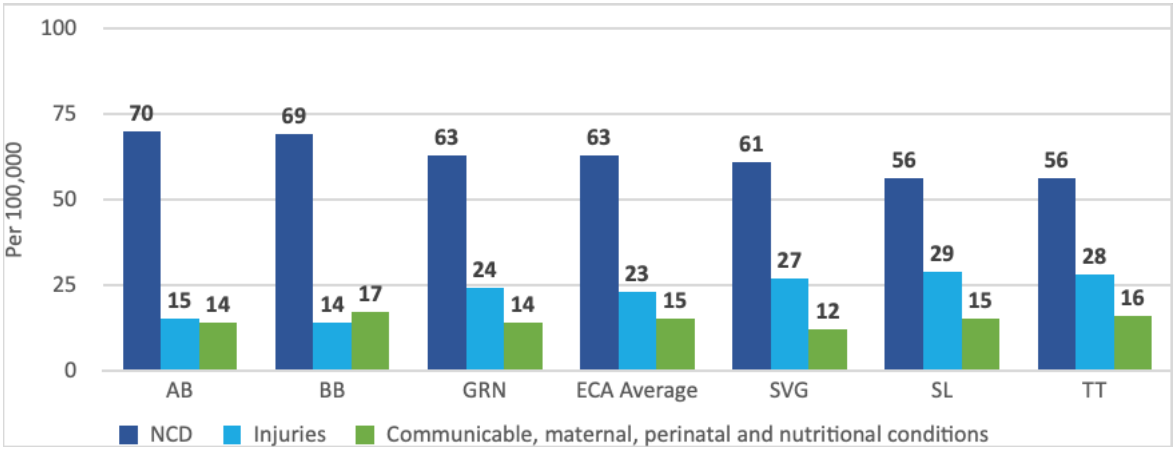


Chart 6.39 shows that in the ECA, on average, NCD (63 per 100,000) was the main cause of DALYs, following by injuries (23 per 100,000) and communicable, maternal, perinatal and nutritional conditions (15 per 100,000). This pattern was consistent across each of the six ECA countries for which there was data, except Barbados.

Chart 6.39. Disability-Adjusted Life Years by cause among adolescents ages 10-19 by country



Notes: Information is not available for Anguilla, British Virgin Islands, Dominica, Montserrat, Saint Kitts and Nevis, and Turks and Caicos Islands.

Source: UNICEF Adolescent Health Dashboards. Retrieved on 24 April 2021 from: https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/.

Table 6.2 shows the leading causes of DALYs among adolescents aged 10-19 by gender and country. These data correspond to the leading causes of DALYs presented in Chart 6.39, including NCD, injuries, and communicable, maternal, perinatal and nutritional conditions.

Table 6.2. Leading causes of DALYs among adolescents ages 10-19 by gender and country		
	Boys	**Girls**
Antigua and Barbuda	Child behavioural disorders Hypertensive heart disease Congenital anomalies Exposure to mechanical forces Anxiety disorders Fire, heat and hot substances Depressive disorders Asthma	Drowning Depressive disorders Stroke Ischemic heart disease Anxiety disorders Migraine Exposure to mechanical forces Childhood behavioural disorders
Barbados	Child behavioural disorders Intimate partner violence Neonatal conditions Road injury Asthma Iron-deficiency anaemia Congenital anomalies Leukaemia Neonatal conditions	Leukaemia Congenital anomalies Neonatal conditions Depressive disorders Anxiety disorders Road injury Migraine Iron-deficiency anaemia
Grenada	Road injury Rheumatic heart disease Exposure to mechanical forces Childhood behavioural disorders Asthma Intimate partner violence Neonatal conditions Depressive disorders	Fire, heat and hot substances Exposure to mechanical forces Self-harm Depressive disorders Anxiety disorders Sickle cell disorder and traits Trachea, bronchus, lung cancers Migraine
Saint Lucia	Road injury Child behavioural disorders Intimate partner violence Drowning Child behavioural disorders Neonatal conditions Depressive disorders	Intimate partner violence Depressive disorders Road injury Anxiety disorders Neonatal conditions Road injury Migraine
Saint Vincent and the Grenadines	Road injury Drowning Cardiomyopathy, myocarditis, endocarditis Congenital anomalies Leukaemia Intimate partner violence Chronic obstructive pulmonary disease	Skin diseases Intimate partner violence Self-harm Depressive disorders Anxiety disorders Road injury Migraine
Trinidad and Tobago	Childhood behavioural disorders Intimate partner violence Neonatal conditions Road injury Asthma Self-harm Drowning Skin diseases Depressive disorders	Anxiety disorders Depressive disorders Migraine Intimate partner violence Childhood behavioural disorder Migraine Asthma Iron-deficiency anaemia

Notes: Information is not available for Anguilla, British Virgin Islands, Dominica, Montserrat, Saint Kitts and Nevis, and Turks and Caicos Islands.

Source: UNICEF Adolescent Health Dashboards. Retrieved on 24 April 2021 from: https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/.

Table 6.3. National policies and plans on child and adolescent health by country									
	AB	BB	DOM	GRN	SL	SKN	SVG	TT	% with policy/ plan
Operational, multi-sectoral national NCD policy, strategy or action plan that integrates several NCDs and their risk factors									50%
National adolescent health programme									
Operational policy/strategy/action plan to reduce physical inactivity									63%
National policy to prohibit the selling of unhealthy foods and sweetened beverages in or close to schools									13%
National policy/laws designating an appropriate minimum age for purchase or consumption of alcoholic beverages									50%
National policy/law to prohibit sale of tobacco products to minors									50%
Plan or strategy for child and/or adolescent mental health									25%
						Colour code	Yes		
						No			
						Unknown			

Notes: Information is not available for Anguilla, British Virgin Islands, Montserrat, Turks and Caicos Islands.**Source:** UNICEF Adolescent Health Dashboards. Retrieved on 24 April 2021 from: https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/.

National policies and plans on child and adolescent health

Table 6.3 highlights which countries have adopted national policies and plans on child and adolescent health. This includes national policies and plans related to NCDs, physical activity and healthy foods, alcohol and tobacco and mental health. The proportion of countries with such policies is calculated for eight of the 12 countries and territories with information available about national policies and plans on child and adolescent health. Table 6.3 shows that, while 63 per cent of countries had an operational policy/strategy/action plan to reduce physical inactivity, only half of them had national policies and plans related to NCDs, and policies/laws that set a minimum age for purchase or consumption of alcoholic beverages and/or prohibit the sale of tobacco products to minors. Only a few countries had plans or strategies for child and/or adolescent mental health (25 per cent), adolescent health programmes (13 per cent) and national policies to prohibit the sale of unhealthy foods and sweetened beverages in or close to schools (13 per cent).

Table 6.4 highlights which countries have user fee exemptions for adolescents accessing health and well-being services, including sexual and reproductive health, mental health and substance abuse services. The proportion of countries with user fee exemptions for all adolescents using these services is calculated for six of the 12 countries with information available about user fee exemptions. It is notable that all six countries had user fee exemptions for adolescents who need testing and treatment for STIs and HIV, and HIV counselling. In addition, 83 per cent of the six countries had user fee exemptions for adolescent using contraceptives, mental health care, and rehabilitation for substance abuse. Only 50 per cent of the six countries had user fee exemptions for adolescents getting vaccinated for the human papillomavirus (HPV).

Table 6.4. User fee exemptions for adolescents using health and well-being services by country							
	AB	BB	DOM	GRN	SL	TT	% with user fee exemptions
Contraceptives							83%
Vaccination for HPV							50%
Testing and treatment of STIs							100%
HIV testing and counselling							100%
Mental health care							83%
Rehab for substance abuse							83%
				Colour code			Yes
				Yes, for select groups			
				No			
				Unknown			

Notes: Information is not available for Anguilla, British Virgin Islands, Montserrat, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Turks and Caicos Islands.
Source: UNICEF Adolescent Health Dashboards. Retrieved on 24 April 2021 from: https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/.

Table 6.5 highlights which countries have no legal age limits for unmarried adolescents to access services without parental/legal consent when accessing health and well-being services, including sexual and reproductive health, and mental health services. The proportion of countries with no legal age limits for unmarried adolescents using these services is calculated for six of the 12 countries with information available. It is notable that none of the six countries had no legal age limits for unmarried adolescents accessing contraceptive services, except sterilization, or HIV testing and counselling. Only one country, Antigua and Barbuda, had no legal age limits for unmarried adolescents accessing mental health services.

Table 6.5. No legal age limits for unmarried adolescents to access services by country							
	AB	BB	DOM	GRN	SL	TT	% with no legal age limit
Contraceptive services (except sterilization)							0%
HIV testing and counselling							0%
Mental health services							17%
					Colour code		Yes
					No		
					Unknown		

Notes: Information is not available for Anguilla, British Virgin Islands, Montserrat, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Turks and Caicos Islands.
Source: UNICEF Adolescent Health Dashboards. Retrieved on 24 April 2021 from: https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/.

Table 6.6 highlights which countries have taxation of sugar-sweetened beverages and alcohol. The proportion of countries with taxes on sugar-sweetened beverages and alcohol is calculated for seven of the 12 countries with information available. It is notable that 71 per cent of countries taxed alcohol, including beer, spirits and wine; whereas only 57 per cent of countries had taxes on sugar-sweetened beverages.

Table 6.6. Taxation of sugar-sweetened beverages and alcohol by country								
	AB	BB	DOM	GRN	SL	SVG	TT	% with taxation
Sugar-sweetened beverages								57%
Beer								71%
Spirits								71%
Wine								71%
Colour code					**Yes**			
	No							
	Unknown							

Notes: Information is not available for Anguilla, British Virgin Islands, Montserrat, Saint Kitts and Nevis, Saint Vincent and the Grenadines, and Turks and Caicos Islands.
Source: UNICEF Adolescent Health Dashboards. Retrieved on 24 April 2021 from: https://data.unicef.org/resources/adolescent-health-dashboards-country-profiles/.

Summary of data gaps on young people

This chapter focused on data related to every young person's right to thrive. It also revealed data gaps, including:

- Data related to sexual behaviours and contraceptive use among young people are limited to GSHS data for adolescents aged 13-17 for seven to 10 ECA countries and territories, depending upon the indicator; yet, much of this data are outdated, in some cases a decade old.
- Data related to young people and HIV/AIDS are limited; data that are available are limited to Barbados and Trinidad and Tobago. Having timely data related to young people's knowledge, attitudes and practices related to HIV/AIDS is important to HIV/AIDS prevention initiatives in the ECA.
- Data related to adolescent fertility rates are limited to six of the 12 ECA countries and territories, and in some countries are a decade old. Improving data collection on teenage pregnancy and adolescent fertility rates is important to reducing teenage pregnancy and developing programmes and policies that support teenage and young mothers to continue their education and access employment, and much needed social protection and services (e.g., cash transfers, health insurance and child care) to reduce their risks of falling into poverty.
- Data related to early marriage/union are even more limited to MICS data from only three countries – Barbados, Saint Lucia, and Trinidad and Tobago – and these data are a decade old.
- Data related to alcohol, tobacco and drug use among young people are limited to GSHS data for adolescents aged 13-17 years for eight to 10 countries and territories, depending on the indicators, and much of these data are outdated, in some cases a decade old.
- Data related to nutrition, physical activity and mental health among young people are limited to GSHS data for adolescents aged 13-15, and much of these data are outdated.
- Data related to morality of young people are available for eight of the 12 ECA countries and territories, but lacking for Anguilla, British Virgin Islands, Montserrat, and Turks and Caicos Islands. The leading causes of mortality and DALYs are available only for adolescents aged 10-19 for six of the 12 ECA countries and territories. Such data are important, so it is important to expand these data to young people aged 20-24 in all 12 ECA countries and territories.
- Data and information related to national policies and plans on child and adolescent health care available for five-to-eight of the 12 ECA countries and territories, depending on the type of policy and plan. It is notable that there are data and information gaps for some of the countries, even for those with available data. It would be useful to collect such data and information for all 12 ECA countries and territories, and fill data and information gaps that exist.

Chapter 7
Every young person is protected from violence and exploitation

> Violence against children (VAC) is a pervasive violation of children's rights. Many children, adolescents and youth are exposed to violence because they grow up in violent households and communities. VAC takes many forms, including physical, sexual and emotional abuse, and may involve neglect or deprivation, and exploitation. Violence occurs in many settings, including the home, school, community and over the Internet. Similarly, a wide range of perpetrators commit VAC, such as family members, intimate partners, teachers, neighbours, strangers and other young people. Such violence not only inflicts harm, pain and humiliation; it also kills. All children, adolescents and youth have the right to protection from violence. Using data to make VAC and its many ramifications more visible will bring about a fuller understanding of its magnitude and nature and offer clues to its prevention.[303]

Protection of children and young people from all forms of violence and exploitation are fundamental rights enshrined in international conventions and protocols, including the CRC and its Optional Protocols, and CEDAW. SDGs include specific targets to end abuse, exploitation, trafficking and all forms of violence and torture against children (SDG 16.2); end all forms of violence against women and girls in public and private spheres, including trafficking and sexual and other types of exploitation (SDG 5.2), and eliminate all harmful practices, such as child, early and forced marriage (SDG 5.3). The focus of this chapter is on violence and exploitation in the lives of all young people aged 10-24 years.

Violence against children (VAC), including gender-based violence (GBV), knows no boundaries of culture, socio-economic status, education, income or ethnic origin; however, gender, disability, poverty and national/ethnic origin are some of the risk factors that can place children and young people at increased risk of violence and exploitation.[304] Many children and young people are exposed to violence because they grow up in violent and abusive households and communities. In the home and family, young people may experience violence, abuse and neglect at the hands of parents and step-parents, brothers and sisters, grandparents, extended family members and other caregivers. Young people are also the indirect victims of family violence that occurs between other family members in the home.[305] VAC also occurs in institutions designed for the care and protection of children and adolescents, including schools and day care centres, and detention centres.[306] More recently, young people are exposed to cyber-bullying and online sexual exploitation, sexual coercion and extortion.

During childhood, children's and adolescents' relationships with their abuser(s), coupled with their young age and lack of power, make it particularly difficult for them to report their experiences of violence, abuse and neglect. Children tend to fear reprisal by perpetrators and family members if they report incidents of violence; they also fear intervention by state authorities in their lives and family.[307] For young people exposed to violence and abuse in the home, family and community, this exposure does not end at the age of 18 (adulthood), but continues, and can have long-term negative impacts that manifest themselves well into adulthood.

Young people who experience violence, abuse and neglect, and are exposed to family and community violence, are at increased risk of experiencing developmental problems and learning difficulties, and to performing poorly at school. They are also at-risk of experiencing low self-esteem and suffering from feelings of anxiety and depression that can lead, at worst, to engagement in risky behaviours (e.g., drug and alcohol use, running away and offending behaviours)

303 Retrieved on 7 May 2021 from: Violence Against Children - UNICEF Data.

304 Retrieved on 19 April 2021 from: Violence against children | Department of Economic and Social Affairs (un.org).

305 Krug, E.G., L.L. Dahlberg, J.A. Mercy, A.B. Zwi & R. Lozano, *World Report on Violence and Health,* World Health Organization, Geneva, Switzerland 2002.

306 Retrieved on 19 April 2021 from: Violence against children | Department of Economic and Social Affairs (un.org).

307 Krug et al., *World Report on Violence and Health*; United Nations Children's Fund, *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, New York, NY, USA, 2014, p. 10.

and self-harming behaviours, and contribute to suicide ideation.[308] Most girls and boys who are exposed to violence live in isolation, loneliness, and fear and do not know where to turn for help, especially when the perpetrator is someone close and on whom they depend for their protection and well-being.[309]

The social and economic costs of exposure to violence for children and young people in terms of lost potential and future social and economic well-being has been well documented.[310] Violence and exploitation hinders sustainable development and erodes human capital. One study estimates the global costs of VAC could be as high as US$7 trillion per year.[311]

In the ECA, there has been important progress made at the regional level and in national contexts to document the prevalence of VAC across settings, including in the home, schools and communities. Steps have also been taken to improve the ability of child protection and legal systems to identify and respond to VAC; nevertheless, incidents of VAC remain largely hidden, as most incidents are undocumented and underreported. When children are able to disclose their experiences with violence and incidences of VAC are brought to the forefront, social workers, child protection officials, and police and judicial officials are often ill-equipped to respond. This is a reality in many Eastern Caribbean countries and territories, as well as globally.

This chapter presents data and information on the type of violence and exploitation experienced by, committed by, and with potential repercussions for adolescents and young adults. The information has been compiled from surveys, reports, and administrative data. Still, however, in the ECA, there is limited research on VAC and GBV, and significant data gaps related to violence and exploitation experienced by young people and its impact on their lives. Survey data that do exist are nearly a decade old in some cases.

Violence against young people

Corporal punishment

Discipline is an integral part of childrearing that teaches children self-control and acceptable behaviour. All too often, parents/caregivers use methods of discipline that rely upon corporal (or physical) punishment, verbal abuse and intimidation to punish unwanted behaviours and encourage desired ones in children and adolescents. Rather than being a deliberate disciplinary choice, violent discipline is often used as a result of adult anger, frustration and lack of knowledge about non-violent forms of discipline.[312]

Corporal punishment is defined as any punishment in which physical force is used and intended to cause some degree of pain or discomfort. Most forms of corporal punishment involve hitting, slapping and spanking children with the hand or an object (e.g., whip, stick, belt, shoe, wooden spoon), but can also involve kicking, shaking and throwing children, as well as scratching, pinching, biting, pulling hair, boxing ears and caning. Corporal punishment also includes forcing children to stay in uncomfortable positions or forced ingestion (e.g., soap, hot peppers). In severe cases, corporal punishment can involve burning or scalding a child.

308 United Nations Children's Fund, *Hidden in Plain Sight: A statistical analysis of violence against children*, UNICEF, New York, NY, USA, 2014, p. 6.

309 Retrieved on 19 April 2021 from: Violence against children | Department of Economic and Social Affairs (un.org).

310 UNICEF (2014). *Hidden in Plain Sight: A statistical analysis of violence against children* (p. 6). UNICEF, New York, NY, USA, p. 10.

311 Retrieved on 19 April 2021 from: Violence against children | Department of Economic and Social Affairs (un.org).

312 Sealy-Burke, J., *OECS Assessment of Child Protection Services: Country Report for St. Lucia,* OECS Commission, Castries, Saint Lucia, 2016.

While parents/caregivers often use corporal punishment to enforce children's compliance with desired behaviours, existing research has found that corporal punishment is likely to have opposite and undesirable effects, and can be harmful to children, leading to antisocial and aggressive behaviours, and negative impacts on children's mental health, well-being and social development. Rather than reducing inappropriate behaviours, corporal punishment teaches children that the use of physical aggression is normal and an appropriate means of solving conflicts. The negative consequences of corporal punishment can carry over into adulthood. [313]

Three ECA countries – Barbados, Saint Lucia and Trinidad and Tobago – have conducted a MICS; however, the surveys were conducted nearly a decade ago in 2011-2012. In Barbados, the 2012 MICS found that 72 per cent of children ages 10-14 years experienced violent discipline. More specifically, 46 per cent experienced physical punishment, 7 per cent experienced severe physical punishment and 65 per cent experienced psychological aggression. In addition, 36 per cent of parents held the belief that children needed to be physically punished. Support for corporal punishment was equally embraced by mothers and fathers, and in both urban and rural areas.[314]

In Trinidad and Tobago, the 2011 MICS found that 77 per cent of children aged 10-14 years experienced violent discipline. More specifically, 44 per cent experienced physical punishment, 5 per cent experienced severe physical punishment and 71 per cent experienced psychological aggression. In addition, 23 per cent of parents held the belief that children needed to be physically punished. Support for corporal punishment was equally embraced by mothers and fathers, and 26 per cent of parents in urban areas and 20 per cent in rural areas believed that t children needed to be physically punished.[315]

Understanding children's risks of experiencing corporal punishment in the home requires understanding the extent to which such violence is a social norm tolerated in families and communities.[316] In 2014-2016 and again in 2019, UNICEF Office for the ECA supported a social survey of knowledge, attitudes and behaviours related to corporal punishment, as well as child sexual abuse and domestic violence (findings related to child sexual abuse and domestic violence are presented in later sections). Across each of the 12 Eastern Caribbean countries and territories, these surveys were administered to men and women in the general public.[317] Findings from these surveys revealed that in the ECA, on average, 48 per cent of adults in 2014-2016 and 45 per cent in 2019 supported the use of corporal punishment. In 2014-2016, support for corporal punishment was highest in Trinidad and Tobago (65 per cent) and Saint Kitts and Nevis (56 per cent), and lowest in Antigua (39 per cent) and Saint Lucia (31 per cent). Surprisingly, in 2019, support for corporal punishment was highest in Dominica (50 per cent), Antigua (49 per cent) and Anguilla (49 per cent), and lowest in Saint Kitts (36 per cent) and Grenada (37 per cent). One assumption is that the increase in public support for corporal punishment may be tied to recent efforts to advance policies that would ban the use of corporal punishment in schools, coupled with a perception that violence has increased in schools and communities.

313 McKee, L., E. Roland, N. Coffelt, A.L. Olson, R. Forehand, C. Massari, D. Jones, C.A. Gaffney & M.S. Zens, 'Harsh Discipline and Child Problem Behaviors: The Roles of Positive Parenting and Gender', *Journal of Family Violence*, 2007, Vol. 22, pp. 187-196; Grogan-Kaylor, A., 'The Effect of Corporal Punishment on Antisocial Behavior in Children', *Social Work Research*, 2004, Vol. 28, No. 3, pp. 153-162; Straus, M, D. Sugarman & J. Giles-Sims, 'Spanking by Parents and Subsequent Antisocial Behavior of Children', *Archives of Pediatrics and Adolescent Medicine*, 1997, Vol. 151, pp. 761-767.

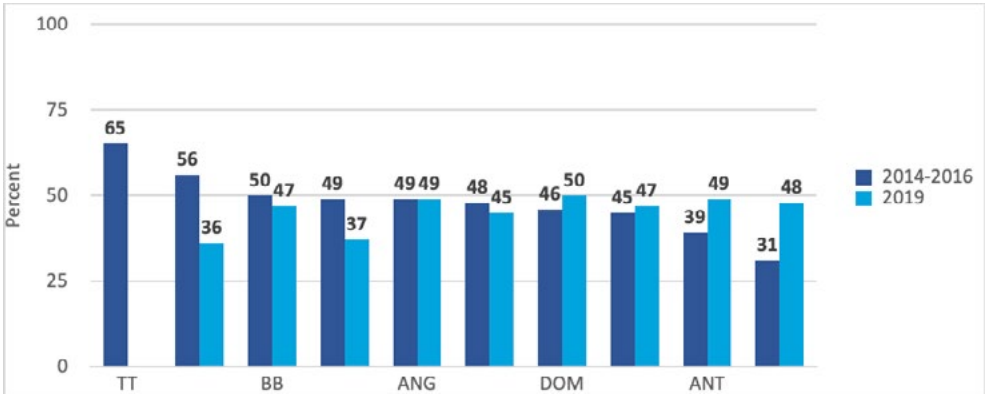
314 Barbados Statistical Service, *Barbados Multiple Indicator Cluster Survey 2012: Final Report*, Barbados Statistical Service Christ Church, Barbados, 2014.

315 Ministry of Social Development and Family Services, Central Statistical Office and United Nations Children's Fund, *Trinidad and Tobago Multiple Indicator Cluster Survey, 2011*, Ministry of Social Development and Family Services, Central Statistical Office and UNICEF, Port of Spain, Trinidad and Tobago, 2017.

316 Social norms are widely held beliefs about what is typical and appropriate in a reference group. Social norms are a rule of behaviour that some people in a group conform to because they believe most other people in the group conform to it (it is typical behaviour), and most other people in the group believe they ought to conform to (it is appropriate behaviour). Some individuals may face pressure to confirm to the social norms of a social group, particularly if the group sanctions members who deviate from the group's social norms and standards; Alexander-Scott, M., E. Bell & J. Holden, DFID Guidance Notes: Shifting Social Norms to Tackle Violence Against Women and Girls, VAW Helpdesk, London, UK,2016, pp. 9-11; Paluck, E.L. & L. Bell, *Social norms marking aimed at gender-based violence: A literature review and critical assessment,* International Rescue Committee, New York, NY, USA, 2016, p. 8.

317 The sample included 200 persons age 18 and older in Anguilla and 600 persons each in Antigua, Barbados, Dominica, Grenada, Saint Lucia, Saint Kitts (only) and Saint Vincent (only). The sample included an equal proportion of males and females.

Chart 7.1 Support for corporal punishment by country



Sources*:* Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019*;* Caribbean Development Research Services, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, UNICEF Office for the ECA, Christ Church, Barbados, 2016.

In 2019, among eight ECA countries, on average, more than one in two adults believed that corporal punishment instilled discipline (55 per cent) and curbed misbehaviour (53 per cent). In addition, as many as 47 per cent of adults believed that corporal punishment encouraged obedience, 32 per cent believed that it established authority and 22 per cent thought that corporal punishment encouraged children to perform well in school. Only 5 per cent of adults thought that corporal punishment allowed adults to vent their frustration.

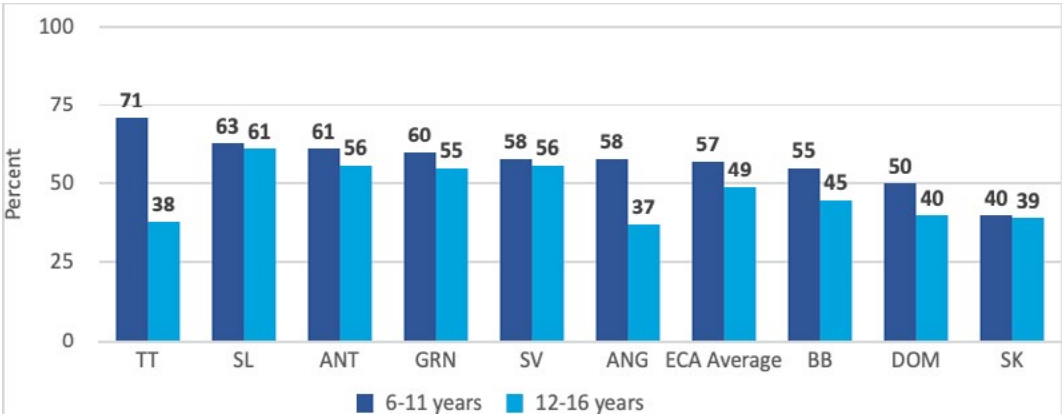
Table 7.1. Perceived benefits of corporal punishment by country (%), 2019

Country	Instils discipline	Curbs misbehaviour	Encourages obedience	Establishes authority	Encourages children to perform well in school	Allows adults to vent frustration
	%	%	%	%	%	%
Antigua	46	52	40	19	16	3
Barbados	51	55	40	27	13	4
Dominica	59	62	43	35	19	5
Grenada	60	51	50	39	29	3
Saint Kitts	44	40	43	29	25	3
Saint Lucia	61	58	56	37	21	7
Saint Vincent	62	54	55	40	31	11
ECA average	**55**	**53**	**47**	**32**	**22**	**5**

Sources*:* Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019*;* Caribbean Development Research Services, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, UNICEF Office for the ECA, Christ Church, Barbados, 2016.

Chart 7.2 shows that, on average in the ECA, at least one in two adults maintained that corporal punishment was most suitable for children aged 6-11 (57 per cent) and aged 12-16 (49 per cent). In most countries, adults considered it more suitable to use corporal punishment against children aged 6-11 than aged 12-16. Adults in Trinidad and Tobago (71 per cent) were most likely to believe it was suitable to use corporal punishment on children aged 6-11, whereas adults in Saint Kitts (40 per cent) were least likely to believe it was suitable to use corporal punishment on children ages 6-11. In addition, adults in Saint Lucia (61 per cent) were most likely to believe it was suitable to use corporal punishment on adolescents aged 12-16, whereas adults in Trinidad and Tobago (38 per cent) and Anguilla (37 per cent) were least likely to believe it was suitable to use corporal punishment on adolescents aged 12-16.

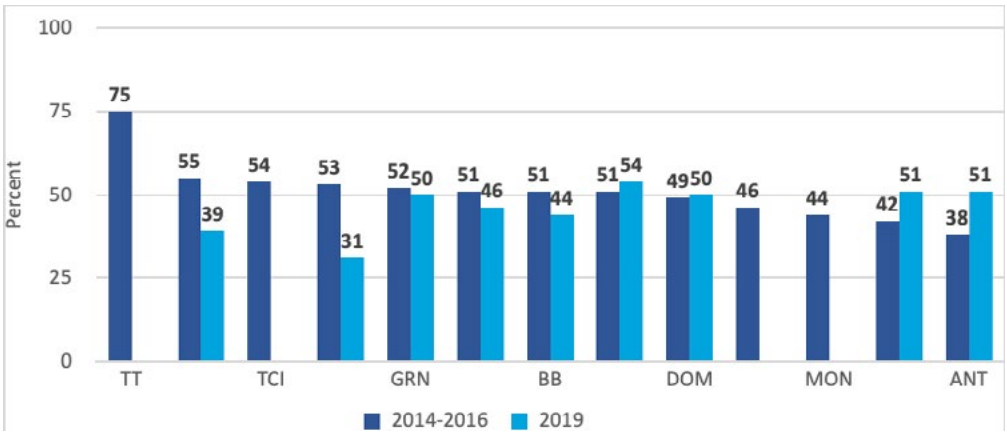
Chart 7.2. Suitable use of corporal punishment by age group and country, 2019



Sources: Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019; Caribbean Development Research Services, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, UNICEF Office for the ECA, Christ Church, Barbados, 2016.

Chart 7.3 shows that in 2019, on average, 46 per cent of parents used physical violence to discipline their children; there was a slight decrease in parents' use of corporal punishment from 51 per cent in 2014-2016. In 2019, the majority of parents from eight of the 12 countries and territories maintained corporal punishment was appropriate for both boys and girls (60 per cent) and should be administered by both parents (58 per cent).

Chart 7.3. Parents' use of corporal punishment by country



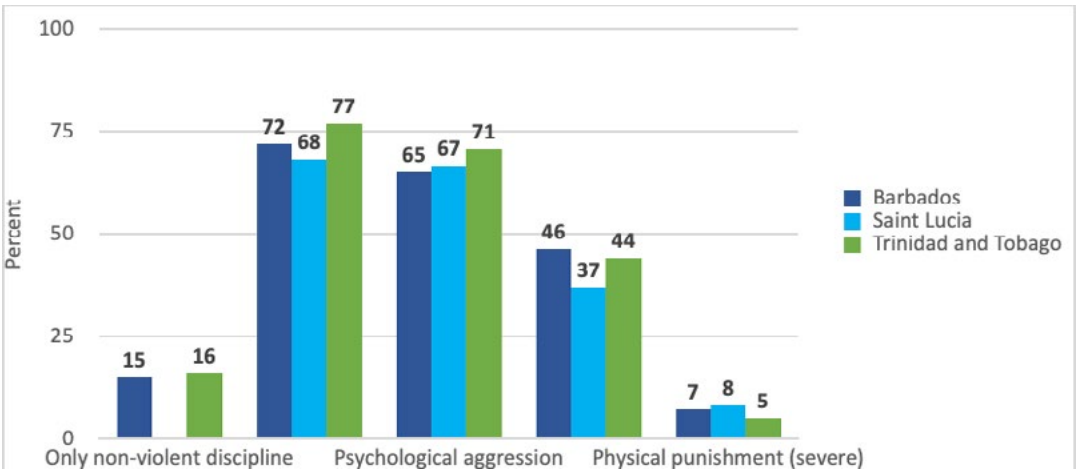
Sources: Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019; Caribbean Development Research Services, *Social Survey, Public Opinion Survey on Child Safeguarding in Montserrat,* UNICEF Office for the ECA, Christ Church, Barbados, 2017; Caribbean Development Research Services, *Social Survey, Public Opinion Survey on Child Safeguarding in British Virgin Islands,* UNICEF Office for the ECA, Christ Church, Barbados, 2017; Caribbean Development Research Services, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, UNICEF Office for the ECA, Christ Church, Barbados, 2016.

In 2019, there were some notable differences across some of the seven countries and territories in which the social survey was conducted. In particular, parents in Anguilla (31 per cent), Saint Kitts (39 per cent) and Barbados (44 per cent) were least likely to use corporal punishment to discipline their children; whereas parents in Saint Vincent (54 per cent) were most likely to use corporal punishment. The most notable decreases in use of corporal punishment from 2014 to 2019 were in Anguilla and Saint Kitts.

It is notable that there was a significant increase in the use of corporal punishment to discipline children in Antigua and Saint Lucia from 2014 to 2019. It will be important to understand what is driving these changes in the use of corporal punishment to discipline and control their children.

Chart 7.4 reveals the methods of discipline experienced by adolescents aged 10-14 in Barbados, Saint Lucia and Trinidad and Tobago. In Barbados, 72 per cent of adolescents aged 10-14 experienced any form of violent discipline. More specifically, 65 per cent experienced psychological aggressions, 46 per cent experienced physical punishment and 7 per cent experienced severe physical punishment. In Saint Lucia, 68 per cent of adolescents aged 10-14 experienced any form of violence discipline. More specifically, 67 per cent experienced psychological aggression, 37 per cent experience physical punishment and 8 per cent experienced severe physical punishment. Finally, in Trinidad and Tobago, 77 per cent of adolescents aged 10-14 experienced any form of violent discipline. More specifically, 71 per cent experienced psychological aggression. In both countries, only 15 to 16 per cent of adolescents experienced only non-violent discipline. Bear in mind, however, these data are a decade old.

Chart 7.4. Methods of discipline experienced by adolescents ages 10-14 by country, 2011-2012

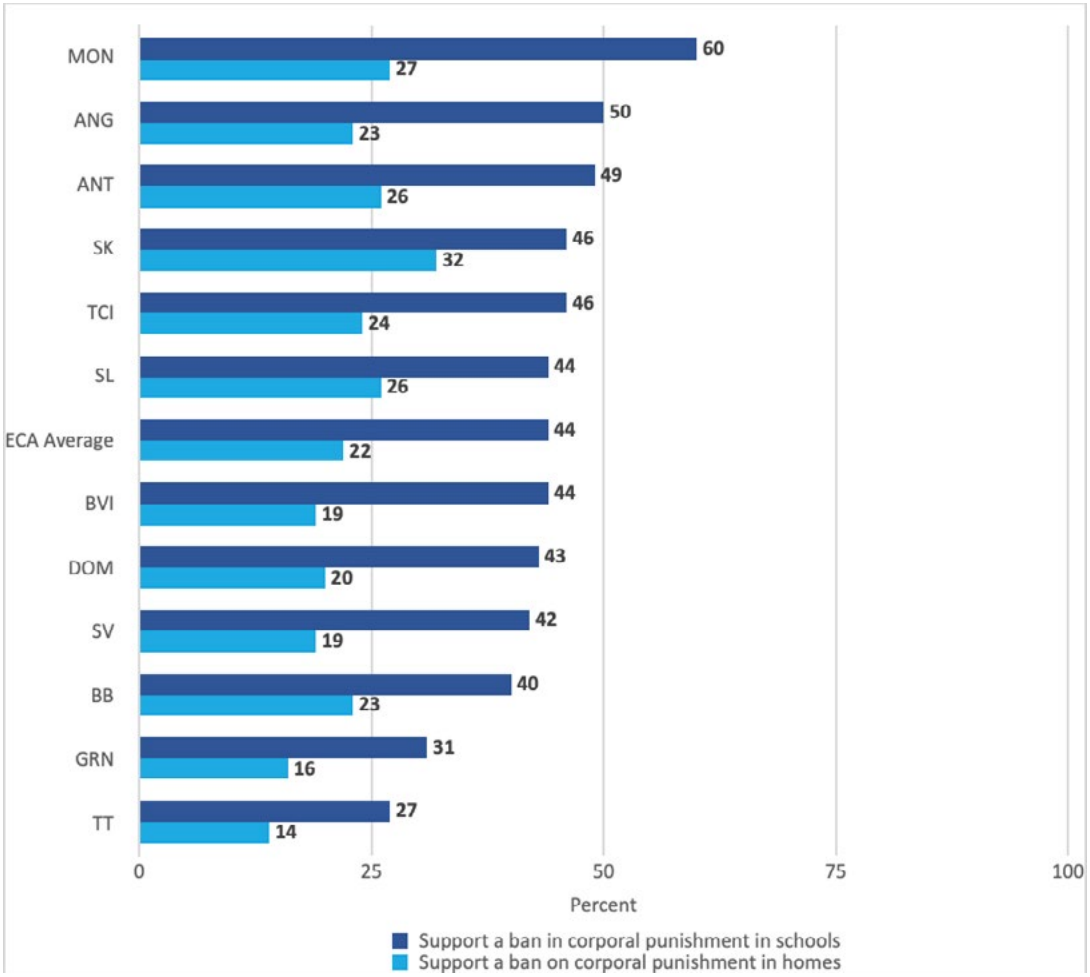


Note: Data from Saint Lucia are not available for two indicators – only non-violent discipline and physical punishment (severe).
Sources: Barbados MICS, 2012; Saint Lucia MICS, 2012; Trinidad and Tobago MICS, 2011.

At the same time that there was support for corporal punishment, there was support for banning corporal punishment in homes and schools. Chart 7.5 shows that, on average, there was much stronger support for banning corporal punishment in schools (44 per cent) than in homes (22 per cent). The lack of support for a ban on corporal punishment in the home is likely tied to the perceived benefits of corporal punishment as revealed in Table 7.1.

Chart 7.5 shows that adults in Montserrat (60 per cent), Anguilla (50 per cent), Antigua (49 per cent), Saint Kitts (46 per cent) and Turks and Caicos Islands (46 per cent) were more likely to support banning corporal punishment in schools, whereas adults in Trinidad and Tobago (27 per cent) and Grenada (31 per cent) were least likely to support such a ban. In addition, adults in Saint Kitts (32 per cent), Montserrat (27 per cent) and Saint Lucia (26 per cent) were more likely to support banning corporal punishment in homes, whereas adults in Trinidad and Tobago (14 per cent), Grenada (16 per cent), British Virgin Islands (19 per cent), and Saint Vincent (19 per cent) were least likely to support a ban on corporal punishment in homes.

Chart 7.5. Support for banning corporal punishment by country



Sources*:* Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019*;* Caribbean Development Research Services, *Social Survey, Public Opinion Survey on Child Safeguarding in Montserrat,* UNICEF Office for the ECA, Christ Church, Barbados, 2017*;* Caribbean Development Research Services, *Social Survey, Public Opinion Survey on Child Safeguarding in British Virgin Islands,* UNICEF Office for the ECA, Christ Church, Barbados, 2017; Caribbean Development Research Services, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, UNICEF Office for the ECA, Christ Church, Barbados, 2016.

Peer violence

Once children enter school, friendships and interactions with peers take on an important role in the lives of children and adolescents. These relationships have the potential to contribute to a child's sense of well-being and social competence, but are also associated with exposure to new forms of violence and victimization. [318]Peer violence can take many forms, but available data suggests that bullying by peers and/or schoolmates is the most common form of peer violence. Bullying is a reality for a significant proportion of students around the world.

The GSHS has been used to generate global statistics on peer violence among adolescents. From 2007 to 2017, the GSHS was administered in Eastern Caribbean countries and included two violence-related indicators: a) percentage of students who were bullied on one or more days during the past 30 days; and b) percentage of students who were in a physical fight one or more times during the past 12 months.

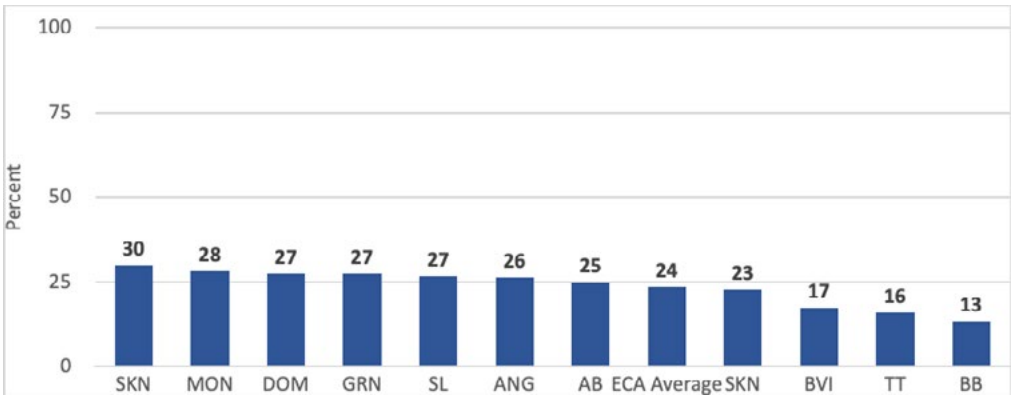
318 Retrieved from: https://data.unicef.org/topic/child-protection/violence/peer-violence/.

Peer bullying

Peer bullying is unwanted, aggressive behaviour among school-aged children that involves a real or perceived power imbalance. The behaviour is repeated or has the potential to be repeated over time. Bullying includes actions such as making threats, spreading rumours, attacking someone physically or verbally, and excluding someone from a group on purpose.

Chart 7.6 shows that in the ECA, on average, nearly one in four or 24 per cent of adolescents aged 13-15 experienced bullying on one or more days in 30 days prior to the survey. Adolescents in Saint Kitts and Nevis (30 per cent) were most likely to experience peer bullying, whereas adolescents in Barbados (13 per cent), Trinidad and Tobago (16 per cent) and the British Virgin Islands (17 per cent) were least likely to experience peer bullying.

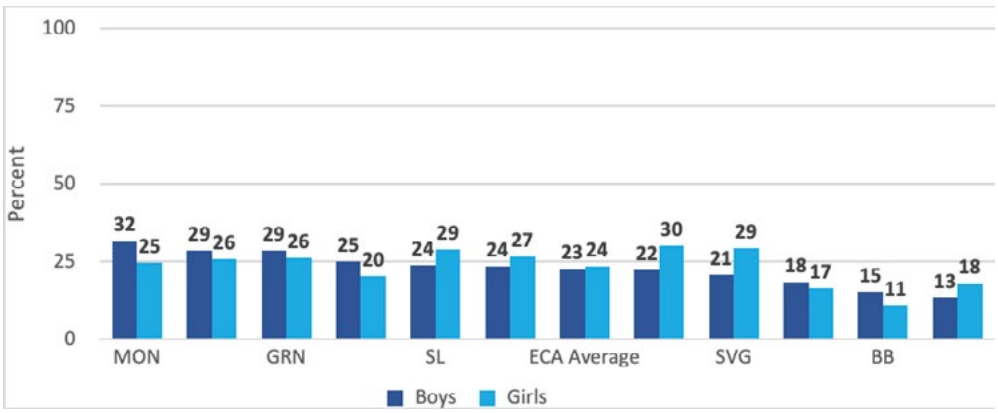
Chart 7.6. Adolescents ages 13-15 who experienced peer bullying by country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2007; Trinidad and Tobago GSHS, 2017.

Chart 7.7 shows that, on average, boys (23 per cent) and girls (24 per cent) were nearly equally likely to experience peer bullying. In most countries boys were more likely than girls to peer experience bullying; however, in Anguilla, Saint Vincent and the Grenadines, Saint Lucia, and Trinidad and Tobago girls were more likely than boys to experience peer bullying by 5 percentage points or more.

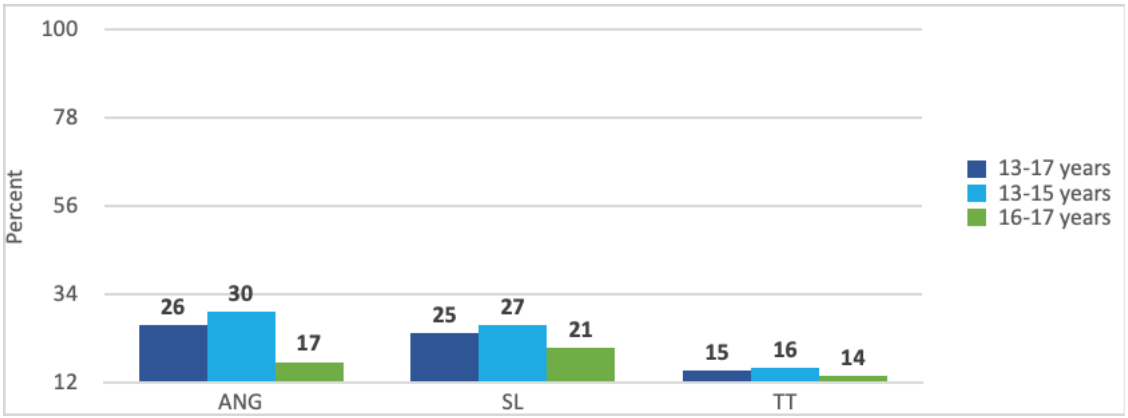
Chart 7.7. Adolescents ages 13-15 who experienced peer bullying by gender and country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2007; Trinidad and Tobago GSHS, 2017.

Chart 7.8 shows the proportion of adolescents aged 13-17 who experienced peer bullying, and differences among adolescents aged 13-15 and aged 16-17. It is notable that adolescents aged 16-17 were less likely to experience peer bullying than adolescents aged 13-15. The difference was most notable in Anguilla where 30 per cent of adolescents aged 13-15 experienced peer bullying compared to 17 per cent of adolescents aged 16-17.

Chart 7.8. Adolescents ages 13-17 who experienced peer bullying by age group and country

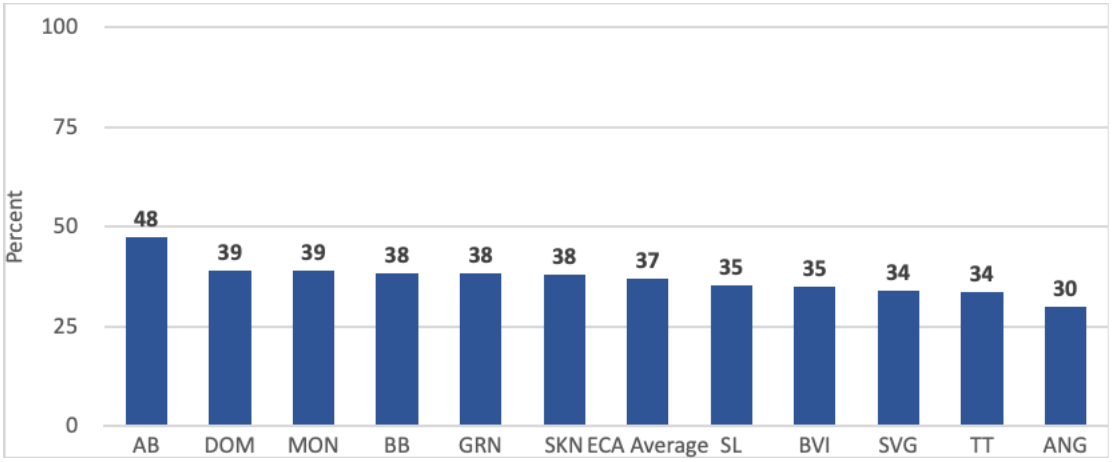


Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Physical fighting

Regarding physical fighting, Chart 7.9 shows that in the ECA, on average, more than one in three or 37 per cent of children (aged 13-15) had been in a physical fight one or more times during the 12 months prior to the survey. Nearly one in two or 48 per cent of adolescents in Antigua and Barbuda had been involved in physical fights on one or more occasions. Adolescents in Anguilla were least likely to be involved in physical fights, but still 30 per cent of adolescents aged 13-15 had been in physical fights on one or more occasions.

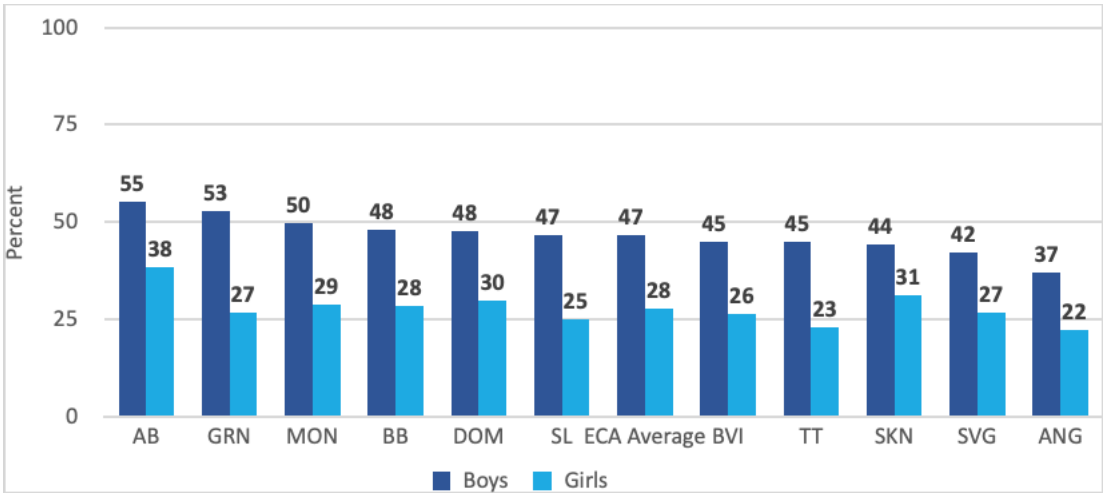
Chart 7.9. Adolescents ages 13-15 who were in a physical fight by country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 7.10 shows there were significant gender differences in physical fighting among adolescents aged 13-15. On average, boys (47 per cent) were far more likely than girls (28 per cent) to engage in physical fighting. This pattern emerged across each of the 11 countries in the Eastern Caribbean for which there are data.

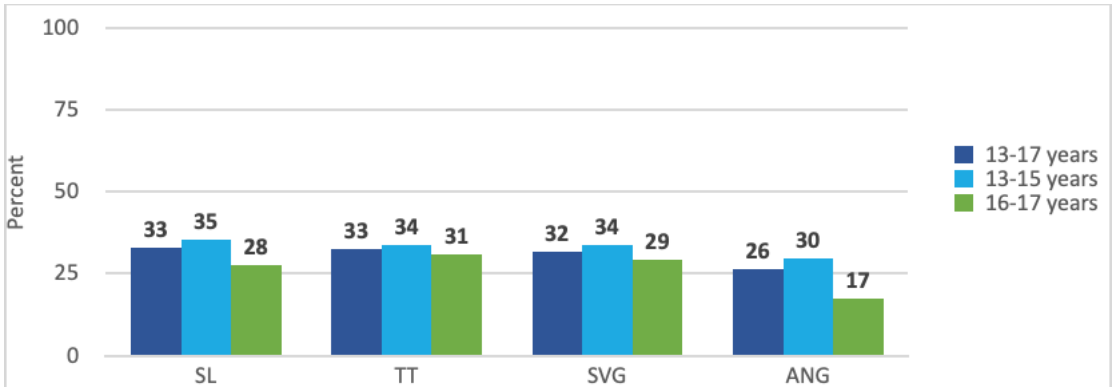
Chart 7.10. Adolescents ages 13-15 who were in a physical fight by gender and country



Sources: Anguilla GSHS, 2016; Antigua and Barbuda GSHS, 2009; Barbados GSHS, 2011; British Virgin Islands GSHS, 2009; Dominica GSHS, 2009; Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Kitts and Nevis GSHS, 2011; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Chart 7.11 shows the proportion of adolescents aged 13-17 who had engaged in physical fighting one or more times in the 12 months prior to the survey, and differences among adolescents aged 13-15 and 16-17. It is notable that adolescents aged 16-17 were less likely to have engaged in physical fighting than adolescents aged 13-15, particularly in Anguilla, Saint Lucia, and Saint Vincent and the Grenadines.

Chart 7.11. Adolescents ages 13-17 who were in a physical fight by age group and country

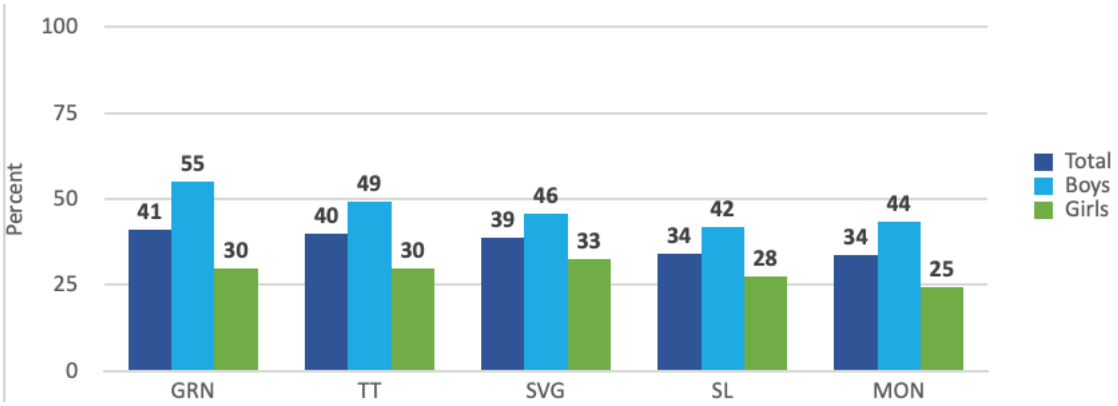


Sources: Anguilla GSHS, 2016; Saint Lucia GSHS, 2018; Saint Vincent and the Grenadines GSHS, 2018; Trinidad and Tobago GSHS, 2017.

Physically attacked

Some countries also collected data on the proportion of adolescents aged 13-15 who had been physically attacked one or more times in the 12 months prior to the survey. Chart 7.12 shows that the proportion of adolescents who had been physically attacked ranged from a high of 41 per cent in Grenada to a low of 34 per cent in Montserrat. Still, however, among the five countries for which there are data, at least one in three adolescents aged 13-15 (or more) had been physically attacked. Boys were far more likely to be physically attacked than girls. In fact, at least one in two boys aged 13-15 in Grenada (55 per cent) and Trinidad and Tobago (49 per cent) had been physically attacked. It is notable that as many as one of three or 33 per cent of girls in Saint Vincent and the Grenadines and one in four or 25 per cent of girls in Montserrat had been physically attacked on one or more occasions.

Chart 7.12. Adolescents ages 13-15 who were physically attacked by gender and country



Sources: Grenada GSHS, 2008; Monserrat GSHS, 2008; Saint Lucia GSHS, 2007; Saint Vincent and the Grenadines GSHS, 2007; Trinidad and Tobago GSHS, 2007.

Gender-based violence

The 2030 Agenda for Sustainable Development identifies the elimination of violence against women and girls (VAWG) as a crucial priority for achieving gender equality and sustainable development.[319] After all, VAWG is a cause and consequence of gender inequality and a major obstacle to women's and girls' enjoyment of all human rights and their full participation in society and the economy. Eliminating VAWG is a cross-cutting priority across the SDGs and vital to achieving SDGs in areas including poverty eradication, health, education, sustainable cities, and just and peaceful societies.[320] The 2030 Agenda builds on existing international frameworks that address VAWG, particularly the CEDAW and the agreed conclusions of the Commission on the Status of Women at its 57th session.[321]

> VAWG is defined as, "all acts of gender-based violence that result in, or are likely to result in, physical, sexual, psychological or economic harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life."
>
> *1993 Declaration on the Elimination of Violence against Women*

International instruments, including CEDAW and the Declaration on the Elimination of Violence Against Women (DEVAW), and general recommendations provided by the Committee on the Elimination of Discrimination and Violence Against Women provide the most comprehensive understanding of VAWG at the international level and define legal obligations of States to end VAWG.

Over the past decade, governments in the Eastern Caribbean have adopted laws that provide specific protections against VAWG, including domestic violence laws and revisions to penal codes. Implementation of these laws, however, has been hindered by lack of training and tools at the operational level to ensure proper recording and tracking of cases, lack of social services to support VAWG survivors, and inefficient and ineffective criminal justice systems to hold perpetrators accountable.

319 United Nations General Assembly (2016). Intensification of efforts to eliminate all forms of violence against women and girls. Seventy-first session, Item 27 of the provisional agenda, Advancement of Women. United Nations General Assembly (2016). Intensification of efforts to eliminate all forms of violence against women and girls. Seventy-first session, Item 27 of the provisional agenda, Advancement of Women.

320 United Nations General Assembly (2016). Intensification of efforts to eliminate all forms of violence against women and girls. Seventy-first session, Item 27 of the provisional agenda, Advancement of Women.

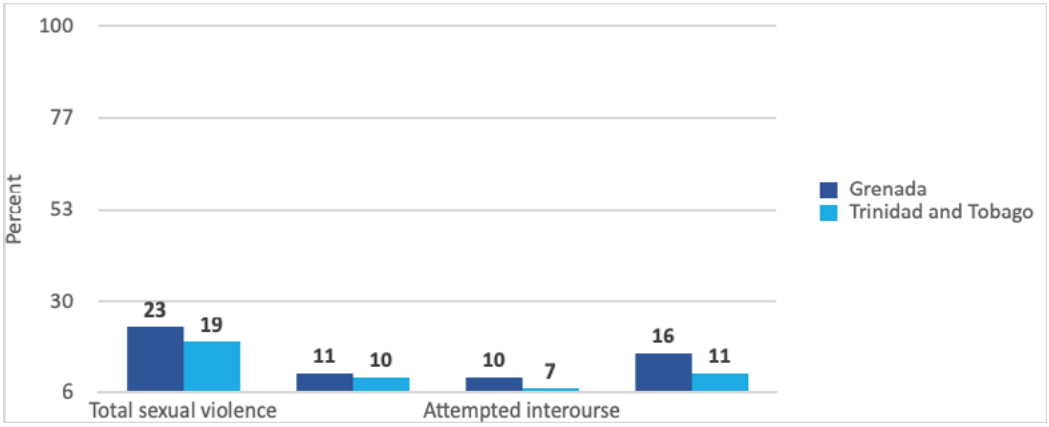
321 Ibid.

Sexual violence against women and girls

In 2018, the first National Women's Health Surveys were launched in Grenada[322] and Trinidad and Tobago[323] with funding from Inter-American Development Bank (IDB). In both countries, the samples included women and girls aged 15-64. In Trinidad and Tobago, just under one in three women (31 per cent) had experienced sexual violence, which includes forced sexual intercourse, and attempted forced intercourse. More specifically, 21 per cent experienced non-partner sexual violence, 5 per cent experienced intimate partner sexual violence, and 5 per cent experienced both partner and non-partner sexual violence.

Chart 7.13 shows the proportion of women aged 15-64 in Grenada and Trinidad and Tobago who had ever experienced non-partner sexual violence in their lifetime, and the different types of sexual violence experienced. In general, 23 per cent of women in Grenada and 19 per cent in Trinidad and Tobago had ever experienced sexual violence. More specifically, women had experienced forced intercourse (Grenada, 11 per cent; Trinidad and Tobago, 10 per cent), attempted intercourse (Grenada, 10 per cent; Trinidad and Tobago, 7 per cent), and unwanted touching (Grenada, 16 per cent; Trinidad and Tobago, 11 per cent).

Chart 7.13. Lifetime non-partner sexual violence among women ages 15-64 by country, 2018



Sources: Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018, pp. 80-81; Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report,* Inter-American Development Bank, New York, NY, USA, 2018, pp. 58-59.

In regard to current experiences of non-partner sexual violence, only 3 per cent of women in Grenada and Trinidad and Tobago had experienced non-partner sexual violence in the 12 months prior to the survey.

Age and nature of first sexual experience

Although the age of sexual consent in Grenada is 15 years, for 11 per cent of girls in Grenada their first sexual experienced occurred when they were under 15 years; 24 per cent of girls' first sexual experience was between the ages of 15-16; 26 per cent was between the ages of 17-18, and 22 per cent were 19 years of age or older. When asked about the nature of their first sexual encounter, 75 per cent indicated they had wanted to have sex, whereas 18 per cent reported they had not wanted to have sex, but had done so anyways, and 7 per cent had been forced into having sex.[324]

322 Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018.

323 Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report*, Inter-American Development Bank, New York, NY, USA, 2018.

324 Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018, pp. 84-85.

In comparison, in Trinidad and Tobago, 37 per cent of women reported they were 19 years of age or older when they had sexual intercourse for the first time; 16 per cent were 18 years of age, 15 per cent were 17 years, 12 per cent were 16 years and 8 per cent were 15 years of age. It is notable that 12 per cent of women reported the age of their first sexual experience was younger than 15 years of age. When asked about the nature of their first sexual encounter, 79 per cent of women had had their first sexual experience because they wanted to have sex, whereas 18 per cent of women aged 15-19 and 18 per cent aged 20-24 reported they had not wanted to have sex, but had done so anyway, and 16 per cent of women in this age group had been forced into having sex.[325]

Child sexual abuse

In Grenada, 21 per cent of women reported they had experienced sexual abuse before the age of 18.[326] Similarly, in Trinidad and Tobago it was found that 19 per cent of women reported they had experienced sexual abuse before the age of 18. Women aged 20-24 were more likely to report experiencing child sexual abuse (37 per cent); and notably high prevalence rates of childhood sexual abuse were also reported among those aged 35-39 (21 per cent) 40-44 years (22 per cent) and 45-49 (23 per cent).[327]

In Trinidad and Tobago, age at first union (married or living together) was also statistically significant when examining the prevalence of reported sexual abuse in childhood (before age 18). One in four women (25 per cent) who were first married or cohabitating with a male partner by the age of 18 or younger had also experienced sexual abuse before they were 18 years of age. Women, however, who had entered their first union aged 19 years or older had a lower prevalence of childhood sexual abuse (18 per cent). These findings echo age at first union as an association factor for all forms of intimate partner violence and highlight how dangerous child marriage and early union can be for young women, especially when the union is non-consensual.[328]

In 2014 and 2019, UNICEF-supported social surveys in eight ECA countries that measured adult's perceptions of child sexual abuse and victim-blaming attitudes, and what they would do if they had knowledge of a child being sexually abused. Data from these social surveys revealed that in the ECA, nearly all adults recognized child sexual abuse as:

- Engaging in sexual activities with a child (91 per cent);
- Physical contact of a sexual nature with a child, such as touching or stroking a child's private parts (88 per cent);
- Indecent exposure/showing privates to a child under the age of 16 (85 per cent);
- Showing pornography to children (83 per cent);
- Asking to see a child's private parts (82 per cent);
- Voyeurism, e.g., peeping/looking at a child's private parts for adult sexual gratification (76 per cent).

These social surveys also revealed, in the ECA, on average, 57 per cent of adults viewed child sexual abuse as a major problem in their countries; still, however, one in four or 24 per cent of adults described child sexual abuse as a minor problem (Chart 7.14). Adults in Saint Vincent (77 per cent), Saint Lucia (69 per cent) and Dominica (67 per cent) were most likely to identify child sexual abuse as a major problem in their countries; whereas adults in Antigua (41 per cent) and Saint Kitts (30 per cent) were more likely to consider child sexual abuse a minor problem in their countries. Adults in Saint Kitts were more likely than those in other countries to believe child sexual abuse was not a problem (14 per cent).

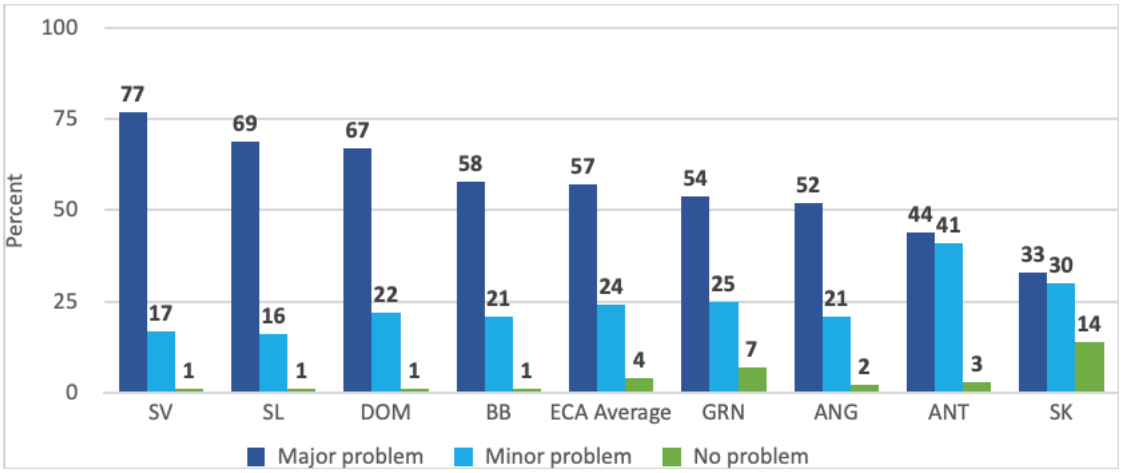
325 Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report*, Inter-American Development Bank, New York, NY, USA, 2018, pp. 64-66.

326 Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, p. 84.

327 Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, pp. 63-64.

328 Ibid, 2018, pp. 63-64.

Chart 7.14. Perceptions of child sexual abuse by country, 2019

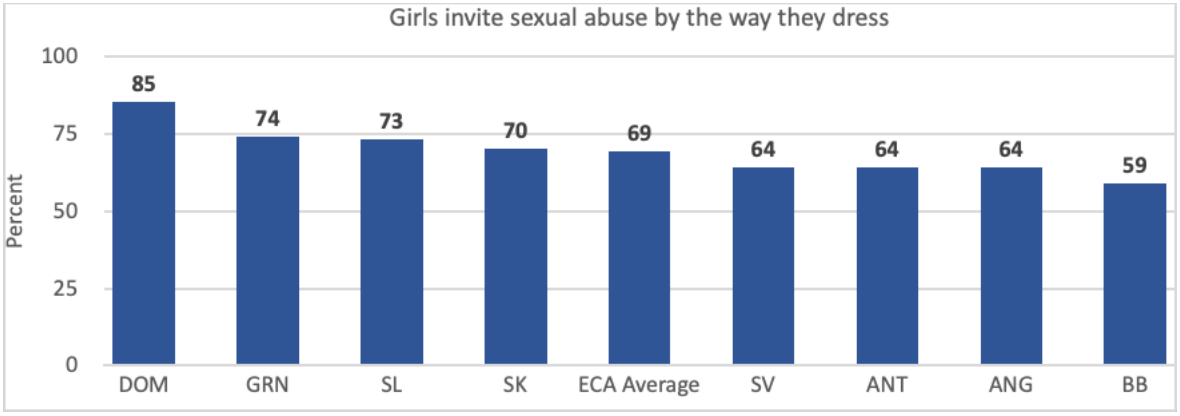


Source*:* Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019.

Girls who experience sexual abuse in childhood are often confronted with the long-held myth or false assumption that girls invite sexual abuse by the way they dress. This myth deflects responsibility for sexual violence and abuse away from perpetrator and places the blame squarely on the victims; this myth is an example of victim-blaming, which is a harmful attitude and practice.

Chart 7.15 shows that in the ECA, on average, 69 per cent of adults engaged in victim-blaming and believed the myth that girls invite sexual abuse by the way they dress. This myth was held by a majority of adults in each of the seven Eastern Caribbean countries where the social surveys were conducted. Adults in Dominica (85 per cent), Grenada (74 per cent) and Saint Lucia (73 per cent) were more likely to engage in victim-blaming and believed the myth that girls invite sexual abuse by the way they dress. Efforts to combat child sexual abuse and sexual violence against women and girls require communication for development initiatives that change social norms, particularly victim-blaming attitudes and beliefs.

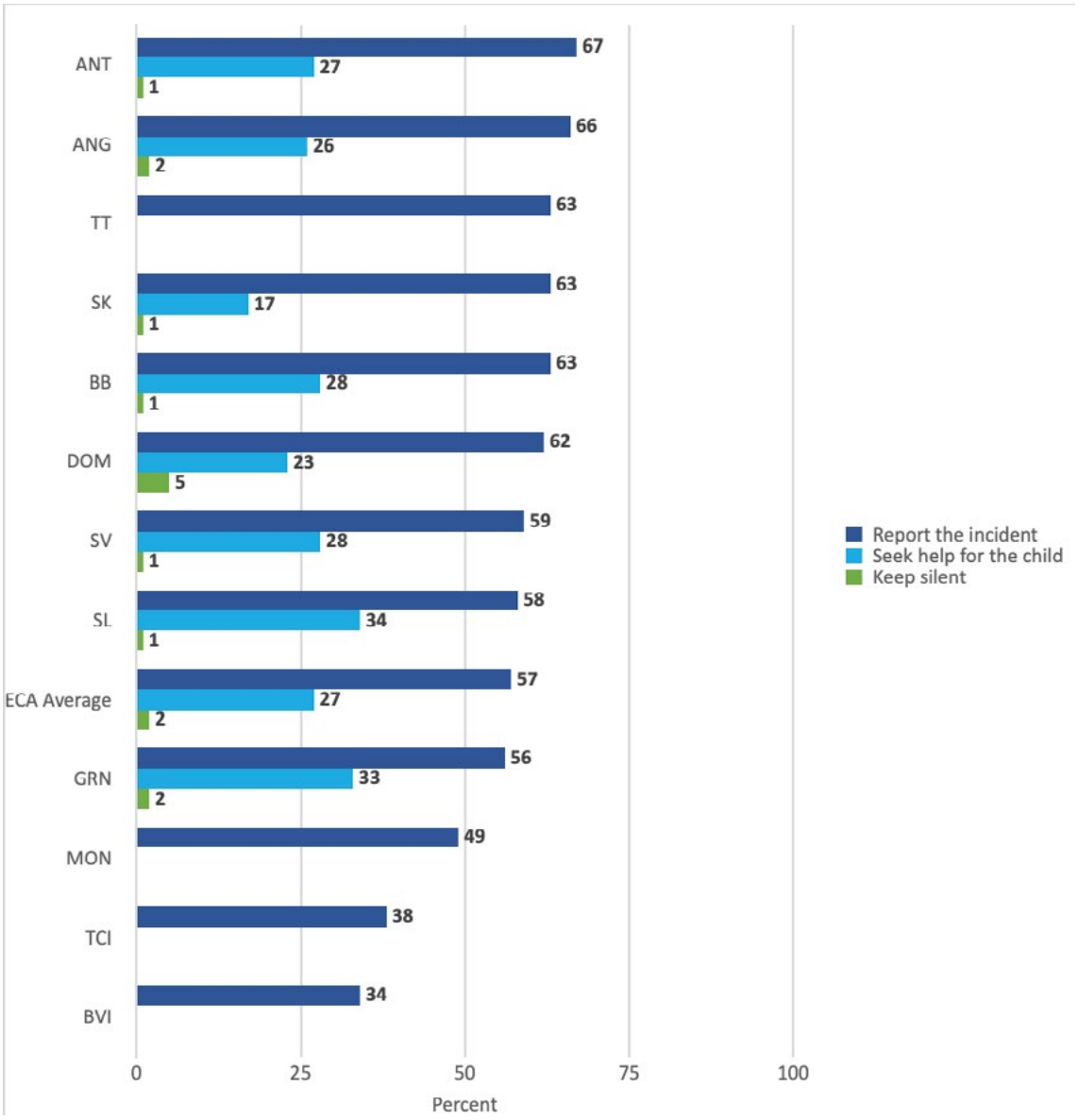
Chart 7.15. Victim-blaming attitudes toward girls who experience sexual abuse by country, 2019



Source*:* Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019.

Chart 7.16 shows what adults maintained their reaction would be if they had knowledge of child sexual abuse. In the ECA, on average, only 57 per cent of adults would report the incident of child sexual abuse, whereas 27 per cent of adults would seek help for the child.[329] In countries where the social surveys were administered in both 2014 and 2019, there was no change over time in adults' reaction to child sexual abuse. When asked about the preferred reporting method, 49 per cent of adults preferred reporting the incident directly to the police or child protection agency, and 37 per cent preferred making the report by telephone.

Chart 7.16. Reaction when an adult has knowledge of child sexual abuse by country, 2019

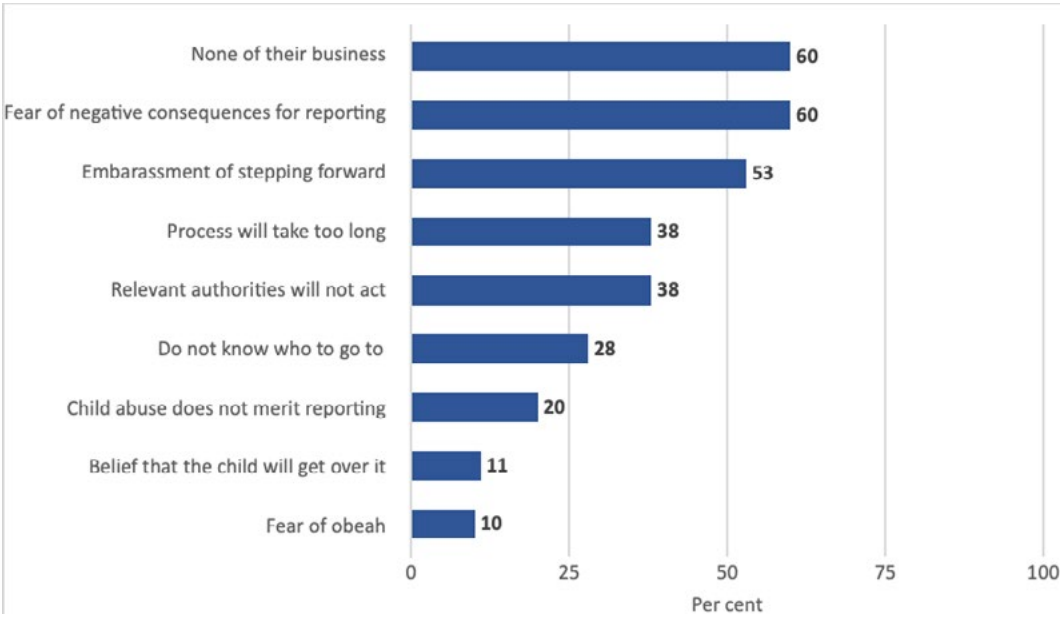


Sources: Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019; Caribbean Development Research Services, *Social Survey, Public Opinion Survey on Child Safeguarding in Montserrat,* UNICEF Office for the ECA, Christ Church, Barbados, 2017; Caribbean Development Research Services, *Public Opinion Survey on Child Safeguarding in British Virgin Islands,* UNICEF Office for the ECA, Christ Church, Barbados, 2017; Caribbean Development Research Services, *Knowledge and Attitudes Among Adults and Children on Gender-Based Violence in Trinidad and Tobago*, UNICEF Office for the ECA, Christ Church, Barbados, 2016.

329 In Anguilla, British Virgin Island, Montserrat and Trinidad and Tobago respondents were only asked if they would report child sexual abuse to authorities; other response categories (seek help for the child and keep silent) were not included.

In the ECA, on average, the reasons for not reporting child sexual abuse were numerous. Chart 7.17 shows the most common reasons for not reporting child sexual abuse were the belief that it was none of their business (60 per cent), fear of negative consequences for reporting (60 per cent) and embarrassment of stepping forward (53 per cent). In addition, more than one in three adults maintained that the process would take too long (38 per cent) and relevant authorities would not act (38 per cent). Some adults also reported they did not know who to go to (28 per cent) or that they believed child abuse did not merit reporting (20 per cent) or was not their business (11 per cent). Ten per cent of adults cited a fear of 'obeah' (a form of folk magic, medicine or witchcraft originating in Africa and practised in parts of the Caribbean).

Chart 7.17. Reasons for not reporting child sexual abuse, ECA average, 2019



Note: Data are based upon Antigua, Barbados, Dominica, Grenada, Saint Kitts, Saint Lucia and Saint Vincent. Data for Anguilla were not available.

Source*:* Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019.

Sexual harassment

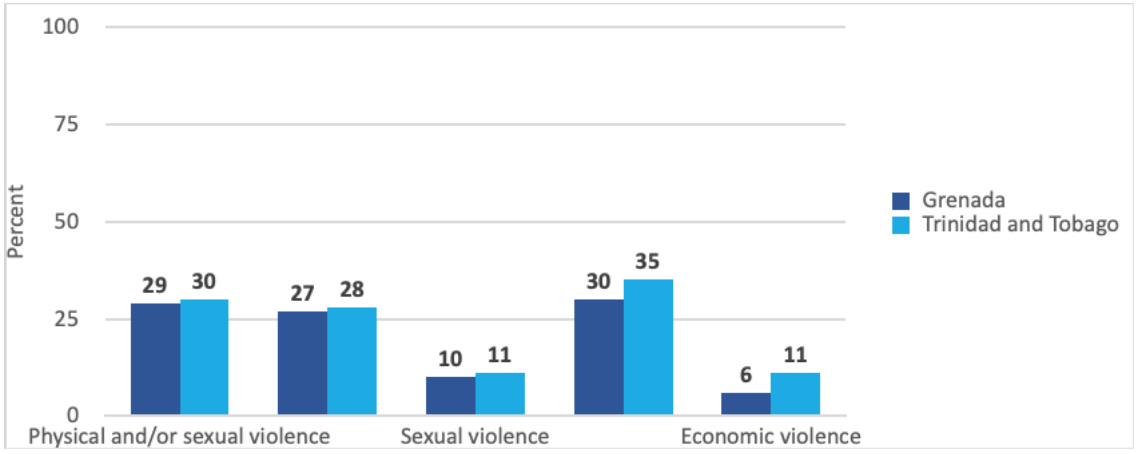
The *2018 National Women's Health Survey for Trinidad and Tobago* also measured sexual harassment of women aged 15-64 at work, in school, on public transport and in virtual spaces. Overall, 13 per cent of women experienced non-partner sexual harassment. More specifically, 8 per cent received electronic messages with hurtful or discomforting sexual content, 7 per cent were groped, sexually touched or rubbed in public spaces (including public transportation), 2 per cent were asked to perform unwanted sexual acts to retain or secure employment, and fewer than 1 per cent were asked to perform unwanted sexual acts to pass an exam or to obtain good grades at school.

Younger women were more likely to have experienced non-partner sexual harassment. Younger women aged 15-19 were most likely to experience non-partner sexual harassment, but the proportion of women aged 20-29 who experienced sexual harassment was also high. Women aged 40 and older were less likely to experience sexual harassment; yet, women in these age groups still experienced sexual harassment.

Intimate partner violence against women

In 2018, both the *Grenada Women's Health and Life Experiences Study* and the *National Women's Health Survey for Trinidad and Tobago* measured the prevalence of intimate partner violence among ever-partnered women[330] aged 15-64. Chart 7.18 shows the proportion of ever-partnered women aged 15-64 who experienced intimate partner violence (IPV) in their lifetime. The proportion of ever-partnered women who had ever experienced physical and/or sexual violence was 29 per cent in Grenada and 30 per cent in Trinidad and Tobago. More specifically, the proportion of women in Grenada and Trinidad and Tobago who had ever experienced physical violence (27 per cent and 28 per cent respectively) and sexual violence (10 per cent and 11 per cent respectively) was similar. These similarities between countries are interesting and notable. As it relates to emotional violence, ever-partnered women in Trinidad and Tobago were slightly more likely to have ever experienced emotional violence (35 per cent) and economic violence (11 per cent), compared to ever-partnered women in Grenada (30 per cent and 6 per cent respectively).

Chart 7.18. Lifetime experiences of IPV among ever-partnered women ages 15-64 by country, 2018

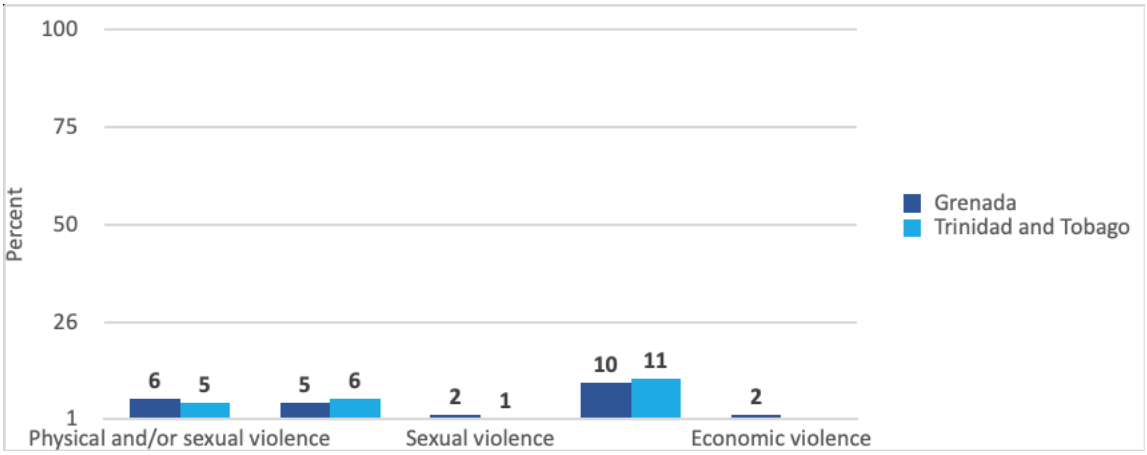


Sources: Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018, p. 46; Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report,* Inter-American Development Bank, New York, NY, USA, 2018, p. 30.

Chart 7.19 shows there are also similarities in the proportion of ever-partnered women aged 15-64 who experienced IPV in the 12 months prior to the survey (current). It is notable that 6 per cent of ever-partnered women in Grenada and 5 per cent in Trinidad and Tobago were currently experiencing physical and/or sexual violence. In addition, 10 per cent of ever-partnered women in Grenada and 11 per cent in Trinidad and Tobago were currently experiencing emotional violence. In Grenada, 2 per cent of women also had experienced economic violence in the 12 months prior to the survey; these data were not collected in Trinidad and Tobago.

330 The term 'ever-partnered' references any woman who had a current or previous male intimate partner, whether married, cohabitating, or dating. Of the 1,527 respondents, 1,377 (90.2 per cent) were ever-partnered; Joseph, J., C. Pemberton & U. Philipp, *National Women's Health Survey for Suriname*, IBD, Washington, DC, USA, 2019, p. xviii.

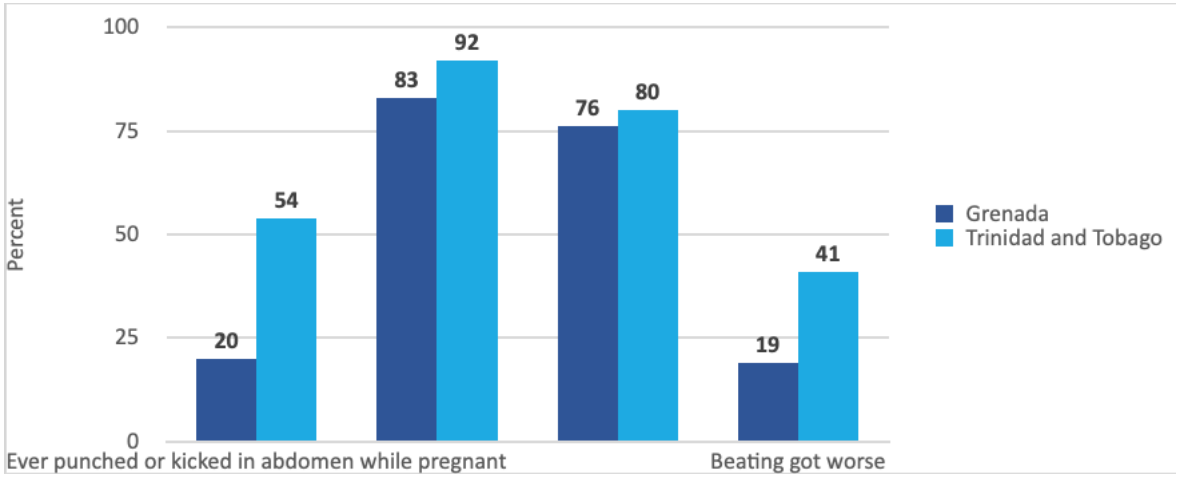
Chart 7.19. Current experiences of IPV among ever-partnered women ages 15-64 by country, 2018



Sources: Nicholson, C. & H Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018, p. 46; Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report,* Inter-American Development Bank, New York, NY, USA, 2018, p. 30.

Among women who had been pregnant at least once, 20 per cent in Grenada and 54 per cent in Trinidad and Tobago reported ever being punched or kicked in the abdomen while pregnant. Pregnant women in Trinidad and Tobago were twice as likely as women in Grenada to have experienced physical violence while pregnant. Chart 7.20 also shows that nearly all women in Trinidad and Tobago (92 per cent) and Grenada (83 per cent) identified the perpetrators as the father of the unborn child. In addition, 80 per cent of women in Trinidad and Tobago and 76 per cent in Grenada reported their partner had been violent before the pregnancy. Finally, women in Trinidad and Tobago (41 per cent) were twice as likely as women in Grenada (19 per cent) to report the violence worsened during pregnancy.

Chart 7.20. Women ages 15-64 who experienced violence during pregnancy by country, 2018



Sources: Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018; Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report,* Inter-American Development Bank, New York, NY, USA, 2018.

In both Grenada and Trinidad and Tobago, the prevalence of lifetime physical and/or sexual partner violence was lower among younger ever-partnered women aged 15-24, and higher among women aged 25-64 years. This is expected given that lifetime estimates reflect experiential outcomes that are functions of exposure-time to the onset of IPV; this

is likely to be greater among older women and result in the increased likelihood of experiencing IPV.[331] When current prevalence is examined by age group, the results show that young women may be much more vulnerable to IPV, particularly emotional abuse, as in the case in Grenada.[332]

As it relates to lifetime physical and/or sexual IPV, women who entered their first unions at 18 years of age or younger experienced current and lifetime IPV at higher rates than those who had been 19 years or older when they entered their first union, or those who had never cohabitated.[333]

Risk factors for IPV

In both Grenada and Trinidad and Tobago, similar to other Caribbean countries, women in relationships with men who had attitudes and behaviours that reinforced men's dominant position over women and perpetuated gender inequality, including exhibiting controlling behaviours, were four times more likely to experience lifetime IPV and four-10 times more likely to experience current IPV; this was among the most important risk factors for IPV. In addition, ever-partnered women whose husbands/partners engaged in extramarital or outside relationships with other women and/or got in a fight with another man were two to three times more likely to experience lifetime and current IPV.[334]

In Trinidad and Tobago, consistent with important foundational power imbalances in marriages/unions that begin when women are very young, analysis found that women whose first marriage or formalized union occurred at the age of 18 or younger were twice as likely to experience IPV in their lifetime, compared to women whose first marriage/union occurred at the age of 19 or older. Also, women who were ever pregnant were three times as likely to ever experience IPV. Pregnancies may act as a stressor for IPV or may be the result of already occurring physical and/or sexual violence for individual women.[335]

FIGURE 7.1. GRENADA | RISK FACTORS FOR IPV

FIGURE 7.2. TRINIDAD & TOBAGO | RISK FACTORS FOR IPV

Source: United Nations Women, *Research Brief, Intimate Partner Violence in Five CARICOM Countries – Findings from National Prevalence Surveys on Violence*. United Nations Women Multi-Country Office (Caribbean): Christ Church, Barbados, 2021.

Negative relationship dynamics also emerged as risk factors for IPV in both Grenada and Trinidad and Tobago. For instance, frequent arguments among couples e merged as an indicator of IPV. Ever-partnered women who had frequent arguments with their husbands/partners were two to three times more likely to experience IPV in their lifetime, and

331 Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report*, Inter-American Development Bank, New York, NY, USA, 2018, p. 40

332 Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018, p. 56.

333 Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report*, p. 40; Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, p. 56.

334 United Nations Women, *Research Brief, Intimate Partner Violence in Five CARICOM Countries – Findings from National Prevalence Surveys on Violence.* United Nations Women Multi-Country Office (Caribbean): Christ Church, Barbados, 2021.

335 Ibid, 2021.

five times more likely to have current experiences of IPV, compared to women who rarely/never argued or quarrelled with their husbands/partners. In addition, in Trinidad and Tobago, women who did not discuss their worries or feelings with their husbands/partners were twice as likely as to experience IPV, and women who reported their husbands/partners used recreational drugs on a weekly basis were two times more likely to have experienced lifetime IPV.[336]

In Trinidad and Tobago, another important risk factor for IPV was having a husband/partner who sought to isolate them from their families. Women who did not live close enough to their families to visit them often were three times more likely to experience IPV, compared to women who lived closer to their families. In addition, women who were unable to count on their families for support when they had a problem or needed help were more likely to experience IPV, compared to women who could count on their families for support.[337]

In Grenada, being in a current relationship (whether married, living with a man or in a regular partnership, but living apart) was a risk factor for experiencing IPV. Women who had a husband/partner, but were living apart from him, were eight times more likely to have current experiences of IPV. Also, women with higher educational attainment, such as university education, were less likely to experience IPV, whereas women with a primary education or less were twice as likely to experience IPV. Women's higher education may reduce their risk of experiencing IPV by delaying their involvement in a formal intimate relationship, such as marriage, and increase their opportunities for economic and professional autonomy that allows them to enter into a marriage/partnership more intentionally and leave those that have warning signs, such as controlling behaviours, before IPV occurs.[338]

In Grenada, a husband/partner's work status was also a risk for women experiencing IPV. Ever-partnered women whose husbands/partners were unemployed, not working or out of the workforce were twice as likely to experienced IPV, compared to women whose husbands/partners were working.[339]

Finally, in Grenada and Trinidad and Tobago, women's exposure to domestic violence in childhood was a predictor of experiencing IPV in adulthood. Ever-partnered women who were insulted or humiliated by a parent/caregiver during childhood were two to three times more likely to experience IPV in adulthood. In addition, women who witnessed acts of domestic violence against their mother during childhood were nearly twice as likely to experience IPV. Similarly, in Trinidad and Tobago, women who reported their husbands/partners witnessed domestic violence against their mothers in childhood were twice as likely to be currently experiencing IPV. In Grenada, it was also found that women who reported that their husbands/partners were beaten as a child were nearly three times more likely experience current IPV.[340]

Impact of IPV on women and children

In Grenada and Trinidad and Tobago, women with children aged 5-12 reported the impact their experience of physical and/or sexual partner violence had on their children's well-being (Chart 7.21). In Trinidad and Tobago, IPV survivors reported higher prevalence for all but one of the indicators of trauma for their children. These included their children's private behaviours, such as bedwetting (14 per cent vs. 8 per cent for non-survivors' children) and social behaviours, such as aggression (10 per cent vs. 3 per cent for non-survivors' children) and being quiet and withdrawn (12 per cent

336 Ibid, 2021.

337 Ibid, 2021.

338 United Nations Women, *Research Brief, Intimate Partner Violence in Five CARICOM Countries – Findings from National Prevalence Surveys on Violence.* United Nations Women Multi-Country Office (Caribbean): Christ Church, Barbados, 2021.

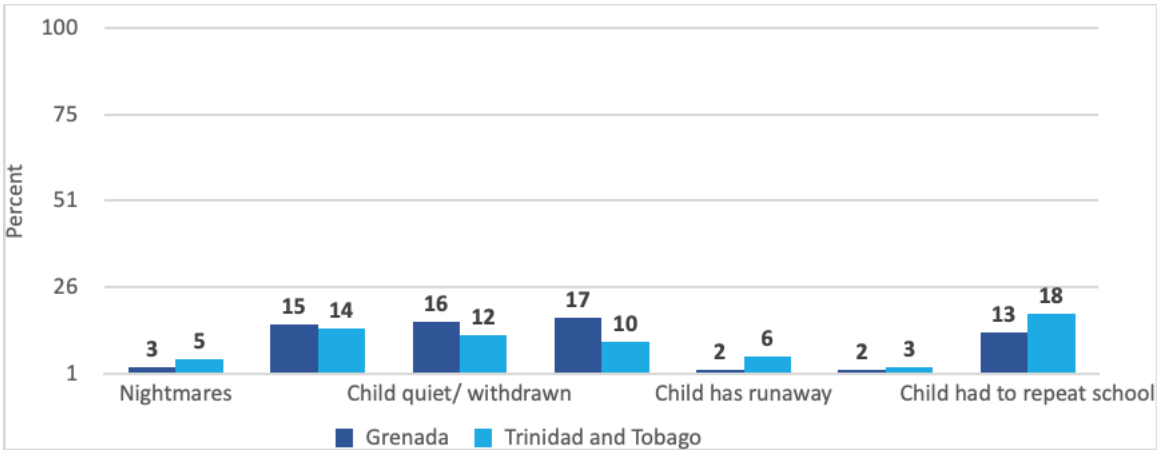
339 Ibid, 2021.

340 Ibid, 2021.

vs. 5 per cent for non-survivors' children).[341] Similarly, in Grenada, IPV survivors' children wet their beds (15 per cent), acted aggressively (17 per cent) and were quiet/withdrawn (16 per cent).[342] In addition, in Trinidad and Tobago, IPV survivors reported their child had to repeat school (18 per cent vs. 9 per cent for non-survivors' children; in Grenada 13 per cent of children had to repeat school.

In Trinidad and Tobago, women from Citizen Security Programme (CSP) communities were more likely to report their children's nightmares as an impact of their personal experiences with IPV (13 per cent), compared to women from rural (0 per cent) and urban (6 per cent) communities. IPV survivors residing in rural communities were more likely to report their children being quiet and withdrawn (22 per cent), compared to those from CSP (13 per cent) and urban (10 per cent) communities.[343]

Chart 7.21. Impact of domestic violence on children ages 5-12 by country, 2018



Sources: Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018, p. 72; Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report,* Inter-American Development Bank, New York, NY, USA, 2018, p. 54.

Help-seeking behaviours

In Trinidad and Tobago, most ever-partnered women who experienced physical and/or sexual partner violence indicated that they had spoken to at least one other person about their abusive experience, but 29 per cent had spoken to no one. The majority of women who experienced physical or sexual partner violence did not seek help from any organization or support agency; this amounted to 69 per cent of IPV survivors. Among those who sought help from an agency or person in authority, most went to the police (26 per cent). Less popular choices were: seeking assistance from a health agency (8 per cent), the courts (6 per cent) and social services (3 per cent). Only a small proportion of IPV survivors sought help from service providers specifically set up to aid IPV survivors (<1 per cent). Unsurprisingly, most IPV survivors did not receive help from any source (61 per cent).[344]

Similarly, in Grenada, many IPV survivors did not ask anyone for help (37 per cent), but when they did seek help, most reached out to family, including parents (26 per cent) and siblings (17 per cent). It is notable that 16 per cent of IPV

341 Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report,* Inter-American Development Bank, New York, NY, USA, 2018.

342 Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018, p. 72.

343 Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report.*

344 Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report,* Inter-American Development Bank, New York, NY, USA, 2018, pp. 55-56.

survivors did go to the police for help. Far fewer survivors sought help from religious leaders (5 per cent), doctors/health workers (3 per cent) and counsellors (4 per cent).[345]

Impact of COVID-19 on IPV

VAWG is increasing globally as the COVID-19 pandemic combines with economic and social stresses and measures to restrict contact and movement. In the ECA, domestic violence became more pervasive during the COVID-19 lockdown because many people lost their jobs and economic means of survival. Women have borne the brunt because they tend to rely on their partners to provide for the family. In addition, crowded homes, substance abuse, limited access to services and reduced peer support are exacerbating these conditions.[346] During the pandemic, many of women have been trapped in their homes with their abusers, without access to private spaces; thus, many women struggle to make a call or to seek help online.[347]

VAWG has taken on new complexities as exposure to COVID-19 is being used a threat; abusers are exploiting the inability of women to call for help or escape, and women risk being thrown out on the street with nowhere to go.[348] At the same time, support services have struggled to provide services to VAWG survivors, and police and justice officials, and health workers (who are typically first responders to VAWG) have been overwhelmed at times with shifting priorities; thus, they are not always able to help VAWG survivors. In addition, civil society groups have been affected by lockdowns and reallocation of resources, and some domestic violence shelters are full and others have had to close.[349]

Prior to the spread of COVID-19, obtaining social services had been challenging for VAWG survivors. Efforts had been made to strengthen services which help VAWG survivors escape violence; however, lockdown measures related to spread of COVID-19 have made it harder for VAWG survivors to access services, and render them dependent on their place of residence.

Social norms related to violence against women

In 2018, both the *Grenada Women's Health and Life Experiences Study* and the *National Women's Health Survey for Trinidad and Tobago* measured whether women believed that VAWG was normal behaviour. Chart 7.22 shows that in both countries, as many as one in five women aged 15-64 believed that violence between a husband and wife was a private matter. In addition, 4 per cent of women in Grenada and 3 per cent in Trinidad and Tobago believed that a woman should tolerate violence to keep her family together.

345 Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018, pp. 73-75.

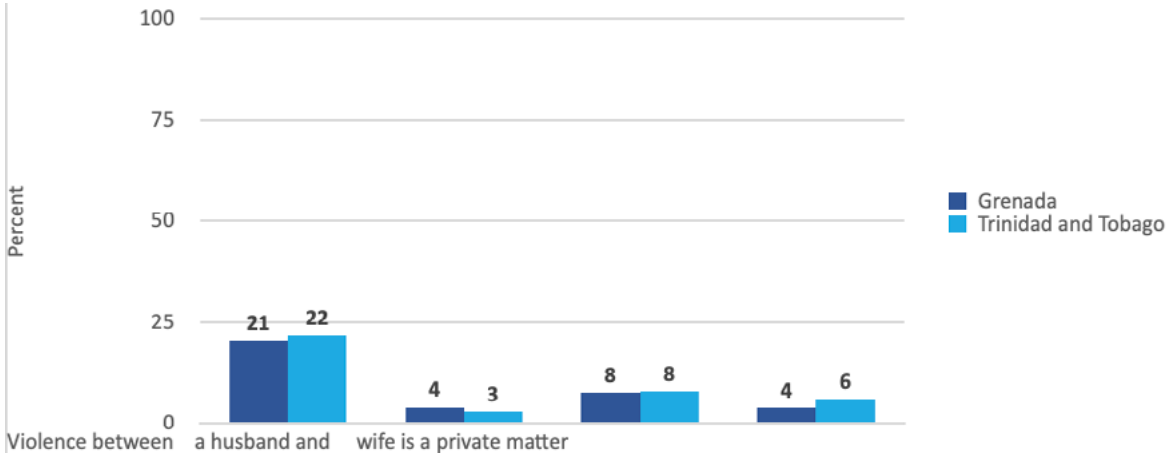
346 United Nations Women, *Policy Brief: The Impact of COVID-19 on Women.* United Nations Women, New York, NY, USA, 2020, p. 17.

347 United Nations Women, *Policy Brief: The Impact of COVID-19 on Women.* United Nations Women, New York, NY, USA, 2020, p. 17.

348 Ibid, 2020, p. 17.

349 Ibid, 2020, p. 17.

Chart 7.22. Normalization of violence against women by country, 2018



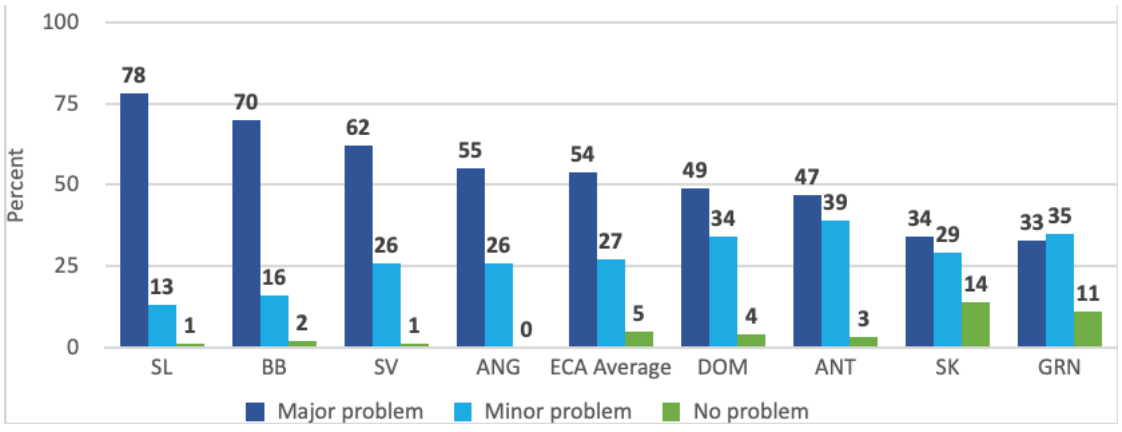
Sources: Nicholson, C. & H. Deshong, *Grenada Women's Health and Life Experiences Study*, Caribbean Development Bank and United Nations Women, Christ Church, Barbados, 2018, p. 43; Pemberton, C. & J. Joseph, *National Women's Health Survey for Trinidad and Tobago – Final Report,* Inter-American Development Bank, New York, NY, USA, 2018, p. 47.

As it relates to sexual violence, 8 per cent of women in Grenada and Trinidad and Tobago held the belief that if a woman did not physically fight back, it was not rape. Also, 6 per cent of women in Trinidad and Tobago and 4 per cent in Grenada believed if a woman was raped, she had done something careless to put herself in the situation. This is a victim-blaming attitude that deflects responsibility for sexual violence away from the perpetrator(s) of such violence and places the blame squarely on the victim; this is a harmful attitude and practice.

In 2014 and 2019, UNICEF-supported social surveys in eight ECA countries also measured adults' attitudes toward domestic violence in their countries. Chart 7.23 shows on average in the ECA, one in two or 54 per cent of adults described domestic violence as a major problem in their countries, whereas 27 per cent considered domestic violence a minor problem and 5 per cent did not even consider domestic violence to be a problem.

Adults in Saint Lucia (78 per cent), Barbados (70 per cent) and Saint Vincent (62 per cent) were most likely to consider domestic violence as a major problem in their countries. In comparison, a larger proportion of adults in Antigua (39 per cent), Grenada (35 per cent) and Dominica (34 per cent) considered domestic violence to be a minor problem in their countries. It is notable that 14 per cent of adults in Saint Kitts and 11 per cent in Grenada maintained domestic violence was not a problem in their countries.

Chart 7.23. Attitudes toward domestic violence in one's country by country (2019)

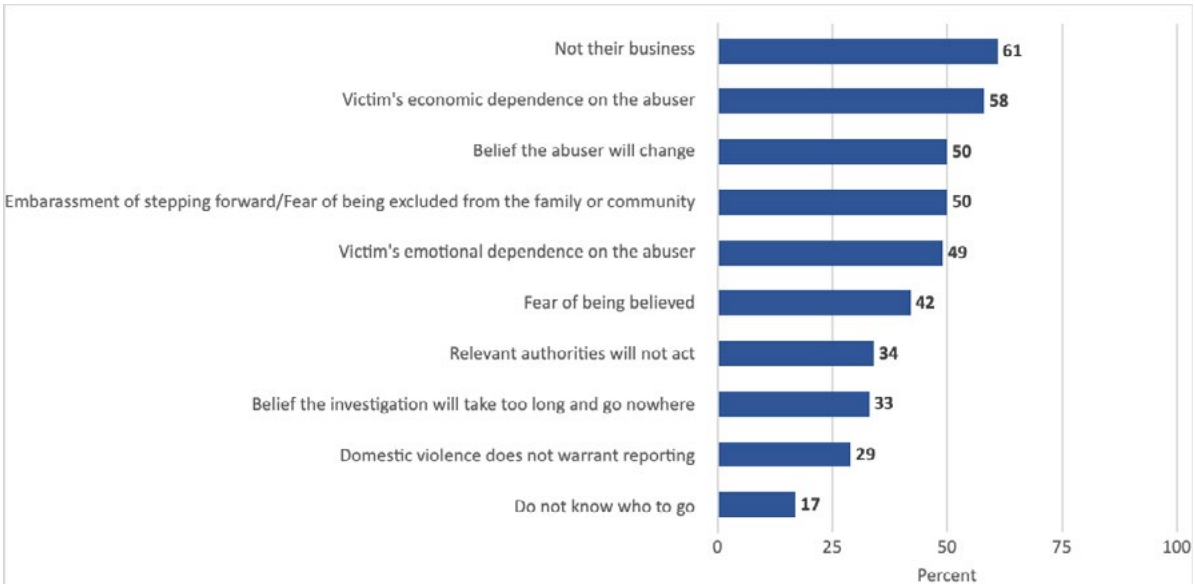


Source: Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019.

Although respondents were not asked what they would do if they had knowledge of domestic violence, they were asked what would be their reasons for not reporting incidents of domestic violence. Chart 7.24 shows that in the ECA, on average, the most common reasons given for not reporting incidents of domestic violence were because it was not their business (61 per cent) and because victims were economically dependent on the abuser (58 per cent).

A large proportion of respondents also maintained they would not report an incident domestic violence to authorities because of they believed the abuser would change (50 per cent), they would be embarrassed to step forward (50 per cent), or they feared being excluded from the family or community (50 per cent). In addition, some respondents maintained they would not report an incident of domestic violence because of the victim's emotional dependence on the abuser (49 per cent), fear of being believed (42 per cent), belief that relevant authorities would not act (34 per cent), belief that the investigation would take too long and go nowhere (33 per cent), and belief that domestic abuse did not warrant reporting (29 per cent). Although fewer in number, some respondents maintained they would not report incidents of domestic violence because they did not know where to go (17 per cent).

Chart 7.24. Reasons for not reporting incidents of domestic violence (ECA average, 2019)



Note: Data are based on Barbados, Dominica, Grenada, Saint Kitts, Saint Lucia and Saint Vincent. Data for Anguilla were not available.
Source: Caribbean Development Research Services, *Social Survey Report,* UNICEF Office for the ECA, Christ Church, Barbados, 2019.

Any effort to prevent gender-based violence, including domestic violence, requires changing social norms that normalize domestic violence and violence against women. These social norms serve as barriers to survivors of violence who aim to report their victimization, seek protection and access support services. It also means that gender-based violence survivors who report their victimization are likely to meet with frontline service providers (e.g., health workers, police and justice officials) who hold attitudes that normalize domestic violence and violence against women, and blame victims for their own victimization.

Child marriage

Child marriage refers to any formal marriage or informal union between a child under the age of 18 and an adult or another child. While the prevalence of child marriage has decreased worldwide, the practice remains widespread –

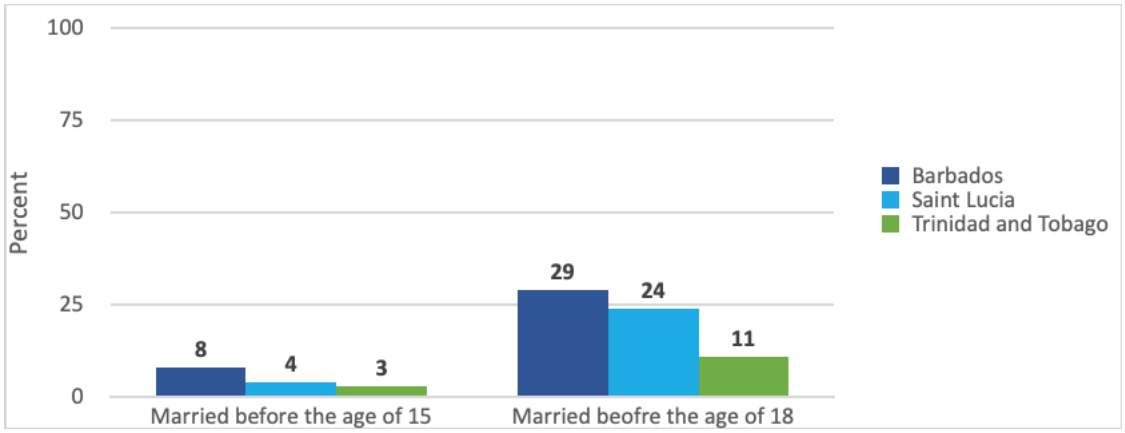
one in five girls is married.[350] The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights (UDHR) and identified as a harmful practice in the 2030 Agenda for Sustainable Development. SDG Target 5.3 involves eliminating all harmful practices, such as child, early and forced marriage, with a focus on the proportion of women aged 20-24 who were married or in a union before the age of 15 and before 18 years of age. After all, consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Child marriage is more common among girls, but does occur among children of both sexes. In many parts of the world, parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. Child marriage robs girls of their childhood and threatens their lives and health.[351]

Girls who marry before the age of 18 are also more likely to experience domestic violence and less likely to remain in school. As a result, they have worse economic and health outcomes than their unmarried peers, which are eventually passed down to their own children. In addition, girls who marry as children often become pregnant during adolescence, when the risk of complications during pregnancy and childbirth increases – for themselves and their infants. The practice can also isolate girls from family and friends and exclude them from participating in their communities, which takes a heavy toll on their physical and psychological well-being. Because child marriage impacts a girl's health, future and family, it imposes substantial economic costs at the national level, too, with major implications for development and prosperity.[352]

Child marriage data are limited in the ECA. Chart 7.25 shows the data that are available on child marriage for Barbados, Saint Lucia and Trinidad and Tobago; bear in mind, the data are a decade old. Despite the fact that the data are outdated, they do reveal that only 8 per cent of women aged 20-24 in Barbados, 4 per cent in Saint Lucia and 3 per cent in Trinidad and Tobago married before the age of 15. In addition, at least one in four women aged 20-24 in Barbados (29 per cent) and Saint Lucia (24 per cent), and 11 per cent in Trinidad and Tobago married before the age of 18.

Chart 7.25. Women ages 20-24 who were married or in a union before the age of 18 by country



Sources: Barbados MICS, 2012; Saint Lucia MICS, 2012; Trinidad and Tobago MICS, 2011.

350 Retrieved from: Child marriage | UNICEF.

351 Retrieved from: Child marriage | UNICEF

352 Ibid.

Child labour

Globally, children are engaged in paid and unpaid work that is not harmful to them; however, they are classified as child labourers when they are either too young to work or involved in hazardous activities that may compromise their physical, mental, social and educational development. The CRC recognizes the rights of children to be protected from economic exploitation and performing work that is likely to be hazardous or interferes with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development.[353]

As signatories to the CRC, the International Labour Organization Convention on Worst Forms of Child Labour and the Convention on Minimum Age, governments in the Eastern Caribbean have made efforts to eradicate child labour. Despite these efforts, Eastern Caribbean countries still face challenges to combating child labour.

Table 7.2 show the proportion of children involved in child labour at 5-15 years of age. Data was further disaggregated by 5-11 years of age (i.e., at least one-hour of economic work or 28 hours of domestic work per week) and 12-14 years of age (i.e., at least 114 hours of economic work or 28 hours of domestic work) in three countries. Bear in mind, the data are a decade old and outdated. The data show that the prevalence of child labour in Barbados and Trinidad and Tobago was 3 per cent or less. In Saint Lucia, the rate of child labour among children 5-14 years of age was 7.5 per cent, with higher rates of child labour among children aged 5-11 (11.5 per cent, including 13.5 per cent for males and 9.3 per cent for females) versus 12-14 years of age (1.1 per cent).

Table 7.2. Children's involvement in child labour by age, gender and country

	Barbados	Saint Lucia	Trinidad and Tobago
	%	%	%
5-11 years (primary school-age)			
Male	3.1	13.5	3.2
Female	2.9	9.3	2.9
Total	3.0	11.3	3.0
12-14 years (secondary school-age)			
Male	0.7	0.0	1.0
Female	0.6	0.4	0.0
Total	0.6	1.1	0.5
Total (5-14 years)			
Male	2.5	8.6	2.5
Female	2.1	6.2	2.0
Total	2.3	7.5	2.3

Sources: Barbados MICS, 2012; Saint Lucia MICS, 2012; Trinidad and Tobago MICS, 2011.

Human trafficking

There is a lack of data and information about trafficking and exploitation of young people in the Eastern Caribbean. A review of country profiles in the *2019 and 2020 US Department of State Trafficking in Persons Report* revealed that only Antigua and Barbuda, Barbados, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago were included. In each of these countries, human traffickers exploit domestic and foreign victims.

353 Ibid.

In Antigua and Barbuda, documented and undocumented immigrants from the Caribbean region, notably Jamaica, Guyana and Dominican Republic were identified as victims of sex trafficking and forced labour. Authorities reported an increased number of trafficking victims in multiple-destination trafficking, arriving in Antigua and Barbuda for a few months before their traffickers exploited them in other Caribbean countries, such as Saint Kitts and Nevis and Barbados. Sex trafficking occurs in bars, taverns and brothels, including with female minors. Forced labour, including of children, also occurs in domestic services and the retail sector, particularly in family-owned businesses.[354]

In Barbados, documented and undocumented migrants from Guyana, Haiti, Jamaica, and Venezuela are at high risk for trafficking, although individuals from Colombia, Dominican Republic, and Saint Vincent and the Grenadines are increasingly vulnerable. Traffickers often sexually exploit foreign women. There are also anecdotal reports of parents and caregivers exploiting children in sex trafficking. Previously, traffickers operated as part of an organization; however, more recently, traffickers appear to operate individually. In addition, authorities have noticed an increase in the use of social media as a means of recruiting victims of human trafficking.[355]

In Saint Lucia, local children are exploited in sex trafficking. Government officials, civil society and educators reported Saint Lucian children from economically disadvantaged families are at-risk of unorganized commercial sexual exploitation, and often encouraged or forced by parents and caretakers to engage in sex in exchange for goods or services. Civil society has also reported women and, in some cases, older teenagers recruiting younger adolescents to provide commercial sex with adults at street parties. Documented and undocumented migrants from the Caribbean and South Asia including domestic workers, are especially vulnerable to trafficking. Foreign women who work in strip clubs and in commercial sex are also at-risk of sex trafficking. NGOs reported that disadvantaged young women from rural areas are vulnerable to sex trafficking. According to the Government of Saint Lucia, business owners from Saint Lucia, India, China, Cuba and Russia are the most likely trafficking perpetrators in the country.[356]

In Saint Vincent and the Grenadines, foreign women in commercial sex may be exploited in sex trafficking, and foreign workers may be exploited in forced labour. Young people and children have been victims of forced labour, primarily in the agriculture sector. Government officials and civil society suspect drug traffickers exploit workers in forced labour in the production of marijuana. There are also reports indicating child sex trafficking, facilitated by parents/caregivers, is a problem in the country.[357]

Finally, in Trinidad and Tobago, traffickers reportedly lure women and girls from Dominican Republic, Venezuela and Colombia with offers of employment and then subject them to sex trafficking in brothels and clubs. Traffickers are increasingly targeting vulnerable foreign young women and girls aged 15-21. The ongoing humanitarian crisis in neighbouring Venezuela has contributed to an influx of refugees and migrants who are at high risk for trafficking. Many victims enter the country legally via Trinidad's International Airport, while others enter illegally via small boats from Venezuela, which is only seven miles offshore. Migrants from the Caribbean region, Africa and Asia, in particular those lacking legal status, are also at-risk for forced labour in domestic service and the retail sector.[358]

354 United States Department of State, *Trafficking in Persons Report, 20th Edition*, US Department of State, Washington, DC, USA, 2020.

355 United States Department of State, *Trafficking in Persons Report, 20th Edition*, US Department of State, Washington, DC, USA, 2020.

356 Ibid, 2020.

357 Ibid, 2020.

358 Ibid, 2020.

Child protection and justice for children

Governments across the Caribbean, including the OECS region, have stepped up efforts to improve responses to child protection, particularly for children who are vulnerable to violence, abuse, neglect and exploitation, and children in conflict with the law. All Eastern Caribbean countries have ratified the CRC, but in several cases, this was not followed by passing the Optional Protocols needed for an efficient child protection environment.[359]

The OECS Commission commissioned an assessment of child protection and justice systems across the nine OECS Member States. The assessment was based on the premise that OECS Member States must recognize their responsibilities and human rights obligations to children in order to be effective and in compliance with international standards.[360] Findings from this assessment revealed several governments have passed national legislation and developed policies, and in some cases action plans, for protecting children from violence, abuse, neglect and exploitation. Some governments have implemented child protection laws and policies, but face challenges when it comes to implementing legislation.[361]

National legislation

Table 7.3 shows the status of national child protection legislation among Eastern Caribbean countries as of April 2020. It is notable that 10 countries had passed Domestic Violence Bills and Status of Children Bills, nine countries had passed Child Care and Adoption Bills and Status of Children Bills, eight countries had passed Child Justice Bills and Child Maintenance Bills, and six countries had passed Guardianship, Custody and Access Bills. Although these efforts are positive and demonstrate a commitment to improve child protection, there are still concerns about implementation and delivery of child protection and social welfare services.[362]

359 Sealy-Burke, J., *OECS Assessment of Child Protection Services: Country Report for St. Lucia,* OECS Commission, Castries, Saint Lucia, 2016.
360 Ibid, pp. 1-2
361 Sealy-Burke, J., *OECS Assessment of Child Protection Services: Country Report for St. Lucia*, OECS Commission, Castries, Saint Lucia, 2016, pp. 1-2
362 Sealy-Burke, J., *OECS Assessment of Child Protection Services: Country Report for St. Lucia,* OECS Commission, Castries, Saint Lucia, 2016, pp. 1-2

Table 7.3. National child protection legislation by country (OECS Member States only)

Country	Domestic Violence Bill	Child Care and Adoption Bill	Child Justice Bill	Status of Children Bill	Child Maintenance Bill	Guardianship, Custody & Access Bill
Anguilla						
Antigua and Barbuda						
Barbados						
British Virgin Islands						
Dominica						
Grenada						
Montserrat						
Saint Kitts and Nevis						
Saint Lucia						
Saint Vincent and the Grenadines						
Turks and Caicos Islands						
Passed, taken effect						
Passed, not taken effect						
In progress						
Not passed						

Source: United Nations Children's Fund, *Situation Analysis of Children in the Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2020.

Most Eastern Caribbean countries face either delays passing bills and/or difficulties implementing passed legislation. Barriers to passing legislation include:[363]

- Slow action by legal drafting departments;
- Lack of resources;
- Ambivalence on how to proceed in relation to existing legislation;
- Other priorities and loss of momentum.

Difficulties implementing passed legislation include:[364]

- No physical infrastructure in place to support implementation;
- Lack of resources, skills and staff or dedicated personnel;
- Weak adaptation of the model bills to local conditions before passing bills.

In Eastern Caribbean countries, reform agendas have been delayed due to a lack of resources and the need to restructure and strengthen social welfare and child protection systems, which are needed to facilitate the passing and implementation of the five model bills.[365]

363 Sealy-Burke, J., *OECS Assessment of Child Protection Services*, OECS Commission, Castries, Saint Lucia, 2017.

364 Sealy-Burke, J., *OECS Assessment of Child Protection Services*, OECS Commission, Castries, Saint Lucia, 2017.

365 Ibid, 2017; Sealy-Burke, J., *OECS Assessment of Child Protection Services – Presentation to Heads of State*, OECS Commission, Castries, Saint Lucia, 2018.

Box 7.1. Spotlight on national legislation in Saint Lucia

The Government of Saint Lucia passed the Child Justice Bill and the Children's Care, Protection and Adoption Bill. The passage of these bills was an important step toward operationalizing the CRC and other international instruments for the care, protection and rights-based treatment of children through national legislation. The Child Justice Bill is important to children in conflict with the law and introduces a new mandatory process called the 'initial inquiry', whereas the Children's Care, Protection and Adoption Bill provides a more comprehensive way to address neglect, abuse and violence affecting children.[366]

The Model Child Justice Act criminalizes corporal punishment in the context of sentencing children in the criminal justice system; however, many countries that adopted the Act retain the use of corporal punishment in the context of its educational institutions. In Barbados, high-level advocacy with relevant ministers has signaled policy decisions for criminalizing use of corporal punishment in education and penal institution settings.[367]

Table 7.4. Status of legal abolition of corporal punishment across settings by country

Country	Home	Alternative care	Day care	Schools	Penal institutions	Sentencing
Anguilla						
Antigua and Barbuda						
Barbados						
British Virgin Islands						
Dominica						
Grenada						
Montserrat						
Saint Kitts and Nevis						
Saint Lucia						
Saint Vincent and the Grenadines						
Trinidad and Tobago						
Turks and Caicos Islands						
Abolished in law						
Existing law providing partial abolition						
Stated policy, ministerial statement or draft law under consideration for abolition						
Not abolished						

Source: United Nations Children's Fund, *Situation Analysis of Children in the Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2020.

Table 7.4 shows the status of legal abolition of corporal punishment across settings. Nine countries have legally abolished corporal punishment in sentencing, four in penal institutions, two in schools and one in alternative care and day care settings. A few countries have implemented partial bans on corporal punishment in day care and alternative care. No countries have legally abolished corporal punishment in the home.

Delays in passing and implementing legislative reforms related to child protection and justice for children mean that old legislation is still operational, leading to low ages of criminal responsibility, limited sentencing options for children

366 United Nations Children's Fund, *UNICEF Country Office Annual Report 2018 – Eastern Caribbean Multi-Country Programme*, pp. 2-3.

367 *UNICEF Country Office Annual Report 2018 – Eastern Caribbean Multi-Country Programme*, p. 7.

in conflict with the law, and treatment of adolescents aged 16-17 as adult offenders. Table 7.5 shows the age of criminal responsibility by country.[368]

Table 7.5. Age of responsibility by country

Country	Minimum age of criminal responsibility
Anguilla	12 years
Antigua and Barbuda	12 years
Barbados	11 years
British Virgin Islands	10 years
Dominica	12 years
Grenada	12 years
Montserrat	10 years
Saint Kitts and Nevis	12/10 years
Saint Lucia	12 years
Saint Vincent and Grenadines	8 years
Trinidad and Tobago	7 years

Sources: Sealy-Burke, J., *OECS Assessment of Child Protection Services,* OECS Commission, Castries, Saint Lucia, 2018; United Nations Children's Fund, *Situation Analysis of Children in the Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2020.

Other important age stipulations include age of sexual consent and age for marriage. In most countries, the age of sexual consent is 16 years, except Saint Vincent and the Grenadines where the age of sexual consent is 15 years for boys and Trinidad and Tobago where the age of sexual consent is 14 years for boys and 16 years for girls.[369] Similarly, the minimum age for marriage is 18 years in most countries, except Saint Kitts and Nevis where it is 15 years for boys and 16 years for girls, and Trinidad and Tobago where it is 14 years for boys and 18 year for girls (except in the event of parental consent when the age for marriage can be as low as 12 or 14 years of age).[370]

National action plans

Child protection and juvenile justice policy development has been generally weak and inconsistent among Eastern Caribbean countries, however, some OECS countries have made progress establishing policies for child protection and juvenile justice (e.g., Anguilla, British Virgin Islands, Grenada, and Saint Vincent and the Grenadines, see Table 7.6).[371] Grenada, Saint Kitts and Nevis, and Saint Vincent and the Grenadines have prioritised protocols for handling child abuse cases. Antigua, Dominica, Saint Lucia and Saint Vincent and the Grenadines have gone one step further and adopted dedicated Family/Youth Courts and child friendly approaches.[372] Existing policies are not well disseminated; thus, stakeholders have little knowledge of the child protection policies, and effective implementation of policies remains a challenge.

368 United Nations Children's Fund, *UNICEF Country Office Annual Report 2018 – Eastern Caribbean Multi-Country Programme.*

369 United Nations Children's Fund, *The Convention on the Rights of the Child Fifteen Years Later – The Caribbean*, UNICEF Regional Office for Latin America and the Caribbean, Panama, Republic of Panama, 2019, pp. 54-55.

370 Ibid, 2019, pp. 54-55.

371 Ibid, 2019.

372 Ibid, 2019.

Table 7.6. National child protection policies and practices by country

Country	There are national plans of action on...		Child protection system has both preventive and responsive services	Youth/Family Court established	Legal aid for juveniles provided
	child protection issues	juvenile justice issues			
Anguilla					
Antigua and Barbuda					
British Virgin Islands					
Dominica					
Grenada					
Montserrat					
Saint Lucia					
Saint Kitts and Nevis					
Saint Vincent and the Grenadines					
Passed, taken effect					
Passed, not taken effect					
Not passed					

Sources: Sealy-Burke, J., *OECS Assessment of Child Protection Services,* OECS Commission, Castries, Saint Lucia, 2018; United Nations Children's Fund, *Situation Analysis of Children in the Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2020.

Summary of data gaps on young people

This chapter focused on data related to every young person's right to be protected from violence and exploitation. It also revealed data gaps, including:

- Longitudinal data are available on knowledge and attitudes toward VAC in the home (social norms), particularly corporal punishment, for nine of the 12 ECA countries, but are lacking for Anguilla, British Virgin Islands, Trinidad and Tobago, and Turks and Caicos Islands. There is a lack of data on the prevalence of VAC across settings (e.g., home, schools, day care settings, detention facilities and public spaces). MICS data are available related to methods of discipline experienced by adolescents, but are limited to adolescents aged 10-14 from three countries – Barbados, Saint Lucia and Trinidad and Tobago. MICS data are a decade old.

- Data on peer violence – peer bullying and physical fighting – are available from the GSHS for 11 of the 12 ECA countries and territories; however, much of these data are outdated, and limited to adolescents aged 13-15.

- Data on child sexual abuse are limited to girls, and survey data collected from women aged 15-64 in Grenada and Trinidad and Tobago.

- Data on the prevalence of VAWG are limited to Grenada and Trinidad and Tobago. VAWG data are extremely important as gender-based violence begins early in the lives of many girls and continues into adolescence and young adulthood. Children of VAWG survivors are often indirect and direct victims of the violence, particularly intimate partner and domestic violence, which can impact their mental health, behaviours, academic performance and engagement in risky behaviours. Children who witness domestic violence are at increased risk of being the victim and/or perpetrator of intimate partner violence in adulthood. Data on VAWG and the impacts of VAWG on children of VAWG survivors can inform ending VAWG and VAC programmes and policies, and improve access to justice and support services.

- Data related to child marriage and child labour are limited to MICS data for three countries – Barbados, Saint Lucia, and Trinidad and Tobago – but are dated.

- To facilitate evidence-based decision-making and to advocate for strengthening national child protection and juvenile justice systems, governments and their partners require accurate, reliable and timely data and information. This includes data and information on how child protection and juvenile justice systems are functioning, including the number of children served by gender and age, and the quality of services provided. In most countries, efforts have been made to collect and compile administrative data related to child protection and children in conflict with the law; however, these data are not regularly disseminated. Data that are available are outdated (five or more years old) and not validated, nor are they consistently disaggregated by gender and age; thus, administrative data do not adequately reflect national progress achieved in child protection and justice for children.[373] In the ECA, lack of regularly collected and analysed administrative data on child protection and children in conflict with the law is a notable gap that needs to be addressed by strengthening administrative data management systems across sectors and the capacities of institutions to analyse and disseminate this data in a meaningful and useful way for data users, including policymakers and development partners. Ministry/agency personnel often require technical assistance and capacity building to strengthen their abilities to collect, analyse and utilize administrative data on child protection and children in conflict with the law.

373 United Nations Children's Fund, *The Convention on the Rights of the Child Fifteen Years Later – The Caribbean*, UNICEF Regional Office for Latin America and the Caribbean, Panama, Republic of Panama, 2019, pp. 1-2.

Chapter 8:
Every young person lives in a safe and clean environment

Children need a safe and clean environment to survive, grow and thrive (Article 24, CRC). The availability of safe and clean water, sanitation and hygiene (WASH) services, and the quality of the physical environment in which children, adolescents and youth live, are important determinants of their health and well-being, and learning, safety and ability to take advantage of opportunities to reach their full potential.[374] Inadequate WASH is primarily responsible for the transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and polio. Diarrhoeal diseases exacerbate malnutrition and remain a leading global cause of child deaths.

In the ECA, the environment is increasingly under threat from the impacts of climate change, including hazards and disasters (e.g., more frequent and severe tropical storms and hurricanes, flooding, drought), along with rising sea levels and warming water temperature at the ocean's surface. These and other deteriorating environmental conditions threaten the services on which children and young people rely in the areas of WASH; thus, strengthening the capacity and resiliency of communities and government systems to maintain safe and clean environments is critical to environmental and resiliency components of the 2030 Agenda for Sustainable Development; in particular, SDG 6 on clean water and sanitation, SDG 11 on sustainable cities and communities, SDG 13 on climate action, and SDG 5 on gender equality.[375]

Water, sanitation and hygiene

Access to safely managed drinking water and sanitation services, and good hygiene practices are considered core socio-economic and health determinants and are key for survival and well-being. In fact, SDG indicators focus on the proportion of the population with safely managed drinking water (6.1.1) and sanitation services (6.2.1). In addition, SDG 3.9.2 indicator focuses on mortality rates attributed to exposure to unsafe WASH services.

The WHO-UNICEF Joint Monitoring Programme (JMP) for Water Supply, Sanitation and Hygiene defines safely managed water and sanitation services (see Figure 8.1) and offers WASH data for households, schools and health care facilities.[376]

374 United Nations Children's Fund, *Goal Area 4 – Every Child Lives in a Safe and Clean Environment, UNICEF Global Annual Results Report 2018*, UNICEF, New York, NY, USA, 2019, p. 2.

375 United Nations Children's Fund, *Goal Area 4 – Every Child Lives in a Safe and Clean Environment, UNICEF Global Annual Results Report 2018*, UNICEF, New York, NY, USA, 2019, p. 3.

376 United Nations Children's Fund/World Health Organization, *Progress on household drinking water, sanitation and hygiene 2000-2017 – Special focus on inequalities*, UNICEF and WHO, New York, NY, USA, 2019.

Figure 8.1. SDG service ladders for water and sanitation

SURFACE LEVEL	DEFINITION
SAFELY MANAGED	Drinking water from an improved water source that is located on premises, available when needed and free from faecal and priority chemical contamination
BASIC	Drinking water from an improved source, provided collection time is not more than 30 minutes for a round trip, including queuing
LIMITED	Drinking water from an improved source for which collection time exceeds 30 minutes for a round trip, including queuing
UNIMPROVED	Drinking water from an unprotected dug well or unprotected spring
SURFACE WATER	Drinking water directly from a river, dam, lake, pond, stream, canal or irrigation canal

SURFACE LEVEL	DEFINITION
SAFELY MANAGED	Use of improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite
BASIC	Use of improved facilities that are not shared with other households
LIMITED	Use of improved facilities shared between two or more households
UNIMPROVED	Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
OPEN DEFECATION	Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches or other open spaces,or with solid waste

Source: United Nations Children's Fund, *Goal Area 4 – Every Child Lives in a Safe and Clean Environment, UNICEF Global Annual Results Report 2018*, UNICEF, New York, NY, USA, 2019, *p. 18.*

Safe water

Everyone has the human right to safe drinking water. This holds true during times of stability and in crisis, and in urban and rural contexts. When children and young people do not have access to clean water, it negatively impacts all aspects of their lives, including their health, nutrition and education.

Sustainability of safe water supplies is one of the most serious challenges facing Eastern Caribbean countries. Six of the 16 most water-stressed countries in the world are located in the ECA (i.e., Antigua and Barbuda, Barbados, Dominica, Saint Lucia, Saint Vincent and the Grenadines, and Trinidad and Tobago); these small island states withdraw more than 80 per cent of available water supplies for agricultural, domestic and industrial use annually. This is due to a lack of freshwater ecosystems combined with poor management of resources in many islands, leading to near total reliance on rainfall and, by extension, a stable climate.[377] For instance, in Dominica, decreased stream flows have resulted in water supply deficits that are particularly apparent during the dry season.[378]

Increasing severe weather events in the ECA also inflict serious damage to water and sanitation infrastructure. In 2017, Hurricanes Irma and Maria destroyed 90 per cent of water supply systems in Barbuda, as well as damaged 43 of the 44 water systems in Dominica.[379] In British Virgin Islands, where desalination is the sole source of public water supplies, production ceased due to lack of electricity and hurricane damage to plants and contamination of storage cisterns.[380] Potable water was also unavailable in Turks and Caicos Islands.[381]

377 World Resources Institute, *World's 36 Most Water-Stressed Countries,* World Resources Institute, Washington, DC, USA, 2013; Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019.

378 Pegram, J. & D. Knaute. *Caribbean Children Facing the Climate Crisis*; Cashman, A., 'Water Security and Services in the Caribbean', *Water*, 2014, Vol. 6, No. 5, pp. 1187-1203, DOI, 10.3390/w6051187.

379 Pegram, J. & D. Knaute. *Caribbean Children Facing the Climate Crisis*, p. 17; United Nations Children's Fund, *Overview of Situation: Hurricanes Irma and Maria,* UNICEF Office for the ECA, Christ Church, Barbados, 2017.

380 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019, p. 17; Government of British Virgin Islands, *Recovery to Development Plan of the Virgin Islands*, Government of British Virgin Islands, Tortola, British Virgin Islands, 2018.

381 Ibid, 2019, p. 17; United Nations Children's Fund, *Overview of Situation: Hurricanes Irma and Maria,* UNICEF Office for the ECA, Christ Church, Barbados, 2017.

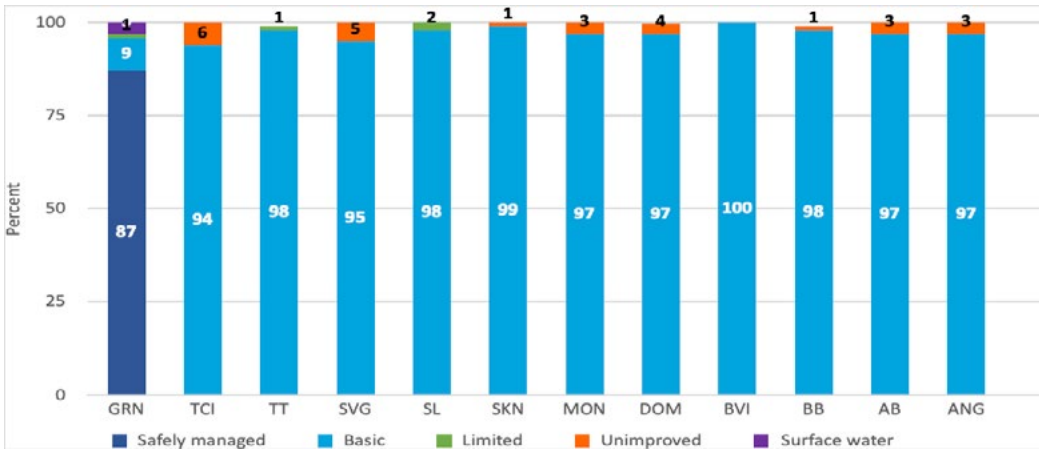
Unsustainable extraction of public water supplies, particularly for the tourism industry, coupled with contamination and inefficient water supply systems represent additional threats to safe drinking water supplies. Poor infrastructure in existing water distribution networks is estimated to result in 75 per cent water losses due to damaged pipelines.[382] Other significant sources of water contamination include: waste water from the agricultural sector (particularly due to increased use of agrochemicals) and industrial sites; inadequate sewage and solid waste management; and storm-water runoff. Studies suggest that about 85 per cent of wastewater entering the Caribbean Sea is untreated; in the ECA, this figure rises to 92 per cent because only 8 per cent of domestic wastewater is treated and less than 2 per cent of urban sewage is treated in the subregion.[383]

Due to unique circulation patterns in the Caribbean Sea, coastal zones experience a concentration of pollution and run-off near human settlements, posing a major threat to health in highly-populated areas.[384] While countries are increasingly investing in costly and energy-intensive desalination to increase water security, brine and other by-products from this process contribute to further pollution and harm to coastal ecosystems.[385]

Looking specifically at safely managed water services, Chart 8.1 shows that in the ECA, Grenada and was the only country that had safely managed household drinking water from an improved water source that is located on premises (87 per cent); at the same time, however, a portion of this population had access to only limited, unimproved or surface water. In other Eastern Caribbean countries, the majority of populations had access to basic drinking water from an improved water source. There was a lack of data to properly assess the proportion of the population with safely managed water in schools and health facilities. Improving water quality is critical to preventing disease and improving accessibility and availability of safe drinking water is equally important.

x

Chart 8.1. Proportion of population using safely managed drinking water by country, 2017



Sources: United Nations Children's Fund/World Health Organization, *Progress on household drinking water, sanitation and hygiene 2000-2017 – Special focus on inequalities,* UNICEF and WHO, New York, NY, USA, 2019. Data retrieved on 7 May 2021 from*:* https://washdata.org/.

382 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019; Carbon Trust/OECS/Climate Analytics, *Eastern Caribbean Regional Climate Change Implementation Plan*, Carbon Trust, London, UK, 2018.

383 Ibid, 2019; United Nations Children's Fund, *UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019.

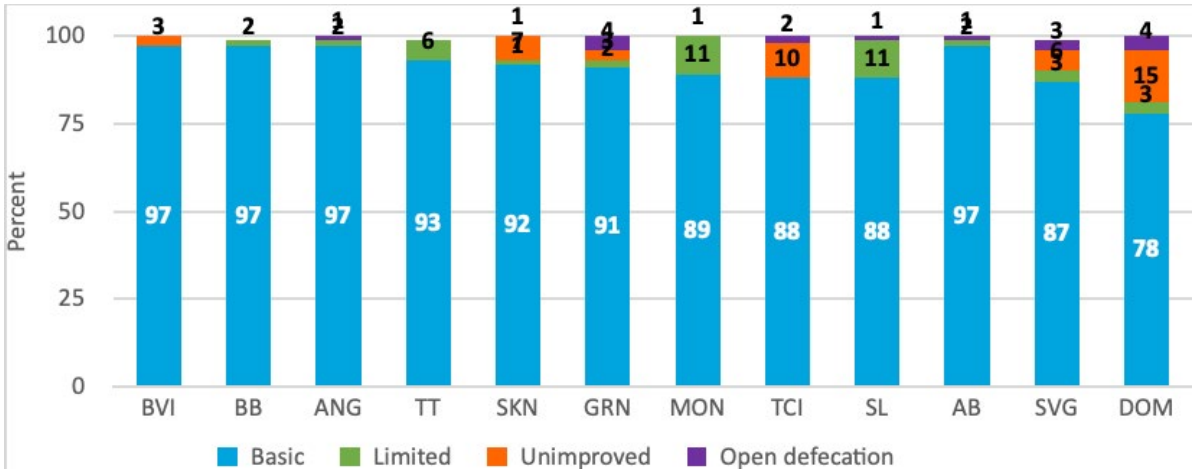
384 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019; Lewsey, C., G. Cid & E. Kruse, 'Assessing climate change impacts on coastal infrastructure in the Eastern Caribbean'. *Marine Policy*, 2004, Vol. 28, No. 5, pp. 393-409.

385 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis*.

Sanitation

Sanitation is about more than toilets, it is about the coupling of behaviours, facilities and services that provide the hygienic environment children need to fight diseases and grow up healthy. Adequate sanitation is essential to childhood survival and development. Poor sanitation puts children at risk of childhood diseases and malnutrition which can impact their overall development and learning.[386]

Chart 8.2. Proportion of population using safely managed sanitation services by country, 2017



Sources: United Nations Children's Fund/World Health Organization, *Progress on household drinking water, sanitation and hygiene 2000-2017 – Special focus on inequalities*, UNICEF and WHO, New York, NY, USA, 2019. Data retrieved on 7 May 2021 from: https://washdata.org/.

In the ECA, most countries have access to basic sanitation services that are safely managed. Chart 8.2 shows that Anguilla was the only county that had safely managed sanitation services (45 per cent). In most Eastern Caribbean countries, the majority of populations had basic sanitation services (i.e., use of improved facilities which are not shared with other households). Most populations had access to at least basic improved facilities[387] designed to hygienically separate excreta from human contact. Without basic sanitation services, people have no choice but to use inadequate communal latrines or to practise open defecation, which poses risks to people's health and livelihoods.

Hygiene

Good hygiene is critical for preventing the spread of infectious diseases and helping children to lead long and healthy lives. Good hygiene can help to prevent children from missing school, which results in better learning outcomes. For families, good hygiene means avoiding illness and spending less on health care. In some contexts, good hygiene can also secure a family's social status and help individuals to maintain their self-confidence. Good hygiene, however, is difficult to practise without the right knowledge and skills, adequate community support and the belief that one's own behaviour can make a difference.[388]

386 Retrieved [date?] from: Sanitation | UNICEF.

387 Basic improved facilities include flush/pour flush to piped sewer system, septic tanks or pit latrines, ventilated improved pit latrines, composting toilets or pit latrines with slabs.

388 United Nations Children's Fund/World Health Organization, *Progress on household drinking water, sanitation and hygiene 2000-2017 – Special focus on inequalities*, UNICEF and WHO, New York, NY, USA, 2019, p. 17.

In the ECA, there are young people who live in conditions that make it difficult to maintain good hygiene. Maintaining hygiene can be a challenge where water for hand-washing is unavailable. There are limited data related to hygiene, such as using a hand-washing facility with soap and water. Data are available from the MICS for Barbados, Saint Lucia and Trinidad and Tobago; however, the data are outdated or decade old.

Table 8.1 shows that the majority of the populations in Barbados, Saint Lucia and Trinidad and Tobago had access to basic hygiene services – a hand-washing facility[389] on premises with soap and water. Still, however, at least 11 to 13 per cent of the populations had limited[390] or no hygiene facilities.

Table 8.1. Proportion of population using a hand-washing facility with soap and water

Country	%
Barbados	88 (basic)
Saint Lucia	87 (basic)
Trinidad and Tobago	89 (basic)

Sources: Barbados MICS, 2012; Saint Lucia MICS, 2012; Trinidad and Tobago MICS, 2011.

Impact of COVID-19 on WASH

In 2020, the health emergency caused by the spread of COVID-19 affected all Eastern Caribbean countries. Hygiene, particularly regular hand-washing with soap and water, has proven to be one of the most effective preventive measures to stop the spread of COVID-19; therefore, access to WASH facilities and sustainable management of household water have become even more of a priority. If not well-managed, movement restrictions and lockdown measures disproportionately affect poor households in underserved areas, but also those who depend on daily wages to pay for safe drinking water for their households amongst other daily needs.

There can also be limited availability of soap and dignity kits for menstrual hygiene in rural areas, which compounds the problem. Households and individuals can be at increased risk of contracting COVID-19 because they do not have adequate, or in some cases any, access to WASH facilities. Limited access to WASH in communities will lead to a cycle of increased risks to infection, serious health outcomes and poor living conditions. The infectious nature of COVID-19 also requires increased hygiene standards at health facilities and quarantine facilities.

In order to minimize the risk of transmission of COVID-19 infections in health facilities and treatment, isolation and quarantine facilities, a significant investment has been needed to improve the existing infrastructure. This includes not only health centres offering primary care, but also hospitals, hotels and other facilities being used for isolation and treatment of suspected COVID-19 cases. Thus, Governments and development partners have worked to guarantee continuous access to a minimum volume of WASH for all people during the emergency, but particularly for workers and users of health and nutrition facilities, schools, public places (e.g., markets and transport hubs), and people living outside of a home (e.g., shelters, orphanages, detention centres, migrant shelters) to prevent and control the spread of COVID-19. This has required strengthening the role of utilities in continuously and safely providing these basic services, particularly in urban areas.

389 Hand-washing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for hand-washing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other hand-washing agents.

390 Limited hygiene service refers to a facility lacking water and/or soap.

Mortality attributed to unsafe WASH services

Inadequate WASH is an important risk to health, particularly in low- and middle-income countries. The impact of unsafe WASH on death rates of children under five and mothers in the year after childbirth is important to understand; unfortunately, these data are not available. Data are available, however, relating to SDG 3.9.2 on the mortality rate attributed to exposure to unsafe WASH (see Table 8.2). On average, Caribbean Small States had a very low mortality rate attributed to exposure to unsafe WASH at 0.9 per 100,000 population. Saint Vincent and the Grenadines reported the highest mortality rate attributed to exposure to unsafe WASH at 1.3 per 100,000 population; still, however, this rate was very low.

Table 8.2. Mortality rate attributed to exposure to unsafe WASH (per 100,000 population), 2016

Country	Rate per 100,000 population
Antigua and Barbuda	0.1
Barbados	0.2
Grenada	0.3
Saint Lucia	0.6
Saint Vincent and the Grenadines	1.3
Trinidad and Tobago	0.1
Caribbean Small States	0.9

Source: World Health Organization, Global Health Observatory Data Repository. Retrieved on 7 May 2021 from: Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (per 100,000 population) | Data (worldbank.org).

Mortality attributed to air pollution

The drivers of air pollution are closely related to those of climate change. Approximately two billion children live in areas where air pollution levels exceed WHO standards, causing them to breathe toxic air that is putting their health and potentially brain development at risk. As part of a broader project to assess major risk factors to health, mortality resulting from exposure to household (indoor) air pollution and ambient (outdoor) air pollution[391] is assessed. Of all these pollutants, fine particulate matter has the greatest effect on human health.[392]

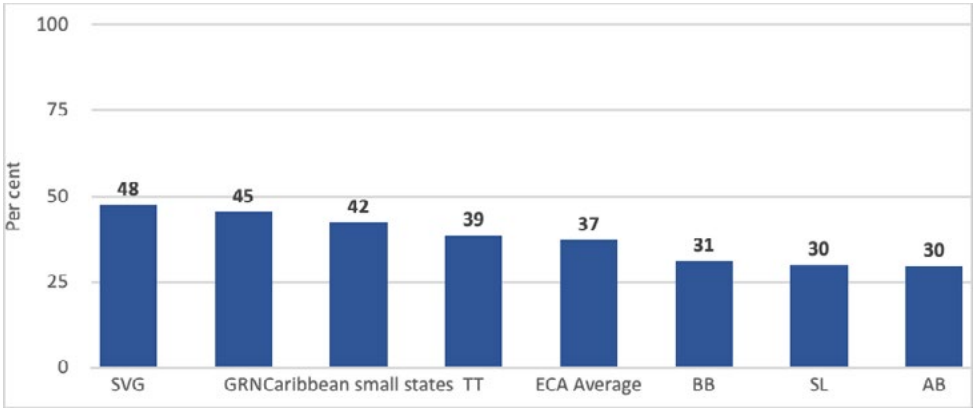
Air pollution affects all regions of the world, however, populations in low- and middle-income cities are most impacted. According to the latest air quality database, 97 per cent of cities in low and middle-income countries with more than 100,000 inhabitants do not meet WHO air quality guidelines; in high-income countries, this decreases to 49 per cent . As air quality declines, the risk of stroke, heart disease, lung cancer, and chronic and acute respiratory diseases, including asthma, increases for people.[393]

391 Ambient air pollution results from emissions from industrial activity, households, cars and trucks which are complex mixtures of air pollutants, many of which are harmful to health.

392 Retrieved from: http://apps.who.int/gho/data/node.wrapper.imr?x-id=3793.

393 Retrieved from: http://apps.who.int/gho/data/node.wrapper.imr?x-id=3793.

Chart 8.3. Mortality rate attributed to household and ambient air pollution (per 100,000 population)



Source: World Health Organization, Global Health Observatory Data Repository. Retrieved on 7 May 2021 from: Mortality rate attributed to household and ambient air pollution, age-standardized (per 100,000 population) | Data (worldbank.org).

In the ECA, relevant mortality rate data attributed to household and ambient air pollution are available for only six of the 12 countries. Chart 8.3 shows that, on average, the mortality rate attributed to air pollution was 42.3 per 100,000 population in Caribbean Small States. Saint Vincent and the Grenadines and Grenada had mortality rates higher than the regional average (47.6 and 45.3 per 100,000 population respectively) attributed to household and ambient air pollution; in comparison, Antigua and Barbuda, Saint Lucia and Barbados reported lower than average mortality rates attributed to household and ambient air pollution.

Young people and climate change

During consultations with young people in Barbados[394] they were asked about climate change and what their country could do to fight climate change. Young people focused, in part, on what governments, communities, schools and they as individuals could do to protect the environment and reduce climate change. They also thought about how people in Barbados could come together and reduce carbon emissions, electricity consumption and water usage, as well as to not waste food products, stop littering and clean-up the environment. They understood the relationship between addressing climate change and improving the physical health of people and communities.

"One thing we can do is have special solar packages for homes and more recycling bins for homes, and give government incentives for homes that use recycling bins, and in schools they can have mandatory classes on climate change." (11-18 years)

"The government can use alternative energy sources to limit the carbon emissions on the environment." (11-18 years)

"Education is the first step; we can't spread awareness." (15-24 years)

Young people also focused on energy conservation and recycling. They thought the government should invest in and use alternative energy sources to limit carbon emissions and offer incentives for homes and families to recycle. They also thought that schools should have mandatory classes on climate change and that there needed to be more public awareness-raising campaigns (on the radio and television, and public events) that were designed to educate people

394 In February 2021, consultations were conducted with young people aged 10-24 years in Barbados as part of a UNICEF initiative focused on engaging children and young people in the ECA.

in Barbados, including tourists, about the impacts of climate change. One proposal was to make climate change day a public holiday, a day when people would walk and not drive, and take steps to protect the environment and clean the beaches.

Given Barbados is heavily dependent upon tourism to support their economy, young people recognized that the government needed to balance these priorities when making decisions to protect the environment and take steps to fight climate change. They thought the government should not prioritize the economy over the environment, but recognized that both the economy and the environment needed to be taken into consideration and that the focus should be on sustainable development. Some young people expressed concern as to what tourists would think of having solar energy panels on the beaches, and what impact that might have on tourism. At the same time, they were worried that tourists might no longer go to Barbados and might opt to holiday somewhere else if the beaches were destroyed.

There was the view that other countries, particularly larger countries, needed to do more to fight climate change because they caused more damage to the environment and were contributing more to climate change, compared to small island nations such as Barbados, which they felt were more vulnerable to the impacts of climate change.

There was also a call for more investment in research in the Caribbean at both regional and national levels on the impacts of climate change. Young people thought that larger and richer countries should provide financial support for this research. They recognized it was important to have more Caribbean-specific science research on climate change, as well as knowledge-building and activism.

Teaching climate change in schools

In Barbados, young people focused on the role of schools to improve knowledge and understanding of climate change, and to engage children and young people in projects related to climate change and environmental protection. They thought that schools should have mandatory climate change curriculum and school/youth clubs that focused on climate change and the environment and created activities to boost learning and interest in the subject matter. They wanted school-based programmes to be both educational and interactive in nature; most important, they thought that education about climate change and the environment should include ‘learning through discovery’.

They thought schools should hold special seminars and workshops on climate change and sponsor climate change projects and activities for students, such as tree planting, recycling and trash clean-up on school grounds. They thought that schools could use games and colouring books, and competitions (e.g., poster, song and dance competitions) to make learning about climate change more interesting and fun.

“We can do activities around the schools, like planting and recycling, and learning more about climate change” (11-18 years, Barbados)

“I think there should be more real science in school. More experimentation and field work, but in a way that's fun, not just the teacher telling you what to do. I think people might understand, believe and care more about whatever they learn if they discover it for themselves in their own way. That would include climate change and environmental impacts.” (Barbados, 15-24 years)

Young people were also interested in having school field trips that would teach students about the severity and impacts of climate change on the island and support community activism. They came up with ideas, such as school field trips to support community and beach clean-ups that engaged students in protecting their own environments and keeping the island clean, and trips to the National Conservation Commission and the Folkestone Marine Park and Museum.

Connecting with young people on climate change

Young people thought about how they could connect with other climate change activists around the world to learn more about climate change and different initiatives aimed at fighting it. Young people thought governments could do more to help children, adolescents and youth to learn about climate change; they wanted more information in newspapers and on billboards around the island about climate change and how it affects the people, the island and Earth as a whole. They wanted the government to raise awareness now and not wait until climate change is worse.

Young people thought that social media platforms could be developed for climate change activists. In particular, they were interested in a social media platform that would allow them to share their ideas with other young people. They thought a social media platform could be used to share interesting facts about climate change and steps that they could take to protect the environment. One idea was that a website could be developed that would allow them to check in on a daily basis and document what they had done throughout the day to protect the environment, then they would receive useful tips as to what more they could do to protect the environment that day. They also saw social media platforms as a place where young activists could post videos and poems, and share ideas and messages about climate change.

Young people were also interested in having more Zoom discussions about climate change with climate change and environmental protection experts and activists. They also thought that there should be an annual summit where climate change activists could come together and share their ideas and knowledge, and everyone could network and learn from each other. There was some discussion about having an annual regional summit for climate change activists in the Caribbean.

At another level, there was discussion about how communities should come together at the parish level and learn about climate change, with the aim of connecting climate change activists in the community so that they could work together and learn from each other.

Other young people were interested in seeing celebrities who could serve as spokespeople or ambassadors and help to get information out to people about climate change. Others thought music jingles or advertisements on television would be good ways to reach the public and educate them about climate change. There were also those who were interested in using technology and the arts (e.g., music, photography, painting, digital art) to raise awareness and engage the public on matters of climate change and environmental protection. They recognized that there were a lot of creative young people who could bring their talents and passions to the activism agenda to fight climate change and raise awareness as to the impacts of climate change on the country and in the region.

Summary of data gaps on young people

This chapter focused on data related to every young person's right to live in a safe and clean environment. It also revealed data gaps, including:

- Data related to safe water and sanitation are available, but data related to good hygiene practices are lacking. Data related to using hand-washing facilities with soap and water are limited to MICS data for three countries – Barbados, Saint Lucia and Trinidad and Tobago – which are a decade old. Data that are available are related to households, but lacking for schools and health care facilities.
- Data on mortality attributed to unsafe WASH services and household and ambient air pollution are available for six of the 12 ECA countries and territories.
- Data and information related to young people and climate change in the ECA are lacking. There are some qualitative data available from a small number of consultations conducted with young people in Barbados; however, this data and information are limited in scope. Consultation in Barbados revealed there is great interest in climate change and environmental protection among young people, which is likely extend to other young people in countries and territories of the ECA. There would be significant value in conducting an assessment that supports the collection of quantitative and qualitative data related to the impact of climate change on young people and knowledge, attitudes, and practices of young people related to climate change and environmental protection. Such data could serve to inform evidence-based climate change resilience programming for young people.

"We can come together as a parish community and learn more about climate change. I want to get together with other activists in my parish to learn more about climate change." (11-18 years, Barbados)

"I know there is COVID right now, but if there was no pandemic a yearly summit where everyone would share ideas and take ideas from others... You get to meet people from around the world and gain their knowledge." (15-24 years, Barbados)

"I think we can do jingles or advertisements to get the word out there even more, creativity would come in this aspect... that would motivate people even more to get into it. They are doing it, but not realizing they are doing it for a cause. To be seen by the public, advertisements and jingles." (15-24 years, Barbados)

"I definitely think it is a good idea... it can be other than jingles or music, it could be photography, painting, digital art; there are a lot of talented people who are passionate about climate change. Encourage other people to see that and get involved, to have exhibitions to see how people are feeling about climate change. I think that would be a good thing." (15-24 years, Barbados)

CHAPTER 9: Concluding remarks

This GenU Situation Analysis on young people in the ECA has identified a number of areas in which concerted and sustained action are needed to ensure the rights of all young people – both girls and boys – are realized in the ECA. These general observations are being made with the acknowledgement that a complete equity-based analysis of the situation of young people in the ECA depends on the availability of data, particularly disaggregated data on different aspects that might influence their lives, including gender, age, nationality and socio-economic status; such data are not always readily available for each of the Eastern Caribbean countries and territories. Data that are available are not real-time; in many cases the data are several years, or a decade, old. Outdated data make it difficult to analyse the current situation of young people, as well as changes over time. Another data challenge was the lack of comparable data across countries and territories, and having data for only some of the 12 ECA countries and territories, but not all.

Although governments in the ECA produce some very meaningful and relevant data related to young people, including those made available for this report; some of the existing data do not capture the full range of issues that allow for an in-depth assessment of the situation of young people related to health, education, employment, poverty, social welfare, child protection and justice, among others. There appears to be little coordination of effort across ministries/agencies and sectors to maximize data collection, and to collect and use data in a harmonized manner on an agreed upon set of regional indicators relevant to young people.

Limited data not only hinders opportunities for evidence-based programme and policy planning, and proper monitoring and analysis of the situation of young people, but also impacts the ability to plan and allocate resources to advance the needs and rights of young people. In addition, lack of data limits the ability to analyse whether the situation of young people has improved over time in the areas of poverty reduction, education and employment, protection from violence and exploitation, improved access to health and proper nutrition, and more.

Similarly, sparse historical data limits the ability to do trend comparisons and to analyse whether the situation of young people has improved over time in the areas of poverty reduction, education and employment, protection from violence and exploitation, health and nutrition, and more. For instance, despite the central role of poverty, education and employment in determining the realization of young people's rights, most ECA countries and territories do not have recent poverty, education and employment data for young people. Due to the lack of longitudinal data on poverty, education and employment data, it is not possible to analyse whether the socio-economic situation of young people is better, worse or the same as it was five-10 years ago in each of the ECA countries and territories.

As it relates to child protection and justice for children, government agencies responsible for child protection and justice for children do not collect and disseminate real-time data. Data that are collected are not disaggregated by age or focused on adolescents or youth, which does not allow for an in-depth assessment of the situation of violence, abuse and exploitation of young people, including gender-based violence.

Gender is a cross-cutting topic in this situation analysis. In some areas, differences between girls and boys are reported on by government, especially in education; however, in other areas, gender differences are not reported on. For instance, more girls than boys are finishing secondary education, while boys are more likely to repeat grades and to drop out of school, which relegates them to accepting low-paying and low-skills jobs, impacting their future earning potential.

There is a need to better assess gender inequalities in the ECA, including as it relates to tertiary education, TVET, and employment, as well as exposure to different types of violence, abuse and exploitation, engagement in offending behaviours, and access to protection and social services, and healthcare. Data are needed to create evidence-based policies and programmes aimed at promoting the rights of young people as called for by the CRC, CEDAW, CRPD and SDGs.

Strategic thinking

The idea behind the SDGs is to create a global movement to advance work on the 2030 Agenda for Sustainable Development; therefore, governments should frame their development plans and policies for the next years based on this globally agreed-upon development agenda. To maintain an enabling environment conducive to delivering equitable social and economic growth and effective poverty reduction, certain capacities must be put in place or strengthened. These include:

- **Mobilizing and channelling resources** to the appropriate sectors at the appropriate time for optimal production;
- **Enforcing standards and regulations**, specifically operationalizing legislation and policies identified and/or in draft form;
- **Establishing a mix of social partnerships with key actors**, including local councils, civil society, research institutions, the private sector;
- **Improving systems for generating, collating and managing data and information** so that it is easily accessible and shared across different agencies and with partners.

This SitAn on young people in the ECA reveals there is a real need to strengthen cooperation around the needs and rights of young people. This requires a deep dive[395] into how to **build better partnerships for smart planning, problem-solving and innovation** to accelerate results for young people in the areas of:

- **Education**, with a focus on strengthening the quality of primary and secondary education, which requires improvements to teaching and learning materials, expanded coverage of information and communication technology (ICT), and human capital[396] of school personnel.
- **TVET**, with a focus on partnering with the private sector to identify and develop market-driven TVET opportunities for young people.
- **Health and well-being,** with a focus on improving adolescent health, reducing teenage pregnancy and adolescent fertility rates, preventing drug and alcohol abuse, and addressing adolescent mental health to reduce suicide among young people.
- **Social protection**, with a focus on multidimensional child poverty[397] and poverty among young people, and the impact of COVID-19 on multidimensional poverty, so that Eastern Caribbean governments and development partners can more effectively focus on policy efforts to alleviate deprivations and achieve sustainable poverty eradication.
- **Child protection**, with a focus on strengthening child protection systems and community-based services for child victims of violence, abuse and exploitation, and their families, particularly in countries/territories where child protection systems and services are lacking or few and far between.
- **Climate change**, with a focus on strengthening the capacities of the government to respond to climate change and climate crisis, to bring together specialized expertise to strengthen disaster risk reduction (DRR) to ensure that hazards do not become disasters, and to devote greater attention and resources to shielding children and young people from these risks, and to enhance their resilience. As a cross-cutting priority, particular attention must be paid to addressing the magnified risks faced by the most vulnerable children and young people, and to meeting their specific needs.[398]

395 A deep dive is a more thorough or comprehensive assessment and analysis of a subject or issue.

396 Human capital includes the preparation, recruitment and retention of highly talented and effective school teachers and administrators.

397 Multidimensional child poverty defines children who experience a state of poverty that is more complex than that defined by a unidimensional measure of poverty, but encompasses child material needs

398 Pegram, J. & D. Knaute, *Caribbean Children Facing the Climate Crisis, UNICEF Climate, Environment and Energy (CEE) Landscape Analysis for Children – Eastern Caribbean*, UNICEF Office for the ECA, Christ Church, Barbados, 2019, pp. 59-60.

As the ECA countries and territories begin planning for a post-pandemic recovery, it is important that governments seize on the opportunity to, 'build back better', by creating a more sustainable, resilient and inclusive society. This requires a more risk informed programming and smart planning, problem-solving and innovation to address challenges facing young people.

Business for results and the rights of young people

At a global level, UNICEF has identified the private sector as a key stakeholder to accelerate results for young people. Companies are leaders in innovation and the production base of national and family economies, employers of parents/caregivers, and sellers of products and services. To propose a strategic analysis of the situation of young people without considering the role of companies and private entities in the ECA would limit potential entry points for interventions that are relevant to safeguarding the rights of young people. To the extent possible, the rights of young people and the private sector were explored in this report. Such a focus is in line with UNICEF's framework strategy known as Business for Results (B4R). The conceptual framework for B4R has been developed based upon previous UNICEF engagement with the private sector and good practices for mainstreaming B4R into programme planning.

The B4R agenda includes four structured approaches to engage with a company or private entity, including:

- **Core business and assets** – work with the private sector to provide core business and assets to help deliver UNICEF's mission through innovation, expertise, co-creation and procurement
- **Advocacy** – engage leading voices in the private sector to amplify UNICEF messages and programming both to the public and to key stakeholders, as well as young people.
- **Business practices** – engage the private sector to change adverse business practices and promote good corporate policies which put the rights of young people at the centre.
- **Financing** – engage the private sector to finance UNICEF initiatives where relevant.

Strengthening public-private partnerships should be a key intervention. Developing a strategic B4R agenda and framework that engages the private sector is crucial; however, it must be coordinated and done in cooperation with both the private and public sectors, including government partners. B4R and engagement with the private sector must be aligned with public policies and national agendas, including national action plans for the rights of young people.

Assessments and results-based monitoring are needed to better understand how B4R can be implemented in the ECA and how B4R initiatives that engage the private sector contribute and lead to advancing the rights of young people and accelerating results for young people. This requires understanding how B4R initiatives impact the most vulnerable, including poor and marginalized populations, and contribute to improvements in systems of social protection.

Strengthen administrative data on young people

This SitAn reveals administrative data gaps related to young people; thus, there is a real need for government ministries/agencies and service providers in ECA countries and territories to strengthen administrative data collection on young people's issues. Strengthening administrative data is an important and useful investment in resources.

In recent years, globally, there has been increased interest among governments and development partners to explore ways to use existing administrative data to monitor and report on young people's health, education, employment, poverty, social welfare, protection and access to justice, as well as exposure to violence, exploitation and crime. Administrative data are an important source of information that can often be readily accessed and used to complement prevalence studies on a wide range of subject matter; in particular, young people's access to education, healthcare, essential services, protection and justice. Administrative data can also be used to measure progress towards SDG targets and indicators that do not require survey data. For instance, administrative data can be used to monitor SDG indicator 16.1.1 (number of victims of intentional homicides per 100,000 population, by sex and age), and indicator 16.2.2 (number of victims of human trafficking per 100,000 population by sex, age, and forms of exploitation).

Administrative data are regularly collected by government ministries, agencies and departments (e.g., social welfare, child protection, health, police, prosecutors and courts), non-governmental service providers, and public and private healthcare facilities. Administrative data are typically not collected or use for research, rather such data are used for administrative purposes (e.g., workload, logistics, budget and reporting). Often administrative data are neither compiled nor shared across ministries/agencies or sectors, nor analysed or used to improve service provision to vulnerable young people and families.

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Annex tables and charts

Annex Table 1. Population by country, 2011-2012

Country	Population	Total population				Children (ages 0-17)		Young people (ages 10-24)				Adult (ages 18+ years)	
		Male		Female				Adolescents (ages 10-19)		Youth (ages 15-24)			
		n	%	n	%	n	%	n	%	n	%	n	%
Anguilla	13,555	6,698	49.4	6,857	50.6	3,778	27.9	1,981	14.6	1,835	14.6	9,777	72.1
Antigua and Barbuda	84,760	40,371	47.6	44,389	52.4	24,782	29.2	14,380	17.0	13,542	16.0	59,978	70.8
Barbados	226,193	108,223	47.8	117,970	52.2	53,942	23.8	30,710	13.6	30,283	13.4	172,251	76.2
British Virgin Islands	28,054	13,820	49.3	14,234	50.7	7,367	26.3	3,811	13.6	3,487	12.4	20,687	73.7
Dominica	69,246	35,377	51.1	33,869	48.9	19,774	28.6	12,277	17.7	11,761	17.0	49,472	71.4
Grenada	105,508	52,992	50.2	52,516	49.8	30,364	28.8	18,258	17.3	19,680	18.7	75,144	71.2
Montserrat	4,775	2,466	51.6	2,309	48.4	1,176	24.6	671	14.1	580	12.1	3,599	75.4
Saint Kitts and Nevis	47,195	23,012	48.8	24,183	51.2	13,021	27.6	7,938	16.8	7,913	16.8	34,174	72.4
Saint Lucia	172,874	85,833	49.7	87,041	50.3	51,556	39.8	32,161	18.6	30,850	17.8	121,318	70.2
Saint Vincent and the Grenadines	108,188	55,551	51.3	52,637	48.7	32,868	30.4	19,671	18.2	18,518	17.1	75,320	69.6
Trinidad and Tobago	1,327,367	665,736	50.2	661,631	49.8	330,102	24.9	186,251	14.0	212,514	16.0	997,265	75.1
Turks and Caicos Islands	30,556	15,127	49,5	15,429	50.5	7,527	24.6	3,802	12.4	4,173	13.7	23,029	75.4
Total	**2,218,271**	**1,105,206**	**49.8**	**1,113,065**	**50.2**	**576,257**	**27.2**	**332,182**	**15.0**	**335,136**	**15.1**	**1,642,014**	**74.4**

Source*:* Data based on country-specific 2011-2012 Population and Housing Survey Census data.

Annex Table 2. Gender Development Index (GDI) by country (2019)

Country	Female-male ratio GDI value	HDI values		Life expectancy at birth (SDG 3)		Expected years of schooling (SDG 4.3)		Mean years of schooling (SDG 4.6)		GHI per capita	
		Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
Antigua and Barbuda	---	---	---	78.1	75.9	13.2	12.1	---	---	---	---
Barbados	1.008	0.816	0.809	80.5	77.8	16.8	14.0	11.0	10.3	12,656	17,370
Grenada	---	---	---	75.0	70.1	17.0	16.2	---	---	---	---
Saint Kitts and Nevis	---	---	---	---	---	14.0	13.7	---	---	---	---
Saint Lucia	0.985	0.752	0.763	77.6	74.9	14.7	13.3	8.8	8.2	11,476	17,851
Saint Vincent and the Grenadines	0.965	0.724	0.750	75.1	70.3	14.2	14.0	8.9	8.7	8,880	15,776
Trinidad and Tobago	1.003	0.796	0.793	76.2	70.9	14.0	12.0	11.1	10.9	20,482	32,121
Latina America and the Caribbean	0.978	0.755	0.772	72.4	72.4	15.0	14.3	8.7	8.7	10,708	19,046

Source: United Nations Development Programme, *Human Development Report 2020 – Briefing notes for Suriname,* UNDP: New York, NY, USA, 2020, p. 5.

Annex Table 3. Gender Inequality Index (GII) by country (2019)

Country	GII value	GII rank	Maternal mortality ratio (deaths per 100,000 live births) (SDG 3.1)	Adolescent birth rate (births per 1,000 women aged 15-19) (SDG 3.7)	Female seats in parliament (%) (SDG 5.5)	Population with at least some secondary education (% ages 25+ years) (SDG 4.6)		Labour force participation rate (% ages 15+ years)	
						Female	Male	Female	Male
Antigua and Barbuda	---	---	42	42.8	31.4	---	---	---	---
Barbados	0.252	56	27	33.6	21.8	88.0	91.0	68.1	81.6
Dominica	---	---	---	---	25.0	---	---	---	---
Grenada	---	---	25	29.2	39.3	---	---	---	---
Saint Kitts and Nevis	---	---	---	---	13.3	---	---	---	---
Saint Lucia	0.401	90	117	40.5	20.7	49.2	42.1	59.5	75.0
Saint Vincent and the Grenadines	---	---	68	49.0	13.0	---	--	54.4	77.0
Trinidad and Tobago	0.323	73	67	30.1	32.9	74.5	71.2	50.1	70.2
Latina America and the Caribbean	0.389	---	72.7	63.2	31.4	60.4	59.7	52.1	76.9

Source: United Nations Development Programme, *Human Development Report 2020 – Briefing notes for Suriname,* UNDP: New York, NY, USA, 2020, p. 6.

Annex Table 4. Climate Risk Index for 2018 by country

Country	CRI rank	CRI score	Fatalities in 2018 (Rank)	Fatalities per 100,000 inhabitants (Rank)	Losses in million US$ (PPP) (Rank)	% Losses per unit GDP (Rank)
Antigua and Barbuda	135	125.00	115	115	135	135
Barbados	135	125.00	115	115	135	135
Dominica	135	125.00	115	115	135	135
Grenada	70	70.50	102	5	127	92
Saint Kitts and Nevis	135	125.00	115	115	135	135
Saint Lucia	135	125.00	115	115	135	135
Saint Vincent and the Grenadines	135	125.00	115	115	135	135
Trinidad and Tobago	88	81.33	115	115	67	38

Source: Eckstein, D., V. Kunzel, L. Shafer & M. Winges, *Global Climate Risk Index 2020 – Who Suffers Most from Extreme Weather Events? Weather-Related Loss Events in 2018 and 1999 to 2018*, Germanwatch e.V., 2019.

Annex Table 5. Climate Risk Index for 1999-2018 by country

Country	CRI rank	CRI score	Fatalities in 2018 (Rank)	Fatalities per 100,000 inhabitants (Rank)	Losses in million US$ (PPP) (Rank)	% Losses per unit GDP (Rank)
Antigua and Barbuda	47	58.00	160	39	98	6
Barbados	151	141.67	171	159	157	102
Dominica	10	32.33	116	2	72	1
Grenada	21	39.83	128	7	91	3
Saint Kitts and Nevis	127	113.50	172	172	137	14
Saint Lucia	51	59.33	142	24	132	17
Saint Vincent and the Grenadines	52	59.83	148	21	139	15
Trinidad and Tobago	161	150.17	153	137	152	161

Source: Eckstein, D., V. Kunzel, L. Shafer & M. Winges, *Global Climate Risk Index 2020 – Who Suffers Most from Extreme Weather Events? Weather-Related Loss Events in 2018 and 1999 to 2018*, Germanwatch e.V., 2019.

Annex Table 6 . Youth labour force participation and unemployment rates

Country	Youth population				Percentage of youth population			Youth as % of total country population
	Youth Population	Labour force		Not in labour force (NILF)	Labour force		Not in labour force (NILF)	
		Employed	Unemployed		Employed[a]	Unemployed[b]		
Anguilla	1,830	840	240	750	46%	13%	41%	14%
Antigua and Barbuda	14,080	5,110	1,770	7,200	36%	13%	51%	15%
British Virgin Islands	3,650	1,490	290	1,870	41%	8%	51%	13%
Dominica	11,580	3,250	2,200	6,130	28%	19%	53%	17%
Grenada	17,830	6,340	2,560	8,930	36%	14%	50%	16%
Montserrat	510	290	40	180	57%	8%	35%	11%
Saint Kitts and Nevis	6,290	2,940	140	3,210	47%	2%	51%	14%
Saint Lucia	28,940	9,550	8,600	10,790	33%	30%	37%	17%
Saint Vincent and the Grenadines	18,390	5,150	3,550	9,690	28%	19%	53%	17%
OECS Subregion	**103,100**	**34,960**	**19,390**	**48,750**	**34%**	**19%**	**47%**	**15%**
Barbados	37,200	11,400	5,700	20,100	31%	15%	54%	14%

Note: Some rows may not sum to totals due to rounding.

[a] The employed as a percentage of the working-age population is often known as the employment rate.

[b] The figures given in this column are the unemployment: population ratio; this is different from an unemployment rate.

Sources: Organisation of Eastern Caribbean States/United Nations Children's Fund/International Labour Organization, *Youth Unemployment in Barbados and the OECS Area: A Statistical Comparison*, OECS Commission, Castries, Saint Lucia, 2020; Anguilla Census, 2011; Antigua and Barbuda Labour Force Survey, 2018; Barbados Survey of Living Conditions, 2016; British Virgin Islands Census, 2011 and Labour Force Survey, 2015; Dominica Census, 2011 and Labour Force Survey, 2013; Grenada Survey of Living Conditions, 2018/19; Montserrat Intercensal Population County and Labour Force Survey, 2018; Saint Kitts and Nevis Labour Force Survey, 2016; Saint Lucia Survey of Living Conditions, 2016 and Labour Force Survey, 2017; Saint Vincent and the Grenadines Labour Force Survey, 2017.

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