NIUE

A SITUATION ANALYSIS OF CHILDREN, WOMEN & YOUTH

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Niue

A Situation Analysis of Children, Women and Youth

August 2004

Niue. A Situation Analysis of Children, Women and Youth.
UNICEF Pacific Office, Fiji. 2005

Copies of this publication are available from
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This situation analysis was prepared for UNICEF Pacific by Isabel Calvert in collaboration with the National Coordinating Committee on CRC (NACCRC). The views expressed are those of the author and do not necessarily reflect the policies or views of UNICEF and of the Government.

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LIST OF ACRONYMS

AusAID	Australian Agency for International Development
BCN	Broadcasting Corporation of Niue
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPI	Consumer Price Index
CRC	Convention on the Rights of the Child
DAFF	Department of Agriculture, Forests and Fisheries
ECE	Early Childhood Education
EFA	Education for All
GDP	Gross Domestic Product
HIES	Household Income and Expenditure Survey
HDI	Human Development Index
IMR	Infant Mortality Rate
IT	Information Technology
IUD	Intra Uteriary Device
MHC	Maternal Health Care
NCEA	National Certificate of Educational Achievement
NGOs	Non Governmental Organisations
NHS	Niue High School
NNCCC	Niue National Coordinating Committee on Children
NPS	Niue Primary School
NPSC	Niue Public Service Commission
NTDC	Niue Training and Development Council
NZ	New Zealand
NZAID	New Zealand Agency for International Development
NZODA	New Zealand Official Development Assistance
NZQA	New Zealand Qualifications Authority
MSC	Management Service Contract
PTA	Parent Teacher Association
SPC	Secretariat of the Pacific Community
SPREP	South Pacific Regional Environment Programme
SHD	Sustainable Human Development
UNDP	United Nations Development Programme
UNESCO	United Nations Educational Scientific and Cultural Organisation
UNFPA	United Nations Population Fund
URTI	Upper Respiratory Tract Infections
USP	University of the South Pacific

LIST OF TABLES

ACKNOWLEDGEMENTS

This report is dedicated to Kathy Alec and her baby son Daniel whose lives were claimed by Cyclone Heta in January 2004, and to all those who lost their homes, and have suffered physical and emotional trauma as a result of that Cyclone.

It is also dedicated to those who have strived to help this small nation survive despite the odds – to those in Government and in the public service who continue to provide the best service they can to the people of Niue, and finally to the residents of Niue who have decided to keep their nation alive despite the odds.

A final acknowledgement is made to Kili Jefferson who miraculously provided data and records where other official sources were unable. Thanks go to her also for her insights into the delivery of services to children, youth and women, and her perseverance and strength.

EXECUTIVE SUMMARY

Niue was struck by a devastating Cyclone in January 2004, destroying its only hospital, claiming all medical records and destroying the national archives. Cyclone Heta also claimed the lives of a young mother and her baby, along with injuring many and causing psychological scarring. The impact on the economy, ecology and development has been enormous – estimated in monetary terms at tens of millions of dollars.

Nonetheless, Niue continues to survive, with the help of good neighbours, a commitment by Niueans to maintain their unique and endangered lifestyle; and a natural resilience developed over generations. Indeed, the Cyclone ignited a remarkable reaction from some, especially Niue Primary School Principal Janet Tasmania, whose experiences are highlighted in this report. The initiatives taken by her in the post-cyclone period offer an example to other education professionals in the Pacific region who will, unfortunately, also face the wrath of natural disasters, as is the fate of those of us who live in this Ocean.

Niue is a very small State, with few natural resources, a very small and youthful population base, and is economically and ecologically vulnerable, as was proven by Cyclone Heta. Despite the loss of all health statistics, and other data in the cyclone, previously reported and anecdotal evidence however shows that the major statistical indicators for Niue are good. Education and health indicators are particularly positive, although some serious doubts over reproductive health education, incest and teenage pregnancy, and the health implications of asbestos on the island remain. Part I of this report identifies the political, economic and socio-economic issues relevant to children, youth and women on Niue with some of those key indicators.

Prima facie examination of Niue's legislation (1994) shows compliance with all provisions of the Convention on the Rights of the Child. The real questions however, arise as to the implementation of legislation through appropriate policies and institutional mechanisms. It is in the interface of legalisation, policy and implementation that flaws in the protective net can be found. Part II of this report identifies legal (and budget), policy and institutional issues, with key statistics, affecting children in Niue. Comments in this section are structured around the provisions of the Convention.

Unfortunately there are deficiencies in the delivery of services to children, youth and women in Niue. These are most obvious in regard to, inter alia, reproductive health education, vocational training, and protection and enforcement of children's rights. An underlying protectionist attitude towards the sharing of resources – both financial and human – and information, knowledge and expertise, also impacts on service delivery. This is never as evident as in the handling of sexual assault against children under the age of 15 years.

The key to addressing deficiencies in service delivery must begin with the development of a National Policy on Children, which should identify the priorities that Niueans see for their children and address them in a holistic, multi-disciplinary, cross sectoral and coordinated manner. Such a policy would incorporate the cultural values important to Niueans which are often overlooked in sector specific planning documents. A National Children's Policy should be driven by Niuean ideals but must also be consistent with those international standards to which Niue is already committed. The Niue National Coordinating Committee on Children, initiated under the Convention on the Rights of the Child, has agreed to proceed with development of such a policy. Precedent for the policy exists in the National Youth Policy adopted in 2003.

The Policy should be supported by issues-specific legislation and/or policy where required, an improvement in the capacity of law enforcement and other authorities to protect the rights of children, and inter/departmental protocols to address sensitive issues.

A National Policy on Children, supported by appropriate legislation where required, and supporting policy e.g. a "no-drop" policy in policing; coupled with education and community awareness campaigns on the practical aspects of protecting and promoting children's rights; and most importantly, an underlying commitment by all agencies and non-state actors to collaborate fully and share knowledge and resources, will result in effectively bridging the gaps that currently exist. Part III of this report addresses this approach.

Finally, this report may appear laden with statistical tables. Many Government agencies in Niue lost all records and data to the cyclone – either swept away in the seas or destroyed by salt water, rain and wind – and what records remain are often in total disarray. An emphasis has been placed on the provision of data in this report in the hope that it will contribute to the rebuilding of Niue's records base and provide an easy access to some materials.

INTRODUCTION

Cyclone Heta, which struck the island in January 2004, damaged a significant part of Niue and left ecological and economic devastation in its wake. The destruction of many core Government facilities, including the hospital, and national archives, has made compilation of data a challenge for this report. In some cases, resort has been made to anecdotal evidence and memory (e.g. in the case of some medical history). Efforts have been made to fill the statistical gap between available records and published data and the current state of affairs. This report draws heavily on the following recent studies and reports:

- UNDP Niue Sustainable Development Situation Analysis 2002
- Draft Implementation Report for the Convention on the Rights of the Child
- Niue Statistics
- Niue Budget submissions and reports (1999-2005)

A full list of references can be found in Annex 2.

Responsibility for implementation of the Convention on the Rights of the Child (CRC) was transferred from Community Affairs to the Department of Education in 1996. This transfer added to challenges in data collection as some material was lost in the transfer.

The Niue National Coordinating Committee on Children (NNCCC) was fully briefed on the objective of this report and was fully cooperative and supportive. The NNCCC agreed to a 12 month action plan to progress some issues raised in this report, namely:

- Completion of the Initial Implementation Report on the Convention on the Rights of the Child (by December 2004)
- Consider and then prepare a Cabinet submission on accession of the two Optional Protocols to CRC (by December 2004)
- Develop a Niue National Policy on Children (completed first draft by August 2005)
- Develop a national plan of action to implement CRC (by August 2005)

While this report refers to the situation of women, women's issues are addressed only so far as they interface with the protection and promotion of children's rights, so as not to duplicate work being done on the implementation of CEDAW.

COUNTRY OVERVIEW

Niue consists of one raised coral atoll which extends to 65 meters above sea level at its highest point. It has a jagged and steep coastline, buffering it from all but the worst sea storms. Situated in Polynesia, approximately 480km east of Tonga and 660km southeast of Samoa, Niue is the largest raised coral atoll in the world, measuring 259 sq km, (i.e. approximately 21km by 18km). Niue has no mountains or rivers, little arable land and limited natural fresh water supplies, with a vulnerably high natural water lens.

Niue is ecologically fragile. That fragility became acutely apparent in January 2004 when it was ravaged by the 275km per hour winds and associated wave surges of Cyclone Heta. Killing two, severely injuring many, making homeless some 30 families, and causing post traumatic distress for many, the effects of Cyclone Heta, the worst in this country's history, have had a major impact on Niue's already fragile state. It destroyed around half the land and infrastructure of the largest village and capital, Alofi, literally sweeping the land itself into the sea; completely decimated the only hospital, taking with it all past hospital records and equipment; Heta destroyed many businesses (either directly in the wake of the wave surges or through loss of revenue in the subsequent months); and has directly impacted on this small country's development program, which had just begun to show positive growth. Assessments of damage to the public and private sector and to civil society amount to over NZ$37 million[1]. For some of the 1700 residents, it resulted in migration to NZ. For the country as a whole, it re-opened for a short time, a public debate about the future viability of Niue as a self-governing State in free association with NZ. For those that have chosen to stay, it is a choice they have made with the courage and conviction of a people determined to retain their unique cultural identity; yet a choice that is laden with hardship and expense.

Niue was economically fragile before Cyclone Heta struck. It is more so now. The cost of basic necessities is high with the price of petrol at NZ$2 per litre; bread at NZ$5.50 –NZ$6.50; and milk NZ$ 6.00 per litre. In the immediate post cyclone period, all food had to be imported as all agricultural crops were destroyed in the Cyclone. Plantations of root crops (taro) are just beginning to produce a harvest – some 8 months after the cyclone. Fields planted in the immediate post-cyclone recovery period have at least another 3 months til harvest. In the meantime, all consumption products must be imported. Prior to January 2004 consumption of imported goods was high in most households, with potential impacts on health through high consumption of processed foods. Obesity is common amongst Niueans, even when measured on a scale accommodating Polynesian bone mass (SPC), although obesity does not carry the social stigma which it attracts elsewhere. Diabetes however is a common corollary.

[1] *Speech by the Hon. Toke Talagi, Deputy Premier to the Pacific Regional Roundtable Meeting of Environment Ministers, 2004*

While Heta has exacerbated ecological and economical fragility, it produced a catalytic effect on community relations, bringing together families, both in Niue and abroad, in a closer bond. Special tribute must be paid to the exemplary work in post-crisis trauma management by the Principal of Niue Primary School, Mrs Janet Tasmania, who through her own initiative and expertise has trained her colleagues in ways to help young school students deal with trauma. A special section of this report is devoted to her work, in the hope that other nations, in the Pacific and elsewhere, devastated by environmental catastrophe, may learn from her work.

Cyclone Heta also unleashed a serious environmental health hazard that is yet to be adequately addressed. Asbestos sheets used extensively throughout the island for construction of houses and office buildings from 1950- the mid 1990's, were damaged during the cyclone. Many sheets remain, damaged, on roof tops of island homes; many have been removed and replaced with iron sheeting, but lie in open public areas, uncovered, awaiting removal and disposal. Some sheets have been removed to a central exposed site near the airport. Everyone, residents and visitors to Niue, are exposed to asbestos. There are conflicting views as to the direct health risks attached to this exposure.

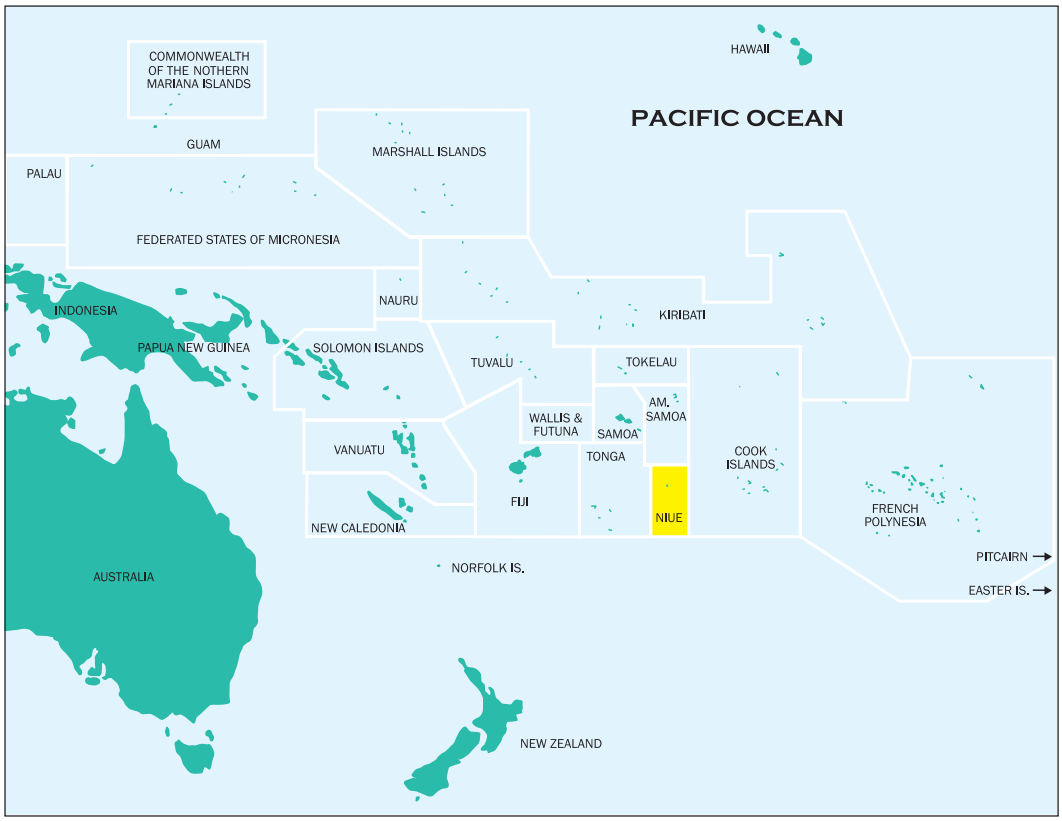
Compounding the fragile economic and ecological base, Niue has a very small population, estimated at only 1300-1700 (post cyclone). Such smallness has distinct economic and social disadvantages. Economies of scale do not apply to Niue and the necessity of maintaining all the services required to run a country stretch Niue's limited financial and human resources. Moreover, a small population often brings pressure to conform and carries social sanctions for those that don't. To quote the UNDP Sustainable Human Development Situation Analysis[2] .

"In this situation, it is a strong family or person who can operate outside these social constraints, show initiative and explore new and creative…initiatives."

Smallness can have advantages also. It should imply an increased ability to work together to achieve common goals; to develop a shared purpose; to develop coordinated, multi-disciplinary, holistic approaches to common concerns; and to share human, financial and "knowledge" resources. The advantages of smallness are not currently maximised in Niue, either in Government or non-Government spheres. A prevailing protectionist attitude to all forms of resources, particularly human and financial, acts to the detriment of service delivery to children, youth and women.

[2] *At page 8*

Pacific Island Countries



Niue

PART 1

Political, Economic & Socio-economic Context Relevant to Children, Women & Youth

1.1 POLITICAL

Niue is a democratic, self governing, ethnically homogenous State with a special constitutional relationship with New Zealand. It has a high representation ratio in Government, but the Niue Assembly is heavily gender and age imbalanced. Governance is made more accountable through the use of the Village Councils. NGOs exist for women, youth, sports, cultural and educational affairs. The interface between Government and non-governmental institutions could be stronger.

Annexed to New Zealand in 1901, Niue now enjoys a unique legal and constitutional relationship with New Zealand, as a State in free association with New Zealand. While New Zealand remains responsible for Niue's defence and external relations, Niue has exerted a growing independence in the international arena over recent decades. Initially manifested in a bilateral agreement that required Niue's express agreement to be subject to any laws or treaties enacted by New Zealand, this independence has more recently been expressed in Niue's engagement, in its own right, in various inter-governmental fora and through membership of international agencies. Niue is a party to 4 international and numerous regional treaties and now manages its own treaty reporting obligations, although New Zealand remains responsible, in international law, for Niue meeting those obligations.

Significant, for this report, amongst those treaties to which Niue is party, are the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women to which Niue became party in 1999 and 1985 respectively.

Niue has a Westminster form of Parliamentary democracy, within a single House, the "Assembly". Currently consisting of a coalition of two parties, Niue is arguably one of the most democratically represented countries in the world, with 20 members elected by 14 villages, plus 6 representatives off the general roll. Of those 20 representatives, only two are female.

The Niue Assembly governs in collaboration with the Village Councils, which, with their 5 elected members, can act as a training ground for national politics. The local Assemblyman and the village constable also sit on the Village Council. Women are well represented on Village Councils with all VCs having at least 1 female representative. Youth representation on the Village Council is beginning to occur – which effectively draws youth into Village management and politics and also acts to raise awareness of older decision makers to issues affecting youth.

While few in number in elected politics, female representation in the executive level of the public service (the country's main employer) is high. Females head 5 of the 12 executive positions in the Public Service (including Secretary to Government, and Police – Acting Chief of Police) and one corporation (2003/4). The approximate median age of all senior executives and elected parliamentarians, male and female, is 55-60, reflecting an age disparity in representation of what is otherwise a youthful population.

Niue was historically one of the most egalitarian of Pacific Island societies, with no traditional chieftainship system (as in Samoa) or monarchy (as in Tonga). Various theories exist regarding the original colonisation of Niue, including one theory that suggests that Niue's Tongan and Samoan ancestors deliberately migrated from their homelands in order to establish a less hierarchical society. Coupled with its historical egalitarianism, Niue is an ethnically homogeneous society with very few other ethnic groups. The most significant migrant group is from Tuvalu, significant because they have been attracted to Niue under a bilateral repopulation agreement with Tuvalu. Comments on the specific needs of the Tuvaluan community in Niue follow. Other ethnic minorities in Niue include Palagi (Caucasians), Fijian, Tongan, Samoan, and Cook Islanders with a few others. Almost all members of these ethnic groups immigrated for employment or marital reasons.

Although the Department of Statistics and Planning does not have figures, they suspect the out migration as a result of the cyclone was balanced by immigration from NZ based Niueans returning to assist the post-cyclone recovery efforts. Local residents and business people in particular dispute this reflecting that they sense a decline of up to 500 people as a result of the cyclone, estimating the current population at around 1300. The Department for Statistics and Planning estimate the post-cyclone population at 1700. This will be confirmed in a planned head count in September 2004.

Niue has a strong Christian foundation, with 70-75% of the population belonging to the Ekalesia Church (which evolved from the Presbyterian London Missionary Society). The Ekalesia Executive consists of 5 elected members, one of whom is female. There are no youth representatives on the Executive, an issue that has been discussed but not yet resolved. The majority of the Ekalesia congregation would be practising Christians with regular attendance at Church and Church related activities. While the Church has a strong influence on society and could be used to promote awareness of issues beyond the strictly spiritual, the Ekalesia Executive acknowledges the need to ensure the relevance of the Church, particularly for youth. Other religions found in Niue include Latter Day Saints (3 congregations on the island); Roman Catholics, Jehovah Witness, and Seventh Day Adventists.

The Churches also play a large role in non-Governmental activities – either directly as representatives of the Church or indirectly through high representation in the other NGOs. Other NGOs include women's groups (the National Council of Women, consisting predominantly of older women aged

Table 1. Religion – 2001

Religion	No.
Ekalesia	1093
Latter Day Saints	158
Roman Catholic	128
Jehovah Witness	43
Seventh Day Adventist	25
Other	151
None	138

55-80; the Foundation of Christian Women, and the Ekalesia Women's Group, made up of a mixed age of pastors wives); youth groups (the National Youth Council, consisting of 2 youth representatives from each of the 14 villages; the Ekalesia Youth Group; girls and boys brigades); sports clubs; and culture groups.

While attention to the interests of youth (aged 15-35) and opportunities for participation in decision making is slowly increasing, Niueans generally retain the attitude that the place of the young is to be seen and not heard. This is particularly true in regard to children (0-15). In this regard some elders raised concern with the teaching of human rights education for children in schools (CRC is addressed in social sciences classes at Niue High School). This attitude also raises concern regarding reproductive health and sexuality education. These issues will be discussed more fully below. The 2003 Report on the Status on Youth on Niue[3], noted that youth are represented on all Boards of Directors and formal committees, community consultations and review processes initiated by Government, and some in local politics through the Village Councils.

1.2 ECONOMIC

Niue is aid dependant. Most consumable items are expensive. There is some disposable income but not much and not for all households. There is income disparity in Niue.

Niue is dependant on financial support from New Zealand in order to meet the imbalance between expenditure and revenue. Table 2 indicates the allocations of Revenue compared to NZ Aid allocations from 1994 to 2004. In additional to substantial support from New Zealand, Niue received development assistance, in small ad hoc payments, from AusAID, UNICEF, UNESCO, SPC and SPREP. In 2001 the World Health Organisation made a substantial contribution to the Niue Hospital upgrade to the tune of over NZ$1.25m. Recent bilateral discussions with New Zealand appear to have changed the structure of the aid relationship with more control over management of aid allocations being passed to the Government of Niue. This is a significant shift in the political relationship with New Zealand, reflecting an increasing maturity and equality in the aid relationship.

Table 2. Budget – Revenue (NZD)

Year	Revenue	NZ AID	Other
1999/2000	9,146,804	6,460,939	3,565,866
2000/01	9,642,942	5,765,120	3,818,792
2001/04	11,595,306	3,750,000	5,755,692
2002/03	9,513,380	3,750,000	3,425,463
2003/04	4,250,000	-	-

Source: Niue Statistics

[3] *Niue country Statement, Report on the Status of Youth Development on Niue, National Youth Forum, 2003 Amanda Heka*

Table 3 shows GDP per capita for the period 1999-2003 against estimated population for that period. These figures reflect a healthy GDP per capita figure for a small developing country.

Table 3. GDP per capita

	1999	2000	2001	2002	2003
Estimated Population	1979	1901	1857	1728	1717
GDP per capita	NZ$8,678	NZ$8,831	NZ$8,999	NZ$9,401	NZ$10,048

Source: Niue Statistics

The cost of living in Niue has always been relatively high compared to New Zealand and Australian standards, due to the heavy reliance on imported goods, including consumable food items, and more recently, fuel, but comparable to other Pacific Island nations. The cost of basic food items is high but has increased only marginally as a result of the cyclone, contrary to public opinion which senses a fortnightly increase in basic essentials.

Table 4. CPI for the period Mar 02 – Dec 03

Quarter	CPI	Quarterly % change	Annual % change
Mar 02	97.0	-0.10%	4.00%
Jun 02	97.0	-0.10%	3.70%
Sept 02	96.7	-0.40%	1.10%
Dec 02	99.1	2.60%	2.00%
Mar 03	99.2	0.10%	2.20%
Jun 03	99.8	0.60%	2.90%
Sept 03	100.0	0.10%	3.10%
Dec 03	100.2	0.20%	1.10%

Source: Niue Statistics

1.2.1 Labour

Most of the working age population are employed, but most households carry out loans to assist with cash flow problems

Taking the latest available statistics on labour force by economic activity (2001), 61.9% (down from 70.9% in 1977) of the population aged 15+ were engaged in some form of economic activity (88% of those in cash employment - up from 49.3% in 1997 - 56% male/ 44% female); 21.6 in subsistence agriculture – 58.4 being male cf 58.6% males in 1997 and 41.6 females cf 41.4% females in 1997. 2.8% of this age group were technically unemployed (cf 3.9% in 1997) - 52.4% male (cf 34.5 male in

1997) and 47.6% female (cf 65.5% females in 1997). Non-economic activity was reported by 38% of the population (cf 24% in 1997) – with 44.3% of this age group engaged in domestic/household duties (cf 7.3 % in 1997) - primarily women at 84.8% of this group (down from 95.1% in 1997) and 15.2% of this group were male (cf 4.9% in 1997); and 25.2% engaged as students (cf 7% in 1997) with 58.6% female (cf 53.1% in 1997) and 41.3% male (cf 46.9% in 1997).

In 1997 therefore 50% of the working population in Niue were in waged labour – either public or private sector, increasing to 88% in 2001.

The 2002 Household Income and Expenditure Survey estimates the percentage of people aged 15+ in economic activity at 57%, with 15% in non-economic activity (including subsistence agriculture and domestic duties). Comparison of the two sets of data may be misleading however as the UNDP SHD Situation Analysis categories are slightly different from those of the HIES. Also the HIES was, due to budgetary constraints on implementation of the survey, conducted in only 101 out of 504 households, with data extrapolated out to the total population.

The 2003 Youth Status Report[4] quotes youth employment as: 246 full time paid employees, 30 part time paid employees, 8 self employed and 80 engaged in domestic duties. The SPC Youth Empowerment Fund supported a range of business development and income generating initiatives over the period 1999-2003 including a range of small business initiatives, training workshops, agriculture and crafts initiatives[5].

Recent figures for 2004 show that 119 people are employed in public corporations, 217 in the private sector and 380 in the Public sector (figures based on salary payment statistics and estimates for the private sector). No statistics currently exist on non-economic (subsistence, domestic, and unemployed) activity. Without accurate population figures it is impossible to assess whether or not there has been an increase on previous years.

The 2002 HEIS estimated a median household income of NZ$27,665 (the arithmetic average is higher at NZ$32,487 which implies that some households have a significantly higher household income than most). The main sources of household income are waged employment, followed by subsistence agriculture (12% of total household income), and thirdly, loans. Interestingly, 48% of households in 2002 had some form of loan to help offset cash flow problems.

Dependency ratios (no. of dependants/1000 persons of working age[6]) are 80/100, but this varies village by village.

[4] *Ibid at footnote 3*

[5] *The full list of activities is contained in Annex 5*

[6] *Working age is defined as 15-59*

1.3 SOCIO-ECONOMIC

HDI is high, but disparities exist across income, age and gender lines

UNDP's Human Development Index placed Niue at 0.774, placing Niue third amongst Pacific Island neighbours (highest score 0.861 in Palau and lowest 0.314 in PNG). HDI scores in Niue's Polynesian neighbours are 0.822 for the Cook Islands, placing them above Niue; 0.590 for Samoa and 0.647 for Tonga. While the HDI rating represents a national picture of quality of life, differences in quality of life occur across genders, age groups, income levels etc.

Analysis of the HIES (2002) indicates that:

- No households fall below the absolute poverty line of US$1/day;
- All households had total per capita expenditure above the food poverty line;
- Almost all households has sufficient income to meet their daily living costs for both food and other essentials;
- Approximately 8% of households spent less than was considered sufficient to meet both essential and discretionary expenditures;
- Approximately 14% of households fall below 50% of the median per-capita expenditure.

There were disparities in the gender of householder, location of household and dependency ratio in the lowest expenditure quartile (20% compared to higher quartiles).

Essentially the Survey showed that while there is no evidence of absolute poverty in Niue, the data shows incidences of relative hardship amongst 20% of households, and that there is a degree of inequality between the highest and lowest spending households. The Study also showed a gender disparity in households headed by females (25% of all households in Niue), as 38% of households in the lowest quintile were female headed. There is also a higher number of children living in lower spending households (37%) compared to children in higher spending households (28%). Of the latter group the vast majority were living in households where the head was younger than 60 years (age of the head of household also being another factor in poverty with older households experiencing more poverty than younger households). Interestingly, more than half of the households in Niue have children under the age of 15 years – i.e. economic dependants.

Public expenditure on Education Health and Community Affairs is indicated below, along with expenditure on personnel costs in those sectors.

Table 5. Expenditure on Education, Health and Community Affairs

Expenditure (NZ$)	Education	Health	Community Affairs
1999/2000	1,161,065	1,250,096	1,360,164
2000/2001	1,275,625	1,593,826	1,540,105
2001/2002	14,443,048	1,555,972	1,459,818
2002/2003	1,501,958	1,441,167	1,296,442
2003/2004	1,503,104	1,453,539	1,504,869
Personnel (NZ$)	**Education**	**Health**	**Community Affairs**
1999/2000	800,281	599,348	189,191
2000/2001	1,027,814	978,473	203,164
2001/2002	1,048,289	860,260	227,267
2002/2003	1,049,454	772,417	235,114
2003/2004	1,041,985	751,725	201,934

Source: Niue Treasury Budget records

1.3.1 Demographics

Niue's population is young but youth are under-represented in national decision-making bodies. Niue continues to struggle with population decline. Some small ethnic minorities exist on the island but the bulk of the population is Niuean.

Table 6. Key demographic statistics

Population (2002)	1736
Population (males)	867
Population (females)	869
Sex ratio (m/100f)	102
Crude annual population growth rate %	3.5
Projected annual population growth[7] %	-3.8
Projected population 2006[8]	1449
Land area (km2)	259
Population density (as at 2000)	7 (per km2)
Median age (1997-2002)	28
0-14	29.6%
15-64	61.1%
65+	9.3%
Urban population %	35
Annual intercensal urban population growth	1.2%
Annual intercensal rural population growth	-2.4
Average household size[9]	3.8
Crude net migration rate/000	-43.2
Rate of natural increase	25

Sources: UNDP SHD Situation Analysis 2002; SPC Statistical database; Niue Statistics Department

[7] *Niue Statistics department 2001- births minus deaths minus migration plus immigration*
[8] *ibid*
[9] *SPC Statistics 2000*

Niue has a predominantly youthful population. Children (0-14) make up approximately 30% of the population with youth (15-35) making up an additional 35%. The remaining economically active "adult population" (35- 64) make up 32% and the balance consisting of elder persons over 65.

Table 7. Population by Age (2001)

Age group	Male	Female	Total	% of total
0-4	72	83	155	8.7%
5-9	85	79	164	9.2%
10-14	114	96	210	11.7%
15-19	74	86	160	8.9%
20-24	56	53	109	13.8%
25-29	63	51	114	6.4%
30-34	54	52	106	5.9%
35-39	60	51	111	6.2%
40-44	59	51	110	6.1%
45-49	56	68	124	6.9%
50-54	39	44	83	4.6%
55-59	43	39	82	4.5%
60-64	44	49	93	5.2%
65+	78	89	167	9.3%
TOTAL	**897**	**891**	**1788**	

Source: UNDP SHD Situation Analysis 2002

A youthful population presents challenges for any society — not least one where decision-making is traditionally the role of elders. The role of youth leaders, Church based youth groups and the National Youth Council will be instrumental in ensuring that issues concerning youth are addressed. Certainly there are growing avenues for youth to voice their concerns, but their ability and willingness to articulate those concerns and the willingness of elders to hear them may be in question. An example of a youth issue that is largely ignored is reproductive health education. Through SPC funding the National Youth Council has managed to train 2 youth leaders in reproductive health issues. Subsequent training workshops will be held at village level in September/October 2004 to disseminate that training expertise. However, this has taken a long time to come about. There has been no reproductive health training in any venue (NHS, village youth groups, or understandably the Church) since family relations education in PE and Biology class in Form 6 at NHS ceased in 1999. In an ad hoc survey of 60 youth organised in conjunction with the Ekalesia Youth Leaders group, 15 respondents noted that they had had no reproductive health education; 12 claimed to be sexually active (some of those from the same group of 15); 29 respondents did not know what contraceptives were and/or where to obtain them from. 10 respondents suggested that reproductive education be included in any lifeskills training

provided. In the 2003 Youth Status report[10], it was noted that "parents and the community have ignored (underage drinking and teenage pregnancy) issues, and will take a long time to accept. The community as a whole reacts to the actions of youth rather than addressing the issues".

Niue also continues to struggle with depopulation. The 2001 census noted the population at 1788. A head count will be conducted in September 2004 to determine the exact number of residents. It is assumed that many left after the cyclone, however despite some losses the Department of Statistics maintains that the figure remains around 1700. Niue has a repopulation policy which includes attempts to attract NZ based Niueans back to the island; attracting business migration through concessions and creation of monopolies and/or Government subsidies; and a population exchange agreement with Tuvalu. Currently nine Tuvaluan families reside in Niue. Many have been there for over nine years.

Migrating into a small community can have its problems — almost all migrants of various ethnic groups interviewed including returning Niueans, indicated that rejection was common at first — manifested in teasing and bullying migrant children to sabotage and vandalism of property. There is a commonly held view, unsubstantiated by the statistics that the main reason some Pacific Island migrants come to Niue is to achieve NZ citizenship. This accusation has been levelled at the Tuvaluan community. The figures do not support this accusation. Of the 7 families migrated under the first repopulation agreement, 3 did leave after obtaining NZ citizenship – but one family for health reasons, the other because of retrenchment in the Niue Public service and the third because his children were deprived of scholarship opportunities (an award initially given but later removed — which happens regularly to Niueans and non-Niueans alike). The other families under the scheme have no intention of leaving. Other migrants have lived in Niue for 15–20 years and their children are Niuean nationals and NZ citizens and call Niue their home. There are current discussions in the House to amend the residency requirement before Permanent Residence status can be achieved. It is currently 3 years, at which time migrants can receive social welfare benefits (child allowance[11], disability allowance and pensions); can vote and are eligible for appointment to public service positions. Access to health and educational services are free to all Niuean residents regardless of migration status, including visitors to the Island. Without permanent residence status these opportunities are denied. At the moment there are several cases of migrants who have applied for Permanent Residence status and have met the residential requirement but have not been granted PR status. The other implication of withholding PR status is that the time period to be eligible for NZ citizenship runs from the date of acquisition of PR i.e. 5 years after acquisition of PR status.

Niue, along with all other Pacific Island counties, is witnessing a rural/urban shift, but naturally not to the extent of other more populous nations. The cost of living in the outer lying villages is higher due to the high price of fuel (participation in national and/or NGO level politics is constrained by the cost of travel, consequently the views of residents outside of the capital are often unheard; the cost of getting produce to market is higher; the cost of getting goods from the wharf to the table/to village stores in the outer villages is more expensive) and services are more erratic e.g. electricity supply. These factors contribute to an urban migration to Alofi[12].

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[10] *Ibid at footnote 3*

[11] *Child allowance is currently the only benefit of relevance to the Tuvaluan community.*

[12] *It should be noted that while the 2002 HIES reported more lower spending households living in the centre rather than the outer villages, this does not detract from the issues of cost of living in outer areas*

Table 8. Total Population by Ethnicity 1997

Ethnic Group	Total	% of Population
Niuean	1779	85.2
Tongan	68	3.3
Palagi	115	5.5
Tuvaluan	35	1.7
Fijian	22	1.0
Samoan	19	1.0
Cook Island	10	0.5
Other	40	1.9

Source: UNDP SHD Situation Analysis 2002

1.3.2 Education issues and key Education indicators

Literacy rates and school attendance are high. Niue provides good education services to 99% of the school age population (100% for Primary/slightly less for High School). Resources are limited and require innovative planning and management to be maximised. NPS provides an outstanding example of post-cyclone trauma counselling to primary students and should be used as a Pacific model. NHS follows the NZ NCEA system, with some limited contextualisation. Performance indicators from NHS are excellent.

Access to and quality of education play an important role in determining the quality of life throughout the life cycle. Quality education relies on teacher competence and experience and well resourced facilities.

Key educational indictors for Niue are positive — indeed one of the highest in the Pacific region. Literacy rates exceed 95%; mean years of schooling is 8.3 years; primary school enrolment is 99–100% and secondary is around 90%. Schooling in Niue is free and compulsory for 5-14 year olds, with increasing participation in Early Childhood Education (ECE) by most 3.5–5 year olds (either through the revamped ECE centre located at Niue Primary School or in the 2 other village pre-schools located on the island).

Table 9. School enrolment and literacy

Net primary school enrolment (1996-2004)	99%	Adult literacy rate 1990/2000 (m)	77/80
Primary school enrolment ratio (m/f) 1997-2000	99	Adult literacy rate 1990/2000 (f)	76/83
Secondary school enrolment ratio (m/f) 1997-2000	111	Adult literacy as a ratio of f/m	103

Sources: SPC Statistics database

Expenditure on education for the periods 1999-2004 across primary, secondary and administrative areas was:

Table 10. Expenditure on Education

	Primary	Secondary	Administration
1999/2000	227,717	506,302	427,047
2000/2001	289,509	531,417	459,869
2001/2002	363,087	604,725	475,236
2002/2003	368,954	633,586	498,618
2003/2004	339,023	682,795	481,285
2004/2005	379,341	714,667	479,753

Source: Niue Treasury Budget records

Niue has consistently achieved 90-100% enrolment for all school aged children (5-14 years) and provides Early Childhood Education facilities for children aged 3.5-5 years. Niue provides adequate educational services despite limited resources and has had to grapple with a fundamental shift in approach by adopting the NZ NCEA system in 2000. While the Primary school and ECE centre have made major improvements and have successfully moved towards the NZ system, Niue High School has suffered from poor management and a very low starting base (performance was well below that of comparable schools in NZ at the beginning of the NZAID Niue Education Project in 2000)[13]. Monitoring reports have criticised NHS management and administration, and recommended changes. A lack of will has caused these recommendations to be ignored.[14] The declining school enrolment rate at NHS may make it more difficult to justify a range of specialised/optional classes in the future e.g. in graphics, design technology and art.

Table 11. School Enrolment & No. of Teachers

	NPS - students	NHS - students	TOTAL	NPS -Teachers	NHS - Teachers[15]
1997	278	312	590	14	24
1998	-	-	-	-	-
1999	268	268	536	17	31
2000	250	259	509	17	33
2001	56	242	498	18	26
2002	251	240	491	17	29
2003	228	189	417	-	-
2004	191	216	407	-	25

Source: Department of Education

[13] *End of Project Review Report: Niue Education Project 2002, Lincoln International, December 2002*
[14] *Interviews with key NHS, PTA, and Department of Education personnel.*
[15] *There is some dispute that these are the actual figures for teachers cf all NHS staff including administration and support staff*

Unfortunately, collaboration between NPS, NHS and the Department is poor, and opportunities to learn from other experiences and expertise are regularly missed. A critique of weaknesses in the delivery of education and training services was identified (along with strengths) in the 2002 Living Community Study[16] , some of which support the claims in this report, including lack of collaboration between and within departments and with the parent community[17]. Action to mitigate some of the weaknesses identified in that study has been taken e.g. in promoting Niuean language. At the upper high school level collaboration with the Niue Training and Development Council is also limited. The 2002 review noted that there was limited commitment to vocational education at NHS. This remains the case. Indeed, vocational training, particularly in the primary industries (agriculture, fisheries and crafts) is seen as having lower status to professional training opportunities. Accordingly, even when scholarships are offered in vocational training areas e.g. plumbing, technicians, there is little response[18]. The Director and Deputy Director of Agriculture Forests and Fisheries both noted that interest by youth in careers in agriculture and fisheries is virtually non-existent, as both occupations are seen as subsistence/part-time activities rather than commercial enterprises. The UNDP initiated Young Farmers Project, now managed by the Government of Niue exclusively, has shown some success in attracting youth to farming. Improved collaboration between NTDC and DAFF may help identify ways to improve the image of primary industries as a career option and provide overseas training opportunities through Government sponsored scholarship programmes.

At NHS the curriculum is driven by the New Zealand National Certificate of Educational Achievement (NCEA), adapted where possible to Niuean conditions. Partly because of the time constraints of the high school day and partly due to lack of will, reproductive health education has fallen off the school curriculum, unbeknownst to many parents and to the Director of Education. This raises serious concern, particularly in a country where, due to a combination of cultural sensitivity, resource constraints, poor planning and lack of collaboration amongst all interested parties, reproductive health education is not provided to 13-15 year olds at any level. In a country where pregnancy amongst high school students is a regular occurrence this gives cause for concern (official statistics only register age of mother from 15 years and above but anecdotal evidence[19] claims that on average one high school aged student per year presents with pregnancy).

A recent stocktake of performance in education across the board presents a healthier picture than that presented in 2002. At ECE level the Stocktake notes that teachers, while as yet unqualified (all are currently working towards the USP Diploma of ECE), provide a "quality programme" and "demonstrate competence in a number of ways". Again, the Principal of NPS has taken direct responsibility for ECE and under her leadership has helped develop the programme and staff development to a level comparable to that provided at ECE level in New Zealand. At the primary level, STAR indicators for reading are less than favourable, with most students reading below the expected level for their age in both Niuean and English. Maths performance shows similar results. At NHS, students performed on

[16] *Niue Study on the Maintenance of a "Living Community: March 2002*
[17] *Annex 5 contains the SWOT analysis outcomes (weaknesses) on training and education contained in that report for reference*
[18] *Interview with Director Niue Training and Development Council*
[19] *Reported by teaching staff at NHS, health care professionals and police*

par or above their New Zealand peers in all areas except English and Social Sciences. NHS students score higher than NZ students in Maths, and Science and significantly higher in Technology and the Arts.

Table 12. Niuean Language Reading 2004 (NPS)

	1	2	3	4	5	6
At or above expected level	48%	19%	12%	17%	40%	58%
Below expected level	52%	81%	88%	83%	60%	42%

Table 13. English Language reading 2004 (NPS)

	4[20]	5	6
At or above expected level	25%	48%	55%
Below expected level	75%	52%	45%

Table 14. Comparison of Pass Rates at Niue High School, with Pacific students living in NZ and NZ National results (2004)

Subject	Niue High School	Pacific Students in NZ	NZ National results
English*	50.7	55.3	69.6
Maths	76.6	58	71
Science	76	55.3	77.9
Technology	86.4	67.9	76
Social Sciences	56.4	64.7	76
Art	97.3	70.7	84
Health and PE	75.2	73.3	82.9

** Note that English is a second language for 90% of the school population with 10% holding English as a third language*

1.3.2.1 Youth Education

While the academic needs of youth are being met through the formal school system, more attention could be given to vocational and non-formal training so that youth can develop and build on their skills base — rather than their "information" base. A balance between white collar professional training and vocational and primary industries training will help develop private sector expertise and skills that can meet Niue's trades needs and help develop a critical mass in the private sector. Engagement of home/parents in schooling through collaboration with the PTA and the joining of all relevant sections of Government and NGO training programmes into a cohesive system, will allow efforts to complement and supplement each other, rather than fragment resources and efforts. The

[20] *It should be noted Year 4 is the first exposure to English Language reading for Niuean children. Palagi children in lower classes join year 4 children for English language reading classes, but for Niuean students, Year 4 is their first exposure – which may explain the low achievement level at Year 4*

Niue Training and Development Council should take the lead in initiating a collaboration of this nature, in conjunction with the Department of Education (NHS), USP, DAFF and potentially Community Affairs (youth issues).[21]

The UNDP SHD Situation Analysis noted that despite a national goal of effective and efficient resource allocation for education and training, there has been a steady depletion of the skill base necessary for economic growth. That report notes that there is a focus on academic achievement which is inappropriate for a subsistence community. As noted below, educational and professional expectations are high, with much status attributed to white collar work and professional training opportunities. But these are not those skills that result in economic development. A minimum of professional expertise is required to effectively and efficiently manage a small economy — all other resources should be productive rather than advisory/analytical or managerial. The UNDP report identified the following 4 priorities for human resource development:

- Providing non-formal education programmes that match skills taught with the need for employment and livelihood in a subsistence economy;
- Providing work based vocational training and training programmes for the public, private and civil society sectors;
- Changing attitudes to vocational training by introducing relevant curriculum units in primary school and emphasising non-academic courses in secondary school;
- Strengthening distance education through USP.

Of those recommendations made in 2002, a horticulture programme at primary school level has been introduced and USP IT facilities have been made available — but are presently under-utilised. Collaboration between USP and NHS in the use of that equipment is recommended.

1.3.2.2 The Impact of Cyclone Heta on Schooling

Niue Primary School deserves extra praise for the post-cyclone trauma response activities incorporated into the curriculum. Under the visionary leadership of Principal Janet Tasmania, the months immediately following the cyclone, in which some children and teachers experienced a direct hit from waves up to 50 meters high and winds at 275 km per hour, were spent confronting the devastation and fear. Primary school activities from ECE to year 10 incorporated cyclone related issues in art, maths (logging the coordinates of the storms path as it approached and left Niue); science (looking at what makes a cyclone); English (stories of how the cyclone directly affected children, their families and their school); and health studies (looking at stress and mental health of students, water and food safety, and diet change). Individual class lesson planning was initially halted while the Principal prepared cyclone related lessons plans for all classes. This period allowed her subordinate teachers to address the psycho-social aspects of trauma recovery for themselves and their students. Significantly, a period of closure was established after all the assessment and analysis and school activities were finished at the end of Term 1. The closure period was identified as a time to pack away cyclone related activities and

[21] *Recommendations to this effect were made in the 2002 UNDP SHD Situation Analysis*

to put closure to the trauma. Since then there have been no behavioural or psycho-social repercussions present at the School. Attendance has been 100% even in those families who lost everything.

At the Secondary school level, cyclone related activities were initiated by individual teachers in social studies, IT and intermediate level courses, without however the holistic approach adopted at NPS, and without a period of closure. Interestingly, NHS experienced periods of unrest and anti-social behaviour in the school up to 6 months after the cyclone - indicative of the unresolved post-traumatic stress in some students.

Interview with Janet Tasmania – Principal Niue Primary School

"The week after the cyclone we closed down the Primary school to clean the campus and to plan. There was a lot of broken asbestos lying around and of course things had been blown everywhere and there was extensive salt water damage. We ran the school bus to collect teachers and bring them to the campus as there was a chronic petrol shortage. Many teachers had lost their own vehicles in the cyclone anyway and had no way of getting to school. That first week we planned how we would reopen the school and what would be the first priorities. We cleaned everything and made it an attractive and welcoming environment for the children – many of them had lost their homes and everything they owned. They were camping out at relatives houses and were surrounded by devastation. We wanted the school to be a safe and attractive place for them to come to escape that devastation just for a few hours. I took charge of all lesson planning for all classes in the first two weeks so that teachers could concentrate on tending to the psychological and emotional needs of the children. No formal teaching was done during that time, but rather time was taken to identify the most traumatised children and teachers, to play, talk, and just be in a safe environment. We wanted to remove as much pressure from the children's lives as possible. After that first week we went out to get some control of the cyclone – to understand it and put it in contexts that the children could deal with. In Maths we logged the cyclone's path; in Science we studied how it was formed and what caused it; in Health the theme was "How I felt" looking at stress and mental health of students, water and food, hygiene and safety, and the diet change since much of the staple diet had been destroyed; in English the children wrote stories of their experiences and in art they drew, painted, and batiked their view of the cyclone. The worst affected children, who would not talk or confront their experiences, came out of their shell after several months during a batik quilt making session when the combination of texture and art released their repressed anxieties. In the first few months the tears flowed freely, and the school programme adapted to accommodate those tears and fears. But at the end of the first term, after contextualising the Cyclone in forms that the children could understand, control and manage, we moved on to other work but the displays remained visible. It was a way of putting closure to the trauma – after having gained control of it and understanding it, it was time to move on."

NPS will soon publish its documented experiences on managing post-traumatic stress in the primary school setting.

1.3.3 Health Issues and Key Health Indicators

Niueans present with good health indicators, except for obesity and weight related diseases. Infant mortality is low. Child morbidity is high in regard to acute respiratory infection. Vaccination rate is 100%. Cyclone Heta destroyed the only hospital on Niue leaving it with limited services in substandard temporary medical facilities.

Niue provides free health services to all residents on the Island (and effectively to any visitors in need). The health service was significantly diminished due to the Cyclone and services operate out of substandard accommodation which is unlikely to be replaced until December 2005. There is currently no capacity to undertake surgical operations of any kind — there is no operating theatre, nor anaesthetist. All emergency treatments are referred to New Zealand, but with only 2 fights per week this can also be limited. Up to August 2004, there were 50 hospital admissions for stroke, asthma, infected sores and vehicular accidents.

Table 15. Health Expenditure

	Administration	Medical	Nursing	Pharmaceutical	Dental
1999/2000	280,500	590,831	204,857	72,293	101,616
2000/2001	334,346	684,925	270,881	126,423	106,381
2001/2002	389,394	622,789	286,094	139,609	118,086
2002/2003	342,074	577,887	280,028	122,301	118,878
2003/2004	318,232	587,577	309,843	124,832	113,055
2004/2005	298,263	483,989	300,390	151,549	116,961

Source: Niue Treasury Budget records

All but one record book were destroyed in the January Cyclone, effectively removing all medical history and data from the Island. However, using previously supplied data to regional and international organisations, it can be said that by Pacific and international standards Niueans generally enjoy good health. Life expectancy at birth is 71.2 for women and 68.8 years for men. Infant mortality rate is low; the last maternal death was recorded in 1982.

Unusual amongst the available statistics is the high percentage of acute respiratory illnesses[22]. There could be some correlation between ARI and asbestos and crushed limestone dust that cover the entire surface of Niue. Further research may be warranted.

[22] *Draft Initial implementation Report on CRC 2001*

Table 16. Key Health Indicators 2004

Life expectancy at birth (males = 69.8/females = 71.2)	70.1	Total adult mortality rate	81
Crude birth rate /000[23]	18.3	Infant Mortality Rate -1991-1997 IMR - 2001[24]	18 29.4
Crude death rate/000[25] Crude death rate/000[26]	6.6 7.8	Total fertility rate	3.0
		Teenage fertility rate (15-19) (1991-1997) /000	35
Skilled attendance at delivery	100%	% of infants with low birth rate (1998-2002) % of routine vaccinations funded by Govt.	0 100%

Table 17. Sanitation

% of population using adequate sanitation facilities (70% of households have flush toilets/30% water seal latrines)[27]	100%	% of population using potable water	100%
Hard waste collection (2x week)	100%		

Table 18. Health Personnel

Doctors (2 permanent - 1 female/1 male/2 others - female/1 male)	4	Physiotherapists	1
Nurses (10+ 2 trainees+ 2 nurse aids)	14	Radiologist	1
Dentists	2	Pharmacists	1
Dental assistants	2	Lab technician	1
Midwives	3	Public health officers (including the maternal and child health nurse)	2

Sources: UNDP SHD Situation Analysis 2002; SPC Statistics database; Niue Statistics and interviews with key Government personnel

The main causes of adult mortality are pneumonia, motorbike accidents and domestic accidents (1994). Main causes of morbidity for all ages 1999, 2000 and 2001 were:

[23] *SPC 2000*
[24] *ESCAP/UNESCO*
[25] *SPC 2000*
[26] *Niue Statistics Department 2001*
[27] *Pit latrines are now forbidden by national Health policy due to contamination risk to the high water lens*

Table 19. Adult Mortality

1999	2000	2001
Hypertension	Hypertension	Hypertension
URTI	URTI	Diabetes
Influenza	Skin Infections	Skin Infections
Diabetes	Diabetes	URTI

Source: Ministry of Health[28]

Only one death has been recorded so far for 2004 (one female with hypertension/high blood pressure as a result of diabetes and obesity)

The main causes of adult morbidity are indicated below:

Table 20. Adult Morbidity

Disease	Number of cases
Hypertension	343
Diabetes Mellitus	308
Infection of skin and soft tissue	271
URTI unspecified	270
Influenza	156
Myalgia and myositis	148
Other skin diseases	110
Open wounds	97
Bronchitis	78
Sprains/strains of joints and adjacent muscles	72

Source: Draft Report on restoring Health and Hospital Services on Niue, Dr Tukuitoga, WHO, June 2004

Obesity is a prevailing problem in adults (46% in women/15% in men over 15 years of age)[29], and increasing children and young people, due to changed dietary habits, poor nutrition, and reduced physical exertion. Consequently, the prevalence of diabetes, heart diseases and other chronic diseases has increased over the past few decades. While reliable statistics are not available[30] regarding obesity in children it is estimated that at least 10% of children are obese. A comparison of statistics in 1984 and 2002 show an increase in obesity related diseases over an 18 year period.

[28] *As reported in the Draft initial implementation report on CRC (drafted 2002)*
[29] *South Pacific Commission, National Nutrition Survey, 1987*
[30] *A National Nutrition and Diet Survey was conducted in 2001 but there are no known copies of that report in existence.*

Table 21. Diabetes and Hypertension 1984/2002

	1984	2002
Diabetes		
Women	9%	11%
Men	5%	8%
Hypertension		
Women	9%	11%
Men	10%	9%

Source: UNDP SHD Situation Analysis 2002

The incidence of smoking and alcohol consumption is also high — at least higher than the rate of consumption amongst Niueans resident in NZ. Problem drinking amongst youth is also reported to be a problem but there are no reliable data to substantiate this claim. Youth caught drinking alcohol are generally not bought to the attention of any authority, and if they are, are referred on immediately to village or family members. Accordingly, no records exist as to numbers of underage youth consuming alcohol[31].

1.3.3.1 Child Health

The main causes of infant mortality in the period 1985-2004 were respiratory distress syndrome (related to a diabetic condition) and infection caused by the early rupture of the mother's membrane. A dengue epidemic immediately prior to this period claimed the lives of 6 infants in one year.

The main causes of childhood morbidity are acute respiratory infections (bronchiolitis and asthma), skin and subcutaneous infections and injuries. Child immunization is 100% for all vaccines on the (NZ) schedule[32] — including BCG vaccine for at risk babies; and Hepatitis B vaccine plus Hep B immune globulin for infants of Hep B carrier mothers. Nutrition levels in pre and primary aged children are good[33], with no child reported as underweight and only 10% reported as obese during the period of the study (1997-2002). The same report suggested that infant feeding practices were good with 80-90% of newborns being breastfed for the first few months of life. While Niue Hospital encourages breastfeeding for all newborns there is no current statistic to indicate whether this is done in all cases. An annual house by house/village by village health inspection conducted by the Community Health Nurse, public works department, tourism, and community affairs (social worker) was last performed in 2003, but record of that inspection and all previous inspections were lost to the Cyclone. No village inspections have been undertaken in 2004, except in regard to cyclone damage assessment.

Annual health visits were conducted in schools prior to the Cyclone. Under the Education Act 1989, it is mandatory for every pupil attending school to undergo a medical and dental inspection. Vision and hearing testing was performed routinely in schools through the Community Health Program but all

[31] *The legal drinking age is 18 years*
[32] *See Annex 3*
[33] *UNDP SHD Situation Analysis 2002, at page 47*

equipment and records were lost in the cyclone. The major ailments identified through the schools health visits 1999-2002 were:

Table 22. Major Childhood Ailments 1999-2002

	1999	1999	2000	2000	2001	2001	2002
Ailment	NPS	NHS	NPS	NHS	NPS	NHS	NPS
Enlarged Tonsils	30	20	28	15	23%	6%	-
Head lice	18	10	15	12	13%	8%	5%
Poor Vision	18	15	10-	10	4%	5%	1%
Otitis Media	2	1	2	1	2%	1%	-
Cardiac Abnormality	2	1	2	1	25	15	-
Glue Ear	28%	18%	22%	15%	20%	10%	8%
Coverage rate	98%	97%	96%	97%	95%	95%	-

Source: UNDP SHD Situation Analysis and interviews with key Government personnel

While dental services are good for a small community, oral hygiene in children is a continual problem (there are 2 dentists located at the Primary and Secondary schools with 2 dental assistants for each clinic, serving a primary school population of 191 and Secondary school population of 216. The dentists located at NHS also service the adult public community). A school based dental hygiene program exists consisting of class by class visits on an annual basis and one on one referral for treatment at the clinics. The primary school annual check up was completed in 2003, with 30% of primary school children free of dental decay[34], indicating a need to improve oral hygiene at this level. The NHS annual check was incomplete for 2003 due to pressure on the NHS dental services for adult treatment[35]. The schools programme has not been attempted in 2004. Previous attempts to introduce oral hygiene at school (distribution of toothbrushes to all children and supervised cleaning after lunch) failed due to lack of cooperation from teaching staff. Reintroduction of this programme at Primary and Secondary levels would be useful. NHS students are also renowned for failing to keep their dental appointments. Cooperation from NHS teachers to ensure that students get the dental treatment required would be helpful. The easy access to sugar laden processed foods through the tuck-shop contributes to poor oral hygiene and excessive weight gain in High School students. Collaboration between NHS management, the privately owned school-based tuck-shop at NHS, and possibly the Young Farmers Programme managed by DAFF[36], might result in a more healthy and nutritious selection of food stuffs for High School students e.g. fruit, fruit/vegetable salads, and sandwiches rather than processed snacks (chips, twisties), carbonated soft drinks, and pies.

[34] *WHO Global goal for oral health care is 50% of primary aged children free of dental caries*

[35] *In the July 2002-2003 year an average of 94 adults per month were treated at the dental health clinic.*

[36] *Hydroponic gardens established by DAFF/Young Farmers personnel grow excess lettuces, greens and tomatoes that could be made available to the NHS tuck shop at low cost for sale to students.*

Rheumatic fever is a problem for Niue children. A review of known and suspected cases was undertaken in 2000 and a rheumatic fever prevention programme was started in schools in 2001. The rheumatic fever/heart disease register and surveillance programme was strengthened in 2001. These records were lost to Cyclone Heta and the programmes have since stalled. While there are no reliable data on the prevalence of acute rheumatic fever, officials report that 1-2 children in any ten year period would be sent to NZ for valvular surgery, probably caused by unrecognised rheumatic fever in childhood[37]. The following table identifies Rheumatic Fever Cases as reported in the UNDP Sustainable Development Situation Analysis published in 2002. Unfortunately no date was attached to this data and Niue Health Department no longer have records.

Table 23. Rheumatic fever

Age Group	Male	Female	Total
0-10	4	1	5
11-20	8	8	16
21-30	1	5	6
31-40	1	2	3
41-50	1	4	5
51-60	1	1	2
Total	16	21	37

Source: Ministry of Health

There are no current figures on the number of disabled children in Niue but a 1994 estimate placed this at less than 10 children on the Island. There are no blind or deaf children resident on the island, although some with hearing and vision impairment due to illness or poor hygiene. There are no children enrolled at either Primary or Secondary school with disabilities, although there are a few slow learners. There are no teachers on the Island with special education training. There is one pre-school aged child with Down's Syndrome.

1.3.3.2 Youth Health Issues

The 2001 Health Improvement Plan[38] identified a concern at the lack of suitable information about sexual and reproductive health for young people as a high priority. Young people also expressed concern about teenage smoking, alcohol, the "recent increase" in teenage pregnancy, sexual abuse and sex offenders. These concerns remain high for teenagers and youth (aged 15-35).

[37] *Draft CRC Initial Implementation report, 2001*
[38] *National Health Improvement Plan – Towards healthy Islands, Department of Health/NZODA*

1.3.3.3 Maternal Health Care

MHC continues to be provided through the Hospital. All births are managed through the hospital — either delivered there or referred to NZ. All ante-natal and post-natal checks are managed through the hospital in accordance with the usual schedule of checks. Mother and child usually spend 3–4 days in the clinic before discharge home. Home visits continue for 3 months after birth. No maternal deaths have been known of in the period 1996–2004. Three still born children were recorded in 1999, 2000 and 2003. One premature baby was born in 2000 and continues to be healthy.

All expectant mothers are routinely screened through a pap smear (samples assessed in NZ). Less than 5% show any abnormalities. There is no scanner on the island. Clinic analysis is the only way to detect foetal and maternal abnormalities during gestation.

1.4 THREATS TO SOCIAL STABILITY

Some new initiates, e.g. the rationalisation of education and health resources into the centre, Alofi, have presented issues regarding the diminishment of participation by outer villages. As facilities become more centralised in Alofi there is a fear that the influence and opportunity of outer villages to participate in national decision making will be further diminished. To mitigate this, greater attention may need to be paid to the engagement of Village Councils in decision making.

Social change is taking place in Niue in terms of the way families are managed — a number of families are living apart due to economic circumstances and educational opportunities i.e. some in Niue and some in NZ; some people note a rebellion amongst youth in performing family duties e.g. care of the elderly, working in plantations. The young are inevitably influenced by outside forces – for example TV, videos/DVDs, the internet and educational sources of information. This invariably leads to a change in social values and expectations in youth that may be at odds with the values and expectations held by their elders. The ability to communicate across generations becomes all the more vital to maintain social harmony. The Education system has a vital role to play in bridging that communication gap. Again the PTA in collaboration with schools should play a lead role in addressing this issue.

PART 2

Legal, Policy (& Budget) & Institutional Framework Relevant to Children & Women's Rights

2.1 INTRODUCTION

A comprehensive review of the laws of Niue in relation to the CRC was conducted in 1994 prior to Niue's accession to the Convention on the Rights of the Child.[39] That report noted that under every article of the Convention, the laws of Niue were in conformity. While prime facie legislation may not conflict with the essence of the provisions of the Convention, the application of the law in Niue gives rise of concerns about the protection of children's rights in practice.

The relationship between the law, policy and institutional frameworks leaves room for significant improvement if children's rights are to be truly promoted and protected. There is a clear deficiency in collaboration between Government agencies and between Government and non-Government sectors, concerning children, youth and women, with a prevailing protectionist attitude towards the sharing of information, knowledge and skills. In many ways this is understandable given the competition for limited resources — financial, physical and human – but this lack of collaboration across the board does act to disadvantage these target groups.

Some people interviewed for this report suggest that Niue has a tendency to react to global trends, but has no internal capacity to implement those trends at a local level; that Government initiatives tend to be unsustainable because they are reactive and not programmatic. This, they suggest, leads to a fragmentation of already scarce resources, with resources drawn to react to outside influences rather than addressing national priorities. This is reflected in the existence of documents implementing some international instruments and standards but the absence of policy documents that are focused on Niue's priorities and objectives. For example, Niue has a National Plan of Action in Education implementing the Global Education for All Strategies (contextualised for Niuean conditions), but has no holistic Niue focused National Policy on Children. Certainly, the development of a Niue National Policy on Children would be instrumental in clarifying some of the definitional issues in various statutes, and would present a holistic approach based on Niuean values, priorities and concerns for children. Although no such policy currently exists, there are a range of policy documents in relation to children e.g. the National Education Plan, the Department of Health Annual Plan; and the Department of Community Affairs Corporate Plan that all address children's issues. Efforts and documentation to implement the Convention on the Rights of the Child also exist (draft implementation report for example). A National Policy on Children, would however, bring together all these sectoral plans that address children's issues into one holistic policy, and could also incorporate issues of cultural, traditional and social importance to the people of Niue that are not normally reflected in sectoral planning instruments e.g. the role of the Church, religion and family in the raising of children; Christian values that are held high in Niuean society; the importance of family and attachment to the land etc.

A National Policy on Women is also absent[40]. A National Youth Policy was adopted in 2003 and sets a useful precedent.

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[39] *Mere Pulea, 1994 for UNICEF*

[40] *The Niue National Plan of Action to Implement the Global Platform of Action on the Elimination of All Forms of Discrimination Against Women (Beijing +5) has just been completed but this is not a national policy document but rather a plan to implement international obligations.*

Comments on the relationship between law, policy and implementation through institutional frameworks are noted below. The following comments are structured along the provisions of the CRC. Specific provisions of the Convention are only addressed where improvement could be made or where issues of interest or concern arise.

2.1.1 Definition of a "child" — Article 1

The starting point in Niue law for recognition of children's rights lies in the definition of the child – which varies enormously, from birth to 21 years, according to different pieces of legislation. The table below identifies age categories applicable to children:

Table 24. Statutory definitions and limits on "a child"

Category	Age
Entitled to drive	14
Entitled to marry	15 (females)/18 (males)
Vote/be eligible to stand as a candidate, buy liquor, posses a gun	18
Can't be convicted	Up to age 10
Can't be convicted unless s/he knew the act was wrong or contrary to law	10-14 years
Compulsory education/school age	5-14 years
"minor"	Under 21 years
"Child"/ Guardianship Act 1968 S2	Under 20 years
For children under an affiliation order (for maintenance purposes for children with unmarried mothers)	Under 16 years
Entitled to maintenance	Up to 16
Able to be adopted	Up to 21
Require child's consent for adoption	Over 12 years
Custody orders	Cease at 16
Guardian can be appointed	Up to age 20
Ill-treatment or neglect of a child in one's custody, control or charge	For a child under 16

Table 24 . Statutory definitions and limits on "a child" - continued

Category	Age
"Child" of school age	4-16 or any earlier age in which a child ceases to be enrolled in school.
Inmates who shall be held in separate quarters	Under 21 years
Prohibited purchase of alcohol/illegal sale	Under 18
Restricted admission to a film at night	Under 12 years

The 1994 Pulea report recommended that consideration be given to the consolidation of laws relating to children within a single children's act.

2.1.2 Non-Discrimination — Article 2

Article 2 of CRC provides for non-discrimination of children on the basis of race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin. Niue has a raft of legislation that protects against discrimination against children in terms of race (in public places; supply of services to the public in industry or business; in employment and in land housing and accommodation[41]); education[42], voting[43], maintenance and affiliation[44], regarding divorce and the custody of children[45], citizenship[46] and adoption[47].

However, in practice there has been incidence of discrimination as a consequence of the discretionary application of procedures. For example, the significant delays in awarding permanent residence status to foreign nationals who have met the residency and other requirements (some of whom have been waiting for seven years — 4 years passed the 3 year residency requirement) results in the withholding of child maintenance allowance for their children. Child maintenance is a provision for children, not for their parents. It seems discriminatory for children, particularly migrant children, to be disadvantaged in this way. It should however be noted, that despite lack of permanent residency status, all migrant children and their parents have free access to health and educational services.

2.1.3 Acting in the Best Interest of the Child — Article 3

Much debate has been had on Article 3 of the Convention, no less so in Niue, and in many countries has resulted in significant review of legislation and policy. Legislation in Niue places the physical and economic needs of the child at the forefront in terms of its care and development. However, there is serious legal, policy and institutional neglect of this principal when the rights of the child conflict with the interests of family, community or adults.

[41] *Race Relations Ordinance 1972, sections 3, 4, 5, 6*
[42] *Education Act*
[43] *Niue Assembly Ordinance 1966; Niue Constitution Amendment (No.1) Act 1992*
[44] *Niue Act 1966; Maintenance and Affiliation Section (Part XXIII)*
[45] *Ibid at Part XXII*
[46] *Citizenship Act 1977*
[47] *Niue Amendment Act (No.2) 1968 at Part VIII*

This is illustrated in the handling of teenage pregnancy cases which result from suspected incest. Invariably (in fact, without fail) these cases are dealt with informally, without recourse to any authorities be they educational, health, or law enforcement, in the interest of community and family stability. Often the rationale for this approach is justified as being in the best interest of the child i.e. so as not to bring shame or even more negative attention on her, but in reality is protecting the family from shame, and in the case of incest, protecting the perpetrator from public attention and possible prosecution. In every known case, it has been the parent (mother) or guardian that has sought privacy in dealing with the situation – not the child involved. In no case, has the express view of the child been sought. There are serious issues regarding the capacity of authorities to (1) engage a minor in a free and open discussion of the options involved in such a case and to ascertain what might be her best interest – there was only one trained counsellor on Niue (recently retired) and the Police have little trained capacity nor the facilities to undertake an interview of this nature; (2) pursue a case of incest in a formal manner – be it prosecution or otherwise. Options for addressing this gap are offered below.

2.1.4 Protection of Children from neglect, abuse and exploitation Articles 9, 19, & 34

States Parties under the Convention are required to protect children from all forms of neglect and abuse (including sexual abuse), neglect and exploitation. Under various provisions of Niuean legislation, children are in law, protected from abuse (as contained in the criminal offences section of the Niue Act 1966).

In practice however, neglect and abuse of children in the form of sexual assault of minors under the age of 15 is a regular occurrence (resulting, as mentioned above, in an average of one teenage pregnancy per year) and is effectively condoned by the community as a whole, illustrated by the lack of reporting to Police and lack of formal condemnation.

The implications of domestic violence on children and youth are well researched internationally, and extensive work in the Pacific region on domestic violence should have resulted in a high awareness of the repercussions for families. In Niue, however, domestic violence is "managed" within the extended family and village. The Director of Health reported that no cases of domestic violence case presented for treatment at the hospital; some womens' representatives claim that domestic violence doesn't happen in Niue (or if it does it's handled at home); and yet Police records of incidences tell otherwise.

Table 25. Incidences related to children youth and women (1996-2004)

	1996	1997	1998	1999	2000	2001	2002	2003	2004
Assault against women		2		3	2		1		1
Assault against children		2			1				
Indecent assault against a girl under 12/15		1	1						
Rape		2	1	1					
Incest[48]									
Domestic violence		5		2	1		3		1

Source: Police Department records 2004

[48] *Despite the fact that 4 girls became pregnant through incest in the past 8 years (3 from one village) does not show in the records because no complaint was laid*

Police report that incidences of domestic violence tend to be alcohol related, and only a few were a regular occurrence. However, it is noted that two women subject to regular beatings in the home were advised to leave the country as Police were unable to provide adequate protection. Both women and their children now reside abroad. A contributing factor in the case of sexual assault and incest it must be presumed, is a lack of reproductive health education and empowerment training for girls and young women, coupled with a lack of effective formal avenues of redress for victims. In the case of one village, where three girls under the age of 15 became pregnant to older family members, and where there were no official repercussions for the offender, it must surely send a message to offenders in that village that they are immune from prosecution.

The absence of an obligatory reporting requirement on authorities exacerbates the situation, as does lack of reporting to Police by family members due to societal pressure. A combination of obligatory reporting, a no-drop policy in such cases in the Police handling of sexual offences, and protocols between relevant departments to identify responsibilities, will help improve the handling of these cases. Reproductive health education, assertiveness training for girls and young women and easy and confidential access to contraception will help reduce the incidence of incest and teenage pregnancy.

2.1.5 Name and Nationality/ Preservation of Identity - Articles 7 & 8

Nationality, in the case of Niue, gives rise to an interesting legal and constitutional question. For all Niueans born in Niue, New Zealand citizenship automatically applies though the constitutional relationship with that country. However "nationality" is a separate issue. For those, both resident and non-resident Niueans, a separate acknowledgement of Niuean nationality is unavailable in law. Recognition of Niuean nationality (as opposed to NZ citizenship) will provide Niueans with wider access to opportunities in the international arena that are not available for NZ citizens e.g. through educational, scholarship and economic opportunities in the ACP group relations with the European Union.

2.1.6 Respect for the Views of the Child - Articles 12 &13

One of the major issues that arise under the Convention for traditional societies is the right conferred under Article 12 for children to "express views freely in all matters" affecting them and for the "opportunity to be heard in any judicial and administrative proceedings" affecting children. There is a recognition in Article 12 that children have rights as citizens to appear independently and in person before a court or administrative agency when adults fail to protect them. The right to be heard and listened to and the right to receive fair treatment from authority figures and institutions represents an important transition in the common law recognition of children's rights where minors have previously been treated as legally incompetent on the basis of the dependency relationship i.e. that any dependant is incapable of exercising any right without the consent of the parent, guardian or representative. While laws in Niue exist to protect children's rights, should a parent/guardian/representative choose not to exercise those rights on the child's behalf , the question arises as to the capacity in law for a child to exercise that right. An unfortunately recurring example of this precise dilemma exists in the case of

teenage pregnancy. Under Niue law[49] it is a criminal offence to "have sexual intercourse with a person under the age of 15 years". That law in effect creates a statutory rape in any case of sexual intercourse with anyone under 15 years. Despite this provision in law, there have been no recorded charges of statutory rape in the past 10 years (and beyond), despite an average of one child aged 13–15 presenting with pregnancy in each of those years. This example illustrates a flaw in the relationship between legislation and the policy and the administrative and institution mechanisms to implement the law. Options to address this gap are discussed below.

2.1.7 Protection of Privacy - Article 16

Privacy is a major concern on an island of less than 1,700 people, of only 100km^2 and where everyone knows everyone else. There is no anonymity in such situations. This is a particular concern where physical/sexual abuse of children, youth and women and teenage pregnancy is concerned. Official reporting to authorities of such cases is seriously constrained by the lack of privacy available to victims of abuse. Anonymous reporting of such cases is impossible. This has constrained the ability and willingness of authorities and victims to report.

While currently acting as an impediment to reporting, the lack of privacy can be turned around in a victim's favour. If it is accepted that there is no privacy and everyone knows everyone else's business, then there is therefore no reason to try to protect a "privacy" that in reality does not exist. For example, in the case of incest/teenage pregnancy, literally everyone in the community knows of this situation and has a view as to who is responsible. Rather than protecting the "privacy" of the suspected perpetrator, failing to report will clarify the details. If measures were introduced to require reporting by teachers, health officials etc. of such cases, a wide reporting responsibility would increase anonymity by placing the potential list of reporters amongst a wide base, whereas at the moment one teacher or health worker may be identified easily.

2.1.8 Access to Appropriate Information - Article 17

Niue offers free internet access to all those with access to a land line telephone (currently from Alofi North to Alofi South, including both school campuses). Access to the internet is free at NHS and the IT department has a well equipped and fully operational computer room, with IT classes available to senior students. The NPS has computers but does not run an IT programme at this point. Ownership of video, TV and DVD equipment is high. There are at least 2 public DVD/video stores. There is some concern that children have direct access to violent and semi-pornographic or explicit materials. Efforts should be increased to advertise censorship codes in video stores and display the codes in an obvious location in stores and ensure that the ratings for individual DVDs/tapes are clearly visible.

There is only one public newspaper on the Island which is available either weekly or fortnightly depending on distribution from NZ (since the Cyclone the paper has been produced in NZ and shipped by plane). The *Fale Fono* (Parliament House) distributes the Premier's newsletter daily to inform the public of daily happenings. Due to logistical limitations, this newsletter is available only in Alofi, the political capital.

[49] *The Niue Act 1966, Section 163*

Information in regard to reproductive health is extremely limited. The only source of reliable information is from the Community Health Nurse at the Public Hospital, which for most young people is not a realistic avenue to obtain such information due to the lack of privacy available there. The Community Health Nurse is available to provide such information as requested; however, requests have been few. Reproductive health information was once made available at NHS through structured family relations lessons incorporated into Biology and Physical Education classes. These classes have ceased. No reproductive health information is provided to primary school aged children e.g. on safe and unsafe touching, parts of the body etc. Age appropriate and culturally appropriate educational materials are available through the NZ education service (from which most other educational materials are sourced) which could be easily applied in Niue schools. The lack of this type of information in a small community where sexual assault on minors is said to occur regularly (although seldom formally reported) contributes to the disempowerment of children and their ability to defend their rights.

2.1.9 Parental responsibilities and service for the care of children Article 18

A significant number of pre-school aged children attend the one pre-school centre in Niue, with others attending play group sessions in village pre-school facilities located at 2 villages outside the capital. All primary school age children in Niue attend school. 98% of high school aged children attend High School. There are no longer any privately operated pre-school establishments on Niue. Both parents have a statutory obligation to care for children but enforcement of financial maintenance can be problematic.

2.1.10 Protection from Abuse and Neglect/Sexual Exploitation Articles 19 & 34

Article 19 requires State Parties to the Convention to take all legislative, administrative, social and educational measures to protect the child forms of physical…abuse, neglect or negligent treatment, maltreatment or exploitation including sexual abuse… while in the care of parent(s), legal guardian(s) or any other person who has the care of the child. Article 19 (2) requires that such protective measures should…include effective procedures for the establishment of social programmes or provide necessary support for the child…as well as for other forms of prevention and for identification, reporting, referral, investigation, treatment and follow-up…and, as appropriate, for judicial involvement.

As noted above there exists in Niue a regularly recurring problem of teenage pregnancy, often associated with incest or an imbalanced power relationship between the child/mother and an older adult male outside the family. Teenage pregnancy in itself is of less concern when it results from consensual sex between two young people, although this phenomenon does give rise to questions of access to reproductive health education and contraceptives for teens. As mentioned above, neither are readily and easily available to teenagers. Care for the offspring of a teenage mother is not an issue of concern as the immediate and/or extended family readily absorb children into their homes. All children are considered to be blessings and gifts from God, no matter what their origins.

The issue therefore is adequate protection from sexual abuse of young women and their sexual exploitation. While there is already adequate provision under the law to prosecute adults who have sexual intercourse with a person under the age of 15 years, recourse to the law is seldom taken. Culturally and religiously all children are seen as a blessing and are encouraged. Socially, the stigma attached to teenage pregnancy is high but not as high as the stigma attached to an unwanted pregnancy. Abortion is unavailable in Niue and socially and culturally unacceptable. Traditional respect for one's elders makes it difficult for a child to resist sexual advances by older males and certainly restricts opportunities to report such incidences. The lack of reproductive health education and empowerment of women and girls hinders their ability to communicate these offences. Saving the family from the social stigma of a teenage and/or incestuous pregnancy by keeping it as quiet as possible for as long as possible has a higher priority than pursuing a formal resolution for the child/mother. In addition, there are no policies in place to address this problem and no institutional mechanisms to facilitate collaboration between agencies. There is also limited human resource capacity — both in numbers and expertise in this area. On the rare occasion when a complaint of sexual violation has been made it has without fail either been withdrawn by the family (not the victim); or political intervention has been made on the offenders behalf and caused the case to be dropped. The one occasion in the last decade when a charge of sexual violation was pursued the victim's family were so badly ostracised they left the country. Repercussions from that case are still felt by the victim's extended family.

Despite the law prohibiting these acts, Niuean society essentially condones the abuse of children in this way by preferring to avoid the legal process. It condones this behaviour at the family level (by families not reporting or dropping charges); at an institutional level (educational and health authorities do not report cases; there is no institutional capacity to handle these cases effectively); and at a policy level (there is no obligation of authorities to report; no policies in pace regarding referrals; and no inter/departmental protocols on the handling of these matters).

There is however a keen interest by all parties interviewed for this report to address this problem. Options are offered below.

2.1.11 Health and Health Services — Article 24

The 2001 Health Improvement Plan sought, inter alia, to "improve, promote and protect the health of children (*tau fanau*), … and young people (*tau fuata*)". Priority issues for children were:

Table 26. Priority Health Initiatives for Children

New initiatives	Increased Priorities	Maintenance of Programmes
Sore throats in school	Rheumatic fever register and penicillin	Immunisation
Smoke free children	Health education for families	Child development screening
Injury and accident prevention	Early childhood oral health	School oral health
Parenting	Nutrition and exercise	Breast feeding promotion
	Acute respiratory infections	Vision and hearing screening

Priorities for Youth were:

Table 27. Priority Health Initiatives for Youth

New initiatives	Increased Priorities	Maintenance of Programmes
Adolescent reproductive health	Rheumatic fever register and penicillin	Immunisation
Sore throats in school	Health education in schools	Vision and hearing screening
Smoke free young people	Nutrition	School oral health
Injury and accident prevention	Exercise	Teen parenting

Source: Health Improvement Plan

The Plan took a "settings" approach to strategic planning looking at the environments in which people live and addressing health issues within those environments e.g. healthy and safe homes, healthy and safe villages, healthy Churches, health promoting schools, healthy and safe workplaces, healthy and safe food outlets. In many of those settings health objectives and activities applied to children, youth and women.

Table 28. Priorities affecting children, youth and women under the Health Improvement Plan 2001

Setting	Objective	Activity
Healthy and Safe Homes	To promote safe play and learning	Maintain and improve home visits
	Promote smoke free homes to reduce asthma, ear and lung infections	Develop education resources and run workshops for promoting healthy and safe homes
	Raise awareness on accident prevention	Establish and maintain counselling services
	Reduce domestic violence	Develop policy and guidelines to prevent domestic violence
	Reduce hazards of asbestos roofing	Develop a program for the removal of asbestos
	Promotion of exercise and good nutrition to reduce obesity, diabetes and high blood pressure Improve cooking skills in men so as to assist wives	
Healthy Churches		Promote outdoor activities within the Church programme
	Promote the sanctity of the total person and life	Incorporate children's activities in main church services

Table 28. Priorities affecting children, youth and women under the Health Improvement Plan 2001 - continued...

Setting	Objective	Activity
Health promoting Schools	Create and maintain a safe learning environment	Integrate health promotion activities into the school curriculum, including an oral health programme
	Have policies and guidelines to ensure cooperation and coordination to support school health	Review the school health and Physical education curriculum
	Develop linkages between school and community	Install first aid cabinets in schools
	Ensure and maintain safe drinking water; clean toilet facilities	Maintain school wide annual health checks, and bi-annual dental health checks
	Promote healthy habits in personal hygiene; promote oral health programmes	Maintain the rheumatic fever programme
	Ensure smoke and alcohol free schools	
	Ensure the consumption of healthy foods	
	Establish and maintain a rheumatic fever register	
Healthy and safe workplaces	Promote community relationships, personal health knowledge and skills	Adopt policies and legislation for safe and healthy workplaces, and provision for breastfeeding at work
	Improve access to health services	Provide safe working environments Ensure access to health information and basic health services
	Prevent accidents	
	Provide counselling services	
	Provide for facilities for working mothers to breastfeed their babies	
Healthy and Safe Food Outlets	Promotion of good quality and safe food	Educate owners of food outlets on the importance of good food quality

The Health Improvement Plan also specifically addressed education and support for parents and caregivers of children. Objectives and activities under this section included:

Table 29. Priorities for parents and caregivers of children

Objectives	Activities
Recognising illness and seeking help	Identification of key messages to be promoted to parents
Understanding the importance of nutrition, safe food, immunisation and safe environments	Knowledge, attitudes and behaviour survey
Prevention of domestic violence and abuse	Development of training resources
Promotion of the Convention on the Rights of the Child	Strengthening home visits
Promotion of play and learning at home	Training for parents and village health workers
	Ensuring young children are enrolled for regular health check ups
	Awareness programmes on domestic violence and child abuse

Other relevant objectives and activities included:

Table 30. Other Health Improvement Priorities relevant to Children

Objectives	Activities
To have high quality healthy child programme, cervical and breast cancer[50] screening programme, and ante-natal programme	Review and revise the well child programme, the current oral health programme, and the cervical screening programme
Promote safe exercise, outdoor activity and healthy lifestyles	Develop sports programmes for children after school, a power walking exercise programme; distribute dietary information to villages
Develop key health messages and resources	Establish a health education unit and develop health education materials
Have a health information system that can provide annual statistics on a wide range of data	Develop a health information strategy and a simple system for collection and analysis of data
Have an active youth peer education programme	Train youth per educators and youth group leaders in health promotion

[50] *Breast cancer screening is performed on an individual basis. There are currently two cases of breast cancer on the island. The 2002 UNDP SHD Situation Analysis identified 1 case of breast cancer in 2001; 1 case of cervical cancer in 1998 and 8 cases of other cancers over the period 1998-2001.*

Of all the objectives and activities noted above, only the breast and cervical cancer survey (2003), community health education breast screening workshop in all villages and a Pap smear screening programme (2002) were instituted in the period after the Health Improvement Plan was approved. Unfortunately, the results of the cancer survey were not made known to the public (or women surveyed) and are now lost. Radio programmes on breast cancer were aired but no formal breast screening programme was initiated. Certainly, with the total devastation of the Hospital and complete reorganisation of health services, none of the aforementioned objectives are currently met or activities operating.

Interestingly, the 2001 Plan identified adolescent reproductive health and teen parenting priority areas of concern. As discussed previously these services are not currently provided through any avenue. Article 24 (2) (f) of the Convention on the Rights of the Child calls on States Parties to "take appropriate measures to…develop…family planning education and services…". While not specifically addressed at children or youth it is assumed that family planning education is intended under this Article to be provided to all those who require it.

The Health Department Corporate Plan and Output Plan for 2003/04 make provision for public health education/promotion programmes but makes no reference to reproductive health care/family planning initiatives undertaken under this output.

The 2002/03 Annual report of the Department, Public Health Division report on maternal and Child Health noted that:

- Family planning services are well utilised by individuals and couples.
- Contraceptives are free. Free condoms are available in nightclub bathrooms and at the hospital.

They were previously available at some shops for a price of NZ$2.50 for four.

- Main use of contraceptives are to space out pregnancy and to avoid unwanted pregnancies.
- Contraceptive prevalence rate is approximately 15%, well below the UNFPA goal of 20%.

The main contraceptives available are pills (mini pill or combination progesterone and oestrogen); injectable (3 monthly depo provera); sterilization (by tubal ligation); barriers (male condoms) IUD and natural. The injection is the most popular form of contraception.

No statistics are available on the age of contraceptive users.

While good records were kept (and retrieved after the cyclone) on annual birth statistics, the data was not disaggregated as to age. Accordingly there is no official statistic as to the number of pregnancies to mothers under the age of 15 years. Previous data provided to regional and international agencies identify teen (15-19 year olds) fertility rates at 35/1000 (see above).

No sexually transmitted diseases are evident on the Island although one imported case of gonorrhoea was treated and the patient kept in isolation for the duration of his stay (foreign seaman).

2.1.12 Social Security - Article 26

Social welfare and security concerns are managed by the Department for Community Affairs, which acts as the focal point for women[51], youth, disability and age care, social welfare, religion, village councils, consumer rights, sports and counselling. All children from birth to 15 are eligible for a fortnightly payment of child allowance — paid to their parents — at the rate of $240 per child (regardless of age) plus $10 per school aged child. As mentioned above this allowance has been unavailable to migrant children whose parents have not been granted permanent residence status. Efforts should be made to address the permanent residency issues as soon as possible, or alternatively, provide child allowance to those children of migrants who have met the residency requirement, independently of their/their parents' immigration status. The law in Niue is also unclear about duration of child support. The National Policy on Children could establish guidelines for the duration of child support in the laws concerned with the care of children and a policy establishing a duty of support at least until the child's 18th birthday of until completion of secondary school (whichever be the latter). These recommendations were raised in the 1994 Pulea report.

Table 31. Social Security payments made for the period 1999-2004 (NZ$)

	Age/invalid Pension	Community development	Youth development	Women's development	Child Support	CRC Promotion
1999/2000	727,878	n/a	4,207	6,917	161,879	858
2000/2001	785,822	n/a	10,374	10,175	155,474	195
2001/2002	734,028	n/a	10,700	10,000	141,166	
2002/2003	756,727	0	1,300	2,000	144,458	
2003/2004	810,593	138,624	2,000	1,500	128,905	
2004/2005*	720,000	151,200	2,000	2,000	130,000	

**estimate Source: Niue Treasury budget records*

Community Affairs provided counselling services, through a trained counsellor (now retired)[52] to up to 60 women and their families per year for domestic violence and abuse related issues. Some of these families were referred by the Courts but most were self referred. The NZAID funded Counselling Centre established in 2002 was unfortunately located in a very public place and accordingly unused. The absence of a National Policy on Children and a National Policy on Women has made it difficult to establish interdepartmental protocols on the handling of domestic violence and abuse cases and referrals. Collaboration between departments has been ad hoc at best — often non-existent.

[51] *A useful table of all major workshops and reports managed by Community Affairs from 1995-2000 is contained at Annex 4.*

[52] *There is one other person currently being trained in social work and counseling; some informal counseling training has been provided to Pastors wives who often perform this function at a village level; other than this there are no trained professionals available to provide counseling services in Niue.*

2.1.13 Education, including Vocational training and Guidance Article 28

The Education Act 1989 established the Department of Education, under the Minister of Education, and provided for the establishment of schools. Education as well as transport to and from school is free, from the age of 5–14 years. Education services are provided to pre-schoolers aged 3.5–5 and those beyond 14 up to Year 13 level (i.e. usually 18 years of age).

Education Policy resides in the Education for All National Plan 2003–2015, which embraces the Global Education for All Goals and the Dakar Framework for Action adopted at the Dakar World Education Forum in April 2000.

Six EFA goals were identified as priorities for Niue:

Priority 1: EFA Goal 6

Improving all aspects of the quality of education and ensuring excellence of all, so that recognised and measurable learning outcomes are achieved by all, especially in literacy, numeracy and essential life skills.

Priority 2: EFA Goal 3

Ensuring that the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes.

Priority 3: EFA Goal 1

Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children.

Priority 4: EFA Goal 4

Achieving a 50% improvement in levels of literacy by 2015, especially for women, and equitable access to basic and continuing education for all adults.

Priority 5: EFA Goal 5

Eliminating gender disparities in primary and secondary education by 2005 and achieving gender equality in education by 2015, with a focus on ensuring girls full and equal access to and achievement in basic education of good quality.

Priority 6: EFA Goal 2

Ensuring by 2015 all children, especially girls, children in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality.

Educational services on Niue are good, compulsory and free to all those aged 5–14 years (and above 14 until graduation from Secondary school). The Niue EFA National Plan recognises the importance of human rights education, and acknowledges the partnership between parents and teachers in education. Human Rights education is included in the NHS programme within the Social Sciences curriculum. The rights contained in the CRC are specifically addressed in Social Sciences classes, and are taught in the context of rights and obligations under the Convention. Some parents expressed concern over human rights training in schools and were fearful of their children becoming overly assertive of their rights in relation to the rights of others, and without full consideration of the duties and obligations that complement those rights. It was proposed to teachers at NHS that parents be invited to attend Social Sciences classes where human rights education, particularly regarding the Convention, is taking place, to encourage a dialogue on the rights of children and their parents; and each party's obligations. The parent/school relationship, particularly at High School level leaves much to be desired, with the Parent Teacher Association relegated to fund raising activities only. The principles of EFA and CRC embrace a collaborative approach to education – and parents in Niue are keen and willing to participate. The Parent Teacher Association (NHS) is particularly capable and willing to participate in human rights and reproductive health education as well as to assist in disciplinary issues. The EFA National Plan gives particular attention to health education in schools, but this is not translated in practice into the NHS programme.

Time constraints in the school programme and limits on financial and human resources have been identified as reasons for some essential teachings programmes being dropped e.g. reproductive health. It is imperative however, that priority be given to issues that directly affect the well being of Niue students — not just their academic achievement but their social, physical and moral development. Post-secondary education is provided through the University of the South Pacific's Niue Centre which provides an extensive range of courses — through distance education and internet linkage with the main USP campus in Fiji, or direct face to face teaching. USP currently has 49 enrolled students, down from 190 in 2003 largely due to the introduction of Year 13 at NHS (which overlaps somewhat with USP's preparatory year); the decision by the NPSC to stop Government personnel from taking up tutorship at USP, and transportation issues[53].

[53] *As reported in the USP Director's annual report for 2003.*

Table 32. USP Enrolments 1999-2004

Year	No of Students	Withdrawals	No of courses enrolled in	% of population
1999	100	-	281	5%
2000	159	-	442	7.95%
2001	152	-	338	8.4%
2002	227	72	474	12.6%
2003	190	46	405	-
2004	49	-	200	-

Source: 2002 USP Niue Centre Annual Report

Continuing education classes are offered at USP/Niue and include basic bookkeeping, new start computing, and orientation and bridging English.

Other post-secondary educational opportunities are offered by Government funded and aid supported scholarships to New Zealand, Australia, Fiji (where a range of regional educational and training facilities are located, including those in the health sector, and where the USP main campus is located) and Vanuatu (for law). The distribution of scholarships is managed by the Public Service Commission in collaboration with the Niue Training and Development Council. Vocational training on Niue is provided through a number of avenues. NHS offers senior students practical agriculture and horticulture training that is fundamental to subsistence and income generation. DAFF manages the Young Farmers programme that seeks to train and equip young people in the fundamentals of business management in the primary industries (agriculture and horticulture primarily at this point but this could potentially expand to fisheries and crafts). The NTDC identifies skills gaps in various industries and seeks to fill those gaps through the provision of vocational training awards (scholarships). However, despite the competition for overseas training opportunities, vocational training awards are often not taken up. Niueans have very high expectations for their children and much status is attached to white collar jobs and training opportunities, to the detriment of vocational and primary skills training. This has created an imbalance in the skills base of the country with many graduates expecting white collar public sector positions in an ever shrinking public sector pool. A reliance on professional employment in the public sector exacerbates the reliance on aid and public funding, whereas development of skills in vocational and primary industries will strengthen the private sector base of the country. Economic growth will not result from a heavy public sector but from a vibrant and skilled private sector – including private sector agriculture, fisheries and crafts. Improved collaboration between the Education Department, NTDC, USP, DAFF and the NPSC may help to shift the focus away from white collar professional training slightly towards the development of private sector skills training.

Non-formal training is provided by some NGOs, which tend to focus on social issues. Some NGOs have worked on developing Homework Centres and libraries at the village level prior to the Cyclone, but these have faulted in the wake of Cyclone Heta. A Youth Training Centre that catered to over 30 groups was opened in 1996. That Centre has been transformed into the make-shift hospital after the

total destruction of the Lord Liverpool Hospital complex in Alofi. It is unlikely that a replacement hospital will be built before December 2005 at the earliest.

A New Zealand funded Niue Education Project ran from 2000-2003 and contributed significantly to systems improvement to provide quality educational services. Monitoring reports and student and teacher assessments over that period show excellent results at the High School level in comparison with NZ peers; a need for improvement in literacy and numeracy at some levels in the primary school; and satisfactory levels of service at ECE (see earlier comments and tabulated results). Professional training opportunities for teachers are provided through in-house professional training programmes; through NZ consultation monitoring and training visits, and through short and long-term overseas attachments. For a detailed assessment of Niue's educational performance reference can be made to the Niue Education Stocktake Report, 2004[54].

Special effort is being made to retain Niue's unique language, through development of Niue Language Unit Standards, the production of Niue language resources, particularly at Primary School level, and support to the Niue Language Commission, which is currently completing work on Niue Monolingual Dictionary. A team of language specialists were involved in drafting Niue Language Unit Standards in 2002, to develop a framework for teaching in Niuean that met NZQA requirements. 30 unit standards for Level 1 at Year 11 have been developed. Translation of early readers into Niuean is a continuous process, with about 20 primary school level booklets translated per year.

Consistent with Article 30 of the CRC, some consideration might need to be given to the special language needs of migrant children, particularly those who have English, the language of tuition from Year 4+ (i.e. age 9+), as their third language. Niuean is the mother tongue of most ethnic Niuean students, followed very closely by English. But migrant children often arrive at Secondary School with little English and no Niuean, resulting in poor educational performance. Resources allowing, special attention through ESL teaching would be helpful to address the needs of those children – even if offered after school hours by parents/teachers. This is another area where PTA/NHS collaboration would be fruitful. Specialist numeracy support would also be helpful.

2.1.14 Juvenile Justice - Article 40

There have been no cases of juveniles charged with offences in Niue for the period 1996-2004, so that issues regarding the rights of juveniles in the justice system have not arisen. However, the recommendation contained in the 1994 Pulea report, that consideration be given to the provision of training for local defence counsel specifically in juvenile court work, is supported, and should, it is suggested, be strengthened with training provided for the prosecution of offences against children. In this regard it is highly recommended that consideration be given to the provision of child centred facilities in cases of assault against children and youth to encourage reporting and facilitate the pursuit of prosecution when appropriate e.g. in camera Court proceedings; affidavits of testimony rather than personal appearance by children.

[54] *Ibid at footnote 9*

PART 3

Priority Problems Affecting Children, Women & Youth

3.1 INTRODUCTION

There are some deficiencies in the delivery of services to children, women and youth in Niue, particularly in vocational training, reproductive health education, some health services, and legal protection. It is however, difficult to accurately ascertain the causes of deficiencies in service delivery. Much of the current deficiency can legitimately be attributed to the Cyclone e.g. in the range and quality of Health services (at the same time it is impressive to see what they can deliver under extremely difficult circumstances, having lost everything). But the Cyclone does not account for historical deficiencies that have occurred regularly over previous years, as reported in various reports spanning the period 1999-2004, e.g. the lack of collaboration between agencies; lack of collaboration between Government and community; poor implementation of policy and poor protection of children and youth rights regarding sexual offences. These deficiencies have been noted above.

The underlying cause of these deficiencies is found in the lack of a holistic and collaborative approach by Government and non-Governmental agencies alike in addressing children's issues. Accordingly, highest priority should be given to developing mechanisms that address this gap.

3.1.1 A National Policy on Children

The range of mechanisms begin with a National Policy on Children (and women) using the National Youth Policy as a precedent. The National Policy on Children should draw on the various action plans and strategic planning documents already prepared that address children, youth and women's issues, but, importantly, should be founded on the priority needs, concerns and values identified by Niueans themselves, consistent with those priorities and standards to which Niue has already committed itself in international agreements. The Policies should address education, health, welfare, law enforcement and legal protection, spirituality, family, and cultural values that Niueans want to protect and promote. The National Policy on Children should be holistic in its approach and have children as the centre of its focus – not the sectoral priorities of education, or health or law enforcement. Any such Policy should identify key priorities and activities to meet those priorities and identify the key actors responsible for implementing/taking the lead for the activity.

3.1.2 Obligatory Reporting of Child Sexual Assault

As part of a National Policy on Children, it is strongly recommended that consideration be given to the introduction of a compulsory reporting obligation on authority figures in case of sexual assault on minors (persons under age 15) consistent with the current laws of Niue. That obligation could be established either through legislation or policy:

- A statutory reporting obligation akin to that contained in the NZ Children and Young Persons Act. Such an statutory obligation could be introduced by adoption of the NZ legislation outright (with amendment limiting application of certain provisions to Niue) through Cabinet request to extend the application of that law to Niue or by adoption of the specific provisions in regard to compulsory reporting in a separate Niue Act or regulation;
- An obligation established by policy. Precedents exist in Niue for mandatory activities under departmental policies in policing, education, health and community affairs. The policy could establish the same degree of responsibility as in a statutory obligation, but may carry less weight. Failure to act in accordance with the policy may not carry the same repercussions as failure to act in law.

An obligation on authorities to report such cases would mean that the decision to report would no longer be discretionary and would thereby remove any conflict currently reported by education and health officials when confronted by such cases. When interviewed, education, health and law enforcement officials, the Minister of (inter alia) Police and Community Affairs and the Premier supported the proposal to introduce compulsory reporting. The Police department in particular, support mandatory reporting on the grounds that they are unable to act unless a complaint is laid.
A statutory obligation would be the recommended option.

3.1.3 "No-Drop" Policy in Policing

Coupled with mandatory reporting, a "no drop" policy in policing on all complaints means that complaints are pursued to their natural end, rather, than is the current case, withdrawn by family members or through Political interference. A "no drop" policy would mean that the onus for pursuing complaints would shift from the complainant to the Police once an official complaint is laid, hence removing any familial pressure on complainants to drop charges. A "no drop" policy does not necessarily mean pursuit of prosecution in all cases, but rather pursuit of a complaint to completion – be it referral, legal redress other than prosecution, or prosecution. In the case of statutory rape and sexual abuse of minors, prosecution would be pursued. Guidelines regarding the implementation of a no drop policy would be required.

3.1.4 Increasing Police Capacity

Improved capacity in the Police force to pursue sexual assault and rape offences is essential to ensure effective implementation of this approach. Currently, the physical conditions of the Police Station are not conducive to report complaints of a sensitive nature. There is no separate space to interview

complainants but rather open-plan shared interview and office facilities. Police officers are desperately in need of training to deal with sensitive issues, particularly in regard to confidentiality and the protection of personal information.

A corollary is the handling of domestic violence incidents in Niue. A 1999 review of Police capacity[55] to address domestic violence noted, inter alia, that there was no national position statement on domestic violence; that such a strategy could act as a catalyst for the Government's position on domestic violence; and that it would strengthen inter-agency cooperation. A Domestic Violence action plan[56] was developed that pursued these issues, but not endorsed by the Government nor implemented. Efforts should be given to have this action plan endorsed and implemented.

3.1.5 Inter/departmental Protocols

To complement these measures, inter/departmental protocols on the handling of situations that cross departmental portfolios should be developed to ensure that cases such as incest, child abuse, domestic violence etc. do not fall between the lines of responsibility. Inter/departmental protocols inform all Government agencies and support services of the agreed approach to dealing with sensitive issues, so that there is a whole-of-Government approach. The protocols would set out the process for providing support, referral, health, educational, legal and counselling services to victims and identify actors (by function) at each level of that process and in each department that would be responsible for carrying out that responsibility. The allocation of responsibilities in this way makes it easier to identify gaps in service delivery and to allow for appropriate resource allocation to meet these needs.

To summarize, a National Policy on Children, supported by a compulsory reporting requirement on authorities; plus a no-drop policy on law enforcement, and protocols developed between relevant Departments for the handling of abuses of children rights would go far in improving Government performance in this area and would be instrumental in bringing about a change in social attitude towards the infringement of children's rights.

The NNCCC has undertaken the task to draft the National Policy on Children, but would welcome UNICEF support in the drafting and finalisation process. The Niue Assembly would need to consider how to adopt a compulsory reporting obligation — either in law and/or policy. A no-drop policy could be developed along with protocols for the handling of these offences, with the assistance of the Pacific Regional Policing Initiative, to which Niue is a party. It is also recommended that the PRPI also be approached to assist with the renovation of the Police Station, to allow, in particular, for the establishment of appropriate facilities to encourage reporting on offences against children, youth and women.

Police protocols should include referral processes and can be used as precedents for interdepartmental protocols on other matters e.g. the handling of underage drinking; domestic violence etc.

[55] *Preliminary Findings of a Scoping Visit Examining Police Responsiveness to Domestic violence in Niue 1999*
[56] *Niue Police Domestic violence Action Plan 2001-2005*

3.1.6 Reproductive Health Education and Community Awareness

Associated with institutional efforts to address sexual assault is a dire need to develop and implement a reproductive health education programme. Such a programme should be age and culture sensitive but should be targeted at all children and youth. Age specific reproductive health education at the primary school level might address issues of safe touching, the right to say "NO", the sanctity of the body. At intermediate level it might be focused on puberty issues and at high school level more directly targeted at sex education. It was suggested that couching the programmes in term of "family relations" would assist delivery and wider acceptance in the community. It is suggested that if "family relations" education was conducted at school, that parents be invited to attend these sessions so as to encourage appropriate discussion of these issues in the home. The Department of Education, with support from UNFPA, should take the lead in this activity. Community Affairs should support educational efforts with community awareness raising activities.

Other priority areas that can be addressed immediately, without financial implications, include:

3.1.7 Vocational Training

A re-balancing of training initiatives to better balance vocational and primary industries training with academic training. Overseas training awards in the trade and primary industries should be promoted. Efforts to improve collaboration between the NTDC, Education Department (NHS in particular), NPSC, USP/Niue and DAFF should be made a priority, under the direction of the NTDC. The recommendations in the 2002 Education Project Stocktake regarding vocational training, those contained in the Report on a Living Community (2002), and UNDP's SHD Situation Analysis (2002) should all be reviewed with a view to address vocational training issues.

3.1.8 Migrant Children

Consideration should be given to the special educational needs of migrant children (ESL classes for improvements in literacy and numeracy) and the allocation of child allowances to those children currently denied social security support because of their immigration status, or that of their parents'.

3.1.9 Oral Hygiene

The School's dental programme should be reinstated to attempt to address the ongoing problem of poor oral health, with the support and collaboration of the Department of Education (teaching staff). Efforts to improve nutrition at school can also be attempted without any financial cost, but with foreseeable positive consequences for teenage obesity.

PART 4

Potential Courses of Action to Address the Issues Raised in this Report

4.1 OPTIONS

Various options for addressing the issues raised in this report are contained in the preceding chapters. Here, those options are summarized in tabulated form for ease of reference, along with nominated agencies to take the lead or participate in the activity.

The capacity of the agencies to undertake these activities varies greatly and would require a further input to analyse fully. However, some generic statements can be made.

Firstly, Niue has minimal capacity to undertake additional work, simply because of the smallness of the country. They do not have enough qualified people to take on greatly increased workloads. Having said that however, it is noted that the recommendations made in this report are, mostly, not new activities, but requirements that the agencies should have fulfilled but, for various reasons, have not. It is also noted that much ground work has already been done on most of the recommendations – they just need to be consolidated or advanced one or two stages further. One of the reasons that things have not progressed is of course the impact of the cyclone and the enormous divergence of energies and resources into cyclone recovery activities. Naturally Niue must set its own priorities in the recovery period, a period that may take several years. It would be hoped that protection of their children's interests would be a high priority.

Secondly, the individual capacity of agency staff to absorb training assistance and external support to undertake some of these activities would presumably be high, based on the very high literacy and education levels of the country. This is of course subject to availability of staff and workload, which comes back to the issues of smallness.

Thirdly, real capacity to improve the protection and promotion of childrens', youth and womens' rights depends on a willingness to improve. That willingness is a political decision taken by individuals. There is clearly support for improvement at many levels of Niuean society, but there is also resistance to improvement. This situation must be influenced by Niue's leaders — political, religious, youth and community leaders — who all have a part to play in improving the situation of children in Niue. Lastly, various agencies in and outside Niue have been identified as "actors" in the table below. Niue cannot do what is required of it without external assistance. The recommendations of this report will lie on a shelf, like so many others preceding it, unless it is followed up with practical technical support from bilateral and multilateral agencies and programmes.

Table 33. Recommended Actions and Actors

Action	Actor
NATIONAL POLICY LEVEL	
Development of a National Policy on Children, to inter alia, clarify some of the definitional issues in various statutes, and present a holistic approach based on Niuean values, priorities and concerns for children	Niue National Coordinating Committee on Children, supported by UNICEF technical advice.
Issues-specific legislation particularly in regard to adoption of the Optional Protocols on CRC and statutory reporting of sexual assault of minors Consideration be given to the consolidation of laws relating to children within a single children's act.	Crown Solicitors Office with technical legal support from UNICEF
Consideration be given to the provision of training for local defence counsel specifically in juvenile court work. Specialist prosecutions training in sexual assault of minors be provided to Police and State prosecutors. Consideration be given to the provision of child centred facilities in cases of assault against children and youth to encourage reporting and facilitate the pursuit of prosecution when appropriate e.g. in camera Court proceedings; affidavits of testimony rather than personal appearance by children.	Crown Solicitor's Office, Police department, Minister of Justice and Police, with support potentially from UNICEF, UNDP, and the Pacific Regional Policing Initiative
Development of policy where required e.g. no-drop policing policy The law in Niue is also unclear about duration of child support. The National Policy on Children could establish guidelines for the duration of child support in the laws concerned with the care of children and a policy establishing a duty of support at least until the child's 18th birthday of until completion of secondary school (whichever be the latter). These recommendations were raised in the 1994 Pulea report.	Minister of Police with support from the Pacific Regional Policing Initiative NNCCC, with support from UNICEF and the Crown Solicitor's Office
Improvement in the capacity of law enforcement and other authorities to protect the rights of children.	Minister of Police with support from the Pacific Regional Policing Initiative

Table 33. Recommended Actions and Actors - continued...

Action	Actor
Development of inter/departmental protocols to improve the handling of child related issues particularly sexual assault and domestic violence	A sub-committee of the Niue National Coordinating Committee on Children comprising key Government agencies dealing with children's issues i.e. Education, Health, Police, Community Affairs, supported by the Pacific Regional Policing Initiative and/or technical support from UNICEF
Completion of the Initial Implementation report on the Convention on the Rights of the Child (by December 2004)	Crown Solicitor's Office, Minister of Education
Develop a national plan of action to implement CRC (by August 2005)	NNCCC
Education and community awareness campaigns on the practical aspects of protecting and promoting children's rights;	NNCCC with specialised technical support from UNICEF
Development of a commitment by all agencies and non-state actors to collaborate fully and share knowledge and resources	Secretary for Government, NNCCC
NATIONAL TRAINING AND DEVELOPMENT More attention given to vocational and non-formal training · Providing non-formal education programmes that match skills taught with the need for employment and livelihood in a subsistence economy · Providing work based vocational training and training programmes for the public, private and civil society sectors · Changing attitudes to vocational training by introducing relevant curriculum units in primary school and emphasising non-academic courses in secondary school · Strengthening distance education through USP	NTDC, NHS, Department of Education, DAFF, Community Affairs
Consider be given to offering a regular scholarship award in counselling, social work or psychology	NTDC

Table 33. Recommended Actions and Actors - continued...

Action	Actor
EDUCATION SPECIFIC ISSUES	
Increased attention given to reading and maths performance at NPS	Principal Niue Primary School
Assistance in teaching human rights education in schools	Department of education with support from potentially UNICEF, NZ Human Rights Commission, the Regional Rights Resource Team based in Suva, the Fiji Women's Crisis Centre in regard to CEDAW rights, NZAID re: consultant support
More support to village pre-schools	UNICEF to facilitate the provision of resources to village based pre-schools, coordinated through the Niue Primary School.
Improved relations between the PTA and NHS/NPS and increased participation of PTAs in school activities and curriculum e.g. in family relations education, human rights education, disciplinary issues, vocational training programmes	Department of Education, PTAs
Consideration be given to the appointment of an ESL teacher to NHS to assist with English language development of both Niuean and migrant students. Additional numeracy support should also be considered.	Department of Education with possible external funding assistance through UN Volunteers, or other bilateral donor volunteer programmes e.g. Australia, NZ or Japan (redirection of JET Programme teachers to the Pacific rather than to Japan as an option).
Improve selection of food items available at NHS tuck-shop to encourage healthy eating in youth e.g. fruit, fruit/vegetable salads, and sandwiches rather than processed snacks (chips, Twisties), carbonated soft drinks, and pies.	Collaboration between NHS management, the privately owned school-based tuck-shop at NHS, and possibly the Young Farmers Programme managed by DAFF.
Introduction of compulsory reproductive health education at schools and community level. In schools, age and culturally appropriate materials should be developed for primary levels (safe touching, parts of the body etc.) intermediate (puberty related education) and high school levels (family relations education). Improved quantity, quality and access to reproductive health education should be provided through community venues – youth groups, churches, women's groups to discuss issues of sexuality, reproduction, reproductive health, sexual abuse and sexual assault. All avenues should be used to better inform the public of their rights, responsibilities and options in regard to reproductive, sexual and family health. Related to this issue, empowerment training for girls in particular so as to enable them to resist and report unwanted sexual advances.	Minister of Social Welfare, Youth and Women's' Affairs; Department of Health (Community Health Nurse), Department of Education (Curriculum Development, Principals, teachers), Community Affairs (Social workers and youth representatives), Police (re sexual assault and abuse offences) Church groups (women's and youth) with support from NZAID (for age access to age appropriate curriculum materials and programmes used in NZ); UNICEF and WHO for technical support. Community Affairs, with support from UNICEF or UNIFEM or a bilateral donor, if necessary.

Table 33. Recommended Actions and Actors - continued...

Action	Actor
HEALTH SPECIFIC ISSUES	
Research into the unusually high incidence of acute respiratory illness in children.	Departments of Health, Education and Community Affairs with technical support from UNICEF or WHO, perhaps funding Fiji School of Medicine research.
Improving hospital reporting on the age of all mothers and breastfeeding practices.	Department of Health, Community Health Nurse.
Improvement in recording of data on cigarette and alcohol consumption, particularly by underage consumers.	Department of Health, Department of Statistics in collaboration with Niue Business Council/Chamber of Commerce, Niue Police, Church authorities re: youth apprehended for underage drinking.
Reinstatement as soon as possible, of the village wide and school wide health checks. Village health checks were not performed in 2004 due to the Cyclone, but school health checks at NHS were not performed in 2003 or 2004.	Department of Health, Community Affairs, Environment Department, Public Works (with particular attention to the removal of asbestos). Department of Education, Department of Health.
Reinstatement of the schools dental programme, including class by class and individual inspection, supervised tooth brushing, along with provision of tooth brushes and paste.	Department of Health, Department of Education, Parent Teacher Association, with WHO support through provision of sufficient toothbrushes and paste for 550 students (3 replacement brushes per 12 months).
Re-instigate the rheumatic fever/heart disease register and surveillance programme, which stalled in 2001.	Department of Health, Department of Education, with possible support from WHO, and UNICEF (re: child rheumatism).
Provision of one ante-natal scanner to detect foetal and maternal abnormalities during gestation, and training on its use and maintenance .	Department of health with WHO or UNICEF funding.
Review the situation of child maintenance to the children of Tuvaluan parents who have met the permanent residency requirement but have not been officially conferred permanent residence. Child maintenance is a provision for children, not for their parents. It seems discriminatory for children, particularly migrant children, to be disadvantaged in this way.	Minister of Immigration and Children's Affairs, Community Affairs, Parliamentary Representative for the village of Vaea.

Table 33. Recommended Actions and Actors - continued...

Action	Actor
Efforts should be made to ensure that the new Hospital has a separate entrance and access to the Community Health Nurse offices so as to increase the chances of youth and others using that facility to obtain health advice confidentially.	Department of Health
Revisiting of the Health Improvement Plan objectives and activities identified in 2001, with a view to developing a Programme of Action to implement those recommendations over the next 1-3 years.	Department of Health
Inclusion of reproductive health care/family planning initiatives in the Health Department Corporate Plan and Output Plan for 2004/05 and for the future under public health education/promotion programmes.	Department of Health
COMMUNITY AFFAIRS	
Efforts should be increased to advertise censorship codes in video stores and display the codes in an obvious location in stores and ensure that the ratings for individual DVDs/tapes are clearly visible.	Chamber of Commerce/Niue Business Council, NNCCC
Reproductive health education be included in any lifeskills training provided.	UNICEF to adapt its lifeskills programme to include reproductive health education.

ANNEXES

ANNEX 1
REFERENCES

Report References

- Initial Implementation report on the Convention on the Rights of the Child
- SPC Demographic Statistics 1997-20004
- UNDP Sustainable Human Development Situation Analysis to 2002
- Department of Health Annual report 2002-2003
- NZ Immunisation Schedule 2002
- Gender and Development Identification Mission report, 1997
- National Plan of Action on Women 2004-2008
- Draft report on Niue's legislative compliance with CEDAW 2001
- Draft poverty analysis 2004-08-30 Niue Integrated Strategic Plan 2003-2008
- Domestic violence Strategy 2000-2005
- Police and Immigration Corporate Plan 2001-2004
- NZAID Domestic violence Scoping Study 2001
- Community Affairs Annual report 2000-2001
- Niue Youth Council Annual Report 2002-2003
- Niue education Stocktake report 2004
- Quality learning in Schools 2004
- Education Department MSC report 2004
- Education Department enrolment statistics 2004
- USP Handbook, enrolment statistics and annual report 2002, 2003, 2004
- Expenditure figures 1999-2004/5
- Niue Household Income and Expenditure Survey 2002
- CEDAW draft report (extracts)
- Education End of Project Review report 2002
- Living Community report 2002
- NZQA Standards Report 2003/2004
- UNICEF ECE Workshop report 2004
- Niue Statistics Department website
- Recovery Plan of Action
- Niue Action Plan
- Key demographic indicators (Niue Statistics Department) 2002-2004
- Ethnicity statistics (Niue Statistics Department) 1997-2004
- Niue's Annual Abstract of Statistics 2001-2002
- Niue 2001 Census of Population and Housing

ANNEX 2

NEW ZEALAND IMMUNIZATION SCHEDULE (FEBRUARY 2002)

	DTaP-IPV	Hib-HepB	DTaP-Hib	Hep B	MMR	IPV	Td	Influenza
6 weeks	a	b						
3 months	a	b						
5 months	a			d				
15 months			c		e			
4 years	a				e			
11 years						f	g	
45 years							g	
65 years							g	h

a: Infranrix-IPV

b: Comvax

c: Infanrix/Hib

d: H-B VaxII

e: MMR II

f: IPOL (for those who have not had 4 documented polio doses)

g: DiTe Anatoxal Berna

h: Flurix (annually)

Annex 3

Key Workshops & Reports Undertaken by the Department of Community Affairs Relevant to Youth & Woman

Year	Report/Event
1995	Legal Literacy Workshop Establishment of the Counselling Centre Appointment of Volunteer Counsellors
1996	Regional Rights Resource Team workshop on human rights
1997	Training of Volunteer Counsellors Micro credit Scheme training
1998	Good Governance Workshop Voter education Workshop Translation of human rights booklets into Niuean CEDAW Community education (at every village) Drama production on abuse
1999	Workshop for young offenders Counselling training for women, children and their families Police training and workshop on domestic violence Report on Police responsiveness to domestic violence Workshops/radio talkback on consumer rights Newspaper slots re: consumer rights
2000	Legislative review on laws of Niue cf CEDAW Community education on CEDAW Talkback on CEDAW Gender training of Trainers Niue National Plan of Action completed Policy on maternity leave developed

ANNEX 4

SPC FUNDED YOUTH BUSINESS DEVELOPMENT & INCOME GENERATION INITIATIVES 1999-2003

Year	Activity
1999/2000	6 individual projects 3 arts and crafts projects 1 self-improvement and small business project 1 carpentry skills 1 small business grant/Laundromat service
2000/2001	Canoe building Small business workshops held
2001/2002	7 individual projects 4 group projects 1 fishery skills enhancement project 6 small business grants (agriculture, arts and design, mechanical services, beauty)
2002/2003	group projects 3 individual projects 2 small business grants (agriculture and arts)

ANNEX 5

WEAKNESS IDENTIFIED IN SWOT ANALYSIS ON EDUCATION & TRAINING ISSUES AS CONTAINED IN THE NIUE STUDY ON THE MAINTAINANCE OF A "LIVING COMMUNITY"

1. Opportunities for non-formal education for youth and adults still lacking
2. Lack of teaching resources made available for language and cultural studies
3. NZ curriculum for NZ environment not for Pacific rural situation
4. NZ mentality that NZ qualifications are better than regional qualifications
5. Training opportunities mostly given to public e.g. private sector
6. Training given for the sake of going overseas not to those most suitable for that sector
7. Local tertiary institution not considered or annual budget or course fees to provide equal opportunity for those who are given overseas scholarships
8. Lack of shared information
9. Public not aware of results of students studying overseas
10. Lack of local materials and local topics in the school curriculum
11. Lack of communication and coordination amongst key institutions
12. Scholarships are handed out to people who fail to meet donor's criteria
13. Attitudes/comfort zones (not admitting weaknesses). See change as a threat
14. Trained students not returning
15. Reports not available to the public
16. Lack of resources in certain areas
17. Lack of community input into school management policy
18. Children either fail or succeed alone
19. Children were taught not to share their learning – in later years very reluctant to work together in the community
20. Priority to learning Niuean language not given
21. Education system not changed for 100 years

Annex 6

Contacts & Diary

Tuesday 27 July

9am: BCN Interview

10.00–12.00: Introductory briefing with NNCCC

Wednesday 28 July

10.00: Rev Jackson: Secretary Ekalesia/Ekalesia Executive

1.00: Health Centre: Matron

2.30: New Zealand High Commission — Courtesy call on HE Ms Sandra Lee Vercoe

3.00: Statistics Department

Thursday 29 July

8.30: Community Health Nurse (Minemaligi Pulu)

10.00: National Council of Women – Makini Hall (Luciana)

1.00: NPS (Janet Tasmania)

3.00: Acting Chief of Police (Maria Tongatule) and Senior Sergeant (Robert Tongiamana)

Friday 30 July

8.30: Local market

9.00: Kili Jefferson – Counsellor/Community Affairs

Sunday 1 August

9.30–12.30: Alofi South Church Youth Group

3.00: Niue Primary School Chair of the PTA (Lakepa Village)

Monday 2 August

9.00: Planning/Statistics (Sunlou Liuvaie)

1.00: Treasury (Eddie McKeegan)

4.00: Youth Leaders – Eleksalia Church, Centennial hall

Tuesday 3 August

9.00: Director of Health (Dr Puka)

11.00 Community Affairs (Kili Jefferson)

1.00: Crown Counsel (Peleni Talagi)

2.00: Federation of Christian Women (Ekalesia Church Women's representatives, Centennial Hall)

Wednesday 4 August

9.30: Acting Principal NHS (Jieni Taoba-Mitimeti)

11.00: O'Love Jacobsen (MP)

12.00: USP Center Director (Maru Talagi)

1.00: National Council of Women Executive (pre workshop briefing — Community Affairs)

Thursday 5 August
10.00: External Affairs
2.00: Education Director (Tiva Toeono)

Friday 6 August
10.00: Statistics and Planning
1.00: Director — Community Affairs

Saturday - Sunday 7–8 August
Review documentation

Monday 9 August
Review documentation
9.00 Meteorological Service (David Poheiga)
11.00 Minister of Health, Police, Community Affairs, Education (Hon Fisa Pihigia)
1.00: NHS PTA President (Bradley Punu)
4.30: National Youth Council

Tuesday 10 August
9–11 am: NHS Teachers staff meeting
11.30: Dentist
12.00: Va'aiga Tukuitoga (MP)
2.00: NPSC
Review documentation

Wednesday 11 August
9.00: Niue Training and Development Council
11.00: Director of Agriculture, Fisheries and Forests (Ernest Nemaia)
Hon Fisa Pihigea (Minister of Education, Police, Community Affairs (Youth and Women)
Review documentation

Thursday 12 August
12–1: Hosting Ekalesia Youth Leaders Lunch
Review documentation
PM: Dinner with NZ Deputy High (Tony Fatua)

Friday 13 August
10.00–12.00: Niue National Coordinating Committee on Children (debriefing)
NNCCC: Action Plan for next 12 months
Collate all documentation
Final call on contacts

Sunday 15 August
5.30 – 7.00pm: Vaiea Tuvaluan Community


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