REPUBLIC OF THE MARSHALL ISLANDS

A SITUATION ANALYSIS OF CHILDREN, YOUTH & WOMEN

Government of the Republic of the Marshall Islands
with assistance from UNICEF

2003
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<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
</tr>
<tr>
<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<tr>
<td>ARI</td>
<td>acute respiratory infection</td>
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<tr>
<td>CEDAW</td>
<td>Convention on the Elimination of all Forms of Discrimination Against Women</td>
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<tr>
<td>CMI</td>
<td>College of the Marshall Islands</td>
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<tr>
<td>CMR</td>
<td>child mortality rate</td>
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<tr>
<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<tr>
<td>EFA</td>
<td>Education for All</td>
</tr>
<tr>
<td>EPI</td>
<td>Expanded Programme of Immunization</td>
</tr>
<tr>
<td>EPPSO</td>
<td>Economic Policy, Planning and Statistics Office</td>
</tr>
<tr>
<td>FSM</td>
<td>Federated States of Micronesia</td>
</tr>
<tr>
<td>GDP</td>
<td>Gross Domestic Product</td>
</tr>
<tr>
<td>HIES</td>
<td>Household Income and Expenditure Survey</td>
</tr>
<tr>
<td>HIV</td>
<td>human immunodeficiency virus</td>
</tr>
<tr>
<td>HSET</td>
<td>high school entrance test</td>
</tr>
<tr>
<td>IEC</td>
<td>information, education, communication</td>
</tr>
<tr>
<td>IMR</td>
<td>infant mortality rate</td>
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<tr>
<td>MOE</td>
<td>Ministry of Education</td>
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<tr>
<td>MOH</td>
<td>Ministry of Health</td>
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<tr>
<td>MR&amp;D</td>
<td>Ministry of Resources and Development</td>
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<tr>
<td>NGO</td>
<td>non-government organization</td>
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<td>NNCC</td>
<td>National Nutrition and Children's Council</td>
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<td>NYC</td>
<td>National Youth Council</td>
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<tr>
<td>Acronym</td>
<td>Description</td>
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<tr>
<td>OPS</td>
<td>Office of Planning and Statistics (now EPPSO)</td>
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<tr>
<td>ORS</td>
<td>oral rehydration solution</td>
</tr>
<tr>
<td>PEDMS</td>
<td>Pacific Education Data Management System</td>
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<td>PILL</td>
<td>Pacific Islands Literacy Levels</td>
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<td>PREL</td>
<td>Pacific Resources for Education and Learning</td>
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<tr>
<td>PSRP</td>
<td>Public Sector Reform Program</td>
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<tr>
<td>STD</td>
<td>sexually transmitted disease</td>
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<tr>
<td>TRF</td>
<td>Total Fertility Rate</td>
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<tr>
<td>UFM</td>
<td>Under five mortality</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNCRC</td>
<td>United Nations Committee on the Rights of the Child</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<td>UNDP</td>
<td>United Nations Development Program</td>
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<td>UNIFEM</td>
<td>United Nations Development Fund for Women</td>
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<tr>
<td>USP</td>
<td>University of the South Pacific</td>
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<tr>
<td>VAD</td>
<td>Vitamin A Deficiency</td>
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<tr>
<td>WAM</td>
<td><em>Wan Aelon in Majel</em></td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WTO</td>
<td>World Trade Organization</td>
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<tr>
<td>WUTMI</td>
<td>Women United Together in the Marshall Islands</td>
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<tr>
<td>YTYIH</td>
<td>Youth to Youth in Health</td>
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ACKNOWLEDGEMENTS

The Government of the Republic of the Marshall Islands would like to take this opportunity once again to express its sincere appreciation to the United Nations Children’s Fund (UNICEF) for its continued and invaluable assistance to the Republic of the Marshall Islands.

It has been seven years since the previous Situation Analysis was carried out. Hence, updated information, insights, and statistical data have been put into this analysis. Words of appreciation extend particularly to the Ministries of Health, Education, and Internal Affairs and the Economic Policy Planning Statistics Office (EPPSO) for their valuable input in identifying the constraints and problems in their respective areas, but on the same hand illustrating the significant efforts they are doing in improving the situation of children, youth and women and identifying key areas for further improvement. This report would not have been complete, also without the contribution from the Youth to Youth in Health.

A special “komol tata” to Ms. Colleen Peacock-Taylor for ably compiling the information in the Situation Analysis document that will certainly serve to be a valuable reference and policy guide to the Government of the Republic of the Marshall Islands.
INTRODUCTION

The Situation Analysis

As part of its technical assistance programme, UNICEF provides support to governments in producing and updating their national reports on the situation of children, youth and women. These reports identify key development issues and trends and assess the impact on vulnerable groups of people. Situation analysis reports provide a useful reference guide for governments and NGOs when formulating policies and planning programmes and serves to inform UNICEF’s programme of assistance for that country.

This report updates the *Situation Analysis of Children and Women in the Marshall Islands 1996* and highlights changes in overall health and welfare. The United Nations Convention on the Rights of the Child (CRC) provides the framework for analysis and action planning.

The Government of the Republic of the Marshall Islands (RMI) ratified the CRC in 1993. The National Nutrition Children’s Council (NNCC), established in 1991, is responsible for monitoring implementation of the Convention, coordinating interventions for children and completing progress reports. This analysis provides important baseline information needed for the RMI’s first periodic report to the UN Committee on the Rights of the Child.

This report was drafted with assistance from many people in government and non-government agencies; it incorporates information obtained from stakeholder workshops and interviews and draws on a wide range of published and unpublished documents. The process of compiling this report has reinforced the critical role of the NNCC in advocating for vulnerable children and the importance of better cross-sector and inter-agency collaboration.


In the Marshall Islands, UNICEF provides support for child rights education, CRC reporting and compilation of situational analyses, development of national action plans for children and implementation of the Expanded Programme of Immunization (EPI). In collaboration with government and non-government agencies, UNICEF is also supporting life skills training for young people.
EXECUTIVE SUMMARY

The people of the Marshall Islands are Micronesians—descendants of seafarers from Southeast Asia who migrated to the islands over 2,000 years ago in ocean going canoes. Traditionally, Marshallese people lived in extended matrilineal family groups; society was based on “three pillars” — the land, women and children. The ancient Marshallese saying Ajiri in ibwinini “our children are precious to us” is an inherent part of the culture.

The Marshall Islands only gained political independence in 1986; United States Trusteeship administrations ended when the Compact of Free Association took effect that same year. Under free association, the Marshall Islands became a self-governing nation that conducts its own domestic and foreign affairs, while the US Government retains authority and responsibility for defence and security matters. The Compact also provides RMI with certain immigration and financial benefits in exchange for the use of Kwajalein Atoll for US anti-missile testing. The proposed Compact extension (2003-2023), currently before the US Congress, prioritises environmental protection and development of the health and education sectors.

The Marshall Island’s extraordinary history of occupation and control by foreign powers—four different colonial regimes within five generations—combined with a Pacific War and the legacy of nuclear testing has profoundly affected all aspects of modern Marshallese life. As the Marshall Islands continues to move from a subsistence economy to a cash economy, adherence to traditional social values and structures is diminishing.

Today, the Marshall Islands is one of the most urbanized countries in the Pacific with almost 70 percent of the total population (50,840 in 1999) living on two small atolls. The remainder of the population inhabit 24 outer islands scattered across a vast ocean area. The country also has one of the youngest populations in the Pacific. In 1999, about 43 percent of people were 14 years of age and under; the median was 17.8 years. Although the natural population growth rate remained high throughout the 1990s (at around 3.7 percent) this was offset by an equally high migration rate, which served to lower actual growth to about 1.5 percent. While emigration is unpredictable and difficult to monitor, the population is expected to increase to about 90,000 by 2018.

Due to the concerted efforts by both government and non-government agencies, there has been a significant improvement in the population’s overall health and education status during the past decade. This is evident by increased life expectancy at birth and a significant reduction in mortality rates. School enrolment numbers have increased and initiatives are underway to upgrade teacher qualifications and ensure schools are properly maintained, supported and resourced. A certificate program in counselling was established at the College of the Marshall Islands; adoption legislation was passed to regulate placement of children overseas and a Central Adoptions Agency has been
established. A Child Rights Office was set up in the Ministry of Internal Affairs to serve as the focal point for children and plans are underway to draft a National Policy and Action Plan for Children.

Despite these achievements, children’s survival and development needs continue to exceed the country’s capacity to respond. Small population centres and geographic isolation is a barrier to equitable distribution of development resources and efficient delivery of public services. Access to education and health services, food and household supplies, electricity, water and sanitation, waste management and transportation remain key concerns for outer island communities. The country faces momentous development challenges caused by rapid population growth, accelerated sea level rise, the legacy of nuclear testing, localized pollution of over-crowded islands, limited economic potential and environmental devastation.

Economic statistics indicate no real growth in the economy since independence; limited access to credit and low workforce skills are considered major barriers to private sector activity. The continuing decline in the price of copra—the economic mainstay of the outer islands—has negatively impacted the local and national economy. A major economic concern is that the labour force is expected to grow much faster than wage employment in coming years, posing immense challenges for young people and society as a whole.

A public sector reform program (PSRP) initiated in the 1990s resulted in a one third reduction of staff and the elimination of the Ministry of Social Services, with remaining services transferred to the Ministry of Internal Affairs and Social Welfare (now the Ministry of Internal Affairs). The Child Rights Office and Central Adoption Agency are housed at the Ministry of Internal Affairs (MIA). The Ministry’s larger role in child protection and coordination for children remains unclear.

As the pressures of the cash economy mount, stress and conflict within families is rising, with more households unable to meet their requirements. Rapid urbanization and strong identification with American culture have contributed to young people’s confused sense of identity and a growing sense of social unrest. Suicide, juvenile crime, substance abuse, teen pregnancy and the emergence of youth gangs are indicators of underlying problems and unmet needs. As times get tougher in the Marshall Islands, migration to the US is being seen by many parents as the best way to secure a promising future for their children.

Urbanization, westernization and dependency on international aid are considered largely responsible for the breakdown of traditional norms and values and the often-apathectic public response to widespread health and social issues. Traditional safety nets no longer offer adequate security, leading to increased vulnerability and marginalization for many. Young people find themselves caught between traditional and western cultural expectations—youth are often seen as “the problem” rather than as change agents for positive development.
Suicide rates have skyrocketed in the past five years. This is largely attributed to the breakdown of family structures and support and the lack of education and employment opportunities. Suicide is the leading cause of death among people aged 15-44 years, and until recently occurred almost exclusively among men. The teenage pregnancy rate (20.6% of total number of live births) is higher than most other Pacific Island countries. Health and social problems compound, as more and more young women become mothers before they are prepared for this responsibility. Juvenile crime is also increasing and is almost always associated with alcohol. The emergence of violent youth gangs in urban centres is an indicator of weakening social capital and is the cause of considerable public concern.

Although overall school enrolment has increased significantly over the last decade, general education outputs have not improved appreciably as evidenced by low retention rates and test-scores on standardised examinations. There is concern that female enrolment at both primary and secondary level is declining. In recent years, the Ministry of Education (MOE) has taken numerous steps to address this issue, including the introduction of a performance-based budgeting system and a new policy and planning framework—the first priority of which is to establish quality primary education for all students. Considerable efforts are also being made to upgrade teacher qualifications.

There is an urgent need to cater for the increasing number of students who are out-of-school and unemployed. Expanding and strengthening vocational and life skills education is a priority for the MOE; a new National Vocational Training Institute is expected to assist in this area. Educators are concerned about the declining level of community involvement in schooling and parental malaise over educational outcomes.

The health situation is characterized by a tri-disease pattern, which includes a high prevalence of communicable and non-communicable illnesses as well as the residual effects of US nuclear testing—with negative impacts expected to last for several generations. Common infectious diseases include amoebiasis, conjunctivitis, gastroenteritis, gonorrhoea, influenza, leprosy, scabies, syphilis and tuberculosis. The infant and child mortality rates remain high due to weak service delivery and poor nutritional habits, particularly among disadvantaged urban families. Immunization levels have declined over the last five years for all vaccines except the birth dose of Hepatitis B. A national measles campaign for the outer islands was recently completed.

Many health problems are life-style related. Diabetes, hypertension, heart disease and cancer have all increased significantly over the past several decades due to high consumption of fatty foods, increased use of tobacco and alcohol and lack of exercise. Water supply, sanitation, personal hygiene and overcrowded living conditions also contribute to the prevalence of infectious and communicable diseases. The major health issues impacting women stem from poor nutrition and high fertility.
The total expenditure on health services from all sources in FY2002 was $12,844,884 or 2.1 percent of the national budget. Despite a policy framework that emphasises primary health care, a large portion of the health budget is still spent on costly curative services and overseas referrals. Health services are generally concentrated in urban areas; the accessibility and quality of outer island services is constrained by a lack of qualified professional staff, poor infrastructure, inadequate supplies, and transportation and communication problems. While improving the health status requires better facilities, equipment and supplies and more qualified staff, it also requires people to assume much greater responsibility for their own health.

In addition to the health services provided by the MOH, since 1986 the "177 Health Program" provided health care to over 7,000 islanders exposed to nuclear tests in the 1950’s, and to their children and grandchildren. Despite attempts by the RMI negotiating team to continue 177 services in the new Compact, this was not agreed to by the US Government; the program was scheduled to finish in December 2003. There is considerable public concern about the implications of terminating health services to radiation-exposed communities who have ongoing medical needs and the failure of the US to meet its long-term commitment to test-exposed communities.

Although accurate statistics are not available, incidents of child abuse and neglect are thought to be increasing, especially in urban areas. A recent ADB study states that urban children of unemployed parents are the most vulnerable to the effects of poverty and neglect—some go hungry, some lack clothing and many are unable to attend school. Domestic violence, sexual assault and child abuse are not easily discussed in public. While anecdotal evidence of these problems abounds, until recently there was very little documented evidence. Many women who are victims of abuse prefer to keep this matter private rather than bring shame or retribution on themselves and their family.

Domestic violence is strongly related to alcohol use, cramped living conditions and the pressures of unemployment. Traditional forms of protection for women and children have broken down; modern forms of justice are not well understood and are largely ineffectual. There is a need to clarify ministerial responsibilities for investigation of child abuse cases and to review inter-agency protocols. Greater collaboration between key ministries and NGOs is needed to improve proactive and reactive responses to child abuse and neglect.

National-level civic and social consciousness is still in its infancy and there is a lack of public discussion and debate about culturally and politically sensitive issues. This situation is changing however—especially in urban areas—aided by good media coverage of social concerns, the active involvement of NGOs and more transparent political debate.
The Government acknowledges the immense contribution of Churches and NGOs in providing education and social services for young people and believes that cross-sector partnerships are essential to promoting and protecting the rights of children. It is clear the National Nutrition Children’s Council (NNCC) has a critical role to play in advocacy and coordination for children. An updated National Policy and Plan of Action for Children is considered essential to improved planning and monitoring of outcomes for children.

“Because of the high fertility level, the population will continue to grow at a steady pace. If the fertility level of the 1999 CPH is correct, and all births were completely registered, there would be at least 2,000 births each year. Given the low level of prenatal care and inadequate implementation of the immunization program, the disturbing teenage pregnancy rate, the unsatisfactory status of new born babies with low birth weights, it is certain that the social and health implications for both children and mothers are going to become a crucial issue to be addressed in the immediate future.”

PART I  COUNTRY OVERVIEW

1.1 An atoll nation

The Marshall Islands is a tiny, scattered group of twenty-nine coral atolls and five reef islands in the North Pacific. These coral islands and atolls are arranged in two parallel chains, the Ratak (Sunrise) chain to the east and the Ralik (Sunset) chain to the west, lying northwest to southeast approximately 208 km apart. Kwajalein, the largest atoll in the world, is made up of 90 islets around a lagoon about 120 km long and 24 km wide. The islets are interconnected and surrounded by coral reef; none have an elevation greater than ten feet above sea level.

The total land area of RMI is only 181 square km, scattered over almost 2 million square kilometres of ocean mid-way between Hawaii and the Philippines. The country is vulnerable to rising sea levels. Although RMI is not considered part of the typhoon belt, it is highly susceptible to flooding during storms and tidal surges.

According to the 1999 Census, the resident population of the Marshall Islands was 50,840\(^1\). About 70 percent of people live in the urban centers of Majuro Atoll and Ebeye Island. In 1999, 23,676 people lived in Majuro with a population density in Majuro of 3,200 persons per square mile. Majuro is the centre of government and commercial activity with several high schools, a community college and university extension centre, a 80-bed hospital and an international airport. Majuro also has the vast majority of the country’s infrastructure including electricity, telecommunications, piped drinking water and sewage disposal.

Ebeye, a small island within Kwajalein Atoll, is the only other urban centre. According to the 1999 Census, Ebeye is home to 10,902 people who reside on 0.14 square miles of land—representing a population density of 66,750 persons per square mile. The urbanization of Ebeye began in the late 1940s with the development of Kwajalein Atoll as a logistical support centre for the United States Department of Defence.

The remainder of the population is spread over a large area in the rural outer islands. Scattered over great expanses of the Pacific Ocean, people live in separate communities within an atoll ranging from 50 to 800 persons. Travel between non-contiguous islets of an atoll can only be made by canoe or motorboat. Meals are cooked over open fires, in traditional earth ovens or on single-burner kerosene stoves. Of the 29 inhabited atolls, only four have a constant source of electricity.

People travel between Majuro and Ebeye and to the outer atolls by small aircraft or on government owned “field trip ships” that commute between atolls. The frequency of travel between islands is dependent on the weather and the availability of fuel and boats.

Marshallese and English are the official languages. English is spoken widely in urban areas and is the language of instruction from Grade Six. Although there are two dialects of Marshallese spoken in the

\(^{1}\) OPS, 1999
PART I   COUNTRY OVERVIEW

1.2 People and Land

The people of the Marshall Islands are Micronesians—descendants of seafarers from Southeast Asia who migrated to the islands over 2,000 years ago in ocean going canoes. Culturally, Marshall Islanders are largely homogenous with ethnic Marshallese forming the bulk of the population; the remainder are from other Micronesian and Pacific Island nations, United States and the Philippines.

Marshallese society is based on a system of exogamous matrilineal clans; traditionally, people lived in extended family groups of three or more generations. Each person belongs to his or her mother’s bwij, or lineage and has rights to use lineage land and other property. These lineage groups own most of the land in the Marshall Islands; land can only be “owned” by citizens. Most Marshallese have land rights on several atolls or islands.

For thousands of years, the people of the Marshall Islands survived on thin stretches of land in a vast universe of ocean. From the Marshallese perspective, the world is largely water; terrestrial lands are part of, rather than separate than the sea. Survival required knowledge, experience and access to critical land and sea resources. The importance of land to Marshall Islanders is not just about having a place to live; it is considered the essence of Marshallese life.

"Land means a great deal to the Marshallese. It means more than just a place where you can plant your food crops and build your house; or a place where you can bury your dead. It is the very life of the people. Take away their land and their spirits go also." 

Shifts in land tenure concepts have reinforced the diversification of land rights, with implications for children and families. While some children still have land ownership rights, others no longer have right of usage due to displacement or through the breakdown of land lineage customs. Many families who receive Compact funds have migrated to the US in the hope of securing a more prosperous future for their children.

The land tenure system also affects the delivery of health and education services and people’s ability to access basic services. For instance, government ministries are constrained by the need to obtain permission from traditional landowners before constructing or renovating facilities. If landowners believe they are not being adequately compensated this can result in the closure or repossession of government buildings: several school buildings are currently under dispute, with negative impact on access to education in these areas.

In crowded urban centres where housing is at a premium, some families report they are required to pay additional rent to landlords (i.e., in the form of food, child care, participation in fund-raising activities, support for political candidates) to secure the property. This practice has implications for the amount of time and financial resources parents are able to make available for their children’s care.

1.3 Government


After years of negotiation, a new Compact agreement guaranteeing financial and technical assistance until 2023 is currently before the US Congress. People are concerned that the negotiation process has created further divisions within the Marshallese population; some are dissatisfied with proposed funding levels, landowner compensation packages and other provisions. The Marshall Islands Journal has stressed the need for all parties to work cooperatively to promote and safeguard the rights of future generations.

The Constitution of the Marshall Islands incorporates a mix of British and American constitutional concepts and consists of legislative, executive and judicial branches. The legislature is a bicameral institution made up of the Council of Iroij and the Nitijela (parliament). The primary function of the Council of Iroij is advisory; it has no voting or veto power. The Nitijela is the law-making chamber and consists of 33 members who stand for election every four years. From its ranks, the Nitijela elects a President and 12 other members to serve as the Cabinet. The Cabinet is the executive branch of the Government; it directs the actions of the public service and is answerable to the Nitijela. The judicial branch consists of a supreme court, a high court, a traditional rights court and community courts.

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There are 24 Local Governments that administer the affairs of the atolls and islands. Each local government consists of an elected council (except Ebon Atoll which has an hereditary council), an elected mayor, appointed or elected local officials and a local police force. The capacity of local governments varies considerably throughout the RMI.

A public sector reform program (PSRP) was initiated in the 1990s to downsize the service and streamline costs, resulting in about a one third reduction in staff from 1996 to 2000. The PSRP also resulted in the elimination of the Ministry of Social Services while remaining services were transferred to the Ministry of Internal Affairs and Social Welfare, the current focal point for children, youth and women.

The short history of independent government means public understanding of democratic principles and processes is lacking. In general, Marshallese do not feel they have the right to criticize government or its policies. The fact that elected leaders have retained much of their traditional power base also dissuades people from publicly voicing opposing views as this could be regarded as disrespectful to those of higher social status. The lack of public discussion and debate about culturally and politically sensitive issues remains a barrier to effective policy-making and social monitoring. Young people are generally not involved in political and decision-making processes.


1.4 Churches and NGOs

Approximately 80 percent of Marshallese are Christians. Churches play a significant role in the modern economy and are considered fundamental to maintenance of social capital. Some people believe churches should confront “sensitive social issues” like domestic violence and child abuse and support communities in taking affirmative action. Because of the pivotal role that church networks play, they have immense potential to mobilize people for self-help action.

A 1999 study found that there were 114 NGOs in the Marshall Islands with approximately two thirds focused on spiritual development. A number of NGOs also focus specifically on meeting the needs of children and young people. For example, Mission Pacific is involved in educational and health development; Youth to Youth in Health provides reproductive health services and leadership development training for youth; the Salvation Army offers social programs for children and a feeding program for malnourished children. The National Youth Congress provides opportunity for young people to contribute to local and national level development planning.

While civil society is still in a developmental stage in the Marshall Islands, the number and range of programs offered by NGOs is expanding. In addition to Church groups and NGOs with longstanding involvement in children’s issues several new youth-focused groups have recently been formed. For instance, *Waen Aelon in Magel* (Canoes of the Marshall Islands) provides training to young people in
traditional canoe building and sailing skills and modern boat repair. In conjunction with the College of the Marshall Islands, the program will soon offer a certificate program in Fibreglass Boat Building/Repair and Woodworking.

WUTMI, the national umbrella agency for women’s organizations has been revitalized, providing a focal point for promotion of gender equality and a collective voice for women. At the last annual meeting, it was suggested that a committee be established to address children’s issues. The recently established Marshall Islands Council of Non-Government Organizations seeks to build capacity of local organisations, promote civil society representation in policy dialogue and strengthen coordination between NGOs, government agencies and the international community. These agencies are well positioned to work with the NNCC to ensure the economic, social and cultural rights of the child are addressed.

1.5 Economy and Employment

Given the size and remoteness of the Marshall Islands, opportunities for economic growth are limited. The high dependence on a narrow export base of copra and fish make the domestic economy highly vulnerable to external factors. While RMI does have a fisheries exclusive economic zone of nearly 2 million square kilometres, the distance between ports limits the viability of this industry. Fisheries remain the single most important productive sector in the RMI and a key export sector.

The domestic economy continues to be heavily dependent on US Compact funds for recurrent budget expenditures and development programs; many families rely on nuclear compensation payments as their only source of income. A new Compact Agreement guaranteeing financial and technical assistance for a twenty-year period ending 2023 is currently being finalized. The priority areas for funding under Compact II are health, education and the environment.

In addition to Compact funds, the RMI receives royalties from foreign fishing vessels operating in its waters, from in-port expenditures of foreign vessels trans-shipping fish through the country and from wages earned by Marshallese employed on the US defence base at Kwajalein. Further funds are provided through bi-lateral agreements with Japan, the European Union and Australia. For many years, massive debt service payments on loans for infrastructure and largely unprofitable commercial projects have consumed much of the Government’s untied Compact receipts. The debts have now been repaid providing real opportunity to put public finances on a sustainable basis.

According to the ADB (2003), there is a growing gap between the richest and poorest groups in society. This is due to the concentration of highly paid public servant positions in urban areas, the continuing decline in the price of copra and the lack of low-skilled jobs nationwide. Rural inequality is also increasing because most benefits derived from the US Compact and Federal Funds favour urban development, while nuclear compensation and lease payments only benefit select individuals and communities.
The 1999 Census reveals that unemployment in the Marshall Islands has skyrocketed over the past ten years with three times more people now reported as unemployed. While the number of people attaining working age grew from 11,488 in 1990 to 14,677 in 2000, there were only 85 more people employed in 2000 (10,141) than in 1988. The Marshall Islands has the highest unemployment rate of any US affiliated island in the Pacific.

In urban centres, the public service is the largest employer while people on outer islands are primarily self-employed: copra growing and processing, sale of fish, bananas, pumpkins and handicraft are the main sources of cash income.

"The prospect of several hundred additional young people every year being unable to find work or self-employed opportunities raises serious concerns about social stability and security on Majuro, Ebeye and the rural atolls."

Source: ADB, 2001

Given the population growth rate, a critical development issue is the need to create an estimated 600-700 new jobs or self-employment opportunities a year just to maintain current employment figures. Unless there is a substantial change in the economic situation, the potential for new jobs is estimated to be in the range of 100-300 a year.

1.6 Population profile

From 1980 to 1999, the population of RMI increased by 65 percent. After three decades of heavy growth, the natural rate of population growth declined to some extent during the period 1989-1999. Compared to an average growth rate of 3.9 percent from 1958-1988, the growth rate was reduced to 3.7 percent in this census period.

Figure 1. Population Growth Rates, 1967-1999

![Graph showing population growth rates from 1967 to 1999](image_url)

Source: EPPSO, 2003
The slowdown in the growth rate resulted from a drop in the total fertility rate from 7.23 in 1988 to 5.71 in 1999 and the significant increase in migration to the US, where RMI citizens have free access. Allowing for the migration factor, the actual growth rate for the 1989 to 1999 period was estimated at 1.5 percent.

The 1999 Census reveals that the population of RMI is very young—those 14 years of age and younger comprise about 43 percent of the total population. Of the estimated 50,840 residents, the average age is 17.8 years. This population profile poses immense challenges for the provision of employment, services and infrastructure in the short to medium term.

While high levels of emigration has alleviated some of the immediate strain on infrastructure and services, it is clear the upcoming generation will not have the same level of educational or financial resources available to establish productive livelihoods overseas. At present, the Government does not know how many RMI citizens are migrating to the US annually.

The 1999 census revealed that while internal migration to urban centers continues, it has subsided in recent years. Whereas the urban population increased from 33 percent in 1958 to 67 percent in 1988, it increased only slightly, to 68 percent in 1999. Compared to a 57 percent growth of the urban population in the intercensal period 1980-1988, population growth during the period 1988-1999 was 19 percent.

Table 1. Changes in Population Demographics, 1988-1999

<table>
<thead>
<tr>
<th>YEAR</th>
<th>1988</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population</td>
<td>43,380</td>
<td>50,840</td>
</tr>
<tr>
<td>Population under 15</td>
<td>51.0 %</td>
<td>42.9 %</td>
</tr>
<tr>
<td>Urban population</td>
<td>64.5 %</td>
<td>65.2 %</td>
</tr>
<tr>
<td>Populations density</td>
<td>619</td>
<td>726</td>
</tr>
<tr>
<td>Rate of natural increase</td>
<td>4.08 %</td>
<td>3.69 %</td>
</tr>
<tr>
<td>Total number of households</td>
<td>4924</td>
<td>6478</td>
</tr>
<tr>
<td>Average size of households</td>
<td>8.7</td>
<td>7.8</td>
</tr>
<tr>
<td>Dependency ratio</td>
<td>117.1 %</td>
<td>82.2 %</td>
</tr>
<tr>
<td>Median age of population</td>
<td>14.0</td>
<td>17.8</td>
</tr>
</tbody>
</table>

Source: EPPSO, 2002

---

1 EPPSO, 1999
Figure 2. Population Distribution by Age Group, 1999

Table 2. Population of the Marshall Islands and its Urban Centres

<table>
<thead>
<tr>
<th>Year</th>
<th>Majuro</th>
<th>%</th>
<th>Kwajalein</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1950</td>
<td>1,275</td>
<td>11.6</td>
<td>1,081</td>
<td>9.8</td>
<td>11,033</td>
</tr>
<tr>
<td>1958</td>
<td>3,336</td>
<td>24.0</td>
<td>1,240</td>
<td>8.9</td>
<td>13,928</td>
</tr>
<tr>
<td>1963</td>
<td>3,774</td>
<td>19.7</td>
<td>2,388</td>
<td>12.4</td>
<td>19,197</td>
</tr>
<tr>
<td>1973</td>
<td>10,290</td>
<td>41.1</td>
<td>5,469</td>
<td>21.8</td>
<td>25,045</td>
</tr>
<tr>
<td>1977</td>
<td>10,087</td>
<td>39.6</td>
<td>4,577</td>
<td>18.0</td>
<td>25,455</td>
</tr>
<tr>
<td>1980</td>
<td>11,791</td>
<td>38.2</td>
<td>6,624</td>
<td>21.5</td>
<td>30,873</td>
</tr>
<tr>
<td>1988</td>
<td>19,644</td>
<td>45.3</td>
<td>9,311</td>
<td>21.5</td>
<td>43,380</td>
</tr>
<tr>
<td>1999</td>
<td>23,676</td>
<td>46.6</td>
<td>10,902</td>
<td>21.4</td>
<td>50,840</td>
</tr>
</tbody>
</table>

Source: Reprinted from the Marshall Islands Journal, July 11/03

The 1999 census revealed that the average household size declined from 8.7 persons in 1988 to 7.8 in 1999, reflecting high migration to the US. Almost half, or 47.5 percent of all households were located in Majuro where the average household size was 7.7 persons. The highest household size was found in Ebeye with 9.0 persons. Average outer island household size was 7.4 persons.

Dependency ratios in the outer islands are very high with a ratio of 1.0, compared to 0.8 for the country as a whole. In 1988, the national dependency ratio was 1.17. High levels of dependency limit the availability of labour needed for the hard physical work involved in a subsistence and semi-subsistent lifestyle.

*The dependency ratio is calculated as the number of people under the age of 15 years or over 64 years per 100 people in the 15-64 year age group.*
1.7 Literacy

The 1999 census reported that 97 percent of household residents 10 years and older are literate—an increase of 6 percentage points since 1988. The literacy rate for the outer islands as a group was reported as 95 percent compared with the national average of 97 percent.

In assessing literacy status, it is important to note that the definition of literacy used in the 1999 Census (the ability to read and write a simple message in any language) was different from that used in the 1988 census (attainment of at least a Grade 4 education). This change in description has created considerable speculation about the accuracy of literacy statistics depicted in Figure 3.

Figure 3. Adult Literacy Rates, 1988-1999

Source: RMI 1999 Census, Final Report, EPPSO
PART 2

THE SOCIAL, CULTURAL, POLITICAL & ECONOMIC CONTEXT
PART II THE SOCIAL & CULTURAL CONTEXT

2.1 Society in transition

Today, the people of the Marshall Islands live in contrasting and often competing worlds. On the outer islands about 30 percent of the population live a mostly traditional lifestyle, while urban Marshallese have adopted many western lifestyle habits—like consumerism and fast food.

As the Marshall Islands continues to move from a subsistence economy to a cash economy, adherence to traditional social structures is diminishing. For instance, rather than staying with the wife’s extended family and working on customary land, family members now migrate to Majuro and Ebeye in search of employment and better services.

Many customary obligations that formerly required only labour now entail major cash expenditure by families unable to afford such payments. For instance, first birthday parties, weddings and deaths have become major social events in the Marshall Islands. Increasingly, the lavishness with which these occasions are celebrated is less an indicator of custom, and more one of status and wealth.

Landlords sometimes expect tenants to contribute money and food for these events; a major shortage of homes in urban centres ensures that renters comply. Churches also expect major investments of time and money from their members, with Christmas and Easter requiring extravagant expenditure. Many parents are facing increasing difficulty dealing with the competing demands created by churches, schools and children’s other needs.

As the pressures of the cash economy mount, stress and conflict within families is rising and more and more households become unable to meet their needs and/or expectations. Rapid urbanization and identification with American culture have contributed to young people’s confused sense of identity and a growing sense of social unrest. Increased rates of suicide, juvenile crime, substance abuse, teenage pregnancy and the emergence of youth gangs are all indicators that the needs of young people are not being adequately addressed. As times get tougher in the Marshall Islands, migration to the US is being seen by many parents as the best way to secure a promising future for their children.

2.2 Changing family and gender relations

When people in the Marshall Islands describe their society and culture, a common theme is the importance of children, family events, social occasions and religious festivals celebrated by large gatherings of relatives. With the shift to modern economy, changes in tradition, family structure and the roles and responsibilities of all members have become necessary.

Traditionally, children were highly valued as assets to the family—they are still considered a precious resource today. In the past, maternal grandmothers made most important decisions concerning their grandchildren and although this practise is changing, grandmothers still hold positions of influence in child rearing.

ADB, 2002
Notions of individual freedom and self-expression advanced by the global media and entertainment industry have challenged traditional views about the role of young people. Many young people now expect to make important life decisions on their own—including choices about school, employment, reproductive health and marriage partners. This desire for independence and greater personal freedom clashes with strongly held cultural traditions and values and frequently results in intense personal and inter-personal tension.

During a recent study on hardship in the RMI, people indicated that families are "not as happy as they use to be". This was attributed to strained relationships (often related to alcohol abuse, unemployment and financial pressures), women's involvement in income-related activities and an overall decline in women's status within families and communities. Many people today believe that customary power is shifting in favour of men; the loss of respect for women seems to parallel a loss of respect for elders and chiefs.

The westernization of Marshall Islands culture has changed the social fabric and created gaps in traditional safety nets that once protected and guided the most vulnerable members of society. As the tradition of sharing among family members declines, low-income families are unable to provide for their children's needs. Many parents—especially those who are young and uneducated—cannot afford adequate food, clothing or education and are without access to either traditional or modern safety nets.

The Marshall Islands does not have an institutionalized social security system; government agencies, NGOs and churches provide a limited range of counselling and welfare services for people willing and able to reach out. In Marshallese custom, problems were resolved within families and clans so for many, the idea of going outside the family for help remains a foreign concept.

2.3 Changing diets

In the 1980s, urban malnutrition emerged as a major health issue. As rural islanders became urban dwellers, diets shifted from locally grown and caught food to high consumption of readily accessible but nutritionally deficient processed items. These foods contain high levels of fat, sugar and salt and are considered largely responsible for the deterioration of the nation’s health.

By the early 1990s, the availability of local food became scarce in Majuro and Ebeye due to increased demand, lack of space for gardening and people’s unwillingness to grow food crops. Marshallese people are not farmers and growing food for self-support remains a barrier. Today, local foods are no longer readily available in urban centres and the combination of low wages and high prices make it very difficult for many families to put a balanced “western meal” on the table. Paradoxically, because of the high demand for local foods—especially on special occasions—prices are often higher than for imported foods.
2.4 Perceptions of poverty

With the support of the ADB, the government conducted a Participatory Poverty Assessment (PPA) in 2002 to identify community perceptions of hardship and poverty in the Marshall Islands. This study highlighted the growing gap between the rich and the poor caused by the concentration of highly paid jobs in urban areas and declining income levels on the outer islands. There was consensus that hardship has worsened over the past five years, especially in remote areas. While achievements in health and education were noted, people generally believe these improvements mostly benefit the elite and middle class.

The PPA identified the following causes of hardship in both urban and rural areas:

- Inadequate health and/or education support for children
- Poor basic service provision, especially safe drinking water and electricity
- Overcrowding and low quality housing on Majuro and Ebeye
- Lack of regular and frequent field trips to the outer islands
- A range of child and youth related problems including school dropouts, youth “idleness”, joblessness, alcohol abuse and teenage pregnancy
- Limited jobs and ways to earn cash
- Low levels of education and not enough training opportunities for youth who wish to return to school; and
- Increasingly strained gender relations and women’s increased workloads.

The study prioritised the following interventions to address hardship in the Marshall Islands.

* Improve education and training opportunities*
  - Increase the number of places available at high school, develop more vocational programs and reinstate re-entry programs such as the General Education Diploma.

* Protect and promote the rights of children and youth*
  - Increase the number of sporting facilities
  - Establish more youth organisations to keep young people occupied and limit the extent of idleness drinking, stealing and teenage pregnancy
  - Focus on education and information dissemination regarding how to deal with peer group pressure and how to handle sex-related issues responsibly

* Improve income generation on the outer islands*
  - Support agricultural and fishing related development on the outer islands, improve and expand transportation services and extend agriculture extension services
  - Provide sales and marketing assistance to support individual handicraft producers, establish handicraft centres with good links to traders on Majuro and overseas
  - Enlarge the range of viable economic activities including fish-based and aquaculture products.
PART 3
THE SITUATION OF CHILDREN
3.1 Child Survival

What the CRC Says:

Article 24  “The child has the right to the highest attainable standard of health and health services, without exception. Governments are required to give priority to reducing child and infant mortality by providing paediatric and primary health care, pre-natal and postnatal care, health education and counselling. Governments are also obliged to promote sound nutrition and adequate food, clean drinking water and safe sanitation. Governments shall also abolish traditional practices prejudicial to children’s health”.

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Water and Sanitation

Despite some improvements, sanitation and safe drinking water are still not universal. The 1999 Census found that the main source of drinking water for most households is rainwater catchments and tanks. Densely populated areas facilitate the spread of airborne diseases such as tuberculosis and other diseases passed through direct contact like leprosy, conjunctivitis and scabies.

Water and sanitation facilities are an area of disadvantage for the outer islands as reflected in the high incidence of diarrhoeal disease in these communities. The MOH Annual Report for 2002 indicates that gastroenteritis (non-infectious diarrhoea) was the 7th highest diagnosis at outpatient clinics, with 780 reported cases that year. According to the 1999 Census, less than one percent of outer island households have piped water compared to 25 percent of households in the other parts of the country. Wells or rain catchments are the principal sources of water; both of these sources are susceptible to contamination. With respect to sanitation facilities, 58 percent of outer island households either have no toilet facilities or use pit latrines compared to 18 percent in the rest of the country.
Health Care Delivery

The Ministry of Health and Environment (MOH) is responsible for the provision of health services; planning and management functions are centralized at Ministry headquarters in Majuro. The MOH initiated Community Health Councils in 1995 to promote prevention and increase public participation.

In 1986, the government adopted World Health Organizations primary health care concepts and subsequently instituted the Bureau of Primary Health Care (PHC). The Bureau of Primary Health Care (formerly Preventive Services) was renamed in 1997 to reflect the broad scope of the bureau’s mandate for community-based health promotion and services. There are four divisions within the Bureau of PHC: Division of Public Health, Health Promotion and Human Services, Outer Island Health Care and Dental Services. The Division of Public Health, the largest division in the Bureau, administers five programs: Reproductive Health, Immunization, Sexually Transmitted Diseases (STD/HIV), Chronic Disease Control and the Tuberculosis and Leprosy Program. All of these programs conduct regular clinics and outreach services. The Bureau of PHC operates primarily on US federal funds and other international assistance. Proper and prudent use of these funds will ensure more efficient primary health care services for outer island communities.

Despite the policy shift to primary health care, a large percentage of resources allocated for health are still consumed by curative care programs. The inadequacy of domestic health care services makes it necessary to refer patients to Honolulu or Manila for treatment. This practise uses up a substantial proportion of resources allocated to health, causing heavy strain on the annual budget and preventing the shift to primary health. Curative health services on Majuro and Ebeye also absorb a major part of health finances, reducing resources available for the outer islands and primary health care.

The health care system consists of two hospitals (Majuro and Ebeye) and 54 Health Centres on the outer islands. The Majuro Hospital, an 80-bed facility, provides a range of inpatient and outpatient services and handles between 2,000 and 2,500 admissions each year. The new Ebeye hospital has 25 beds and provides a range of primary and secondary services on an inpatient and outpatient basis. Both facilities offer limited tertiary care; patients requiring tertiary treatment are referred to hospitals overseas. While all outer islands have a Health Centre, some recently renovated, over half are still badly in need of repair. In recent years, diagnostic laboratories have been expanded and funds have been secured to upgrade and expand the hospital on Majuro Atoll. In 2002, mammography services were initiated at the Majuro hospital making possible the early detection of breast cancer.

Health Assistants complete 18 months of training in basic medicine; they provide primary care services and work with Community Health Councils to promote prevention. In 1999, 19 female Health Assistants were trained to overcome cultural barriers preventing women from receiving needed care from male health providers.

Although health centers provide space for in-patient treatment, the most serious cases are taken to Majuro or Ebeye. Specialized medical teams from Majuro make regular visits to the outer islands. Transportation problems mean outer island clinics often run out of pharmaceutical medicines.

EPPSO is conducting an infrastructure development and maintenance assessment of all health and education facilities in the country. When available, the results of this survey will be used to develop plans for repair or replacement as required.
In addition to health services provided by the MOH, separate medical and health services were made available to people from the four atolls most directly affected by nuclear testing—Bikini, Enewetak, Rongelap and Utirik. Since 1986, the "177 Health Program" provided health care to over 7,000 islanders exposed to nuclear tests in the 1950s, as well as their children and grandchildren. Funding for 177 programs came from the Nuclear Claims Fund, established as part of the previous Compact. Despite attempts by the RMI negotiating team to continue 177 health services in the new Compact, this was not agreed by the US Government; the program was scheduled to finish in December 2003. There is considerable public concern about the implications of terminating health services to radiation-exposed communities who have ongoing medical needs, and the failure of the US to honour its long-term commitment to test-exposed communities. A Changed Circumstances Petition has been presented to the US government seeking additional compensation for hardships, cleanup and health care. Results of this petition are pending.

Non-government organizations also play an important role in the delivery of health services. There is a private medical clinic and a church-based health clinic on Majuro Atoll. Youth to Youth in Health, an NGO established in 1986, operates a youth health clinic in Majuro and carries out promotion programs on the outer islands. The MOH provides support to Youth to Youth through a Memorandum of Understanding, which is currently being renegotiated.

The health system depends heavily on expatriate health workers for hospital positions due to the shortage of skilled Marshallese health care workers and managers. Although financing of public health services comes from several sources (government tax revenue, Compact funds, US federal grants, a health insurance fund, user charges and funding from other donor agencies), health sector expenditure is heavily dependent on US funding.

MOH officials are concerned about the accuracy and reliability of statistics on disease prevalence and causes of morbidity and mortality. Records completed by health care workers are often incomplete or inconsistent; limited case histories are insufficient to enable proper cross-sector analysis. To ensure greater accountability, Compact II funding requires the implementation of a performance-based monitoring system. An improved health information management system will improve capacity for ongoing assessment of children’s health status.

**Health Status Indicators**

Over the past decade, there has been a marked improvement in the health status of the population as indicated in Table 3. Infant and child deaths have been considerably reduced in the last 10 years; infant death has been reduced by 35 percent from 63 to 37 per 1,000 live births. Among children under 5 years of age there has been a reduction of mortality rate by nearly 50 percent since 1988, from 93 to 48 per 1,000 live births. The infant mortality rate among baby girls is lower than for boys, 32 for girls compared with 41 for boys in 1999. There has also been a faster reduction in infant girl deaths; the infant mortality rate was reduced by 46 percent for baby girls and by 37 percent for baby boys.

During the last 10 years, life expectancy increased to 69 years for women and to 66 years for men. In 1988, life expectancy for women was 63 years compared to 61 years for men.

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*The IMR figures discussed here are from the 1988 and 1999 census reports. The MOH 15 Year Strategy Plan has an IMR of 26 per 1,000 live births for 1999. The 1994 Household Survey reported an IMR of 63 per 1,000 live births.*
Table 3.  **Health Status Indicators, 1988-1999**

<table>
<thead>
<tr>
<th>Indicators</th>
<th>1988</th>
<th>1999</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life Expectancy at Birth</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Both Sexes</td>
<td>61.04</td>
<td>67.49</td>
</tr>
<tr>
<td>Females</td>
<td>62.57</td>
<td>69.35</td>
</tr>
<tr>
<td>Males</td>
<td>59.61</td>
<td>65.72</td>
</tr>
<tr>
<td>Crude Death Rate (per ‘000)</td>
<td>8.9</td>
<td>4.9</td>
</tr>
<tr>
<td>Crude Birth Rate (per ‘000)</td>
<td>49.2</td>
<td>41.8</td>
</tr>
<tr>
<td>Total Fertility Rate</td>
<td>7.23</td>
<td>5.71</td>
</tr>
<tr>
<td>Infant Mortality Rate (per ‘000)</td>
<td>63</td>
<td>37</td>
</tr>
<tr>
<td>Mortality under 5 years (per ‘000)</td>
<td>93</td>
<td>48</td>
</tr>
</tbody>
</table>


**Maternal and Child Health**

The Comprehensive Perinatal Care Program is the core priority of the Bureau of PHC; it includes aggressive health education and promotion campaigns on the importance of perinatal care. A significant achievement of this program is the increased number of pregnant women attending antenatal clinics during the first trimester of pregnancy. First trimester visits increased from 26.8 percent of total prenatal care visits in 2001 to 63.4 percent in 2002.

MOH records indicate a total of 28 infant deaths in 2002. While this number is significantly lower than 40 deaths recorded in 2001, the rate is still high considering the development of maternal and child health services. Mortality rates in other categories have also shown improvement over the span of several years. Mortality rates for 2002 are listed in Table 4.

Frequent pregnancies and childbirth place stress on the health of women especially when coupled with poor nutritional habits; short intervals between births contribute to a decline in women’s health. Trends in the RMI indicate poor maternal health and high rates of gestational diabetes, high prevalence of babies born under 5 pounds (2,500 grams) and premature births.

Table 4. **Mortality Rates 2002 (per 1,000 Population)**

<table>
<thead>
<tr>
<th>Mortality Rate</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate*</td>
<td>22.38</td>
</tr>
<tr>
<td>Neonatal Mortality Rate**</td>
<td>15.99</td>
</tr>
<tr>
<td>Post Neonatal Mortality Rate***</td>
<td>6.95</td>
</tr>
<tr>
<td>Perinatal Mortality Rate****</td>
<td>27.18</td>
</tr>
<tr>
<td>Maternal Mortality Ratio*****</td>
<td>0 per 100,000</td>
</tr>
</tbody>
</table>

*Source: MOH, Annual Report 2002*

* Number of infant deaths <365 days/Total Number of Registered Live Births
** Number of infant deaths <28 days/Total Number of Registered Live Births
*** Number of infant deaths between 28 and 364 days/Total Number of Registered Live Births
**** Number of foetal deaths + infant deaths <= 7 days/Total Number of Registered Live Births + Foetal Deaths
***** Number of deaths assigned to causes related to childbirth/Total number of registered live births
The number of teenage mothers receiving pre-natal care during first and second trimester has increased. The rate of births to adolescent women accounts for approximately 20 percent of the total number of registered live births. Of concern, 5 percent of teen births were to girls 15 years of age and younger.

Much remains to be done in providing reproductive health and counselling to young mothers since children of teenage mothers are more likely to face economic, health and developmental challenges compared to children of older mothers. Birth complications such as low birth weight and premature delivery are also more common in teen pregnancies.

Growth monitoring for all children is carried out during well baby clinics and community outreach visits. While Health Assistants have received training on growth monitoring, this activity is not carried out on a regular basis on the outer islands due to lack of necessary supplies.

11MOH, Annual Report 2002
MOH records from 2002 indicate that 97 percent of infants in the Marshall Islands are breast-fed. The traditional belief that colostrum is dangerous for newborns has changed through awareness initiatives. Most urban mothers use store-bought baby foods when their infants are being weaned, while women on the outer islands use local fruits to supplement their baby’s diet. The Bureau of PHC promotes exclusive breastfeeding using a variety of information, education and communication techniques.

In 1996, the MOH drafted a National Breast Feeding Policy. The objective of this policy framework is to promote—through education, legislation and enforcement—the right of all children to be fed only breast milk for the first six months of life, and to ensure employers provide adequate leave for mothers to establish lactation and continue nursing after returning to work. Endorsement of the National Breastfeeding Policy is necessary to achieve objectives concerning mandatory maternity leave and institution of baby-friendly workplaces that enable mothers to bring their children to work.

Patterns of Illness

Health status in the Marshall Islands is characterized by a triple disease pattern that includes communicable, non-communicable and nuclear-related illnesses.

Non-Communicable Diseases

Most major health problems in the RMI today are lifestyle related. Common non-communicable diseases include diabetes, hypertension, heart disease, cancer and fish poisoning. There is a high incidence of malnutrition among children and obesity in adults caused by poor eating habits. The growing prevalence of non-communicable diseases has a significant impact on morbidity and mortality rates.

In late 2001, the Bureau of PHC conducted an evaluation of the death registry to determine the most common causes of death in the RMI. This study found that diabetes and cardiovascular diseases are the leading causes of death, followed by cancers with most death occurring to those above age 45.
Men are more prone to death from heart diseases, cerebra-vascular accidents, liver disease, accidents and violence. Women incur high death rates from cancer (cervix and breast) and obstetric causes.

Suicide is the leading cause of death among those aged 15 to 44 years and occurs almost exclusively among men. Deaths due to suicide may be underestimated since asphyxiation, without mention of suicide or hanging, was classified as an “accident” or “violence”. Communicable diseases are more prominent as a cause of death among lower age groups.

In collaboration with the World Health Organization and the Fiji School of Medicine, a non-communicable disease survey was conducted in 2002. The results of this survey will provide vital information about risk factors related to NCDs and will suggest how the MOH can use the **STEPwise Approach to Surveillance of Risk Factors** to reduce NCDs.

The MOH works actively with other ministries to promote healthy lifestyles through health campaigns and seminars on primary health care issues. The Ministry launched the Health and Population Project in 1995 and established Community Health Councils as the core groups to implement primary health care services. The MOH recognizes the critical importance of increasing people’s participation in health promotion through education and prevention programs. The Ministry’s motto is “Health is a Shared Responsibility”—the challenge is how to get people to assume this responsibility.

**Diabetes**

The rate of diabetes continues to increase, along with deaths from diabetes and diabetes-related causes. MOH records indicate that diabetes and diabetes-related illnesses were the number one cause of death from 1996 to 2001. A blood sample survey taken on three outer islands in 2001 revealed that 51 percent of those tested were either diabetic or pre-diabetic\(^1\). Of significant concern, the age of those at highest risk of diabetes is getting younger. There is an increased prevalence of obesity and diabetes in children and young people particularly young women aged 20-35 years.

Diabetes-related illness accounts for as many as 75 percent of all non-obstetric patients (male and female) admitted to the Majuro hospital and contributes to an average length of stay of 10 days or more. Poor nutrition, lack of exercise and genetic predisposition are the primary contributors to this disease. A Diabetic Task Force Committee was established in 2002 to identify prevention strategies.

\(^1\)MOH, 2000
Nutrition

The increasing prevalence of non-communicable diseases in Marshall Islands is related to “over-nutrition” and high consumption of fatty foods. In urban centres where overcrowding prevents agricultural development, the availability of fresh produce is limited. Even when traditional Marshallese foods are available, they are expensive and seen as too time consuming to prepare. High unemployment, low wages and the high cost of imported foods makes healthy eating increasingly unaffordable to many Marshallese.

The World Health Association has identified special risks for nutrient deficiencies in atoll island countries having limited soil capacity and importing much of their food supplies. Traditional staple foods—breadfruit, taro and pandanus—all contain at least some carotenoids, whereas rice, flour, sugar and sodas contain none. For many years, Marshall Islanders have been encouraged to grow and eat varieties of green leafy vegetables to prevent VAD deficiency.

A 1994 study estimated that 62 percent of children under five had severe Vitamin A deficiency and that malnourishment accounted for approximately 17 percent of all deaths in that age group. As a result of this study, the Vitamin A distribution program was initiated in 1995 and has continued on a twice-yearly basis. Vitamin A supplements are distributed to all children from 6 months to 12 years of age and all postpartum women immediately after birth. The Ministry of Health recognises the need for a follow-up study to assess the impact of the distribution program and current status of VAD deficiency in children nationwide.

To address growing malnutrition concerns, Government established a Nutrition Unit in 1995 at the Ministry of Health, staffed by a full-time Coordinator trained in community nutrition. In 1996, Cabinet approved the National Policy for Agriculture, Food and Nutrition, including national dietary guidelines. A National Plan of Action on Nutrition (NPAN) was drafted in 1995 and is currently being revised by the NNCC Task Force on Food and Nutrition. It is important the NPAN is finalised and endorsed as soon as possible as a strategic basis for addressing the nutritional concerns of children and women.

The NPAN will aggressively promote nutritious diets with emphasis on local foods. Consumption and production of local foods will be encouraged through development of appropriate tax measures, agricultural policies and the re-introduction of the school lunch program using local food and by promoting health education in schools. Assistance will be provided in establishing facilities that encourage the habit of regular exercise among our people, especially in the urban areas. Given women’s responsibility for food production and preparation, it is recognised they will play a pivotal role in changing the nation’s eating habits. A survey will be conducted to assess sanitation needs and to formulate a plan to meet those needs.

In collaboration with John Hopkins University, the MOH has also initiated a study on the causes and affects of under-nutrition as the basis for improving diabetes prevention programmes.
Substance Abuse

Like many developing countries, alcohol abuse is a major public health concern in the Marshall Islands. Excessive drinking too much and too often is a significant contributor to crime, accidents, domestic and social violence, child abuse, unwanted pregnancy, depression and suicide and the spread of sexually transmitted diseases. In 2000, alcohol related hospitalization constituted 71 percent of cases referred to the MOH Counselling Program.

Churches and NGOs have expressed strong concern about the misuse of alcohol and affects on family and community life. In the late 1990s the National Council of Churches collected 10,000 signatures on a petition to prohibit alcohol in the Marshall Islands; this petition was not successful. WUTFMI and other organizations continue to work on alcohol and drug abuse programs.

In 1998, the Micronesian Seminar undertook a study on drug and alcohol use and treatment approaches used by organizations in the RMI. This research was sponsored by the US based Centre for Substance Abuse Treatment to determine the need for additional intervention. The study emphasises the need to consider alcohol use in a cultural context, highlights the strong correlation between alcohol use, crime and suicide rates and details the prevalence of alcohol, marijuana, cocaine and use of inhalants. This research concludes that alcohol is the greatest drug problem in the Marshall Islands, particularly among the male population. The use of inhalants (gas and glue sniffing) is also a serious problem, particularly in Ebeye. The study makes numerous recommendations regarding prevention and treatment strategies including involvement of grassroots community institutions and a re-examination of the role of government agencies in substance abuse prevention, treatment and record keeping.

Tobacco smoking is also a major public health concern in the Marshall Islands. Legislation on selling tobacco products to minors was passed by the Nitijela in September 1993. However, a 1999 study revealed that many urban stores do not adhere to this legislation. The Bureau of Primary Health Care has developed a range of anti-smoking promotional materials in an attempt to combat the increasing prevalence of tobacco use among young people but the lack of a non-smoking culture and reinforcement by parents continues to limit the effectiveness of these campaigns.

A National Substance Abuse Prevention Committee was formed in 1995 with representation from key ministries and community organizations, but disbanded in 1998. Government recognises the need for a comprehensive and consolidated approach to substance abuse prevention and treatment.

Communicable Diseases

Common infectious diseases include amoebiasis, conjunctivitis, gastroenteritis, gonorrhoea, influenza, leprosy, scabies, syphilis and tuberculosis (TB). In 2001, the three leading causes of illness reported in outer island health centres were acute respiratory infections, influenza and diarrhoea. Incidents of conjunctivitis decreased from 942 in 1999 to 108 in 2001.

Despite increased health promotion and active screening and treatment for tuberculosis, patient compliance with medication remains a problem. TB continues to be a significant public health problem in the RMI and was one of the leading causes of death in 2001. The MOH uses the Directly Observed Therapy (DOTS) Short Course protocol for TB patients.

Since the national leprosy screening in 1997, the prevalence rate of leprosy has declined from 27.2 per 10,000 (1997) to 5.5 per 10,000 in 2002. The target rate is 1 per 10,000 people by the end of 2003.
Sexual and Reproductive Health

Statistics from the MOH indicate that the number of family planning users has increased since 1995, with female users significantly outnumbering males. In 2001, female contraceptive users constituted 86.6 percent of people attending family planning clinics.

While the Family Planning Program has made significant strides in recent years, several factors continue to limit its effectiveness. Visits to family planning clinics are constrained by lack of transportation, childcare and support by husbands/boyfriends to use contraceptives. There is a need to provide family planning counselling in communities and schools rather than relying on clients to attend clinics. There is also a shortage of school nurses to assist in family planning services to high school students.

According to research conducted by Youth to Youth in Health, males 20 years and under are becoming sexually active at a younger age; this group has not been targeted in reproductive health campaigns to date. Strengthening male clinics is a priority area for the MOH in 2003, along with increasing health education and promotion activities.
As young people become more sexually active they also become more vulnerable to numerous public health concerns. Despite efforts to expand the reach of reproductive health services, there is still a need to make relevant, high quality information and contraceptives more accessible in order to decrease unwanted pregnancies and deter the spread of STDs and HIV/AIDS. This is especially true on the outer islands where neither contraceptives nor STD testing services are readily available.

The increased rate of STDs seen over the past decade continued in 2002: STDs and HIV/AIDS now pose a serious threat to the health of the RMI population. Despite increased health education and promotion efforts, syphilis, gonorrhoea and chlamydia rates continue to rise. All STDs are especially high among young adults aged 15-24. The most common STD is syphilis, most prevalent in the 20-24 year age group.

The MOH attributes the rise in STDs to real increase and to enhanced surveillance. However, given that cultural taboos and limited access to screening continue to constrain reporting, recorded cases of STDs likely under-represent the real prevalence rate. The number of people who attend clinics for blood screening is increasing each year; from 2,260 in 1999 to 3,220 in 2001. Young people aged 20-24 years are most often screened, with a higher percentage of females than males.

Although STDs are treatable with antibiotics, they can have serious long-term health effects. Untreated STDs lead to pelvic inflammatory disease and infertility in women. In addition, active STD infections increase the likelihood of contracting HIV, the virus that causes AIDS.

The first reported case of HIV/AIDS was in 1986; no other cases were recorded until mid 2002 when a case was confirmed in Ebeye. Media reporting of this incident generated a public outcry, as people seemed to believe the Marshall Islands was, and would remain HIV/AIDS free. Some Medical authorities speculate that HIV/AIDS may be significantly under-reported due to lack of awareness and insufficient diagnostic facilities.

At the request of the MOH, a study of sexual networking and the spread of HIV/AIDS in the Marshall Islands was conducted in 2003 by researchers from the USP. The purpose of the study was to assess the vulnerability of certain groups to HIV/AIDS transmission and the extent to which HIV/AIDS could spread amongst the general population through sexual relations. The research was conducted using a participatory methodology that included focus group discussions with young people and women engaged in the formal and informal sex trade.

Primary data collected during this Majuro-based study revealed a high-risk environment for the spread of HIV/AIDS, particularly amongst young people. Of particular concern were the following trends:

- Adolescents generally begin sexual activity at the age of 13 or 14 years
- Promiscuous sexual behaviour is commonplace between women and men of all ages
- Alcohol abuse is common amongst young people and is associated with risky sexual behaviour
- Young women are engaging in unsafe sexual practices with visiting seafarers and other men who provide them with alcoholic beverages, cigarettes and/or money
- Rates of teenage pregnancy and STIs are high and on the increase
• Youth unemployment is high
• There has been a notable decline in the supervisory role of the family
• Study participants lacked awareness of HIV/AIDS and safe sex practices.

The research report states that current government policy and practice related to HIV/AIDS is inadequate in addressing existing vulnerabilities and described a lack of coordination between divisions within the Ministry of Health. Further, HIV/AIDS screening that is performed is often misdirected and ineffectual due to the lack of follow-up testing. While NGOs such as Youth to Youth in Health have met with some success at conveying prevention messages, lack of funding and leadership constrains the organization’s ability to implement IEC campaigns.

The study urges Government to seriously re-examine HIV/AIDS policy and practise, with particular attention to high-risk groups, and to set aside appropriate resources to raise awareness on HIV/AIDS vulnerability. Target groups should include youth (through schools, YTYIH, church-based youth organizations and sports clubs), seafarers (through the provision of IEC materials to the Marine Training School), the entertainment industry (through provision of IEC materials to bars and night clubs) and the tourism industry.

Figure 9. Contraceptive Prevalence Rates, 1995 - 2001

Source: MOH, Annual Report 2002

Figure 10. Family Planning Users by dex, 1995 - 2001

Source: MOH, Annual Report 2002
Immunization

From the immunization database maintained by the public health divisions on Majuro and Ebeye, it is not possible to determine coverage rates for all parts of the country. While the coverage of children in the urban areas is apparently much better than immunization services on outer islands, the 2002 immunization report by the Majuro Public Health Division indicates that out of 1,375 registered children below two years of age, only 232 were fully immunized, a coverage rate of only 17 percent. In Ebeye, out of 944 registered children below two years of age, 375 received all immunizations, representing a full coverage rate of 39.5 percent\(^\text{13}\).

In collaboration with the MOH, the Pacific Islands Health Officers Association conducted an immunization survey in 2001 which revealed that immunization levels have declined in the RMI for all vaccines except the birth dose of Hepatitis B, which rose from 28 to 36 percent\(^\text{14}\). According to this survey, the number of fully immunized children dropped by 22 percent; an estimated 42 percent of children in the RMI are now fully immunized for DPT4, OPV3, HepB3, MMRI and BCG. Other significant findings from the survey are listed below.

- The Diphtheria Pertussis-Tetanus (DPT) schedule requires 4 doses of DPT before the age of two. The survey found that 54 percent of children had four doses and 82 percent had at least 3 doses. Only 2 percent failed to receive any DPT vaccine.
- The Hepatitis B Vaccine (HepB) series requires three doses. The survey revealed that 67 percent of children received the full series—a decline from a previous survey rate of 84 percent.
- The Oral Polio Vaccine is given in three doses: 80 percent of children received all three doses.
- The BCG is given in a single dose: 77 percent of the surveyed children were immunized. Of these, 67 percent had a verification scar on their arm.
- The Measles-Mumps-Rubella (MMR) vaccine is given in two doses; the immunization rate declined from 93 percent to 80 percent for MMRI; 40 percent of two-year old children had MMR2. Twenty percent of children surveyed were completely without protection and approximately 15 percent of those who received MMRI failed to "take".

An outbreak of measles on the island of Guam put the RMI at great risk of importing the disease; low levels of Vitamin A further increased children’s vulnerability. In 2002, the PHC Bureau completed a national measles campaign covering all outer islands and targeting children aged 1 and 4 years. To ensure full coverage, all children were immunized regardless of whether they had previously received the MMR.

Low immunization coverage in the outer islands is attributed to logistical obstacles faced by health workers; distances between outer islands, high migration rates, limited storage facilities for vaccines, sensitivity of vaccines to temperature fluctuations and weak information and communications systems.

\(^{13}\) Statistical Yearbook, 2002, EPPSO

\(^{14}\) MOH, Statistical Abstract, 1999-2001
Nuclear-Related Illnesses

The legacy of US nuclear testing continues to overshadow health analysis in the RMI. Today, many citizens continue to suffer from radiation-related types of cancers, tumours and thyroid problems traced to the adverse impact of nuclear testing programs in Bikini and Enewetok over fifty years ago. Nuclear testing is said to “have seriously damaged the health of not only those exposed to the explosions or the fallout, but also of others who have lived and worked in contaminated environments during and after the testing, and the communities that were relocated away from their lands and marine resources”15.

A 2001 study found that in addition to biophysical injuries, exposure to the environmental hazards generated by the US nuclear testing program and related biomedical research resulted in stigmatization and other psychosocial injuries which adversely affected individuals, communities and the nation.

The Nuclear Claims Tribunal—established under the first Compact to determine and award compensation for victims of nuclear testing programmes—has a list of 35 medical conditions presumed to have resulted from the testing Program including cancers, tumours and thyroid problems. By December 2002, the Tribunal had made 1,808 individual awards totalling $79,439,750 in personal injury compensation17.

15 ADB, 2002, Page 68
16 Johnston, B and Barber H., 2001
17 Nuclear Claims Tribunal, 2003
There is concern the closure of the 177 Health Program in December 2003 may precipitate medical complications and other hardships for people with exposure related illnesses; the RMI Government hopes to negotiate further provision with US authorities.

**Children with Disabilities**

*What the CRC Says:*

> Article 23 states mentally and physically disabled children should enjoy a full and decent life, in conditions that ensure dignity, promote self-reliance and facilitate the child’s active participation in the community.

For the first time, the 1999 Census included questions related to people with disabilities; the census revealed that 853 people or 1.7 percent of the population is disabled; approximately 30 percent are under the age of 18. The primary disabilities are deafness, blindness, mental illness and cancer related disability. Disabled children under 18 years represent about 0.93 percent of the population. Cancer related disability constitutes 11.5 percent of total disability cases.

During the mid to late 1990s, the Government participated with other Pacific Island countries in the Rehabilitation Research and Training Centre Project to identify priorities for improving services to persons with disabilities. In 1997, a MOH working committee carried out a study of persons with disabilities. This study considered barriers to education and employment and identified gaps in diagnostic information and data management systems. Considerable under-reporting of disability cases is likely due to confusion about definitions, the belief that individuals with disabilities are not “sick” and because reporting does not necessarily result in additional support.

In 2000, the Ministry of Education organized a Conference on Disability and the Law. At this conference the Inter-Agency Council for Disabled Persons was formed to proactively address disability issues and promote inter-ministry collaboration in provision of services for people with special needs. A parent representative of the Marshall Islands Special Education Parents Association (MISEPA) also sits on the Inter-Agency Council. For some years the Inter-Agency Committee took an active role in organizing the annual National Disabilities Week held the first week of December to create greater public awareness of disabilities and to recognize the efforts of children with special needs. The Inter-Agency Council and the Disability week events were revitalized in 2003 following several years of inactivity.

The Ministry of Health plays an important role in addressing the special medical needs of children with disabilities, in particular Human Services and the Maternal Child Health Unit. Since the relocation of Majuro hospital, there is no physical therapy program for children with disabilities or follow-up care available after constructive surgery. Early intervention to strengthen the child does not exist. A select number of children with limited physical deformities are eligible for referral off island for corrective surgery. While MOH attempts to notify all families with disabled children of oncoming services by visiting specialty mission teams, work is generally done in urban centers. Unless children have been accepted into the referral program and are brought to Majuro or Ebeye, outer island populations lack access to these services.
3.2 Child Development (Education)

What the CRC Says:

“The child has the right to education. Governments are responsible for making primary education available, free and compulsory, to encourage different forms of secondary education accessible to every child and to make higher education available to all on the basis of capacity”. Article 28.

“The aim of education shall be to develop the child's personality, talents and mental and physical abilities to the fullest extent. Education shall prepare the child for an active adult life in a free society and foster respect for the child's parents, culture, language and values of others”. Article 29

Delivery of Education Services


The Education Act calls for universal, compulsory elementary education for all children aged 6-14 years—or until a student graduates from elementary school—and sets out the Department’s responsibilities in areas of curriculum development, standards, certification of teachers and schools, and for development and implementation of educational policies and procedures. The legislation also outlines the important role of the National Board of Education and Local Boards of Education operating within the jurisdiction of Local Governments. A committee was recently established to review and recommend changes to the Education Act.

Established in 1981, the Ministry of Education (MOE) is responsible for the administration of education services. The Ministry’s goal is to foster a policy environment in which teachers can operate effectively and students can participate and achieve to the highest standard possible. The Ministry must also ensure the education system is able to respond quickly and effectively to social and economic trends and can meet the diverse needs of communities and employers18.

The RMI school system is based on the US model and includes eight years of primary education (Kindergarten to Grade 8) and four years of secondary education (Grade 9-12). The school year commences in September and finishes the following June. The Head Start Program, a US federally funded initiative provides public pre-school services. While this program was designed for children aged 3 to 6 years, limited capacity and high demand have meant that Head Start functions more as a Kindergarten for 5 year olds. Some private schools and churches also offer kindergarten and pre-school programs.

18 Government of Marshall Islands, Strategic Plan for Education. 2001
Private schools, mostly operated by religious organizations, play a major role in provision of education services in the Marshall Islands. In 1999, a total of 4,366 students were enrolled in private schools; 2,976 in elementary schools and 1,390 in secondary. This represents about 30 percent of the nation’s total elementary and secondary enrolment, up from 25% in 1988. Clearly, private schools represent a large and growing presence in the Marshall Islands education system. Some private schools have expressed interest in increasing secondary school space but lack the required resources.

1999 population census data revealed that 30.4 of all females ages 14-18 were not attending schools and 69.8 percent of all females aged 19-21 were not enrolled15. Given the young population and high rate of natural increase, the numbers of children out of school will continue to increase if school space remains constant.

Tertiary education is provided through the College of the Marshall Islands (CMI) and the University of the South Pacific (USP) Extension Program, Marshall Islands Centre; both institutions also provide some continuing education and vocational programs. The Compact agreement provides funds for scholarships to RMI citizens wishing to pursue post-secondary education in the US and its territories. From 1988 to 1999, there were a total of 1,614 scholarship recipients, although only 245 of these students completed their overseas studies.

In 1989, the MOE launched a Ten-Year Masterplan aimed at revitalizing the primary school system and redressing identified deficiencies, including over-crowded classrooms, inadequate supplies, lack of parental involvement and poorly trained teachers and administrative staff. Subsequently, the Ministry developed the Strategic Plan for Education 2001, which complements the Government’s Vision 2018 strategy and identifies key priorities and directions in education.

Since 2000, the MOE has also been involved with UNESCO in developing an Education Strategy Action Plan to address the six priority goals identified at the Dakar World Education Conference. In April 2003, the MOE completed a working draft of this Action Plan outlining the major steps to be taken to address priority concerns. This plan is closely linked with the Strategic Plan for Education 2001 and Vision 2018 policy frameworks.

Over the last five years, the MOE has made significant advances in addressing identified deficiencies in education. For instance, this includes elimination of multi-grade classrooms in most urban schools; establishment of a teacher certification program; development of distance education and mentoring support for teachers; establishment of a National Vocational Training Institute at the Marshall Islands High School; review of the Language Policy; extension of classrooms in existing facilities and establishment of the new Laura High School.

As a result of the Language Policy review, the MOE is in the process of amending the Rules and Regulations to enable instruction in both English and Marshallese for a specified period of time each day. The teacher certification program, conducted in collaboration with the College of the Marshall Islands, requires teachers who do not possess either a two or four year college degree to attend summer courses at CMI; workshops on teaching methodologies are also offered. Certified teachers and consultants are recruited each summer to assist with these workshops.

15 Office of Planning and Statistics, 2002
The mentoring program facilitates support to identified public schools by selected MOE administrative staff. Mentors visit schools at least four times each year to support and assist teaching staff, to monitor overall school functioning and to increase communication with schools in isolated areas. This initiative has proven highly successful in enhancing communication between schools and MOE personnel, improving teacher/school performance and monitoring education outcomes.

Despite these initiatives and the considerable efforts of the MOE to address long-standing deficiencies in education, progress is constrained by the lack of human resources required to effectively develop, manage and monitor educational programs. The MOE is also structurally constrained by the budget process, limiting its ability to re-shuffle funds within the Ministry to meet priority needs. The MOE is addressing these constraints by revamping the current budget system to that of performance-based monitoring. It is hoped this system will help facilitate and monitor core education indicators through a detailed series of actions that adhere to specific inputs and outputs and ensure specific goals are achieved in the specified timeframe.

**Funding**

In 2002, US financial assistance (Compact and federal grants) accounted for over 63 percent of the Ministry of Education operating budget. The ADB also provides resources to the education sector in the form of loans for basic education development and a new loan to restructure and strengthen the delivery of vocational education services. Several other donors provide assistance to the sector.

Between 1994/95 and 1999/2000, expenditure on education averaged 21.5 percent of the country’s total recurrent expenditure\(^\text{20}\). In 2000/01 the level was slightly lower than average at 21 percent. In 2000, primary education consumed 43 percent of the budget, secondary education received 22 percent, and tertiary education programmes accounted for 19 percent while administration made up the balance of 16 percent. When funds are insufficient to meet basic expenses, money for supplies and equipment are often reallocated. Over many years, this practice has led to very poorly supplied schools, especially on the outer islands.

\(^{20}\) It is important to note that because of the large amount of external assistance the RMI receives for education and the fact that some of this assistance is in the form of one-time, non-recurring aid, it can be misleading to make year-to-year comparisons of the RMI education budget.
Concern has been raised over inadequate coordination between international agencies supporting the education sector and that donor funds are allocated to specific programs rather than high priority areas as determined by the MOE itself. In recent years, the MOE has made a concerted effort to address this issue with donors and other stakeholders and is working on instituting changes to ensure international assistance is closely tied with priorities identified in the strategic planning document. In this regard, the Ministry believes the donor community must carefully assess the local context; the “one-size fits all” approach is not appropriate in highly dispersed education systems. The MOE must become more involved in critically examining the purpose, structure, process and content of education in the Marshall Islands to ensure it is congruent with the socio-cultural and economic context.

The MOE provides funding support to private elementary and secondary schools based on per-student enrolment figures; private schools raise additional operating expenses through student registration fees and community fundraising. The Ministry is well aware of the financial implications involved in providing education services to children currently enrolled in private facilities and believes consideration should be given to expanding private school capacity in the coming years.

While both public and private schools use the same curricula, many education authorities believe the private system is “further advanced” in the use of curriculum materials and overall quality of instruction. Previous disparity in achievement rates between public and private school students has been attributed to the fact that private schools generally have smaller class sizes, better facilities and resources and greater parental involvement. Recent test score results however suggest that the quality of education provided in public and private schools may be equalizing. Care must be taken to ensure that any existing disparity in the quality of education between public and private schools is reduced.
Access to Education

While education is “free” in the Marshall Islands, parents are responsible for costs associated with purchase of uniforms and annual registration fees—which are considerably higher in private schools. Parent’s inability or unwillingness to meet school-related expenses is one reason that children are out of school.

According to the 2002 ADB study on hardship in the RMI, lack of transportation to and from school, particularly on the outer islands, seriously constrains access to education for many students. Reluctance to attend is even higher in schools without safe drinking water or toilet facilities. Lack of access to safe drinking water and water for washing hands is a major problem for children in schools. It is assumed that parents will provide drinking water for children to take to school but this does not always happen. Improving sanitation and access to drinking water is a priority.

While not dismissing the economic difficulties faced by an increasing number of households, education authorities believe that families do not always prioritize their children’s education, choosing instead to spend their limited resources on home entertainment systems, automobiles, church and custom functions. Increasing community participation, changing the “mind set” of parents and enhancing parental support of the education process remains a primary objective of the Ministry of Education.

One of the major constraints to achieving universal primary education is the lack of space to build additional schools needed to absorb the increasing student population. There is little available land in the overcrowded urban centres and the traditional land tenure system creates management difficulties for education authorities. Financial constraints make it difficult for the MOE to pay land lease payments and to deal with landowners who request land payment increases. In some instances this has resulted in schools being closed by irate landowners or school properties being repossessed as private property, further reducing the access rate

The poor and often unsafe condition of many school facilities and grounds also constrains access to education. Lack of resources to address the deteriorating condition of schools has rendered numerous classrooms and facilities unsafe for use. Almost 90 percent of all public school facilities are over 20 years old; most have had little or no major maintenance work. The Economic Policy, Planning and Statistics Office (EPPSO) is currently assessing all education and health infrastructure to provide a basis for future planning.

The last Census revealed that the age structure of the Marshall Island in 1999 was remarkably different than 1988. In 1988, approximately 51 percent of the Marshall Islands population consisted of children less than 15 years of age whereas in 1999, this age group represented only 43 percent of the total population. This change, attributed to a decline in the fertility rate and massive emigration involving families with young children served to reduce elementary school enrolment to levels far below those that were being projected a decade ago.

MOH, 2003. Report Submission to the RMI National Commission on Sustainable Development
While school enrolment increased at both elementary and secondary level from 1988 to 1999, the 
school enrolment ratio\(^22\) for 6-14 year olds increased only slightly—from 81.9 to 84.1 percent. In the 
case of secondary school enrolment, the ratio increased from 46.7 to 69.5 percent from 1988 to 1999. 
Concern exists regarding the slow increase in the elementary level enrolment ratio and the fact that 
total enrolment has declined since 1995. While the exact reason for this trend is unknown, education 
authorities believe that the high number of families with school-aged children migrating to the US in 
the 1990s was a contributing factor.

According to the ADB (2002), another explanation for low enrolment relates to people’s lack of faith 
in formal education, especially since completing school does not assure waged employment. A 2003 
MOE report indicates that poor quality of education outputs serve to “reinforce community perceptions 
that their children will be no better off if they did not attend school in the first place”.

Another area of concern is that overall female enrolment at both primary and secondary level appears 
to be declining over time. In the last three years, on average about 60 percent of students who did not 
continue from Grade 8 to Grade 9 were girls—or about 200-270 girls each year. This trend may relate 
to family pressures for females to stay at home to take care of siblings and household tasks and to 
increasing teen pregnancy rates\(^23\). At the same time, people acknowledge that parental attitudes about 
the importance of educating girls are changing, especially in urban areas. MOE authorities believe 
more research is needed to better understand why female enrolment is declining.

In the case of secondary education, three out of every ten secondary students had no access to high 
school education in 1999. In addition, the significant drop out rate between grades continues to be a 
problem, especially at high school level. The Meto2000 report states that of the students enrolled in 
primary school (Grades 1 – 7) in 1997/1998 about 2 percent (210 students) were no longer in school 
in 1998/1999. At the secondary level, of those enrolled in Grades 9 to 11 in 1997/98, about 20 
percent (422 students) were no longer in school in 1998/1999. Of the 879 students attending Grade 
9 during 1995/96, just 57 percent (498 students) reached Grade 12 in 1998/99.

Although the dropout rate continues to be excessive, MOE records indicate the percentage has decreased 
over the last three years.

\(^{22}\)The school enrolment ratio is calculated as the number of children enrolled in school as 
a percentage of the total number of children eligible to enrol in that age category.

\(^{23}\)MOE, 2003. Education for All (EFA) National Action Plan (Draft)
Figure 13.  Female Enrolment in Elementary and Secondary Schools, 1994


Table 5.  Drop Out Rates: Public School, 1999 - 2003

<table>
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<tr>
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<th>2000/01</th>
<th>2001/02</th>
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<tr>
<td>Not Completing Elementary School</td>
<td>14.5%</td>
<td>17.4%</td>
<td>11.0%</td>
<td>4.4%</td>
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<tr>
<td>Not Transitioning to High School</td>
<td>65.2%</td>
<td>60.6%</td>
<td>62.2%</td>
<td>60.2%</td>
</tr>
<tr>
<td>Entering but Not Completing High School</td>
<td>39.0%</td>
<td>16.6%</td>
<td>33.7%</td>
<td>30.5%</td>
</tr>
</tbody>
</table>

Source: MOE 2003

Figure 14.  School Attendance Profile, 2002

Source: MOE, 2003
Quality of Education

An issue of ongoing concern is the quality of education provided in both elementary and secondary schools. When compared with the rest of the Pacific region, RMI test results on standardized tests are one of the lowest. The Pacific Islands Language and Literacy Test (PILL), ranked 70 percent of the Grade 4 population of the Marshall Island in the “at-risk” category. These students scored below standard in basic numeracy, English and Marshallese literacy and comprehension (MOE, 2003).

The entrance test results of secondary school leavers entering tertiary level also indicate that students are not acquiring requisite academic knowledge and skills within the school system. At the College of the Marshall Islands (CMI), only about 30 percent qualify for college-level courses; the rest are required to take a special intensive remedial training program in English and Math. Of the 200 students who applied for entrance into CMI for the 2003-2004 school year, only 25 passed the basic Math and English entrance exam.

Source: A Digest of Marshall Islands Education Data, MOE, 1999
The “heart” of an effective education system is generally considered to be its teaching staff. Consequently, there is concern that the highest level of qualification for about half of all teachers is a High School diploma; most have little or no formal teacher training. The MOE believes that inadequate educational outputs are largely the result of the shortage of trained teachers. This is particularly true for the outer islands where the MOE finds it difficult to maintain contact with rural schools to monitor and evaluate teacher progress toward achievement of national education benchmarks.

In recent years, the MOE have taken significant steps to address issues related to education standards. For instance, the Ministry has established teacher training and mentoring programs and is now working with various organizations to recruit overseas teachers for outer island schools. As a result of these initiatives, test score results have improved in some elementary schools and the number of students passing from elementary schools has increased. This increase is evident in the following table showing Grade 8 test score results over the past ten years.

Table 6. Longitudinal Trends: Average Weighted 8th Grade Scores from 1993-2003

<table>
<thead>
<tr>
<th>Year</th>
<th>All</th>
<th>Public</th>
<th>Private</th>
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</thead>
<tbody>
<tr>
<td>1993</td>
<td>30.7</td>
<td>29.0</td>
<td>36.1</td>
</tr>
<tr>
<td>1994</td>
<td>38.3</td>
<td>36.0</td>
<td>47.0</td>
</tr>
<tr>
<td>1995</td>
<td>36.2</td>
<td>34.3</td>
<td>42.4</td>
</tr>
<tr>
<td>1996</td>
<td>33.9</td>
<td>32.4</td>
<td>35.3</td>
</tr>
<tr>
<td>1997</td>
<td>28.5</td>
<td>26.2</td>
<td>30.8</td>
</tr>
<tr>
<td>1998</td>
<td>36.8</td>
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<td>42.0</td>
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<td>30.7</td>
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</tr>
<tr>
<td>2002</td>
<td>32.0</td>
<td>29.8</td>
<td>41.8</td>
</tr>
<tr>
<td>2003</td>
<td>38.0</td>
<td>36.7</td>
<td>42.7</td>
</tr>
</tbody>
</table>

Source: MOE statistics

Staff reductions under the Public Sector Reform Program (PSRP) have had an adverse impact on the education sector, especially in the operation of outer island schools. Further, the re-shuffling of the hiring/firing process from MOE authority to the Public Service Commission (PSC) has proven to be a major obstacle in improving educational performance. In general, the public do not hold teachers in high regard. Teacher and administrator absenteeism, low staff moral, inadequate teaching materials and lack of supplies also contribute to poor student performance and loss of interest in education.

Table 7. Ratio of Students to Teachers, 1988 to 1999

<table>
<thead>
<tr>
<th>Year</th>
<th>High School Teachers</th>
<th>High School Students</th>
<th>High School Student/Teacher Ratio</th>
<th>High Schools</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>113</td>
<td>1,910</td>
<td>20</td>
<td>9</td>
</tr>
<tr>
<td>1995</td>
<td>141</td>
<td>2,402</td>
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<td>13</td>
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<tr>
<td>1999</td>
<td>162</td>
<td>2,667</td>
<td>17</td>
<td>16</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Elementary Students</th>
<th>Elementary Teachers</th>
<th>Elementary Student/School Ratio</th>
<th>Elementary Students per School</th>
</tr>
</thead>
<tbody>
<tr>
<td>1988</td>
<td>11,581</td>
<td>512</td>
<td>123</td>
<td>123</td>
</tr>
<tr>
<td>1995</td>
<td>13,355</td>
<td>665</td>
<td>130</td>
<td>130</td>
</tr>
<tr>
<td>1999</td>
<td>12,421</td>
<td>548</td>
<td>120</td>
<td>120</td>
</tr>
</tbody>
</table>

Another factor that has undermined the quality of education is a lack of community participation. In the past, parents used to volunteer time to clean and maintain their local school, but today this is very rare. Now, parent-teacher associations (PTAs) struggle to get parents to even come to the school. Parents and communities seem to be of the opinion that Government is the primary caretaker of their children’s education.

The Ministry believes that improving education in the Marshall Islands is contingent upon parents understanding their critical role in the education process and getting more involved. Lately there have been positive signs that community engagement in education is increasing once again. For instance, parents have shown willingness to accommodate off-island teachers working in outer-island public schools and have agreed to increase registration fees to accommodate new land lease arrangements.

**Early Childhood Education**

Since 1991, early childhood education has been provided by the Head Start Program, administered by the Ministry of Education and funded through an annual U.S. federal grant of approximately $2 million (with the exception of FY2003 when funding was reduced to $800,000). While Head Start is intended to cater for children aged 3 to 6 years, high demand has restricted enrolment to 5 year olds. As such, the Head Start program operates as a kindergarten rather than a pre-school service.

Although the Head Start program is the only public provider of early childhood education in the Marshall Islands, many private primary schools also offer kindergarten services. There are also a few private pre-school centres operating in Majuro and Ebeye. Statistics on the total number of children attending kindergarten programs in RMI are not currently available.

The purpose of the Head Start program is to provide early childhood development activities and supplement learning skills needed to enhance readiness for primary education. Since overall education outcomes are poor in the Marshall Islands, this program gives young children a 'head start' in schooling. Recent skill-level tests conducted by Pacific Resources for Education and Learning (PREL) in Delap Elementary School indicated that students who had been through the Head Start program had better early learning skills scores than classmates who had not enrolled²⁴.

Tuition in Head Start centres is free; children are offered a meal program and basic medical examinations. Support and counselling services are available to parents and caretakers if required. Head Start programs are located in 28 centres throughout the country; teachers are specially trained in early childhood education.

According to the MOE, a total of 1,260 students (649 male and 911 female) participated in the Head Start program in 2003. Based on 1999 population projections, this figure represents about 29 percent of the total population of 3-5 year olds in the Marshall Islands\(^2\).

Given the critical importance of the early years in overcoming disadvantage and developing attitudes and competencies required for later success in school, plans were in place to expand the Head Start Program by increasing enrolment incrementally over several years. The RMI government recently learned it is no longer eligible for US Federal Grants for early childhood and special education programs. Given the MOE does not have adequate funds to support these programs from current resources, the Ministry is currently negotiating with US authorities to continue its’ support of these important programs.

**Primary Education**

Elementary education is mandatory but this is not enforced. In 2001, elementary schools enrolled a total of 11,739 students; approximately 49 percent were female. In 2003, there were 76 primary schools in the RMI. While a greater proportion of school age children attended school in 1999 than in 1988, the percentage of school age children enrolled in elementary schools increased only slightly since 1988, from 82-84 percent in 1999.

At the elementary level there is sufficient classroom capacity for more children to attend school. However, there are variations in the availability of school places in different parts of the country. For instance, in Majuro two public elementary schools provide half-day sessions because of lack of classroom space, with detrimental effects on student learning. The Meto2000 report stresses the need for better planning to address the location variations in the availability of classroom space. While all outer islands have elementary schools, population centres are small and consequently small numbers of students are enrolled at widely varying grade levels. As in other geographically dispersed Island countries, the task of monitoring and supervising this type of system is extremely challenging and costly.

\(^2\)Ibid. p.5.
In the 1990s, the Ministry of Education introduced a Community Based Governance System (CBGS) to increase community involvement in elementary education. The CBGS gave local governments greater control over management of public schools and increased opportunities for participation in policymaking and maintenance of facilities. It was thought that the CBGS would improve work habits of teachers and administrators by making them more accountable at local level. Despite some improvement in community participation in a few areas, this initiative was terminated because of the lack of local interest and capacity to assume additional management responsibilities.

Secondary Education

While access to secondary education has increased substantially during the last 10 years, enrolment is still quite low, with three out of every ten children of secondary school age still not receiving secondary education in 1999. In 1988, about 47 percent of secondary school age children were enrolled in secondary schools; this increased to over 69 percent in 1999.

Only three of the outer islands have secondary schools: Ailinglaplap (private), Jaluit (public) and Wotje (public). Secondary education is organized on a regional basis, with students travelling to and from these boarding schools. Irregular and unreliable shipping causes inconvenience and disruption in family life when children are stranded at holiday times.

Figure 18. Secondary Education Enrolment, 1993/94 - 1999/00

Special Education

In 1998, the Marshall Islands qualified for a US Federal Grant called the Special Education Program for Pacific Island Entities (SEPPIE). The goal of this program was to increase the country’s capacity to address the special educational needs of students aged 3-22 years who have learning and physical disabilities.

This program has enabled students who would not normally participate in schooling the opportunity to do so. Training was provided to all RMI special education teachers as well as about 65 percent of general education teachers. Physical facilities were established in numerous elementary schools throughout the country and evaluation guidelines have been developed. Unfortunately, access to special education programs on the outer islands is limited and there are no specialized programs available outside of the school environment. Therefore, children with disabilities who do not attend school do not receive these services.

For the past several years, the MOE has concentrated on establishing a disabilities assessment framework, constructing specialized facilities and building capacity within schools to address the needs of children with disabilities. The Ministry will now focus on enhancing skills of teachers and administrators and ensuring performance standards are achieved. Creating partnerships between home, school and community is considered especially important in addressing the long-term needs of these children.

Vocational and Non-formal Education

Much has been written on the need to make education more practical and accessible in the Marshall Islands. Increasingly, academic education is not seen as relevant to the child’s future. Numerous reports have recommended that greater resources be devoted to life skills and livelihood training for young people, especially those unlikely to find employment in the formal sector. The Education Strategic Plan notes the urgent need to integrate and expand vocational education and training in the RMI. Previous reports have raised concern about the lack of coordination between service providers, under-involvement of employers in the public and private sector and the need for vocational curriculum to be consolidated into one certification system.
Pre-vocational training is offered through the Workforce Investment Act (WIA), a two-year program concentrating primarily in life-skills, computer studies and English/math proficiency. The WIA is a school enhancement program intended to provide students not successful on the High School Entrance Test with another education alternative. Vocational services are also provided through secondary-level programs, certificate and degree programs offered at CMI, research, planning and policy-related services offered through the RMI National Training Council; US grant-funded activities such as the School-to-Work Program and the Pacific Vocational Education Improvement Program; and community-based skill development projects.

To address the significant skill gaps in the RMI economy and the increasing level of unemployment and social unrest evident in the youth population, the National Vocational Training Institute, targeted at secondary school dropouts and school leavers is currently being developed and implemented by the MOE with support from the ADB.

NGOs also provide non-formal education and skills development programs. *Waan Aelon in Magel* (Canoes of the Marshall Islands) provides training to young people in traditional canoe building and sailing skills and modern boat repair. In conjunction with the College of the Marshall Islands, the program will soon offer a certificate program in Fibreglass Boat Building/Repair and Woodworking. The primary objective of *Waan Aelon in Magel* is to provide at-risk youth with skills that are relevant to the needs of the outer islands. It also provides remedial courses in basic English and numeracy to ensure that its graduates are more employable at an international level. The program also works closely with an international hotel and the Marshall Island Visitor’s Authority to support and provide tourism related activities.

Another NGO that provides non-formal education is *Jôdrikdrik Ñan Jôdrikdrik Ilo Ejmour*, or Youth to Youth in Health. This program targets out-of-school young people between the ages of 14 and 25 and provides training on reproductive health issues, violence, substance abuse, depression and suicide. Youth are also trained in basic counselling skills, health promotion, community development and popular theatre. Though no formal certificate is given, the program has been successful in enabling former participants to obtain employment in the health and education sector.

While NGO programs cannot cater for the needs of all youth, their success in developing the skills and interest of young people in social and cultural issues and in raising public awareness about the needs and concerns of youth has been significant. Recently local and national government agencies have begun to encourage NGO community programs, creating opportunities for expansion to the outer islands.

**Tertiary Education**

The College of the Marshall Islands (CMI), the University of the South Pacific (USP) Extension Program and the University of Guam provide tertiary education. CMI offers Associate of Arts and Science degrees in Business and Accounting, Computer Studies, Liberal Arts, Education and Nursing.

Although accreditation of the CMI was in jeopardy due to administrative and teaching deficiencies, it was recently determined that the College will retain its probationary status through the US Western
Association of Schools and Colleges while improvements are underway. Students at CMI are mostly funded under the US Federal Pell Grant Program.

Marshall Island students also study at US based institutions on scholarships funded primarily under the Compact agreement. While 1,614 students were awarded scholarships from 1988 to 1999, only 245 students, 15 per cent completed their program of studies. This low completion rate is generally attributed to the fact that many RMI post-secondary students lack the academic skills needed to succeed in college. Even among those who complete their program, levels of educational achievement is quite modest.26

There is concern regarding the areas of specialization chosen by scholarship recipients as relatively few students elect to study agriculture, marine science and other disciplines at the centre of RMI’s economic development plan. Scholarship recipients should be encouraged to study agriculture, marine science and other disciplines required for economic development.

To address the shortage of trained counsellors needed to respond to the growing number of social problems a counselling course was developed with CMI in the late 1990s. In 2000, a Certificate of Completion in Counselling course was fully integrated as a CMI program of study. The course involves four, three credit courses designed to train entry-level workers to deal with a range of psychosocial issues such as child abuse, suicide and substance abuse. Participants in the program are working professionals employed as teachers, pastors, community and youth workers. To date, 14 counsellors have graduated from the program including the Child Rights Program Coordinator and the CMI Registrar. This initiative has received a high degree of support from the Government and is highly valued by community agencies. Following completion of the program, many graduates have received promotions and pay increments.

Issues in Education

* **Inadequate access**
  At present, there are an inadequate number of spaces at both elementary and secondary level to meet the demand of the increasing school-age population. Given current population projections, enrolment rates will decline further without additional facilities and teachers. Concern also exists about marginalization of children without access to the financial and moral support required for success in school.

* **High number of dropouts**
  Lack of funds, transportation and parental support, poorly trained and absent teachers, overcrowded classrooms, poorly resourced and maintained schools, difficulties at home, teenage pregnancy, substance abuse, inability to handle course work and “irrelevancy” of curriculum all contribute to low retention rates.

* **Inadequate quality**
  Poor quality education is the result of insufficient equipment, supplies and infrastructure, lack

26MOE, 2001
of qualified and competent teachers, inadequate teacher training and support, outmoded teaching methods and lack of parental involvement. This is evidenced by low-test score results and high dropout rates. Teachers need the support of parents and communities and in-service training on contemporary teaching methods, up-to-date knowledge of current affairs and student-friendly teaching aids.

- **Relevancy of education**
  The education system has difficulty equipping students with the range of skills needed for employment in the modernizing economy while also providing adequate instruction in subsistence skills and family life for those who will not enter the workplace. The Government is concerned that young people and parents are losing faith in the education system and there is an overall lack of community participation and ownership. The MOE has established various programs and policies to enhance relevancy of education services and address the diverse needs of young people and the country.

- **Need for specialized services**
  The education system is unable to cater for early childhood or special education without continued support from international agencies. Many believe schools should provide counselling services for at-risk students.

### 3.3 Child Protection

#### International Adoption
By the early 1990s, the Marshall Islands faced an escalating adoption crisis; hundreds of children were being taken to the US through unregulated solicitation and facilitation processes. This was occurring without the usual protection afforded children adopted internationally—under the Compact Agreement Marshallese citizens have free access to the US. Adoption practices ranged from competent and ethical processes to those described by a high court judge as "black market adoption"; the Marshall Islands Journal frequently cited reports of door-to-door solicitation for children, monetary exchange, fraud, coercion and misrepresentation. Because no records were kept of adopted children leaving the RMI under the Compact Agreement, it was not possible to track the identities and numbers of children involved. At that time, it was believed the RMI had lost the highest per capita number of children in the world to international adoption.

In response to this situation, the Parliament imposed a moratorium (Adoption Residency Act) from September 1999 to December 2000 on all international adoptions. The moratorium, based on recommendations made by a government-appointed task force, reflected a national effort to regroup and respond to the crisis. Unfortunately, the moratorium may have increased the number of children leaving the country without record since adoptions could not be heard in RMI courts during this period.

In October 1999, a Government Task Force supported by international experts was established to study the situation and make legislative recommendations. The Task Force recommended institution of comprehensive adoption legislation and establishment of a central authority to oversee all aspects of adoption practice. Following a number of public hearings, the Government passed legislation (Public Law 2002-64; Adoption Act 2002) in October 2002 to regulate international adoptions and authorized establishment of the Central Adoption Authority (CAA) to enforce the Adoption Act.
The Central Adoption Authority has responsibility for the following functions:

1. To receive and investigate all referrals from RMI families seeking adoption as an option for their children
2. To provide case management services to natural parents and their children including birthparent counselling, extended family meetings, referral to pre-natal nutrition and medical care
3. To monitor the quality of the application for adoptions
4. To facilitate the medical, nutritional and emotional needs of the children while the adoption is being processed
5. To discuss with children, in a manner appropriate to their age and maturity, their preferences with respect to adoption.

The CAA will also work closely with extended families to promote and support kinship placements within the Marshall Islands. The Adoption Act clearly differentiates between customary adoptions and external adoptions as the purpose, process and procedures involved in overseas arrangements are very different to the way adoption is perceived and practised in Marshallese custom (kajiriri). Traditionally, clan members adopted children as a response to the adoptive parents need for labour or care, or to solidify family relationships, or to ensure the rights of inheritance. In most instances, Marshallese viewed adoption as an "open arrangement" which served to expand family and clan boundaries.

A 2002 study of 73 birthmothers who had given their child up for adoption overseas found that "cultural misunderstanding" under which birthmothers made the adoption decision was significant. The research revealed that at the time of relinquishment, 82 percent of birthmothers studied believed their child would return to them after reaching age 18, and 69.9 percent believed their child could return to the Marshall Islands if the adoption did not work out. In addition, the study found that the birthmother’s financial inability to care for the child, combined with the lack of familial and government support were the most common reasons for relinquishment. The western view of adoption, involving severance of ties has produced considerable misunderstanding in the Marshall Islands and contributed to high numbers of children being adopted overseas27.

Creating greater community awareness about new adoption legislation and processes is a government priority. Mobile Teams operating under the Ministry of Internal Affairs will develop outreach materials on adoption for use during community education and outreach programs; the CAA will make use of weekly radio programs and the national newspaper to promote public understanding and compliance.

**Child Abuse and Neglect**

In 1991, the Government passed child abuse and neglect legislation (Public Law 1991-207). This law provided for:

* Mandatory reporting and investigation of actual and suspected cases of child abuse and neglect, including physical abuse, sexual abuse, verbal/psychological abuse, medical neglect, malnutrition and abandonment

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27Roby, J., and Matsumura, S., 2002
Training for those responsible for dealing with child abuse cases  
Public education for improved prevention of abuse, neglect and malnutrition, and  
Counselling for perpetrators, victims and family members.

Protocols were established between the MOHE and the Department of Public Safety to ensure that all child abuse cases reported to the police were also referred to the Human Services Division for follow-up and counselling. In situations involving prosecution, cases were also filed with the Attorney General’s Office.

In 1992, the NNCC formed the Child Abuse and Neglect Task Force to identify procedural and clinical measures required to improve responsiveness to child abuse. This task force, comprised of representatives from key ministries and NGOs, has not been active for several years. That same year, Government established a Social Work Office within the MOH Human Services Division to provide counselling services in situations of child abuse and neglect. From 1992-1998, two full-time social workers were employed to work with families whose children presented at the hospital malnourished or abused. Monthly statistics indicate that approximately 200 cases were seen each year, totalling about 1000 in the period 1992-1998. The bulk of these referrals concerned malnutrition, although there were some reports of child sexual abuse and neglect. For political, administrative and financial reasons—there was no dedicated funding for child abuse from US grants, social work services were reduced in 1998 and terminated in 2001.

For political, administrative and financial reasons, social work services were reduced in 1998 and terminated in 2001. The lack of funding available under the Compact Agreement for child abuse prevention from US grants and the Government’s inability to source funds from other sources has constrained efforts in this important area.

Despite the efforts of government and NGOs to raise awareness of child abuse and neglect, the term ‘child abuse’ is still not widely used nor understood in the Marshall Islands. Child abuse is often thought to be synonymous with child sexual abuse—incest and rape of minors. In the case of excessive physical beating or heavy workloads inappropriate to a child’s age, there is considerable controversy and cultural defensiveness.

In the late 1990s, Mobile Teams from the Ministry of Internal Affairs and Social Welfare visited outer island communities to hold workshops on child rights; a report from one of these visits states:

“One problem we witnessed in these communities was how children are disciplined. Instead of talking to the children, they are hit on the head and have things thrown at them. Verbal abuse is also a major problem”.

Field notes, Mobile Team, Community

There is little understanding that verbal abuse, including use of harsh words; ridicule and humiliation can have a lasting negative psychological impact on children. These methods are generally just regarded as “discipline” and thought to be in the child’s best interest.
"As parents we need to look at the way we discipline our children. Sometimes the way we talk to our children, the tone of our voice can make a difference. We seem to have the habit of talking harshly to our children to make them feel ashamed in front of everyone. We need to talk softly in order to teach our children so they can learn instead of feeling embarrassed and small".

Participant at Child Rights Workshop, 1999

The Family Health Promotion and Human Services Division of the Ministry of Health is currently conducting a public education campaign to raise awareness about child abuse and neglect, including full page notices in the Marshall Islands Journal. NGOs like WUTMI and Youth to Youth in Health are conducting community education programs on child rights; Mobile Teams from the Ministry of Internal Affairs address child abuse and neglect in their outreach initiatives. The Child Rights Office assists with coordination and provision of IEC materials and is responsible for implementation of the Adoptions legislation. It is expected the newly formed RMI Association of Counsellors will play an active role in child abuse awareness and prevention.

During a UNICEF/ADB workshop on child rights in Ebeye in 2002, the following factors were said to be contributing to the growing problem of child neglect and abuse:

- Young, unmarried mothers are not prepared to take care of the children; most are left with grandmothers many of whom are too tired and overworked to care for these children properly
- Mothers lack knowledge about proper nutrition so feed their children mainly rice
- Parents working on Kwajalein leave their children with relatives. Older siblings are left in charge of infants—some of these children are barely old enough to care for themselves. When parents work the nightshift and go to the bars, children roam around the streets unsupervised
- Employed family members often support families of ten or more people. When there is not enough money, children do not go to school or receive proper nourishment
- Overcrowded living conditions leads to stress, conflict and violence in families. Children witness domestic violence and think this is normal
- Parents are busy, tired and preoccupied; they devote little time to family activities or helping with their child’s studies.

Until recently, rape, sexual abuse and paedophilia were not publicly discussed and rarely prosecuted in the Marshall Islands. During a 2003 rape case, the Attorney General’s office argued to allow a child victim to testify behind a screen in open court because the victim’s fear of the accused. The attorney cited the Government’s ratification of the CRC as grounds for protecting children from further victimization; the public defender claimed the CRC had no force of law in the RMI and argued the legal requirement for witnesses to be “face-to-face” with the accused. As this case was dismissed, no legal decision was taken regarding the right of child victims to be secluded from the accused.

In addition to cultural taboos that negate reporting of child abuse cases, the lack of a “child-friendly” legal system for victims further limits disclosure and prosecution. In 2002, police records indicate that there were 116 arrests in relation to violence against children.
The ADB 2002 Participatory Poverty Assessment revealed that child poverty and neglect in urban areas is increasing leading to children being out of school and malnourished. This problem results from large families where children do not get the individual care they need, and the growing number of young mothers who lack proper understanding of child rearing. In the outer islands, problems of hardship and poverty confronting children related to lack of school supplies, lack of transportation to and from school, lack of food (seasonal) and lack of clothes.

Lately, there has been some discussion about the need to streamline child abuse/neglect investigative and follow-up functions in a central location, possibly the Ministry of Internal Affairs. The establishment of the Child Rights Office has strengthened the government’s capacity to address child abuse and neglect in a more systematic and coordinated way. There is a need to clarify ministerial responsibilities for investigation and to review inter-agency protocols. Greater collaboration between key ministries and NGOs is needed to improve proactive and reactive responses to child abuse and neglect.

**Children and the Law**

In dealing with juvenile offenders, the RMI Police indicate that all possible care is taken not to allow juveniles to associate with incarcerated adults. However, the lack of a detention facility, as required by legislation, poses problems when incarceration is warranted. In minor offences, the police attempt to conduct out-of-court settlements and facilitate counselling for the offender and his/her family.

When completing social history reports on juveniles for Court purposes, police generally recommend that young persons be discharged and placed under the care of a parent or close relative, or under the supervision of the Probation Officer for a specified period. By law, children cannot be sent to prison.

According to the Police:

> “Juvenile offenders are legally entitled to be treated with as much leniency as possible. However, where circumstances warrant immediate custodial sentence they must inevitably go to prison where they get mingled up with adults and hardened criminals. Imprisoning juveniles in the same place as adult prisoners has been a continuous cause for serious concern in the minds of courts, police, social workers and litigants alike for the past many years”.

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28 ADB, 2002
29 Lanu, G. 2003 (Police Commissioner, unpublished notes provided to author for purpose of study)
PART 4
THE SITUATION OF YOUTH
PART IV THE SITUATION OF YOUTH

What the CRC Says:

"Empower the youth so they can receive the maximum opportunity to contribute to the economic, social and cultural advancement of their families, countries and to gain self-fulfillment.”

Concern for the health and welfare of young people in the Marshall Islands is escalating due to rapid population growth, increased unemployment, teenage pregnancy, depression and suicide, substance abuse, sexually transmitted diseases and violence. The Marshall Islands is not alone in facing these problems; similar concerns have been raised in many other Pacific countries. The 1999 Human Development Report for Pacific Island Countries states that, “the most urgent concern across the region is to better meet the needs and aspirations of the upcoming generation”.

In societies undergoing rapid social and economic transformation—like the Marshall Islands—the pressures facing adolescents are even greater because they have to cope with their own transition to adulthood at the same time their society undergoes immense change.

With the shift to modern economy and ever-increasing foreign influences, social values and structures are changing and people’s roles and responsibilities are in flux. Many say that the “generation gap” is widening. Young people are living in “two worlds” and are struggling to cope with the conflicting demands of two very different worldviews. Traditional safety nets have broken down and have not been replaced by new forms of social and economic support. All of this leaves young people especially vulnerable to marginalization and unhealthy lifestyle choices.

The current economic situation of the Marshall Islands poses serious barriers for young people. As economic conditions deteriorate and skills needed for employment become more specialized, there is evidence of growing social unrest within the youth population. School dropouts and youth unemployment, already a major problem in the Marshall Islands, perpetuates a kind of ‘poverty of potential’ and adds to young people’s growing sense of frustration and resentment.

The Participatory Poverty Assessment (ADB, 2002) revealed that youth idleness and alcohol abuse are major concerns in Majuro and Ebeye as a result of population and peer group pressures, inadequate parental supervision, boredom, high dropout rates from school and the lack of jobs, sporting facilities and youth organisations. There was less agreement about the extent and seriousness of these problems on the outer islands where young men are more involved in productive pursuits such as fishing and copra production.

When Youth to Youth in Health conducted a community-wide Youth Health Forum in April 2003, it was the consensus of the group that the root cause of youth problems stem from their families. Abuse within families was identified as the key underlying factor that drove young people to engage in antisocial behaviours. “Lack of exposure to a loving family environment encourages youth to engage in destructive behaviour to gain attention and to find love and acceptance among their peers”.

30Chutaro, E., 2003
Many youth are uneducated and unable to articulate their concerns and ideas in an effective way; social and political structures have not provided youth with meaningful opportunities to participate in development and nation-building activities.

“...As families struggle and as the population increases exponentially, young people are increasingly left to their own devices with little or no family support or supervision. Many young people state that they rarely talk to their families about their problems, not only because of cultural constraints, but also because their parents are either working or because their parents are too pressured by their own difficulties to make an effort to deal with their children’s difficulties. In addition, some state that their parents cope through alcohol abuse and other negative behaviours that, in turn affect young people’s trust and respect for them. As such, many young people feel that they are literally without love and support from family members. Relationships with other people are seen as an attempt to find love and support when it is absent from their own homes. Sexual encounters and teenage pregnancy are an inevitable consequence of these kinds of relationships.”

A key issue in the Marshall Islands today is, what role youth should play in planning and decision-making processes. Traditionally, older persons were highly respected, adults made decisions and young people were to be “seen but not heard”. Although the participation of youth is improving through implementation of a youth policy framework and efforts by the Youth Bureau and National Youth Congress, young people are generally still not a party to decision-making, even when it affects them.

**Policy and Institutional Framework**

There are currently 160 youth organisations registered in the Marshall Islands with a membership of over 16,000 young people. These organisations cover a wide spectrum of community-based groups, religious and cultural associations, sports teams and social clubs. They are coordinated at national level by the Youth Services Bureau (YSB), Community Development Division Ministry of Internal Affairs. The Bureau was established to assist young people better meet their needs and aspirations, to improve the quality of their lives and to promote the involvement of youth in the challenging task of nation-building.

To achieve this goal, the YSB assists with implementation of; the World Program of Action for Youth to the Year 2000 and Beyond, the Regional Pacific Youth Strategy 2005, the National Strategic Plan Vision 2018, the Convention on the Rights of the Child, the National Nutrition and the National Population Policy. The YSB also provides technical assistance to the Marshall Islands Youth Congress and assists with the establishment of Local Youth Councils on each atoll. Currently 23 outer islands have set up their own Youth Council. Further, the YSB conducts training on leadership skills and assists youth groups access the RMI Youth Empowerment Fund, administered by the Bureau.

Established in 1999, the Youth Empowerment Fund provides small grants for skills development projects to young people aged 16-25. To be eligible, youth groups must have at least 10 members and be registered by a local Youth Council.

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31Youth to Youth in Health, Report of Teen Pregnancy, 2003
In 2001, forty-eight youth leaders representing the 24 atolls/islands attended the Second National Economic and Social Summit to complete the Government’s Strategic Development Plan Framework Vision 2018 and develop plans for implementation. In early 2003, a 3rd NYC Conference was held during which youth leaders reviewed progress on implementation of the Strategic Plan and finalized the proposed National Youth Policy.

The primary areas of focus of the Youth Policy include Culture/Environment, Health/Population, Education and Employment Opportunities, Legal Rights, Religions and National Development.

The Marshall Islands Youth Congress (MIYC) was established in October 1998 to facilitate the involvement of young people between the ages of 13 and 35 in local and national affairs. During the 2nd MIYC Conference in 2000, a 5-year Strategic Plan was developed. The ultimate goal of this plan is:

* To increase participation of youth in national and local development
* To enrich and enhance the cultural and spiritual lives of young people
* To empower local youth councils, and
* To ensure the voice of young people is heard by Government and the people.

The proposed Youth Congress Work Program is governments principle program to promote youth and development. The aim of this program is to mobilize youth to participate in national development activities by forging linkages between youth groups, local governments, churches, NGOs, the private sector and government extension services. The aim of the Youth Congress Work Program will be "to productively involve youth in the development of their communities and encourage maximum participation in the economic, social, political and cultural and spiritual life of the nation". To achieve this aim, the program will coordinate a small grant scheme, an annual national youth week, provide training in response to the identified needs of youth groups and engage community youth coordinators.

**Key Issues**

**Suicide**

Suicide has been a concern in the Marshall Islands for many years. In 1995 a grant was received from the World Health Organisation to support the development of a National Suicide Task Force, production of IEC materials, and national conferences on suicide prevention. These conferences involved government, NGOs, churches, community leaders, survivors and the families of victims. The initiative involved a comprehensive evaluation, including analysis of lessons learned. As a result of these interventions, suicide rates in the Marshall Islands declined for most of the 1990s, with the exception of 1997.

However, over the past five years suicide rates have increased at an alarming rate. The problem is most serious in Majuro. Figures from the Majuro and Ebeye hospitals show the number of attempted suicides and completed suicides increased from 27 and 14 respectively in 2001 to 29 and 27 respectively in the year 2002. There is concern that attempted suicides are significantly under-reported.

Virtually all suicides are alcohol related and until recently almost all attempted and completed suicides were carried out by males. The vast majority of these people were in their 20’s; the youngest
recorded person to attempt suicide was 15 years of age. The Ministry believes that suicidal behaviour is largely the result of unresolved anger with family members and girlfriends in the context of small closed communities with limited education and/or employment prospects.

Youths are highly susceptible to all forms of pressure—family pressure, peer pressure, economic pressure, religious and cultural pressures. Global research indicates that mental disorders, especially depression and substance abuse, are associated with more than 90 percent of all suicides. In the Marshall Islands, suicide has been referred to as the "new national crisis" and has become the subject of study by several research institutions and NGOs.

In 2002, students in the CMI Counselling program established the RMI Association of Counsellors. To date, the Association has primarily focused on suicide prevention: December 2003 has been declared a "Suicide Watch" and numerous awareness raising activities are planned.

**Teenage Pregnancy**

National statistics indicate that teen pregnancy, as a percentage of total live births is 20.6 percent\(^\text{32}\). Research conducted by the NGO Youth to Youth in Health, based on clinical records over the period 1999-2002 found a similar pregnancy rate\(^\text{33}\). However, the study revealed that national statistics likely under-represent the prevalence of teenage pregnancy because births assisted by traditional midwives are often not recorded, especially on the outer islands.

According to a study by Youth to Youth in Health, the common public view is that teen pregnancy is the result of immaturity, "raging hormones", lack of information about birth control and sexual behaviour, and lack of appropriate parental guidance and monitoring. Programs dealing with teenage pregnancy have focused mostly on females, placing the onus of them to prevent unwanted pregnancy. The study also states that in Marshall Islands custom, the cultural view of teenage pregnancy is more one of ambivalence than of true concern.

> "Teenage pregnancy has never been seen as a social ill and most families are willing to take care of a child born out of wedlock. The practice of kajiriri (traditional adoption) has been one of the ways Marshallese society has absorbed children that are born to mothers who for various reasons wish to give up their child… it is considered common and not altogether amiss for young people, 14 years and onward, to find themselves in semi-permanent relationships, particularly in the outer islands. The structure of the Marshallese clan and familial system has ensured that teenagers who have children are not ostracized (to the extent known in the western world), nor are they considered delinquent in the responsibilities to themselves and to their children. For many young women, having a child is considered a sort of right of passage into adulthood and is seen as a natural process of life. The prevalence of teenage pregnancy here in the Marshall Islands may not simply be a product of urbanization and westernization, but may also be reflective of the norms of Marshallese society. It is only under the influence of western-style ‘civil consciousness’ that teenage pregnancy has been seen in a more negative perspective”.

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\(^{32}\) Office of Planning and Statistics (2002)

\(^{33}\) Youth to Youth in Health, 2003

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A related concern is the trend in both Ebeye and Majuro for some young women to seek relationships with overseas contract workers and seaman. These actions are not perceived as prostitution, but rather as an “easy option” for young women wanting free entertainment, food or clothes when funds are lacking.

Hospital records indicate the growing number of young women giving birth to babies whose fathers are listed as “unknown”. It has also become common practise to expel pregnant students from high school.

**Substance Abuse**

Students studying Contemporary Social Issues at the College of the Marshall Islands recently wrote short essays about suicide, alcohol abuse and violence. The following excerpt is from one such essay published in the *Marshall Islands Journal*.

> “Nowadays, alcohol is the main problem in Micronesia. People commit suicide because of alcohol. People kill each other because of alcohol. Families break up because of alcohol. Children drop out of school because of alcohol”.

**Crime**

The overall crime rate has steadily increased over the past decade, particularly among urban young people. In 1997, the number of crimes committed in Majuro was 308 but by 2002 this number had tripled, to 1,187. In 2001, 18 and 19 year olds comprised 41.3 percent of those arrested in Majuro; females of this same age group made up 83 percent of all crimes committed by women. The vast majority of these crimes were related to alcohol with people commonly charged with drunken and disorderly, burglary, assault and battery, disturbing the peace and malicious mischief.

The emergence of violent youth gangs is creating serious concern in both Majuro and Ebeye, precipitating discussion about the need to impose a curfew. In a country with a young and growing population, the implications of escalating juvenile crime on social stability and economic development are clear.

**Lack of Education and Employment Opportunities**

The increasing number of school leavers entering the job market each year without requisite skills and experience for employment is creating an economic and social crisis: creative employment generation solutions must be found. This could involve expansion of vocational, entrepreneurial and life skills training programmes and establishment of on-the-job apprenticeship schemes with the private and non-formal sector. Information on the number of young people out-of-school and unemployed is discussed in the child development section.

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34Office of Planning and Statistics (2002)
PART 5

THE SITUATION OF WOMEN
PART V THE SITUATION OF WOMEN

Women’s status and roles
Traditionally, women in the Marshall Islands were considered the foundation of the family. They were highly regarded for their role as “the givers and sustainers of life” and for their important responsibilities as mothers. Women were also expected to solve family disputes, especially in matters involving members of their lineage and Iroij.

The matrilineal succession of land rights gave women a position of great importance and influence in society. This is best expressed in the Marshallese expression *au kora ailin kein* meaning “these islands belong to the women”. According to custom, every Marshall Islander—whether Iroij, Alab or Dri Kajur—has land rights inherited from his or her mother. Today, women (especially young women) are less aware of their land rights and clanship relationships; increasing population and migration make tracing lineage and land ownership even more complex.

Along with other cultural changes taking place in the Marshall Islands, patterns of customary land tenure have also changed. According to the National Women’s Policy, “women are losing their power base” due to the erosion of customary land tenure practices. Many women no longer live on their own land and fewer men live with their in-laws after marriage. This new household arrangement has increased women’s vulnerability because they lack protection previously provided by brothers and uncles living in traditional residences.

While protections provided by custom to women and children are unwritten, in the past they were well understood and enforced. As a result of urbanisation and modernization however, traditional systems have weakened such that enforcement of customary protection is no longer consistent or dependable. The research states that a central issue in addressing domestic violence is the lack of clarity between customary and legal resolution processes. While a dual system of protection should offer ample safeguards, there is concern that victims get caught in the space between systems, with the result that neither process is consistently effective.

The process of urbanization and the shift away from a subsistence economy has changed gender roles, which are continuing to evolve. While oral history tells of Marshallese women engaged in canoe building, navigation and fishing, these activities are generally not considered appropriate for women today. Other than working on traditional handicrafts, women were not expected to participate in economic activity outside the home. While increasing financial pressures on young families has precipitated women’s growing participation in the workforce, this remains a source of conflict in many households.

According to a recent ADB study, women’s workload on the outer islands has increased as a result of their participation in income generating activities (mainly copra, handicraft production and fundraising activities) and their continued responsibility for food production and preparation, childcare and other household tasks. Due to male unemployment and/or unwillingness of former partners to support their children, more and more women have become the sole economic provider for their family.

35 ADB, 2002
Women’s concerns

At the time the National Women’s Policy was developed, the three most important areas of concern to women were land rights, domestic violence and child support. During the 2002 ADB study, urban women raised concern about the misuse of alcohol, infidelity and violence. Domestic violence, sexual assault and child abuse are not easily discussed in public. While anecdotal evidence of domestic violence abounds, until recently there has been very little documented evidence of the problem. Many women who are victims of abuse prefer to keep this to themselves rather than bring shame or retribution on themselves and their family. Domestic violence is often related to alcohol, cramped living conditions and the pressures of unemployment.

Domestic Violence

The Micronesian Seminar recently conducted research on domestic violence in the FSM, RMI and Palau. This study identified the following socio-economic factors as contributing to spousal abuse:

- Men consuming excessive amounts of alcohol and being unable to control their behaviour—men who are normally placid and lenient become uncharacteristically violent
- Misunderstandings between husbands and wives
- Jealousy
- Women not catering sufficiently to the needs of their families and husbands
- Economic difficulties lead to frustration and tension within families
- Cultural attitudes and beliefs that men have the right to beat up their wives if they are seen to be lazy or not doing their duties
- Cultural attitudes and beliefs that domestic abuse is a private family affair not to be interfered with by outsiders
- Lack of understanding that domestic abuse is a violation of basic human rights.

This study also found that spousal abuse is perpetuated by women’s belief that domestic violence is not a criminal issue or a constraint to community or national development. Women themselves do not question the lack of support services in place to address spousal abuse nor do they make any public demands for review of the situation.

To better understand the causes and affects of domestic violence in the Marshall Islands, a study was undertaken by Women United Together in the Marshall Islands (WUTMI). The study, which examined legal procedures, hospital and police records and conducted community surveys, revealed that incidents of domestic abuse are increasing in the RMI. Research findings indicate one reason that spousal abuse is escalating is because neither traditional nor modern systems of protection are operating effectively. Traditionally, gender roles and responsibilities were rigidly defined by cultural norms and beliefs, and violence was dealt with within the family or clan setting. Through the process of westernization, this system has broken down and traditional forms of resolving conflict no longer serve to protect women. Although victims must now rely on modern systems to resolve conflict and apply justice, lack of access and awareness prevent women from disclosing domestic abuse to public

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36 Eugenia, S. Micronesian Seminar
37 WUTMI, 2003
authorities. Even when women do seek outside help, the study found “a poignant lack of support, both in medical, public safety, and legal professions for those who are victims of domestic abuse”.

The study also found a “very strong culture of fear” surrounding disclosure of domestic violence, which inhibits open discussion of the issue and constrains development of appropriate resolution and support measures. Domestic abuse is not a medical diagnosis, nor is it a requirement for examining doctors to state in the medical chart that domestic abuse is the reason—or suspected reason—for injury. Similarly, the Court House does not use the word “domestic violence” in official records; spousal abuse cases are generally recorded as “assault and battery”.

**Employment**

According to the 1999 Census, women constitute 34.1 percent of the total labour force; the crude activity rate for women in 1999 was 20.1 compared to the male activity rate of 37.2 percent. Employment for males was 72.7 for males and 62.7 for females, illustrating greater gender disparity than in 1988 when the rate was 87.8 percent for males and 86.8 percent for females. Unemployment rates in 1999 also indicate gender disparity; the female unemployment rate was 37.3 percent compared to male unemployment of 27.6 percent.

Among women who were employed in 1999, the majority (37.7 percent) were engaged in the private sector, followed by those who were self-employed (28.1 percent) and those in the public sector (27.8 percent). Men comprise 71.0 percent of the public sector, giving women less voice in policy-making and implementation of development activities.

Women workers do not have adequate knowledge of their rights, such as maternity and other leave entitlements and there is no legislation to protect women from harassment in the workplace.

**Education and Health**

Women’s health and education status are discussed under child survival (see maternal and child health and patterns of illness) and in sections on literacy and education outcomes.

**Women in Decision-Making Positions**

Since the Constitution was adopted in 1986, two women have won senatorial seats. Women have also served as Mayors in Majuro atoll Local Government, Wotho Atoll Local Government and Ebon Atoll Local Government. Currently, there are three women serving as Permanent Secretary in politically strategic posts for women and children.

For the most part however, women are not successful and/or do not pursue positions of leadership for various reasons. Strongly held cultural beliefs serve to confine women’s interests to family matters and create doubt about women’s appropriateness and competency for leadership. Because women are generally not promoted, they lack the skills, experience and confidence needed for senior positions.

The Women in Development Office, in collaboration with national NGOs is reviewing government policies on appointment of women as the basis for strengthening affirmative employment policies.
UNIFEM is assisting with revitalization of the NGO Women in Politics and increasing women’s engagement in civic affairs.

**Agriculture and Small Business Development**
Funding for women interested in agriculture and small business development has been haphazard. The RMI Development Bank provided loans for agricultural businesses in the past, but these are non-performing due to inadequate loan feasibility, poor management and the inability of the Bank to provide the necessary technical advice to effectively administer loans. There is a need for the government to promote and support self-reliance through agri-business ventures. According to the Government’s Agriculture Sector Master Plan for 2003-2018, high priority should be given to development of micro-loans to the outer islands, with provision of appropriate capacity building support.

The Agriculture Sector Plan stresses the importance of clarifying women’s emerging roles in food production and marketing as the basis for developing strategies to increase women’s involvement in commercial agriculture. The Women in Development Office also supports initiatives that provide training for low-income women in small business development.

**Policy and institutional framework**
In recognizing that women’s contribution to national development was being largely overlooked, the Government created the Women Interest Division under the Ministry of Social Services. The name of this Department was later changed to the Women’s Affairs Office to provide a wider scope of assistance to NGOs focused on women’s concerns and to better network with international women’s agencies.

In 1998, due to downsizing of the public sector work force under the PSRP the Ministry of Social Services was dismantled and the Women’s Affairs Office was moved to the Ministry of Internal Affairs and renamed the Women in Development Office (WDO). Despite the fact that this move was intended to give the women’s division more prominence and broader responsibilities, the role actually became more limited and the Office was required to function under the Community Development Department, where it has remained to date. At the same time, the number of NGOs focused on women continued to grow. While the Women in Development Office is currently involved in a range of initiatives, its primary task is to play a coordination and advisory role on issues which affect women and gender relations.

Some of the recent activities supported by the Women in Development Office include collaboration with USP in developing a Local Plans Medicinal book, a smokeless stove, solar oven and marketable handicrafts. Mobile teams have held seminars in the outer islands on women’s issues. The radio program facilitates on-going communication and information dissemination for women’s groups throughout the country. The Women in Development Office also coordinates overseas training for some Marshallese women in community education and leadership skills.

A significant development in women’s organization and advocacy has been the establishment of a national women’s umbrella organization called “Women United Together in the Marshall Islands” (WUTMI), which has become the driving force for all women’s affairs in the RMI.
In 1991, Cabinet appointed a Women’s Policy Development Task Force to formulate a policy specifying how women’s efforts could be better incorporated into the socio-economic development of the nation. This Committee’s first output was the development of a National Women’s Policy. Together with recommendations arising from National Women’s Conferences in 1989 and 1995, WUTMI was instrumental in the preparation of this policy framework.

The National Women’s Policy 1996-2001, adopted in 1995, was intended to accompany the Government’s Second Five-Year Development Plan. This policy lists seven strategic objectives to increase gender equity and enhance women’s participation and status in all aspects of society. The emphasis is on ensuring that customary cultural values regarding women were reaffirmed and incorporated in modern Marshallese culture.

Based on the principles of the National Women’s Policy, a Women’s Plan of Action 1996-2001 was developed. This Plan of Action covers areas of improvement in culture, traditions and customs; the situation of children and family life; gender equality in education; the role of women in community activities; health care for mothers and children; family planning; women and the media; land and other legal rights of women—especially for women on the outer islands; lobbying the Nitijela for gender equality; promoting women in leadership positions; provision of business development skills and opportunities; and access to credit for women.

The recently established CEDAW Resource Development Committee comprised of senior representatives of key government and non-government agencies has been given responsibility for progressing ratification and implementation of the convention. CEDAW has now been translated into Marshallese and 2000 copies have been produced and distributed. The weekly radio program will be used to increase awareness of the convention and its relevance to the Marshall Islands.

The National Women’s Policy and Action Plan and implementation of CEDAW require high levels of cooperation between government, NGO and church organizations, working in collaboration with UN and other international women’s agencies, to improve gender equality and participation in the RMI. It is widely recognized that women’s organizations are a “formidable force” within church networks and civil society, providing they work together. For instance, in 1998 through the well-coordinated efforts of the churches, WUTMI and other NGOs, proposed legislation to make gambling legal in the Marshall Islands was blocked.

Despite achievements in the promotion of gender equality to date, inadequate financial and human resources continue to hinder the development of women’s organizations and advancement of women’s rights. Transportation and communication problems constrain the level of support provided to women on the outer islands and make networking difficult. The continual reshuffling of key personnel within the Women in Development Office also serves to weaken the women’s movement.

The recent revitalization of WUTMI and the support provided by international organizations has provided much needed impetus for the advancement of the women’s agenda in RMI. WUTMI’s participation with the newly formed Marshall Islands Council of Non-Government Organizations will also serve to ensure women’s views and concerns are expressed in policy discussions with national government and international partners.

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PART 6

FRAMEWORK FOR ACTION
PART VI  FRAMEWORK FOR ACTION

The Government has developed a number of policy frameworks that address the needs of children, youth and women in the Marshall Islands. Some of these policies are sector specific while others address issues through integrated policy and planning processes.

Directions in Health
Two key documents, the 15-Year Strategic Health Plan (2001 to 2015) and the Strategic Development Plan Framework (2003-2018) Vision 2018 outline the Government’s goals, objectives and targets for improved health status.

The goal of the Strategic Health Plan is:

“To build capacity of each community, family and individual to care for their own health through quality primary health care program and to provide high quality, effective, affordable and efficient health services to Marshallese”.

Vision 2018 stresses Government’s commitment to reinforce primary health care concepts endorsed in 1987. A sustained, intensive effort will be made to ensure that all health care programs focus on preventive health care while at the same time enhancing curative health services to improve public confidence in the RMI medical system. Community Health Councils will oversee primary health care programs with the participation of Local Governments, NGOs and other interest groups. Health Care centres in all outer islands will be renovated to attain consistent standards.

The MOH will take further steps to improve the health and well being of mothers and children through strengthening of pre-natal and post-natal health care and immunization programs. The Government is committed to developing and implementing a national breastfeeding policy.

A National Nutrition Action Plan will be developed and implemented to aggressively promote nutritious diets with emphasis on local foods. Consumption and production of local foods will be encouraged through development of appropriate tax measures, agricultural policies and the re-introduction of the school lunch program using local food and by promoting health education in schools. Assistance will be provided in establishing facilities that encourage the habit of regular exercise among our people, especially in the urban areas. Children’s play areas are severely lacking in both Majuro and Ebeye and need to be expanded. A survey will be conducted to assess the sanitation needs and to formulate a plan to meet those needs.

Reproductive health and education programs will be enhanced. Efforts will be made to convince families of the importance of family planning and increase access to family planning facilities and services. Current policies and programs aimed at reducing incidence of STDs will be strengthened and intensified. All possible care will be taken to prevent the spread of HIV and AIDS in the country.

The Government will ensure that the interests of both present and future generations are well protected with regard to the effects of Nuclear Test related illnesses and that studies are conducted that look into
Directions in Education

Vision 2018 states that education is the foundation of the RMI economy and the cornerstone for the achievement of the national development strategy. In conjunction with the Education Strategic Plan, numerous strategies have been identified to achieve these objectives.

In recognition of the need to improve partnerships with communities to enhance education outcomes, the first step in the implementation of this policy is to conduct a nationwide consultation between MOE personnel and key stakeholders—including parents, traditional, business and community leaders. Local Government Education Plans will be mandated to encourage partnership and to create ownership for localized school improvement efforts.

The MOE will launch the Pacific Education Data Management System (PEDMS) to enhance the Ministry’s capacity to monitor education outcomes and identify at-risk factors more proactively. The PEDMS will be useful in monitoring literacy development, academic achievement and enrolment at all levels of the education system.

Expanding and upgrading the teaching service is a major priority of the Education Plan, along with the refurbishment of school facilities and equipment. Non-formal and vocational education will become a more central part of the education strategy, coordinated by the National Training Council and assisted by ADB and UNDP. The Education Act will also be reviewed and an organizational structure established that encourages decentralization, community ownership and government accountability.

Addressing Issues in Child Protection

The lack of funding available under the Compact Agreement for child abuse prevention and treatment and the Government’s inability to source alternative funds has seriously constrained efforts in this important area. The Child Abuse and Neglect Task Force established in 1992 to identify procedural and clinical measures needed for improved responsiveness has been inactive for several years. There is
an urgent need for dedicated human and financial resources to address child protection issues and for improved inter-ministerial cooperation. There has recently been discussion about the need to streamline child abuse/neglect investigative and follow-up functions in a central location, possibly the Ministry of Internal Affairs.

The establishment of the Child Rights Office has strengthened the Government’s capacity to address child abuse and neglect in a more systematic and coordinated way. However, there is a need to clarify ministerial responsibilities for investigation and to review inter-agency protocols. Greater collaboration between key ministries and NGOs is expected to improve proactive and reactive responses to child abuse and neglect.

**Addressing the Needs of Youth**

Youth form a large and growing part of the population and as such, have a significant impact on the success or failure of national development efforts. Behaviour formed in adolescence has lasting implications for the health and welfare of young people, communities and the nation. Investment in children and adolescent health ensures healthier, more productive adults and averts future health care costs.

Youth need to be more involved in identifying their own health and development priorities and have input into how these issues are addressed. Youth can be a key source of energy for positive change, especially if countries are undergoing rapid cultural, social and economic and transition.

Improving the status and prospects for young people requires a long-term commitment, which entails:

- Allocating sufficient resources to meet the needs of the growing youth population;
- Adhering to the Convention of the Rights of the Child to ensure the needs and rights of children are protected and promoted;
- Creating and maintaining a policy environment that facilitates holistic analysis and partnership between young people and government agencies, and
- Ensuring there is adequate, up-to-date information on the needs and status of young people to ensure effective monitoring of the situation.

To increase participation of youth in development efforts, opportunities for partnership need to be created. This involves establishing partnerships between young people and adults, between youth and community leaders and with government at all levels. As long as youth are seen as “the problem” rather than as part of the solution, real partnership is not possible. Young people have a strong and vested interest in protecting their future, but they need to be empowered and supported in doing so. Expanding opportunities for partnership at local and national level and strengthening the capacity for youth for involvement in the development and implementation of policies is fundamental to social harmony.

The needs of youth should not be considered in isolation or as a separate sector but rather, must be integrated in all national and local level planning processes. The degree of investment in rural development has a direct bearing on the status and mobility of youth. When services and opportunities
are not available in rural areas, youth migrate to urban centres; urbanization is associated with increased substance abuse, crime and civil unrest. Increasing the interest of young people in cultural traditions and subsistence remains a key challenge for national and local level governments.

**Addressing the Needs of Women**
The National Women’s Policy—which needs to be reviewed and updated—seeks to improve the health and educational status of women to ensure more equitable gender participation in national development activities. In particular, the Policy advocates for improvements in health care for women and children and greater social consciousness of the negative implications of population growth. The Policy also aims to improve the education status of women by making parents more aware of the importance of girl’s education and by addressing gender inequities in the education system.

To mitigate against domestic violence and improve record keeping and referrals systems, procedural protocols involving all relevant public institutions are urgently needed. There is also a need to increase awareness of domestic violence as a human rights issue, improve access to protective systems and increase the range of counselling services available to both victims and perpetrators. Training for primary health practitioners, public safety officers and legal advisors on handling domestic violence cases sensitively and professionally is also needed, along with better monitoring and evaluation mechanisms. There is also a pressing need to build greater social consciousness about domestic violence so that it will not be tolerated or sustained by society.

There is a continuing need for women’s organizations to work in solidarity and to “speak with one voice” to successfully challenge discriminatory practices. For instance, the Women Against Violence through Education (WAVE) Project is an excellent example of inter-agency collaboration between government (MOE) and NGOs (WUTMI).

Representatives from the WDO and women’s organizations stress the need for Government to ratify the Convention on all Forms of Discrimination against Women (CEDAW). Endorsement of this Convention would establish a framework for action based on internationally accepted standards and give credence to women's pursuit of equality in the Marshall Islands. It is hope that the new CEDAW Resource Development Committee will advance this process.

**Implementing the Convention on the Rights of the Child**
Implementation of the CRC is a long-term process that provides tremendous opportunity for reflection and proactive planning by governments, civil society organisations and communities on issues affecting children and youth.

The CRC can assist in the process of facilitating integration of fundamental child rights principles within Marshall Islands rapidly changing society and can serve to mobilize and empower stakeholders, including young people, to identify and address circumstances that interfere with their development through broad-based participation and collective action.

The Government remains committed to further harmonization of national laws with the CRC. Toward this end, the following legislative actions have been taken or are currently under review.
• The Birth, Registration and Marriage Registration Act has been amended. This Act requires naming of the child’s father, regardless of marital status. The Act also raises the legal age of marriage for girls from 16 years to 18 years to be consistent with the age requirements for boys.

• The Sale of Tobacco to Minors Act has been drafted. When adopted, this Act will prohibit the selling, distribution and use of cigarettes and tobacco products to persons below the age of eighteen.

• The Education Act, when amended will make education compulsory for all children between the ages of four and fourteen. The law will also make parents, custodians and guardians responsible for ensuring that children are enrolled in and attending school.

• The amended Criminal Code prescribes sexual relations with a person below the age of eighteen as a sex crime and sexual abuse and subject to full punishment under the law. The amended law also prohibits the use of corporal punishment against children as a disciplinary measure.

• The Minimum Conditions Inquiry Act, also known as the Child Labour Law has been amended to prohibit employment of a person under the age of eighteen.

• The Adoption Act, passed by Parliament in 2002 ensures the protection of children and indigenous families through institutionalization of legal safeguards, counselling processes and creation of a supervisory agency.

Aside from legislative review and the production of IEC materials related to aspects of the CRC, the Convention is not currently being used in a proactive or systematic way to formulate or evaluate policies and programmes for children and youth. Many government officials are not aware of the purpose or relevancy of the Convention for children’s programming.

Mobile Team field notes (Ministry of Internal Affairs, Community Development Division) from a 2000 outer islands visit to conduct CRC awareness states:

“There is still a lot of reluctance with adults in admitting that children have rights as outlined in the CRC. Just discussing these rights go against Marshallese custom. Children are taught to respect their elders by keeping silent and having no say in decisions, especially when it involves them. The Marshallese believe children, and into adulthood must be dedicated to their elders. This is the Marshallese idea of reciprocation.”

Greater awareness of the principles of the CRC is required at all levels. The recommendations highlighted in the 2000 Concluding Observations of the UNCRC Committee provide an excellent starting point for prioritizing activities to promote child survival, development and protection.

**Strengthening the National Nutrition Children’s Council**

When Parliament established the National Nutrition Children’s Council in August 1991, it appointed six permanent members including the Chief Secretary (Chairman), the Secretary of Health, the Secretary of Education, the Secretary of Resources and Development, the Secretary of the Interior and the Medical Director of Public Health.
For administrative and political reasons, there has been considerable change at the Secretary level over the past 10 years. At the time of appointment, new NNCC members generally do not have an adequate understanding of the role of the committee or the requirements of the CRC; orientation for new members has not been provided. Heavy workloads, time constraints and completing demands on Secretaries have also hindered the operational capacity of the NNCC. As a result, the coordination and monitoring role of the NNCC was largely left to the Child’s Rights Program Coordinator, working in collaboration with the NNCC Chair.

Through the process of preparing this report, government and NGO workers identified the following constraints to effective coordination, advocacy and monitoring of children’s policies and programs.

- Limited inter-ministerial coordination and frequent redeployment of key personnel
- Lack of a holistic policy framework governing all aspects of children’s well-being
- Lack of full legislative compliance with the CRC on laws affecting children
- Limited financial and human resource capacity of the NNCC
- Limited involvement by NGOs and Churches on the NNCC
- Cultural sensitivities that dissuade public discussion on issues such as domestic violence, child abuse and reproductive health
- The tendency to minimize the seriousness of problems facing children
- A sense of being overwhelmed by the magnitude of issues that need to be addressed
- Limited involvement by young people in decision-making forums
- Lack of community-based research on health and social issues, and
- Lack of readily accessible consolidated data on the status of children and youth.

The Government recognizes the need to improve the situation of children; NNCC members believe that better coordination, advocacy and monitoring of at-risk children will reduce vulnerability. As such, stakeholders have recommended that the mandate, membership and capacity of the NNCC be reviewed, with a focus on practical strategies to enhance the authority, accountability and transparency of this committee. It has been suggested civil society organizations and youth representatives participate on the NNCC; the involvement of the Economic Policy, Planning and Statistics Office could assist in streamlining the collection and analysis of data on children and women.

This review could also consider existing policy and planning frameworks (i.e., National Women’s Policy, National Youth Policy, National Plan of Action on Nutrition, Vision 2018, education and health sector plans) and how these strategies can be integrated into an overall National Policy and Plan of Action for Children. The NNCC acknowledges the urgent need to develop a holistic policy framework to improve coordination and monitoring of children’s status.

There is a need to review the role and mandate of the Child Rights Office and its’ relationship to the NNCC before seeking endorsement from Cabinet.
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