

SAMOA



A SITUATION ANALYSIS OF CHILDREN, WOMEN & YOUTH

GOVERNMENT OF SAMOA AND UNICEF

2006

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LIST OF ACRONYMS

AusAID	Australian Agency for International Development
AUA	Apia Urban Area
BMI	Body Mass Index
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CPIS	Child Protection Information System
CSEC	Commercial Sexual Exploitation of Children
CRC	Convention on the Rights of the Child
CMAD	Curriculum Materials and Assessment Division
CYP	Commonwealth Youth Programme
DHS	Demographic and Health Survey
DFW	Division for Women
DFY	Division for Youth
DFIA	Division for Internal Affairs
ECPAT	End Child Prostitution and Trafficking
ESCAP	Economic and Social Commission for Asia and the Pacific
FLO	Faataua le Ola
HIV/AIDS	Human Immunodeficiency Virus/ Acquired Immune Deficiency Syndrome
HRPP	Human Rights Protection Party
HEAPS	Health Education and Prevention Services
IEC	Information, Education, Communication
KABP	Knowledge, Attitudes, Behaviour, Practice
M.A.D.D.	Motivational Arts, Dance and Drama Gallery
MESC	Ministry of Education, Sports and Culture
MNREM	Ministry of Natural Resources, Environment and Meteorology
MOA	Mapusaga o Aiga
MOH	Ministry of Health
MOF	Ministry of Finance
MYSC	Ministry of Youth Sports and Culture
MWCSD	Ministry of Women, Community & Social Development
MJCA	Ministry of Justice and Courts Administration
NACC	National Aids Coordinating Committee
NCCRC	National Council on CRC
NCECES	National Council of Early Childhood Education of Samoa
NCDs	Non Communicable Diseases
NCW	National Council of Women
NGO	Non government Organization
NUS	National University of Samoa
NYWC	National Youth Working Committee
NZODA	New Zealand Overseas Development Assistance
PEM	Protein Energy Malnutrition
PCP	Pacific Children's Program

PREB	Prevention Rehab Education for the Blind
PSC	Public Service Commission
PSSC	Pacific Senior Secondary Certificate
PTCDS	Programs, Training & Community Development Services for Women
SAF	Samoa Aids Foundation
SASNOC	Samoa Association of Sports and National Olympic Committee
SBC	Samoa Broadcasting Corporation
SBEC	Small Business Enterprises Centre
SDS	Samoa Development Strategy
SDUP	Samoa Democratic United Party
SFHA	Family Health Association
STDs	Sexually Transmitted Diseases
SNNS	Samoa National Nutrition Survey\
SNAP	Special Needs Assessment Program
SPG	South Pacific Games
SPREP	Secretariat of the Pacific Regional Environment Programme
SSECRP	Samoa Secondary Education Curriculum Resource Project
SWCDO	Samoa Women's Committees Development Organization
TALAVOU	Towards a Legacy of Achievement, Versatility, and Opportunity through Unity
TBA	Traditional Birth Attendant
UNESCO	United Nations Education, Social and Cultural Organization
UNDP	United Nations Development Programme
USPSOA	University of the South Pacific School of Agriculture, Alafua Campus
VSA	Volunteer Services Abroad -NZ
WTO	World Trade Organisation
WIBDI	Women in Business Development Incorporated
YFC	Youth for Christ
YMCA	Young Men's Christian Association
YWAM	Youth With A Mission

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The Situational Analysis

As part of its country programmes, UNICEF assists Governments to produce and update a report on development trends within each country that describes how these trends affect the well being of children, youth and women. These reports help to direct and guide UNICEF's programmes and they also provide a useful reference for national Governments, national bodies, the public and other development partners. In 1996, the first Situational Analysis of Children and Women in Samoa was undertaken by government with assistance from UNICEF.

The 2006 report is expanded to include youth and presents an overview of the situation of children, youth and women in Samoa at the start of the 21st Century. It was drafted with the help of many people in Samoa and also draws upon published and unpublished information and reports.

The Government of Samoa ratified the Convention on the Rights of the Child (CRC) in 1994. UNICEF is assisting countries to implement the convention and to monitor implementation progress. Within two years of ratification each government must report their progress to an international review panel in Geneva. The Samoa report has been submitted to the UNCRC Committee. Progress on implementing the CRC therefore

PART 1

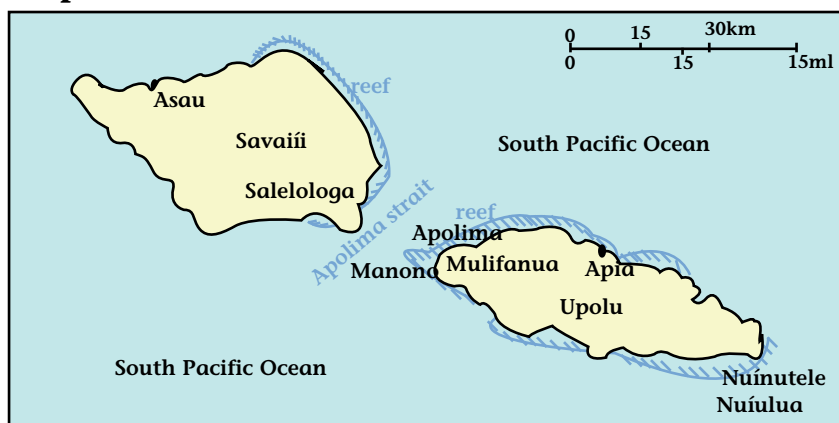
AN OVERVIEW OF SAMOA

1. AN OVERVIEW OF SAMOA

1.1 Samoa: a developing Pacific island country

Samoa is an independent, Polynesian Pacific island country comprised of ten islands, two relatively large islands; Upolu and Savaii and eight smaller islands of which three namely Manono, Apolima and Namua are also inhabited. Samoa lies between latitudes 13° and 15° south and longitudes 168° and 173° west close to the international dateline and is in the hurricane zone. From December to March the islands are vulnerable to hurricane and cyclones and in 1990 and 1992 suffered drastically from two cyclones and again in 2002.

Map of Samoa



The total land area is 2934 square kilometers with over 70% of the population living in small villages located along the narrow coastal plains that fringe the mountain ranges. The islands are easily accessible by sea transport and there is air transport service between Upolu and Savaii.

The physical compactness of the group makes communications between and within islands easy and relatively cheap particularly with the completion of ring and cross island roads, electrification and telecommunication. Concentrations of population are found along the coastal and main arterial roads particularly on the island of Upolu.

1.2 A high level of political stability

Samoa has enjoyed a high level of political stability since becoming the first Pacific Island country to gain political independence in 1962. Western Samoa became known as Samoa in 1997 as a result of a constitutional change. It is also known as a very peaceful country and thus has been a preferred destination for tourists whenever strife and political tension have affected other areas in the region. The necessary governing structures are in place to maintain this stability and in addition several innate factors have contributed to the cohesiveness of the country and its political stability.

The people

The people of Samoa are very nationalistic and proud of their Samoan heritage. They are mainly Polynesian although some are of mixed descent (European, Chinese and other Pacific islands), all are Samoan and have equal rights under the Constitution of the Country. In the 2001 census the population was totaled at 176,710.

The language

Samoan is the main language spoken and used in Parliament and in the community. This makes communication easy and is a uniting factor for all Samoans. However, English is also widely spoken and is another medium for international and commercial communication within Government Ministries and the private sector. Both Samoan and English are used as languages of instruction in educational institutions.

Religion

The Samoan motto or logo states that Samoa is founded on God. In the 2001 Census, 100% of the population acknowledged a religious affiliation with approximately 99% of these claiming to be Christians.

The Matai System

The unit of Samoan life or the *faasamoa* is the extended family or *aiga potopoto*. The extended family is headed by a *Matai* or chief who is appointed by family consensus. The *Matai* can either be a male or a female although in practice most are males. The *Matai* form the central basis of the village administration. The *Matai* is responsible for maintaining family unit and prestige, administration of family land and other assets, settling disputes and representing the family on the village *fono* or council. In return for this leadership the *Matai* is rendered services or *tautua* by the family members. The legal system of Samoa recognizes the role of the *Matai* in keeping law and order in the rural areas and many disputes are handled by traditional or village Law.

Head of State

The country's Head of State: His Highness Malietoa Tanumafili II is the holder of a paramount chiefly title and has held the post since Independence in 1962. The Head of State has important reserve powers under the Constitution such as that which empowers him to dissolve Parliament in certain circumstances. In most other respects the Head of State acts on the advice of Cabinet and must give consent to all Acts of Parliament before they can come into effect.

Constitutional background

The Constitution of the independent state of Samoa is the supreme law of the country and has been entrenched and can only be changed by a two thirds majority in the national parliament. Any Act, regulation, notice or exercise of executive power by the State which is declared by the Supreme Court as being inconsistent with the provisions of the Constitution can be declared unlawful and void. The supreme law establishes Samoa as an independent state, founded on the rule of law and its cultural and Christian traditions. Although based on a Westminster parliamentary system of government, its unique Samoan feature is that only those who hold chiefly titles can be elected with the exception of two seats for voters of mixed descent.

Political Parties

A west minister style party system has evolved since independence and at present there are two main political parties. The Human Rights Protection Party (HRPP) which has now been in power for more than 20 years, and the Samoa National Democratic Party (SNDP) and more recently the Samoa Democratic United Party (SDUP) which is an amalgamation of the SNDP and independent members of Parliament. On March 31st 2006 the country went to the polls again. All seats were contested except for the incumbent Prime Minister whose seat was unopposed. The ruling political party came back in power with a win of 35 seats. Of interest, three new political parties were formed and contested for the 2006 elections but did not win any seats. The results suggest the country's approval of the status quo and the leadership of the present government.

Fundamental Rights

The Constitution of Samoa 1960, article 15 (1) of the Constitution states that men and women are equal before the law and there is to be no discrimination on the basis of descent, language, race, sex, political opinion, and origin, place of birth or family status or religion.¹ (The Constitution of the Independent State of Western Samoa 1960 pg. 3-15) The Constitution guarantees to every Samoan certain fundamental human rights including the right to life, personal liberty, a fair trial, religious freedom, freedom of speech, freedom from inhuman treatment, freedom from forced labour, freedom of assembly and free association, freedom of movement and residence as well as freedom from discriminatory legislation. These fundamental rights are to be enjoyed by women, men and children equally. Fourteen of the fifteen fundamental rights provisions are afforded to 'all persons' which is interpreted to mean adults, youth and children.

Legal system

The written legal system is derived from the English common law system, with the Constitution as its cornerstone which includes a 'Bill of Rights' type list of fundamental freedoms. The Court of Appeal is presided over by 3 judges, usually selected from other Commonwealth jurisdictions.

The Supreme Court is presided over by the Chief Justice who is appointed on the advice of the government of the day. He or she is appointed until retirement at 67 years of age, and can only be removed by a two thirds majority in Parliament.

Samoa's legal system recognizes the role of custom and usage especially in relation to village government, which is the system of local government in rural areas (Village Fono Act 1990). Samoa operates a dual system of governance and law where it has adopted recognized commonwealth or common law models for its parliament, executive and courts system yet also acknowledges the role of 'village governance' through the mutual rights and obligations of chiefly title holders and their families. The holding of 80% of Samoa's land mass under customary land ownership means that the importance of Samoan custom and tradition in dictating social interaction remains a significant feature of Samoan life particularly in rural areas and all areas outside the Apia urban area.

Lands and Titles Court

Samoa has two Court systems. The Supreme, District and Appeals Court and the Land and Titles Court which has exclusive jurisdiction over Samoan chiefly titles and customary land, with the usual court hierarchy presided over by the President of the Land and Titles Court. The Land and Titles Court was established pursuant to the Constitution of Samoa and Land and Titles Act 1981. Appeals against decisions of the Land and Titles Court are made in the first instance to the President of the Land and Titles Court sitting alone, and if allowed proceed to appeal before the President and Deputy Judges. Decisions of the Lands and Titles Court may be reviewed judicially by the Supreme Court only in certain circumstances. Otherwise, it has distinct and separate jurisdiction as defined under the Constitution and Lands and Titles Act 1981.

1.3 Samoa as a member of the Global Community

Samoa is part of the Global community and thus is vulnerable to whatever impacts the rest of the world. For example the disaster of 07/11/2001 in the USA and the resulting crisis on oil prices also affected Samoa and resulted in increased petrol and diesel costs and increased difficulties in obtaining visas for overseas travel. Samoa has also been co-signatory to many conventions and declarations with other world governments and as such has obligations to fulfill the recommendations of these conventions. Listed below are some that impact on children, youth and women.

- * Samoa signed the Universal Declaration of Human Rights (Vienna Declaration) in 1992.
- * In October 1992, Samoa ratified without reservation the Convention on Elimination of All forms of Discrimination Against Women (CEDAW).
- * Samoa ratified the United Nations Convention on the Rights of the Child (CRC) on 11 November 1994

with one reservation under Article 28 (1) (a) of the Convention on the Rights of the Child relating to the provision of primary education due to the fact that in Samoa, the majority of schools that provide Primary Education are owned and managed by individual villages and districts, bodies which are outside the control of the government. Therefore, PURSUANT to Article 51 the Government of Samoa reserved the Right to allocate resources to the Primary Level Sector of Education in Samoa in contrast to the Requirement of Article 28 (1)(a) to provide free Primary Education (Copy of Reservation by the Government of the Independent State of Samoa to their Instrument of Accession to the United Nations Convention on the Rights of the Child.)

- * Samoa has also ratified the Cairo 1994 International Conference on Population Development (ICPD) and the 1999 (February 1999) follow up of the ICDP Resolutions, ICDP +5 at The Hague.
- * In 1995, the Government of Samoa became party to the Beijing Platform for Action, one of the key issues of which is the protection of the rights of the girl child. As well, the government of Samoa officially endorsed the Pacific Platform for Action, one of the key concerns of which is the importance of the family.

- * In 1996 the Government of Samoa, with the assistance of UNICEF, completed *A Situational Analysis of Children and Women in Samoa*.
- * In cooperation with UNDP, the Samoan government, in 1998, published *SAMOA, A Situation Analysis of Human Development*. An update of this analysis was scheduled for launch in June 2006. (discussion with Georgina Bonin UNDP)
- * The Government of Samoa became a member of the ILO in March 2005, with the intention to ratify two (2) of the eight (8) core Conventions of the ILO, namely C#138: Minimum Age Convention 1973 and C#182: Worst Forms of Child Labour Convention 1999.
- * Samoa has continuously supported the following UN Resolutions on children. The Rights of the Child; The Girl Child; Implementation of the CRC; Protection of Children Affected by Armed Conflicts and Need to Adopt Efficient International Measures for the Prevention and Eradication of the Sale of Children, Child Prostitution and Child Pornography; and Traffic in Women and Girls.

PART 2
THE SOCIO ECONOMIC
AND CULTURAL
CONTEXT OF
CHILDREN'S, YOUTH
AND WOMEN'S LIVES
IN SAMOAN SOCIETY

2. THE SOCIO ECONOMIC AND CULTURAL CONTEXT OF CHILDREN'S, YOUTH AND WOMEN'S LIVES IN SAMOAN SOCIETY

2.1 The place of children

Cultural and Christian principles have a strong influence on child rearing practices. The Samoan proverb *ì O au o matua fanauì* - Children are parents' ultimate treasures and the universal saying that Children are the future of families, communities and nation, are some of the many beliefs and principles associated with how children are nurtured and reared in a Samoan family. Children are regarded as a blessing and a responsibility from God. As a result, families are, on the whole, highly protective of their children. On the other hand, parents' expectations of their children rise dramatically as the latter get older and these expectations can often be very severe and exacting by the time children reach puberty.

The *Faíasinomaga* (genealogical identity) of a Samoan child is a central part of every child's life. In Samoa, all children have a *faasinomaga* regardless of how they were conceived. A child's *faasinomaga* establishes his/her cultural identity through kinship connections by blood, marriage and/or adoption and where they belong in terms of his/her family. It therefore asserts and ensures that even if the child grew up in village A, his or her *faasinomaga* ensures that he/she still belongs to village B, C and D because it is where his/her parents and ancestors are from. The *faasinomaga* of the child also explains why one child has so many relatives and extended families, and that child has a right to claim his/her identity within several villages (CRC Implementation Report 2005.)

A fundamental part of one's *faasinomaga* is one's *Aiga* (family) which is a key aspect of the Samoan culture. Villages are made up of a number of *aigas*. Most *aiga* hold annual family reunions to maintain the importance of belonging to an *aiga*. All Samoan children have an *aiga* to which they belong in Samoa.

The concepts of *faasinomaga* and *aiga* are pivotal cultural principles which guarantee the protection of children in Samoa. It is normal practice for uncles, aunties, grandparents or other relatives to care for a child in the event of family breakdown. This 'security' element of the Samoan culture is very much a strength in the protection of children, given the non-existence of a western welfare system for children in Samoa (CRC Implementation Report 2005.)

2.2 The place of youth (young people)

Youth as a distinct social aggregate do not exist in the traditional Samoan society. A situational analysis of children and women in W. Samoa 1996 They are subsumed under both the *aumaga* for the boys and *auluma* for girls. These groupings are not based on age but on a person's situation in life. The young men who are called *taulelea* stay as members of the *aumaga* and until they become bestowed with a title and become a Matai. It is not unusual to be a *taulelea* all your life. The *aumaga* are referred to as the *malosi o le nuu* - the strength of the village as they are responsible for serving the needs of the *aiga* and village. It is in the rendering service (*tautua*) to the Matai and *Aiga* that young men learn their traditional roles. Samoan national youth policy

The *auluma* or *tamaitai* are women who are the daughters and sisters of the Matai in a village. The young women remain members of the *auluma* until they too are bestowed with a title and become a Matai. The training ground for their traditional roles as young women are in weaving the fine mats and making other

crafts needed for the maintenance of the Samoan way of life, the service rendered to the Matai's and the village in catering for visitors and in caring for their homes and families. When young women marry and leave the village to live with their spouses, many may return as widows or divorcees to the *aualuma* and maintain their status as the *tamaitai* of the village.

In addition to these two groupings there are the *autalavou* or youth groups like Sunday School and Church Choirs formed under the various church denominations that most young people belong to. Church ministers and/or their wives or church elders lead and manage these groups. There are also interdenominational youth organizations that have taken lead roles in the lives of young people like the Youth For Christ (YFC) and Youth with a Mission (YWAM). Organisations like Boy Scouts and Girl Guides, the Flame Youth Centre and others also play an important role in the lives of urban youth.

2.3 The place of women

The appropriate role or status of all Samoans is set by the *faamatai* or *Matai* system. There are complementary male and female roles, of brothers and sisters in the *faamatai* and women are respected as sisters or co-descendants.

The traditional Samoan village is made up of two conceptual entities "the village of men" and the "village of women." this division reflects the gender division of labour on which almost all traditional institutions are based. The criteria for membership in village groups are age, marital status, political status and whether one is born in the village or married into it. The system accounts for everyone and imposes a number of different expectations on all members of the village. Report on the Status of women in Samoa 2001 for periodic reporting on CEDAW Every Samoan woman is a *tamaitai* (sister or daughter of the village). When the *tamaitai* marry they become a *nofotane* (wife). In the village setting a woman operates within one of three social groups which reflect status. The *aualuma* is comprised of the unmarried, divorced and widowed daughters of the village. The *faletua* and *tausī* comprises of the wives of the chiefs and the wives of the untitled men are the *ava a taulealea*.

The *aualuma* is a powerful and influential group in the village community as their status is higher than that of the wives and is on par with that of titled men. The groupings of the wives are expected to serve the families of their husbands while the *aualuma* have their own meeting house and are the *faioloa* or wealth makers as weavers of fine mats and other crafts which are held in high value in Samoa Society. The *aualuma* are able to socialize outside their own homes while the wives are expected to restrict their activities close to home.

Traditionally the status of wife is much less than that of a sister, but a woman who marries and stays in her family with her husband has a much better status than a woman who marries and moves to her husband's family. The difference in Status between sisters and or daughters of the village and those of the wives originates from the concept of *feagaiga* the sacred covenant where the *pule* or authority is held by

the brother and the *mamalu* or dignity of the family is with the sister. This bond between the brother and sister is a very strong model for female-male relationships. The way these roles complement each other produces a special form of control that allows women to assert influence within the family's decision making process whether it is in the bestowing of titles or in resolving conflicts even though she may not have a matai title.

The *auaaluma*, *faletua* and *tausi* and *ava a taulelea* have all come together under the *Komiti Tumama* or Health Committees which were formed in the early 1930's under New Zealand administration. These *komitis* were primarily formed for the delivery of health services to women and children and for the improvement of hygiene and sanitation in the environmental health of communities. Due to their success at carrying out village projects, they have been used by other government departments for their extension work in the communities. These *komitis* are affiliated to national women's organisations like the National Council of Women, the Samoa Women's Development Committee Association (*Komiti Tumama*) and to national church organizations.

PART 3

PATTERNS OF CHANGE

3.0 PATTERNS OF CHANGE

The endurance of *the faasamoa* helps to ensure national security and continues to safeguard the positive aspects of the place of children, young people and women in the Samoan Culture. In villages where traditions are strong the relationship between brother and sister is upheld and continues to be seen, children are nurtured and well cared for, all people work together for the good of the village and maintenance of law and order under the *Pulega o Matai and Faipule* (Village council) is upheld.

However, these are rapidly changing times. As more residential areas open up with people living on free hold property and more villages are formed that do not have a traditional or cultural basis, traditional values begin to break down. Lawlessness is more evident as seen in the increase of violence and the increased rate of crimes carried out by young people.

3.1 Social and Cultural change

The Samoan government does not provide social security benefits, insurance or paid child care facilities except for a contributory National Provident Fund for all wage earners and a Pension Scheme for men and women 65 years or older. Traditionally the *aiga* has been the social security system and safety net for Samoans.

Today however, the traditional system can no longer cope with every situation of need. Especially at risk are those in situations where there is no one from their *aiga* to help them. This is not uncommon today as large numbers of people have emigrated to town or overseas. Work by the Red Cross (Samoa) and other

the brother and the *mamalu* or dignity of the family is with the sister. This bond between the brother and NGOs have identified an at risk group who are people who have settled in Apia away from their family and social group networks but are reluctant to seek assistance from their families in their home villages.

The emergence of the *Komiti* as the main linkage between woman in the villages and government bodies and NGOs has provided a mechanism through which all women in the village can work together and develop their strengths within the limitations of culture and traditions. Today the woman's *komiti* and the community nurses working in partnership continue to be the backbone of the primary health care and preventative health services of the Ministry of Health. They are also the main contacts for the MWCSO in the community. In May 2004, the government acknowledged the important roles of the *komitis* by approving the selection of women's representatives (*Sui a le Malo*) in all villages to support the work of women in rural areas. With the 2003 government reforms the *Pulenuu* (Govt. representative in a Village -usually a Matai) also became a part of the MWCSO- Division for Internal Affairs which has strengthened the contacts for this Ministry within the whole country. There are now also female *matai* who are *Pulenuu* which used to be a domain for only male *matai*.

⁸Report on the Status of women in Samoa 2001 for periodic reporting on CEDAW

Although, the status of a woman is high as a daughter in her own village, this is not necessarily the case when she goes to her husband's village. Women marrying into a village who are wives of *matais*, or have high educational, economic or social status may encounter very few problems in her husband's village. However, women who have low economic, education or social status may encounter added pressures from the expectations of 'service' that they are expected to perform for their in laws. As found in an in depth study Research on Existing Situation of Malnutrition in Samoa March 1977 pg. 52-57 of some malnourished children with mothers who were "*nofo tane*," a lack of food in the household was not necessarily the problem but inadequate time to feed and care for the child whilst catering to other household chores for the extended family.

3.2 The provision of Social Welfare Services for Children, Youth and Women

The role of taking care of people with problems has therefore fallen upon the shoulders of the Non Government Organisations (NGOs). Many have arisen from the concern of small groups of individuals or Church groups. A list of NGOs and their main focus of work is in the appendices. The names of these organisations usually give an indication of the type of service they render. A major setback for most of these NGOs is the shortage of manpower as they are dependant on volunteers to carry out their work. The main ones that are operating on a regular basis are being assisted through funding from overseas donors for salaries and projects. Recent interest has been shown from another international NGO - Save the Children NZ (SCNZ) to develop a programme of support in Samoa with a local NGO partner.

In view of their important role in providing social welfare services, on going capacity building for NGOs is becoming a necessity. This relates not only to building up the capacity of local counterparts but perhaps for government as well, the need for focal points to identify in their sector plans a supporting role in terms of assisting with the capacity building for NGO partners, so they are better able to provide services that

The recent approval of the Social Services Division that will be housed under the MWCSD is another avenue that will facilitate with this issue of capacity building for NGOs. It is envisaged that this new division will help strengthen coordination in the provision of social welfare services to women, youth and children. It is also the hope of the MWCSD that this new division will also enhance the quality of the available social welfare services so that the issues of women, youth and children as victims of crime are addressed. Likewise, the issue of rehabilitation and counseling the perpetrators of crimes so as to decrease the incidence of re-offending amongst young people.

⁹ Research on Existing Situation of Malnutrition in Samoa March 1977 pg. 52-57

The work of the Pacific Children's Program through the DFW-MWCSD also provides the avenue for program support for NGOs who are within the CRC Partnership (Mapusaga O Aiga, Fiaola Crisis Centre, ECPAT Samoa, National Council of Early Childhood Samoa, Samoa Family Health, Samoa AIDS Foundation etc) on the areas of preventive family and community action programs, which include communication and relationship building skills, parenting tips skills, reproduction and sexual health education, child and family participation. Most recently, the DFW of the MWCSD completed the Legislative Compliance Review of Samoan legislation to the Convention. Samoa is the first Pacific Island Country that has done this review and this has made available for the first time, specific compliant and non compliant aspects of the legislation in Samoa in the context of CRC. This Review will assist with the work on the Convention in terms of facilitating the availability of relevant legislation and the application of the legislation to the work on CRC in Samoa. It will also help with the strengthening of the linkages across the different sectors on a whole of government approach to Child Protection at all levels in Samoa.

Since 2003, Samoa has experienced a unique situation in that a portfolio for NGOs has been created, and this is located under the auspices of the Prime Minister. This situation gives NGOs direct access to an open forum with the Prime Minister, which is very positive. At the same time, NGOs hope that this relationship will not adversely influence the NGO role as monitor and watchdog of government processes.

3.3 The role of media and information technology in social change

Most forms of modern mass communication and information technology can be found in Samoa. With the complete electrification of the country, most people have access to TV, radio and internet. Censorship laws exist but are difficult to enforce due to limited resources. Following an amendment of the Films Control Act in 1998 censorship of video material is now enforced although censorship for video, DVDs, and piracy of these items still pose a problem that is not being adequately addressed. Internet pornography has not arisen as an issue but may be present. Two new TV stations opened up in February and April 2006 bringing the total to six TV stations in the country. These are local stations but most of the programmes aired are from overseas and much of the children's values and attitudes are being shaped by what they see. For many working parents, TV, videos and DVDs are becoming the baby sitters with little thought given to the impact of what the children are watching.

3.4 Population change

The population of Samoa has increased from 161, 258 in 1991 to 176,710 in 2001. Emigration has kept the population growth rate low at 1.0% from a natural rate of increase of 2.36% per annum. Implementation Report on the CRC, Govt. of Samoa 2005 pg.21

Samoa remains largely rural with most of its population scattered throughout the two main islands of Savaii and Upolu. However, three quarters of the population live on Upolu where the administration capital Apia is located and has the attractions of employment, education and other centralized services

¹⁰ Implementation Report on the CRC, Govt. of Samoa 2005 pg.21

¹¹ Report of the Census of Population and Housing 2001

.There has been a great increase of the population migrating to live in Upolu over the last 10 years. One reason is the selling of Government land as free hold property in the North West and North East areas of Upolu. A result of this migration trend is the added pressure seen in Apia with traffic congestion, rising unemployment, increased urban youth population and an increased youth crime rate.

A comparison of the situation given in 1996 (from the 1991 census) and 2006 (2001 census) Table 1 highlights this. The overall population density for Samoa has increased over the last 10 years from 58 persons per square kilometer, in 1991 to 63 in 2001. In 1999, there were 569 persons per sq. kilometer in Apia, 161 in North west Upolu, 53 in Rural Upolu and 27 per sq. kilometer in Savaii. In 2001 it was 647 persons in Apia, 209 in North West Upolu, 54 in Rural Upolu and 25 in Savaii. Report of the Census of Population and Housing 2001

The population of Apia dropped slightly (1.0%) from 1991 to 2001. People are moving out of Apia and from rural areas to live in the surrounding residential areas and suburban areas as seen in big cities are being created.

Table 1: Comparison of Population distribution in 1991 and 2001

	1991 Census	2001 Census
Total Population	161, 298	176, 710
% living in Apia	21.2% (34,126)	22.1% (38,836)
% living in North West Upolu	25.1% (40,409)	25.9% (41,713)
% living in Rural Upolu	29.8% (52, 576)	23.7% (42,474)
% living in Savaii	27.9% (45,050)	24.0% (42,824)

Outward migration from Samoa has mainly involved people in the working age group and consequently Samoa has a very young population with children under the age of 15 years making up 40.7% of the total population. Almost half (49.8 %) of the population are aged 0-18 years with a Median age of 20 years and a high dependency ratio of 83. The working population (15 ñ 59 years) is 55 % of the total population and those 60 years and over account for 4%.

The work currently in place for CRC places a focus on children and youth within the structure and mandate of the Ministry of Women, Social and Community Development and the Ministry of Health from a child health perspective. However the fact that half the population are under 18 years of age is a key factor that continually needs to be addressed and realized in national priorities concerned with the social, economic, cultural, educational and spiritual welfare of the country as a whole.

Women make up less than half (48%) of the population and males 53%. This sex distribution is normal for Samoa and similar sex distributions were recorded in the decennial censuses of 1981 and 1991. ^{ibid}There is a predominance of males at all ages below 50 but the lower mortality for females leads to progressive advantage in numbers over males as they get older.

In 2003-2004, the crude birth rate calculated by the MOH Annual Report Ministry of Health 2002-2003 & 2003-2004 was 20.8 per 1,000 population. The Census report of 2001 *ibid.* pg. 4 National Demographic Indicators- 2001 Census noted that the overall crude birth rate for Samoa was 29 per 1000 population. The difference from 2001 to 2004 does not necessarily reflect a drop in the crude birth rate because the data used by the MOH are not a total representation of the population but based on inpatient admissions in the health system only. For 2003-2004, the crude death rate was 3 per 1,000 population, the infant mortality rate was 13 per 1000 live births and under five mortality rate was also 13 per 1000 live births. *ibid*

3.5 Economic change

Samoa has made reasonable progress in terms of economic and social outcomes in the last two decades despite the vulnerability to natural disasters and exogenous factors beyond its control. The country has recovered from the two cyclones that wreaked major devastation on the economy and today the infrastructure has been restored, macro economic stability has been achieved and important reforms undertaken in the Public sector and the finance sector and to tax and tariff system. A major economic restructuring and reform program has since turned the Samoan economy around from one of the weakest in the region to one of the best performing in the Pacific,¹ according to an International Monetary Fund report in 2003. In the last four years, for instance, average GDP growth has been consistently above 4% annually, whilst inflation and government spending have been kept under close scrutiny providing stable macro economic conditions for sustained economic growth.

In the last ten years, government has accorded priority in its spending programmes to the Health and Education sectors. Spending on these sectors has increased by 23% and 9% respectively between 1992/93 and 1996/97. But in order to improve service levels and to contain expenditure, government is looking at establishing policies on health sector funding which will clarify its position on health insurance, user pay charges and the involvement of the private sector in health services. The private health sector is confined to the urban area. There are ten private doctor's clinics in Apia with one in Savaii and a private hospital Medcen, that opened in Apia in December 1998.

The Samoan economy being traditionally dependent on agriculture with the production and export of coconut products, cocoa and bananas is highly vulnerable to external conditions. Poor returns and diseases and volatile market conditions have, over the years, reduced their significance as major export crops. Today, Samoa's main foreign exchange earnings are from remittances from Samoans living overseas, tourism, foreign aid, fish exports (largely tuna) and a mixture of small manufactures such as textiles, food and beverages.

¹² *ibid*

¹³ Annual Report Ministry of Health 2002-2003 & 2003-2004

¹⁴ *ibid.* pg. 4 National Demographic Indicators- 2001 Census

¹⁵ *ibid*

A large part of the economy is still semi-subsistence, where the majority of the people in the rural areas depend on the land and the surrounding seas for many of their food and cash needs. This is still possible because some 80% of Samoa's land is under customary or communal ownership. Land is one of the main sources of individual and family identity and security and as such, any adaptations to customary land holding systems will inevitably impact on the Samoan family system.

With strong economic performance in the last several years, Samoa's per capita income in 2003 stood at Samoan Tala \$5035.00, placing Samoa outside the UN's 'Least Developed Country' category. Nonetheless Samoa's economy remains highly vulnerable to external events such as natural disasters (particularly cyclones) and any economic down turn in New Zealand or Australia from where the overseas remittances originate.

Government policy initiatives for Samoa's economy today are set out in the Strategy for the Development of Samoa (SDS) 2005 - 2007, the Government's strategic planning document which is reviewed each three years and highlights the economic objectives of the country. The strategy has built on strong growth and economic stability in recent years, and seeks to provide opportunity for all Samoans to share in the benefits of national development. The vision for this period being "enhancing people's choices. (Strategy for the Development of Samoa 2005-2007")

After undertaking major tariff and tax reform and economic liberalization in the mid 1990s, the SDS continues large scale reforms within the public sector in order to improve effectiveness and performance and service delivery. The SDS also continues privatization of government owned companies, and further refinement of tax and tariff structures to improve competitiveness, in compliance with the World Trade Organisation (WTO) and the Pacific Island Trade Agreements. These measures are designed to provide an environment conducive to the private sector becoming the engine for growth.

Despite improvement in economic performance in recent years, Samoa is still highly vulnerable to adverse external or internal changes in economic circumstances. Close to 2000 young people leave school every year and need to be absorbed into the work force MOE, Education Statistical Digest 2005 pg15. While there are no up to date statistics available on unemployment, it is understood that many of these young school leavers cannot find jobs in the formal sector, and either emigrate or go back to the semi-subsistent informal village economy sector. A special immigration quota with New Zealand sees the migration of up to 1100 able-bodied Samoans and their families to New Zealand each year.

3.6 Change in health patterns

Samoa is well developed in terms of its provision of health facilities, with universal access to primary health care, good housing, water and sanitation services and a good record of immunization and maternal and child health care (Health Service Quality Improvement Project, Op. Cit., p.6) Although a comparison with figures given in the 1996 Situational Analysis of Children and Women in Samoa shows a decrease in the accessibility of these indicators.

Table 2 : Health Service Indicators

Access to health services	2006	1996		
Access to sanitation	100%	100%		
Access to safe water	68%	100%		
	100%	85%		
	2006	1996		
Population per doctor	2270	3665	Global Average	3780
Population per nurse	609	507	Global Average	1560
Nurse per Doctor	3.7	7.2	Global Average	2.9

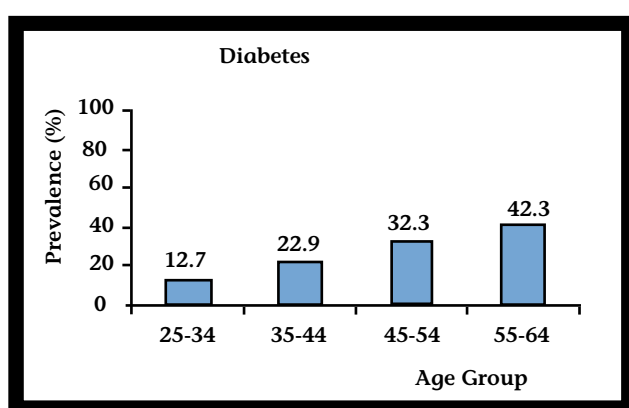
Source: Annual Report Ministry of Health 2003/2004 & 1996 Situational Analysis

Non- Communicable Diseases (NCDs) or the life style diseases continue to be a major health concern for the country both for the loss of lives and also the cost of Health care. The Country now has its own National Kidney Foundation for dialysis - opened in 2005 and a National Heart Foundation that was launched in March 2006. It is a matter of concern that the people's status of health has deteriorated to a state where a high maintenance level of health care is needed.

There is a greater prevalence of all the NCDs for example diabetes, obesity, hypertension, heart disease, gout, and cancer in the urban areas compared to the rural areas. (The effect of Urbanization and Western Diet on the Health of Pacific Island Populations, SPC) In the past the distinction between rural and urban life styles were more marked but today with the good access roads, the improved infrastructure and public systems, the differences are more blurred.

In 2002 Samoa implemented the STEPS survey to investigate the prevalence of key NCDs and their risk factors.(Samoa STEPS Survey 2002, MOH) It was found that the total prevalence of Diabetes in Samoa is 23.1%. For males it is 22.9% and in females it is 23.3%. Diabetes prevalence increases with age. Compared to a previous survey (1991), diabetes prevalence has doubled.

Figure 1: Prevalence of Diabetes by age

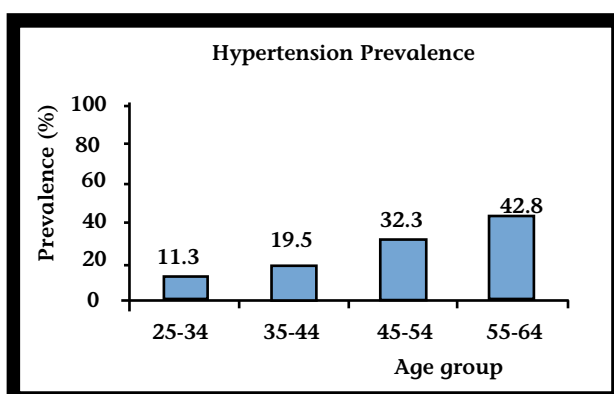


Source: Steps Survey 2002, Nutrition Centre

Diabetes is more common in the urban area, (Apia 27%, Rural Upolu 19.7% and Savaii 20.3%). The trend is similar for males and females. *ibid*

For High Blood Pressure (Hypertension), the total prevalence is 21.4%. The rate is higher in males (24.2%) than females (18.2%). High blood pressure is also more common with increasing age, in both males and females. High blood pressure is more common in the urban area, (Apia 23.5%; Rural Upolu 18.6%; Savaii 21.2%). Most of the people (more than 90%) with high blood pressure did not know that they have it and the majority were diagnosed during the survey.

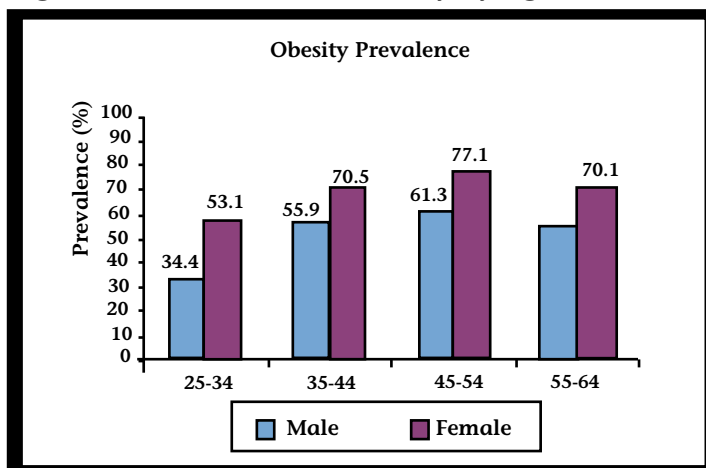
Figure 2: Prevalence of Hypertension by Age



Source: Steps Survey 2002, Nutrition Centre

The prevalence of Obesity is 57%. In males it is 48.4% and 67.4% in females. These rates are similar to previous surveys. The prevalence of obesity increases with age. Obesity is more common in the urban area. (For males, Apia 53.1%; Rural Upolu 48%; Savaii 40.2%. For females, Apia 69.3%, Rural Upolu 65.9%; Savaii 65.4%).

Figure 3: Prevalence of Obesity by Age and Gender



Source: Steps Survey 2002, Nutrition Centre

Development often comes with a price and the improvement in the physical infrastructure of the country as a whole has inadvertently added to the deteriorating health status of the general population. Tar sealed access roads to plantations means more people can ride and not walk to their plantations. Access to electricity has meant more people now have TV and have the option of sitting down and watching rather than doing more active activities like taking evening walks with friends. This may have a more negative impact as more children in the rural areas have access to video games and spend more time in front of the TV. With the country wide availability of electricity is the availability of imported frozen foods of poor nutritional value throughout the country. All Samoans now have easier access to mutton flaps, turkey tails, sausages and other frozen goods which were in the past only readily available in the urban areas. This is in addition to other imported foods of low nutritional value like refined flour, sugar, rice, instant noodles and various packaged snacks.

The Cabinet approved the formation of a National Food and Nutrition Committee (NFNC) in 1992 to oversee the improvement of the Samoan diet and curb the trend of increased dependence on western food stuffs. In 2002, the NFNC prepared A National Plan of Action for Nutrition 2002 ñ 2007. Despite the Committee and the plans being in place little impact is apparent on the growing nutrition related problems. The whole area of nutrition education and the present intervention programmes need to be re-examined in view of the overall NCD problem. Focussed attention must also be made to revitalize efforts of the NFNC for a lasting and visible impact.

The Ministry of Health has long recognised the need to address and curb the associated risk factors for NCDs which are smoking, stress, poor nutrition (high fat, high sugar and high salt in the diet), lack of fruits and vegetables in the diet, lack of activity and exercise, increased alcohol intake and an a sedentary life style. (Food , Drinks and Non- Communicable Diseases, 1990 SPCNTP, USP) Thus other National Committees have also been set up to address various factors that impinge on the NCD problem. These include a Health Tobacco Control Committee, a World Food Day Committee, a National Health Promoting School Committee and two other Committees which are currently been proposed and awaiting approval from Cabinet which are the National NCDs Committee and a National Health Promoting and Preventative Council.

A concerted effort is crucial in getting these committees working and networking across the various Ministries and key agencies in the community to actively promote preventative measures that will greatly impact the health of the population. Nonetheless they will need to have separate budgets and specific staff allocated to carry out these coordinating duties.

Although overall the NCDs present a greater health problem in Samoa than communicable or infectious diseases, it is shown in Table 3 : The top ten leading causes of hospitalization for 2003-2004, show that communicable diseases are some of the main reasons for admission. It is important to note that many of these cases are children although the information given is not age specific. Age specific information can be accessed from the Health System if requested but is not presented as such in reports. The main cases referred to were for diarrhoea, gastroenteritis, typhoid and unspecified viral infection. A total of 10.4% of

the leading causes for admissions to the National hospital were for complications of labour and delivery and other maternal care problems related to pregnancy. The concluding remarks of the CEDAW Committee on the State report of Samoa in regards to CEDAW, expresses concern that complications of labour, delivery and pregnancy still remain as one of the leading causes of morbidity for women. (CEDAW's concluding comments on Samoa's 1st, 2nd & 3rd Periodic Report..)

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Although overall the NCDs present a greater health problem in Samoa than communicable or infectious diseases, it is shown in Table 6 : The top ten leading causes of hospitalization for 2003-2004, show that communicable diseases are some of the main reasons for admission. It is important to note that many of these cases are children although the information given is not age specific. Age specific information can be accessed from the Health System if requested but is not presented as such in reports. The main cases referred to were for diarrhoea, gastroenteritis, typhoid and unspecified viral infection. A total of 10.4% of the leading causes for admissions to the National hospital were for complications of labour and delivery and other maternal care problems related to pregnancy. The concluding remarks of the CEDAW Committee on the State report of Samoa in regards to CEDAW, expresses concern that complications of labour, delivery and pregnancy still remain as one of the leading causes of morbidity for women. (CEDAW's concluding comments on Samoa's 1st, 2nd & 3rd Periodic Report.)

Table 3: Top Ten Leading Causes of Hospitalisation for FY2003/04

Leading Causes of hospitalization:	Total	%
Influeza and pneumonia	1099	10.5
Complications of labour and delivery	781	6.4
Intestinal Infectious disease	648	5.0
Infections of the skin and subcutaneous tissue	404	3.1
Other acute lower respiratory infections	286	2.2
Injuries to the head	278	2.1
Maternal care related to the fetus and amnioticavity and possible delivery problems	264	2.0
Other maternal disorders predominantly related to pregnancy	261	2.0
Diabetes mellitius	259	2.0
Chronic lower respiratory diseases	259	2.0

Source: Samoa Health Information System

A clear contradiction prevails in the health patterns of Samoa. On one end people suffer and die from the diseases of the affluent societies (NCDs) and on the other they continue to be plagued with pockets of infectious diseases that are associated with poverty, poor living conditions and lack of hygiene and sanitation (typhoid, intestinal infectious diseases, diarrhoea). In general, there is a need to return to the basics of

health care practices. Emphasis must be put back on the simple things that actually do save lives and improve health like basic hand washing, the proper use and maintenance of toilets, personal hygiene and sanitation, clean environments, exercise, and no spitting. This thought was also echoed by the CEO of the MOH. (Interview with Palanitina Toelupe CEO, MOH 23/3/06)

To improve and maintain the quality of health services, the Ministry of Health has been undergoing sector reforms since 2001 concentrating on Institutional Strengthening, Primary Health Care and Health Promotion Services and Quality Improvement. Historically in 2005 the MOH appointed the first woman and non

Medical Doctor CEO for the Ministry. After the March 2006 elections the Prime Minister chose a second Women Cabinet Minister for the MOH and in another historical event in July 2006 the MOH separated the National Health Services (all publicly owned and operated hospitals and nursing and integrated community health services) as an autonomous entity from the Ministry of Health which will concentrate on preventative and promotional health services. It is hoped that these reforms will improve the problems of inefficiency that has plagued the whole government health system for a long time. Annual Report Ministry of Health 2002-2003 & 2003-2004

PART 4

THE ISSUES

4.1 Issues for Children

4.1.1 Children in the Population

Two fifths of the population of Samoa are made up of Children under 15 years of age (40.7%) with almost half (49.8 %) of the population aged 0-18 years. According to the demographic and vital statistics survey of 2000 the median age was approximately 20 years old. This means one half of the sample population was under 20 and one half over 20 indicating Samoa has a very young population structure. In the same survey the Age dependency ratio showed that for every 100 persons of working age (15-64), there were 83 persons (those under 15 and over 64 years of age) dependent on them. The number of live births per year has remained consistently high (see Table 4). The Health indicators *ibid* state a crude birth rate of 20.7 for 2002-2003 and 20.8 for 2003-2004.

The impact of emigration on the actual growth rate of the population -which is quite low- makes it difficult for people to realize the need to cut down family size and take measures to curb the fertility of women, especially younger women.

Table 4: Annual Growth Rate by year since 1961

Census year	Total population	Period	Annual growth rate (%)
1961	114,427	-	-
1966	131,377	1961-1966	3.0
1971	146,647	1966-1971	2.2
1976	151,983	1971-1976	0.7
1981	156,349	1976-1981	0.6
1986	157,408	1981-1986	0.1
1991	161,298	1986-1991	0.5
2001	176,710	1991-2001	1.0

Source: Ministry of Finance Statistical Services Division, Report of the Census of Population and Housing 2001

4.1.2 Definition of a child

The appropriate Ministries need to take action to resolve the matter of the different age definitions of a child used in the different sectors that work with children and within the legislation used in Samoa for particular situations. The MWCSD refers to children as defined by the CRC as persons aged 0-18 years and the National Youth report refers to Youth as persons from the age of 12-29 years old. Different

Legislation also differs in the age that defines a child. For example, the *Infants Ordinance 1961*²⁶ defines a *child* as any infant under the age of 16 years; The *Maintenance & Affiliation Act 1967*²⁷ also defines a *child* as one under the age of 16 years. Under the *District Courts Act 1969*²⁸ an *infant* means any person under the age of 21 years The *Acts Interpretation Act 1974*²⁹ states that a *minor* is any person under the age of 21 years The *Electoral Act 1963*³⁰ and The *Crimes Ordinance 1961*³¹ state that an *adult* means a person over the age of 21 years or defines the age of majority as 21 years.

²⁶ Annual Report Ministry of Health 2002-2003 & 2003-2004

²⁷ *ibid*

This has led to a recommendation made in the initial report on the implementation of the convention on the rights of the child, that an analysis be undertaken to determine the impact, if any, of different age definitions of a child in Samoa's legislation on the full realization of the rights of the child. The MWCSO has also expressed their desire to see a Statute specifically for Children to encompass all laws pertaining to children in Samoa as a way forward in achieving the goals for the CRC. Note -meeting with ACEO and SCNZ This is to include a recommendation that the age used for children be in line with that given by the CRC of 0-18 years.

Legislation has been passed to establish a Law Reform Commission to review all the laws and statutes of Samoa, including those relating to children. This mechanism will assist in ensuring that Samoa's statutes are brought into harmony with the requirements of CRC. However, the Office of the Law Reform Commission is yet to be established

4.1.3 Children's survival

4.1.3.1 National Policies on Children

In line with the ratification of CRC, a Steering Committee was appointed by Cabinet in 1994 to review existing legislation and policies relating to children and make recommendations to Cabinet on the adequacy of existing legislation/policies and the need to formulate new laws/policies to bring Samoa into line with the provisions of CRC. Members of the Committee were selected from: the Attorney General's Office (chair), the Ministry of Health, Ministry of Education, Sports and Culture, the Ministry of Foreign Affairs and Trade, the Ministry of Justice and Courts Administration and the (then) Ministry of Women Affairs. The Ministry of Women Affairs was designated by Cabinet as the official national focal point for the Convention on the Rights of the Child in 1994.

The CRC was officially launched in 1999 by the MOWA as the commencement of the promotion and implementation of the Convention in Samoa. An information package that included a copy of the *Convention on the Rights of the Child, The Facts of Life, The Convention on the Rights of the Child: Questions Parents Ask* in the Samoan language and a copy of *A Situational Analysis of Children and Women in Western Samoa 1996*, was made available to the public during the launch.

In the same year, a Feasibility Study commissioned by AusAid was conducted to assess the situation of child abuse in Samoa. The study confirmed that child abuse was an issue and as such Samoa became one of the three countries in the regional project, the Pacific Children's Program (PCP), on the protection of children from abuse and neglect. The goal of the program is to contribute to the reduction of abuse and neglect of children in Pacific Island Countries by increasing family, community and government responsibility for child protection in Fiji, Vanuatu and Samoa.

²⁶ Note -meeting with ACEO and SCNZ

The work of the PCP officially started in 2001. This program with all its available resources, contributed to the MWCS D's work in taking the CRC further than it had been, given Government budget constraints. The Program components were overall Preventive Strategies on Child Abuse & Neglect, appropriate country level information on child protection, family and community preventive action programs, Government and institutional understanding of, and commitment to child protection, effective and efficient regional coordination, collaboration and management of the Program. PCP Project Implementation Document 2002 The PCP was recently (July 2005) transferred to UNICEF Pacific management.

Some of the strategies in place to achieve these objectives specifically in relation to children include the Development of a National Policy for Children, the coordination of the establishment of a Gender Management System which aims to incorporate a gender perspective (inclusive of both male and female) into the work of CRC at all levels, and the coordination of the implementation of programs and activities for the realization of the principles of the Convention at all levels.

In March 2005, the World Health Organization's Healthy Environments for Children Alliance (WHO HECA) approved funding for work on the National Policy on Children in Samoa. The Policy is planned to be completed in 2006 for submission to the NCCCRC for its endorsement and submission to Cabinet for approval through the Minister for Women, Community and Social Development. The policy will incorporate the WHO HECA focuses bringing together all the policies that are currently in place for the development and protection of children in various areas as highlighted in the different articles of the Convention. A Children's Environmental Needs Assessment was commissioned as part of the work towards writing the National Policy for Children.

Work on a National Preventive Strategy for the Protection of Children from Abuse and Neglect under the PCP is proposed to be completed by June 2006. It is anticipated that this National Preventive Strategy will form part of the National Plan of Action for the National Policy on Children.

A National Policy for Children will greatly strengthen the role of the MWCS D as the CRC focal point and give the CRC partnership something tangible to complement the CRC making it more meaningful from the Samoan context.

4.2 National health services for children

Community health (district) nurses visit the villages on a regular basis and work with the komiti tumama (health committee) or village women's committee to follow-up pregnant and nursing mothers, conduct "well baby" clinics and carry out hygiene and sanitation checks of the village. This is the structure in the villages where the health of children is addressed and is also the focal point for any health programme in the village community including immunizations for children, identifying nutritional problems, and helping mothers and care givers gain an understanding of their role in caring for the children. The center for these activities is the *fale komiti* or Committee House. The health committee ensures that all mothers become members and that all children are registered for health programmes. The community health nurses

²⁹ PCP Project Implementation Document 2002

are the extension arm for all sectors of the Ministry of Health and they carry out the MCH/FP, EPI, nutrition and health education, and give whatever advice is necessary at the time they visit.

In addition to modern day medicine Samoans believe in herbal or traditional medicine and use the services of the *taulasea* (herbalist) or the *fofo* (masseuse). In most villages, there are *taulasea* specifically for children. Traditional healers play an important role in the health of children in a village, particularly babies, who are also given traditional treatment (massage and herbs) against known Samoan childhood ailments.

The Traditional Birth Attendant (TBA)- midwife or *faatosa* is another key player in the survival of children as in some villages there are no trained nurses or health centres close by. Close to 10% of babies born each year are birthed by TBA's (-refer to table 21). The TBA's are trained through a programme implemented by the Ministry of Health and are given a basic kit to use. There is a need to ensure that the TBA's supplies and needs are provided as well as provision of refresher courses to boost their morale and upgrade their skills especially as regards hygiene and sanitation.

The primary health care approach is visible in the collaborative work of the Division for Women of MWCSD, and the Aiga ma Nuu Manuia (Family Health & Well being Program) Working Group, joining forces with the District Nurse and the Environmental Health Officer from the Ministry of Health in assisting the *village women's committees* to carry out regular inspections of houses, especially toilets and kitchens, the home environment and vegetable gardens. Pressure from the Aiga ma Nuu Manuia Working Group often helps families to improve hygienic standards.

Children are well cared for within the hospital system both in the Urban and rural areas. All children under six years old are entitled to free primary health care or outpatient care for children under 5 is only charged after hours (4pm - 8pm) at the normal after hours outpatient rate \$2 and secondary health care includes free hospitalisation of children under 5 at all government owned health facilities health care in all government health facilities." At the National Hospital, children are now seen at a separate Paediatric out-patient area from the general out-patient area. In the urban area many parents may opt to take their children directly to the Private doctors or the new Private Hospital as one of the two founding doctors is a Pediatrician.

- Infant and Child mortality

There is a noted improvement in the survival rate of infants since the 1996 Situational report. The infant mortality rate (the annual number of deaths under one year of age per 1000 live births) dropped from 16.8 in 2002-2003 to 13.0 in 2003-2004 according to the Health figures. However these figures are comprised mainly from those births born within the hospital system so may be unreliable. The National Demographic Indicators from the 2001 Census puts the infant mortality rate at 19.5 for males and 19.0 for females. Despite the differences these figures are still a lot lower than those recorded in the 1990's of 22.4 - 25.0. A situational Analysis of Children and Women in W. Samoa 1996

³⁰ Primary health care or outpatient care for children under 5 is only charged after hours (4pm - 8pm) at the normal after hours outpatient rate \$2

³¹ Secondary health care includes free hospitalisation of children under 5 at all government owned health facilities

- **Low birth weight**

Low birth weights infants (birth weight below 2.5 kg) have been monitored by the Nutrition Centre and they found that from the period 1992-1998 there has been an overall decline in the numbers of low birth weight babies. Samoa Child health Needs Analysis 1999 by Velma McClellan & John Eastwood The 2002 figures showed that the percentage of Low Birth Weight Infants at the National Hospital was 4.2%. There is a decrease from the 1995 figure of 5.5% that was stated in the 1996 Situational report. Factors that are attributed to low birth weight among infants include maternal smoking, anaemia, nutritionally poor diet and teenage pregnancies.

- **Immunisation**

The collaborative working relationship with the community health nurses and the women's health committees is one of the reasons why there is a high rate of compliance for immunisation and other programmes aimed at children. The Ministry of Health Annual Report 2003/2004 showed that the Immunization coverage for infants was 98-99% for the following: BCG, DPT3, OPV3, Measles, Tetanus 2, and Hepatitis B 3. The recording and reporting systems that are in place may need to be reviewed in light of findings found in the National Nutrition Survey and discussed under growth charts.

- **Growth Charts**

Growth charts are an important part of the Maternal /Child health Programme. They are useful as a record for the mothers of their child's health progress as well as a written confirmation that the child has not missed out on any health checks or immunisations. It is proof that a child has not fallen through the system. Discussions with health personnel have indicated that when they run out of charts these are not given out. Interview with Nurses at Health Department Although the nurses still keep their own records, mothers whose children are not given growth charts will have no records of immunisations or any weight for age/height checks that are carried out. This was highlighted in the 1999 National Nutrition Survey on Child growth, diet, contact with the health system and interview with carers. National Nutrition Survey on Child growth 1999 MOH- Part 3 Out of the 1107 under 5 year olds that were interviewed, 57% from Apia, 51.3% from Upolu and 53.2% from Savaii had growth charts with them. Nine (9) children (2.3%) from Apia, 14 (2.8%) from Upolu and 9 (4.4%) from Savaii had never had a growth chart. When considering the proportions of the under 5 population represented by the survey it is interesting to note the actual numbers involved. E.g. 1 child in Apia represented 11 children living in Apia, 1 in Upolu represented 24.6 children in Upolu and 1 child in Savaii represented 31.69 children. Therefore at the time of this survey, 99 children in Apia, 221 in Upolu and 285 children in Savaii had not received growth charts that year.

The 1999 SNNS study ^{ibid} also noted that among the children aged less than one year with a growth chart, 63.2% had seen the nurse at least once in the preceding 4 months. Among children older than this, 60-80% had not seen the nurse at all during the preceding 4 months. Immunisation status also varied by age. Among children aged

³² A situational Analysis of Children and Women in W. Samoa 1996

³³ Samoa Child health Needs Analysis 1999 by Velma McClellan & John Eastwood

³⁴ Interview with Nurses at Health Department

³⁵ National Nutrition Survey on Child growth 1999 MOH- Part 3

less than one year, 68% had documentation showing they were up-to-date and 51% of those with no chart were reported to be up to date. 90% of the older children were up to date with their immunisations.

The importance of growth charts as a tool that can assist in the implementation of child health activities as well as a teaching and learning tool for mothers must be emphasized. Priority should be given to making them available at all maternity wards, for TBA's to give to new mothers as well as the community health nurse.

The MOH in collaboration with the MWCSD and MESC may find it beneficial to revisit the idea of making it compulsory for all children to present their growth charts as a prerequisite for school entry as one means of strengthening the child survival and development process. This may also be one way for the MESC to strengthen the tracking of education movement (of students) from school to school and establish a school referral system for monitoring the compliance of students to 'compulsory education'. Likewise movement of children can be monitored from district health centre to district health centre and the health referral system strengthened.

- Birth registration

There is a Births and Deaths Registration Ordinance 1961 which has since been amended and updated by the Births, Deaths and Marriages Act 2001.

Duty to give notice of birth is covered under Section 9 and states that a notice of the birth of a child is to be given within seven (7) days and a birth must be registered within six months or a monetary fine is imposed. This is an aspect of the law that is not well adhered to.

If the birth is in one of the hospitals, a birth notification form is given to the mother with the information needed for registration. The mother presents this at the Births, Deaths and Marriage Division within the Ministry of Finance (MOF). She signs the birth register where the particulars relating to the birth of a child are recorded.

The District nurse, the Government women representatives (GWRs) and the Pulenuu (Government representatives) are required under this Act to register all babies who are born in the villages. Although this is the case, the GWRs who are responsible to the DFW-MWCSD are encouraged to register all new births including births in the hospitals. This is the MWCSD's attempt to ensure that all babies born are in fact registered, in the event that the hospital may not have a register of the child born there. There is now a countercheck system between the Registrar of Births, Deaths and Marriages with the MOF and the MOH for accuracy.

The church minister is also required to note births and deaths. In cases involving the absence of the registration required to be done three (3) months after the birth of a child, the church minister is required to verify births when processing birth certificates applied for by adults on behalf of the child.

³⁶ *ibid*

The system removes any gender bias but imposes an obligation upon the parents of a child to provide accurate information. There is no requirement for the father of a child born out of wedlock to give notice of birth. Thus there tends to be a casual attitude in some circumstances in the recording of parentage where the names of grandparents instead of biological parents are given especially in cases of solo mothers.

Generally, the registration of births in a village (home or hospital) is the responsibility of the *pulenuu* or the government representatives and in the hospitals this is done via the health system. However, acquisition of a birth certificate is the responsibility of the parents of a child. The cost required for this is a restrictive factor. Many children who enter school do not have a birth certificate and many Catholic Schools accept baptism certificates as proof of birth dates. Because Schools require that a birth certificate be shown as proof of age, parents may only get a child's registration (birth certificate) done at this time. This may result in incorrect dates.

Celebrating a child's birthday especially the first birthday is becoming more common in Samoa but birthday celebrations as seen in western countries are not common practice. As people get older (60+) their birthdays become more important and may be cause for a celebration. Thus it is not uncommon that a child does not know his birthday when asked. Having growth charts given out at the birth of the child with the date of birth recorded on it may assist in getting true records of birth dates.

Samoa now has a law The Births, Deaths and Marriages Act 2001 that enforces the registration of a birth within a specific time frame. The lack of poor and untimely registration can cause problems with the accuracy of Infant Mortality Rate that is calculated for Samoa. McClellan & Eastwood Samoa Child health Needs Analysis 1999 by Velma McClellan & John Eastwood noted this and suggested in 1999 that the most reliable source of information about births is the vital statistics of the Department of Statistics. The enforcement of birth registration within a specified time frame and the reasons why it has to be done must be explained clearly to those responsible for registering births as well as the general public because there is a general lack of concern about this.

Samoa recognizes multiple citizenship and as a result Samoan children are not required to renounce any other citizenship in order to hold Samoan citizenship.

- Infectious disease

As seen from the Table 1: Top Ten leading causes of Hospitalisation for 2003-2004, the highest percentage of patients were hospitalised for Influenza and pneumonia. This was the same for the year 2002-2003. With reference to admitted cases, diarrhoea and gastroenteritis of presumed infectious origin, typhoid and unspecified viral infection were the most common communicable diseases that people were hospitalized for in government hospitals throughout the last five years (FY 1999/01 ñ FY 2003/04) Annual Report, Ministry of Health 2002-2003 & 2003-2004.. The MOH Annual report 2003/04 also reported a rubella outbreak that had occurred in 2003 resulting in the sudden increase of rubella cases in 2003/04 compared to previous years where there were hardly any cases at all, but no data was given to support this statement.

³⁷ The Births, Deaths and Marriages Act 2001

³⁸ Samoa Child health Needs Analysis 1999 by Velma McClellan & John Eastwood

³⁹ Annual Report, Ministry of Health 2002-2003 & 2003-2004.

Children are the most affected by these communicable diseases but regrettably age specific information is not reported in the available reports. This is an aspect that must be improved in the reporting system of the MOH.

Information from 1995 -1996 recorded by McClellan & Eastwood Samoa Child health Needs Analysis 1999 by Velma McClellan & John Eastwood

gives some light on the morbidity patterns of children. In the years 1995-1996, 58%, (13,195) of 22,922 hospitalisations involved 0-14 year olds. 73% of the 13,195 hospitalisations involved infants under 1 year of age. The main reason for hospitalisation of children aged less than a year were "other factors influencing health status". This category included new born infants in Government facilities and accounted for 70% of the 9,679 children aged less than a year that were in hospital. Excluding the new born babies from this category will give a clearer picture of reasons for hospitalisation of children below 1 year of age. Other reasons for hospital stay were; perinatal including low birth weight, hypoxia and aspiration jaundice (12%), respiratory conditions (10%), infectious & parasitic (3%), Symptoms, signs and ill defined conditions (1%), all other conditions (4%).

For children aged 1-4 years (1,974), the main causes for hospitalisation in 1995-1996 were respiratory conditions- mainly pneumonia, bronchiolitis & asthma (46%). For children 5-14 year old the reasons were different but in line with the stage of development they are in e.g. being more active, probably more involved in sports and contact activities. See table 5 below for other causes.

Table 5: Major causes of hospitalisation of 1-4 year olds, & 5-14 year olds 1995-1996

	1-4 years (1,974)	5-14 years (1,542)
All other conditions - this category includes diseases of the musculoskeletal system and connective tissue and the nervous system and sense organs and the circulatory system .	Not noted	(454) 29%
Respiratory conditions mainly pneumonia, bronchiolitis, asthma	46% (903)	19% (290)
Infectious & parasitic diseases principally diarrhoea	14% (283)	12% (188)
Symptoms, signs and ill defined conditions mainly febrile convulsions	12% (233)	8% (118)
Injury & poisoning	8% (160)	21% (320)
Disease of the skin and subcutaneous tissue	6% (115)	11% (172)
Diseases of the digestive system	4.2% (84)	Not noted
Endocrine, nutritional, metabolic diseases and immunity disorders	2.2% (44)	Not noted
All other includes diseases of the blood and blood forming organs, congenital abnormalities.	7.7% (152)	Not noted

- Rheumatic heart disease (RHD)

Acute rheumatic fever (ARF) and (RHD) are widespread among the Pacific Islands and are a common cause of hospital admissions in Samoa (Steer & Adams 1998). Steer & Adams cited in Samoa Child health Needs

⁴⁰ Samoa Child health Needs Analysis 1999 by Velma McClellan & John Eastwood

⁴¹ Steer & Adams cited in Samoa Child health Needs Analysis 1999 by Velma McClellan & John Eastwood

Analysis 1999 by Velma McClellan & John Eastwood Untreated ARF can cause inflammation of particular body organs, including the heart. RHD is more likely if the first attack occurs in early childhood, or when the attack is severe or when ARF attacks reoccur. Damage to the heart valves, particularly the mitral valve, is one of the most serious consequences of RHD which often leads to disability and death.

ARF and RHD are caused by the organism, group A beta-haemolytic streptococcus (GAS). Environmental factors like overcrowding, nutrition and geographical location have been linked to ARF and RHD. The 1997 study also suggested there may be some genetic predisposition involved. Steer & Adam studied 8,767 Samoan School children, aged 5-17 years from both rural and urban areas and found a RHD prevalence rate of 77.8 per 1000. This rate is very high and may be the highest in the world. The prevalence rate was even higher for Savaii at 97.8 per 1000.

The most significant risk factors ($p < 0.001$) for RHD that were found during this study were: Age: 13-17 (109 per 1000), Male child (95.1 per 1,000 males/58.6 per 1,000 females), living in rural village residence (84.2 per 1,000 rural / 51.6 per 1,000 urban), rural location of schools (90.0 per 1,000 rural/51.6 per 1,000 urban). The GAS carriage rates (the organism causing RHD) were found to be very high in school aged children. The organism was found mainly in pyodemic skin lesions. This finding is considered unusual, as sore throats are the more common site of GAS.

In 1997-1998 McClellan and Eastwood went through the routine monitoring data collected by the Apia health area Community nursing service and found that they made 7,800 child related contacts within the Apia Health District. The ten most common reasons for the contacts were: running nose (23%), Sores (20%), poor hygiene (17%), Cough (10%), Tooth decay (9%), Scabies (5%), fever (4%), Skin rash/lesion (4%), tinea /ringworm (4%) and eye infection (4%). It is not unusual to note that sores are the second most common reason that the nurses treat children as sores are common on the body of Samoan children and most have scar tissue to prove they had them. Interestingly some nurses have witnessed that during mango season when children are eating a lot of fruit there aren't as many *pou* or sores. Thus increased consumption of fruits and vegetables amongst school children will help protect against infectious diseases and would help decrease the spread of ARF and RHD when children do not develop sores. These findings led to the establishment of a MOH preventative programme for RHD targeting early detection and management.

- Children with HIV and AIDS

HIV/AIDS has claimed the lives of two babies born to two of the 12 reported cases of HIV/AIDS up to the beginning of 2001. Those who have died from HIV/AIDS is 8 (6 adults and 2 infants) Information from the Samoa Aids Foundation (SAF). Health education on HIV/AIDS is provided through the Health Education and Health promotion section (HEAPS) of the MOH. The HEAPS also coordinates the programmes for World Aids Day which are celebrated in Samoa every year. Other agencies that carry out HIV/ AIDS education programmes are the Samoa Family Health Association (SFHA), the National Aids Coordinating Committee (NACC), the Samoa Aids Foundation (SAF), and the DFW-MWCSD. Women are an important target for HIV/AIDS education because their children's lives from birth are dependant on what she puts into her body.

⁴² Information from the Samoa Aids Foundation (SAF)

The Komiti Tumama are members of the NACC and have regular education programmes on HIV/AIDS prevention for their members. The Director of Education for the CCCS has also incorporated information on HIV/Aids into 2 Church publications: curriculum for Sunday School Teachers and Curriculum for Youth. It is up to the discretion of the Pastor what is taught from these curriculum.

Part of the CEDAW and CRC work by the Focal Point includes providing a catalyst for the development of a body of social workers and counselors to provide counseling and other professional help to abuse victims. This initiative was facilitated as part of the implementation of the Strategic Plan on Responding to the Impact of HIV/ AIDS on Women in Samoa 2001-2005, and their task was to develop national standards for counseling including the counseling of people living with HIV/ AIDS and their families.

Infant and child nutrition

Samoa has a national Nutrition Center (NC) under the Division of Preventive Health Services that addresses all sectors of the nation regarding nutrition. The aim of the NC is to enhance the nutritional status of all people living in Samoa through: monitoring and reporting on nutrition related matters, food and nutrition education/promotion, providing nutrition advisory services, and implementing special nutrition related projects.

The mass media is extensively used by the NC to advocate for sound nutrition of all ages, and there is also a programme for monitoring and following up under weight and/or malnourished children in the hospital Paediatric ward. They also host groups from Schools, NGO's, Government Departments, Church groups who visit the NC to get Nutrition Education talks, food demonstrations and visit the NC Garden which consists mainly of local green leafy vegetables that are easy to grow so that a family can always have vegetables at hand especially when preparing food for children.

In 2005, the Komiti Tumama Preschools started an Early Childhood Education Nutrition Programme with a Teacher Training workshop at the NC. The aim of the programme being to improve the health of the children and the food that they eat at schools working in partnership with the NC. It is planned that this programme will be carried out by all preschools in the country. Table 6 outlines the nutrition education sessions carried out in the years 2002- 2004. There is a lot of nutrition education being carried out and the health staff are being given the information to use in their respective area of work which includes infant and child nutrition. It would be interesting and beneficial to have a follow-up of the people and health staff receiving the information to see what impact it has had and also how they are using the nutrition materials being given out as reported 14,000 nutrition education materials were distributed in 2003/2004.

Table 9: Nutrition Education Activities carried out in 2002/03 and 2003/04

Nutrition Education Activities	2002/2003	2003/2004
Nutrition talks, Cooking demo's, garden tours & information booths	271	286
Conducted Training workshops on breast feeding, & healthy diets with emphasis on fruit & vegetables	8	18
Dietary consultations with patients on Special diets for Nutrition related diseases	82	288
Group education sessions for patients on special diets	18	18
Group education sessions for health staff on special diets for Nutrition related diseases	7	8

Source: MOH Annual Report 2002/2003 and 2003/ 2004

- Breast-feeding

The Ministry of Health adopted a MOH Breastfeeding Policy in 1995. The policy is specifically for the MOH and its aim is to protect, promote and support breastfeeding in all Government health care facilities i.e. hospitals, clinics, community care services and baby care centers. The Ministry of Health supports breastfeeding for health employees by encouraging pregnant workers to take maternity leave, allowing babies to be brought to work to be breastfed, wherever practical, giving breastfeeding work breaks to mothers, and encouraging mothers to express their breast milk when they are separated from their infants. Currently, there is no national policy for infant and young child feeding. Each year World Breastfeeding Week is celebrated in Samoa coordinated by the Nutrition Centre.

Traditionally, all Samoan babies were breastfed and there were supportive practices to ensure that the mother was able to breastfeed successfully, for example the mother might go back to her own family to have the child so relatives would be around to help her or a relative would come to stay. In 1951, Parkinson confirmed that all babies were breast fed up to the age of 2 years or until the mother knew she was pregnant again. She noted the average age of weaning was 20 months, despite instructions from the district nurse to wean at 9 months. The effect of Urbanisation and Western diet on the Health of Pacific Island Populations 1984, SPC pg 135. In the 1970's with the availability of formula milk the breast feeding rates were drastically reduced. In 1978, Quested found that more infants in urban Apia were wholly or partially artificially fed (47%) than breastfed (38%). The bottle feeding rate in Apia was 33% but was practiced less frequently in rural Upolu (13%), and to a lesser extent in Savaii (7.5%). Ibid pg.137 The average length of breastfeeding had dropped to 7.3 months. The Multipurpose study in 1987 Cited in Samoa Child Health Needs Analysis- 1999 Velma McClellan & John Eastwood found the mean duration had risen to 11.6 months. This study also found that most women (94%) had breastfed their infants at least once since birth. All of these studies showed that there had been a steady decline of breastfeeding rates from 1975 to 1988 and the decline had occurred both in rural and urban women although the breastfeeding rates remained higher for the rural women.

⁴³ The effect of Urbanisation and Western diet on the Health of Pacific Island Populations 1984, SPC pg 135.

⁴⁴ Ibid pg.137

⁴⁵ Cited in Samoa Child Health Needs Analysis- 1999 Velma McClellan & John Eastwood

⁴⁶ Samoa National Nutrition Survey 1999 -Part 2

The most recent Survey, the Samoa National Nutrition Survey 1999 Samoa National Nutrition Survey 1999 -Part 2 (SNNS) found that nationally, 93.7% of children had initiated breastfeeding and the median duration of breastfeeding was 22 months. The exclusive breastfeeding rate at 4 months of age was only 58.3%. Only 35.8% of children first received soft foods between the ages of 6 and 9 months. 61.4% of children received soft foods when aged younger than 6 months.

The increase in the duration of breastfeeding to 22 months can be taken as a sign that the hard work of the health staff is paying off. This could be one reason, it is however also likely to do with the fact that in 1999 the country was just coming out of the hardships that had been caused by the devastating cyclones and the taro blight in the early 1990's. Milk formula had also gone up in price and women were going back to breastfeeding. Initial breastfeeding is high in Samoa because midwives and nursing staff all encourage new mothers to breast feed their babies from birth in the national & district hospitals as well as the TBA's. As far back as 1987, 94% of the all the women surveyed had breastfed their child at least once. The health staff are doing their work but there are many factors that contribute to message not being heard or acted upon. Increased costs of formula is always an effective prohibiting factor.

Government has a policy that mothers in permanent employment have 8 weeks paid maternity leave and mothers in casual or wage earner employment have 2 weeks paid maternity leave. Maternity leave for the Private Sector varies depending on the discretion of each employer, there is no legislation at this stage to address this issue.

- Malnutrition

Malnutrition has been identified as a health problem for Samoan children since 1969 (Jansen). The effect of Urbanisation and Western diet on the Health of Pacific Island Populations 1984, SPC By 1979 it was reported to have increased from 7% to 20% (Brazil). Over the years, a steady stream of underweight and malnourished children continued to be admitted at the Paediatric wards and were monitored by the Nutrition Centre and Nursing staff.- refer to table 10. Other studies like Berces, Quested & Adams in 1996 Cited in Adams & Sio 1997 Research on Existing Situation of Malnutrition in Samoa also noted a total of 18.6 % (2.8% severe) malnourished children admitted to the Children's ward from 1992-1994. In 1996 several UN Agencies in Apia met and commissioned a research paper on the existing situation of malnutrition in Samoa to be carried out by two local consultants, Dr John Adams and Brenda Sio, to provide updated information and give policy options for Government to consider in finalizing the National Plan of Action for Nutrition which was being developed at the time. A National Nutrition Survey was recommended to be carried out and thus the SNNS of 1999 was undertaken.

⁴⁷ The effect of Urbanisation and Western diet on the Health of Pacific Island Populations 1984, SPC

⁴⁸ Cited in Adams & Sio 1997 Research on Existing Situation of Malnutrition in Samoa

⁴⁹ Cited in Samoa Child Health Needs Analysis- 1999 Velma McClellan & John Eastwood pg. 16

⁵⁰ Samoa National Nutrition Survey 1999 -Part 3 Pg2

Table 7: Number of Malnourished and Underweight Children/Referrals

Year	Urban Upolu	Rural Upolu	Savaii
1992	94	67	64
1993	48	39	25
1994	49	28	6
1995	39	18	13
1996	30	19	2
Total	260	171	110

Source: The Nutrition Centre Dept of Health 1997 Cited in Samoa Child Health Needs Analysis- 1999 Velma McClellan & John Eastwood pg. 16

The SNNS showed that malnutrition is not a widespread problem in the preschool aged population. Of the 1107 children aged less than 5 years from all three regions, the prevalence of low Weight for Age (WAZ) was 1.9% (95% CI: 1.2-3.0), of low Height for Age (HAZ) was 4.2% (95% CI: 2.8-6.5) and a low Weight for Height (HAZ) was 4.2% (95% CI: 2.8-6.5). These values are low and within the range expected in a well nourished population, given the way the criteria were defined. The research stated that, "although there are sporadic cases of malnutrition admitted to the hospital they do not reflect the tip of an iceberg of a widespread public health problem as regards overall under-nutrition and growth. However this situation could change if there was a large change in food supply or eating habits, for example, after a cyclone". Samoa National Nutrition Survey 1999 -Part 3 Pg2

The number of Malnourished Children referred to the Nutrition Center had decreased gradually over the years as seen in Table 7 and from 1998- 2002 had fallen further from 48 to 26 in 2002. Brazil (1979) had found a direct association between a lack of breastfeeding and malnutrition. Having no milk was the most common reason for not breastfeeding among mother's of malnourished children. This finding was true or both urban and rural women. It would therefore appear that there is a direct association between the improved breastfeeding situation amongst women found in the SNNS and the lack of malnutrition cases found in the under five population.

Adams and Sio Cited in Adams & Sio 1997 Research on Existing Situation of Malnutrition in Samoa pg. 59 identified the following six important risk factors that discriminate households with children suffering from PEM. They are low birth weight, infection, particularly diarrhea, and respiratory tract infection, lack of breastfeeding, adoption (non-formal), living in rural Upolu, overcrowding in the homes and lack of child spacing. At least two or more of these factors were identified in all the studies carried out on malnutrition. Despite the findings of the SNNS, it would be prudent to continue to monitor closely any children that present two or more of these risk factors when they are encountered in the village "well baby clinics."

⁵¹Cited in Adams & Sio 1997 Research on Existing Situation of Malnutrition in Samoa pg. 59

⁵²Cited in Samoa Child Health Needs Analysis- 1999 Velma McClellan & John Eastwood pg. 16

⁵³Cited in Adams & Sio 1997 Research on Existing Situation of Malnutrition in Samoa

- Anaemia

Evidence that anaemia might be high in children under five years was found by Berces, Qusted and Adams. (Cited in Samoa Child Health Needs Analysis- 1999 Velma McClellan & John Eastwood pg. 16) This was also found when a review, using WHO criteria was taken of hospital records of children under 5 years between the period of 1993-1994. The review found 3 out of 5 children to be anaemic. This was confirmed by the SNNS (Cited in Adams & Sio 1997 Research on Existing Situation of Malnutrition in Samoa) which observed and reported high rates of anaemia. It showed that 61% of children aged 6 months to less than 2 years, 23.2% of children aged 2-4 years, 10% of children 5-12years and 20.7% of teenagers 13-19 years, were anaemic. The levels in preschool aged children are higher than that seen in countries such as Australia and the UK. Although the information collected could not determine the cause of anaemia, it has been shown in surveys from other countries that anaemia is commonly due to high iron deficiency from either dietary inadequacy and/or excess lack of iron for example from worms in cases of school children. Iron deficiency is a major problem because it reduces a person's working and learning ability.

Table 8: Comparison of anaemia prevalence in Samoan, Fijian and Sydney children

Age (years)	Samoa		Fiji		Age (mo)	Sydney	
	N	% anaemic	N	% anaemic		N	% iron deficiency anaemia
0.5 to less than 2	73	61	-	-	9-23	182	1.4
2	36	29	-	-	24-35	176	3.0
3	46	28	-	-	36-47	148	0.0
4	109	17	-	-	48-62	172	0.0
Under 5 years	224	35.5	512	32	-	-	-

Source: Samoa National Nutrition Survey 1999

iron deficiency anaemia: haemoglobin of <11g/dl and evidence of iron deficiency

- Child obesity

Obesity in children was an area that the SNNS 1999 addressed in view of the NCD problem in adults. Two methods were used to determine the situation; first high values of weight-for-height index were examined and anthropometric data were also analyzed using cut-offs for Body Mass Index (BMI). The research found that these two methods both indicate that overweight is not yet a substantial problem in this age group in Samoa (less than 5 years). However obesity in school children is observed to be a growing problem and must be studied in more detail.

- Dental health

Nutrition plays a very important role in dental health. Dental decay is a disease that causes a progressive destruction of the teeth and is one of the most common diseases to which people are prone especially in childhood and adolescence. Both the baby and permanent teeth are infected. The Chief Dental Officer, Dr M.V Tuala in a paper presented at the first National Nutrition workshop in 1980 stated that, "In the urban

⁵¹ Cited in Adams & Sio 1997 Research on Existing Situation of Malnutrition in Samoa pg. 59

⁵² Cited in Samoa Child Health Needs Analysis- 1999 Velma McClellan & John Eastwood pg. 16

⁵³ Cited in Adams & Sio 1997 Research on Existing Situation of Malnutrition in Samoa

area, most of the natural diet has been replaced with refined carbohydrates, whereas in the rur area most of the natural diet is retained. There is a marked difference in the incidence of dental decay between the two areas" Cited in First National Workshop on Nutrition in W. Samoa, November 1980.

There is no age specific data available in the publications available on actual incidence of dental caries but the MOH Annual report reported that in 2002/03- 20,347 patients were seen for consultations and examinations. In 2003/04 the figure was 27,666. They saw 1414 patients for Endodontic and 120 for Orthodontic in 2002/03 an for 2003/04 the figures were 1382 Endodontic and 84 Orthodontic.

The Dental Health Services has a section for looking after the dental health of Schools and they provide promotional, preventative services to preschools, primary schools, and the community in Upolu and Savaii. These include Dental Health Education Programs in preschools as well as Year 1-Year 4 programme for Bright Smile bright Future and also in 2002/03 six Primary Schools in Apia were successfully involved with their Tooth brushing program.

This is an important area of children's health because highly refined snacks and sugary foods are now readily available in School canteens and all food outlets and their advertising in the mass media is widespread.

Child development

- Informal education

The *aoga faifeau* or pastorís school is a unique feature of education in Samoa. It is recognized as the first educational institution for children. In most traditional villages, even today, the pastorís house is the first school house of the village children. From three years of age children attend the *aoga faifeau* or the pastorís school and are introduced to the basics of literacy and numbers by the pastor and his wife. (*A Situation Analysis f Children and Women in Western Samoa 1996*, Op.Cit, p. 4) Children also learn Christian values, about correct behaviour, and about the Samoan culture and way of life. Some *aoga faifeau* also include life skills like sewing and cooking for girls, and plantation work and fishing for boys

The *aoga faifeau* continues to be an important part of the community in spite of the growth of pre-school facilities. Many village preschools are run by the Churches with the Pastor's wives taking a lead role in the running of the preschools. It reflects, among other things, the strength of the church and culture in the life of the communities and flourishes in the villages but has been increasingly put under pressure with other competing social activities in the urban area.

- Early childhood education

Early childhood education has been available in the country since the 1970's with a National Preschool Association site in Sogi. In 1998, Government in collaboration with NGO's already working in the area of early childhood education established the National Council for Early Childhood Education in Samoa (NCECES) to promote education for children from 2 and a half years old to the age of 8 although most children qualify for primary education at 5 years. There is no age limit for children with special needs. The NCECES operates as an autonomous NGO with membership comprised of groups who run preschools (Church, Women's Komiti and private) including an MESC representative specifically working in Early childhood and the NUS and USP which offer courses in this area. In 2002, they launched the first set of Standards for Pre-Schools in Samoa, which has basically provided the criteria for Pre-Schools to follow to ensure that children in pre-schools enjoy and benefit from the learning therein in all aspects. These standards are based on the MESC's Education Policies 1995-2005 and it stipulates that all intending or existing Early Childhood Education management authorities must observe and adhere to these standards before registration can be considered or approved (Standards for Samoa Preschools 2003, p5)

- Primary and Secondary education

Samoans place high priority on education for their children as demonstrated by the high primary and secondary school enrolments in Samoa. On the day of the 2001 census shown in Table 9: 94% of all children aged 5-9 were at school and 96 % of those in the 10 -14 year age group. There was a marked improvement from the 1999 census for the 5-9 age group and could be a result of compliance with the Compulsory Education Act for Primary Schools.

Primary Education is compulsory but not free. The Compulsory Education Act of 1994 provides the legal mandate for all children of up to 14 years of age or until Year 8 is completed to attend school. (*A Situation Analysis of Children and Women in Western Samoa 1996.*, Op. Cit., p 26) Primary education begins at age 5 and lasts for 8 years. Enrolment in secondary education is not compulsory. Government provides stationary and teachers to all government schools but parents are expected to pay school fees set by school committees for maintenance of school building and operating of other school activities

Table 9 : Ratios of Pupils attending school by age group and sex in 2001

Age Group	Census 1991			Census 200		
	Males	Females	Total	Males	Females	Total
5-9	88	89	89	93	94	94
10-14	97	98	98	95	98	96
15-19	66	75	70	60	67	63
5-19	84	88	86	84	88	86

Source: Report of the Census of Population and Housing 2001

The Education system includes Primary schools which are Year 1 ñ Year 8, Secondary schools from Year 9 ñ Year 12 and Colleges Yr. 9 ñ Yr. 13. Samoa is divided into twenty one educational districts. Children throughout Samoa have access to primary and secondary education. Primary schools are established in every village, which is jointly supported by the government and the village community. In some villages, primary schools run by the Church Missions are an alternative.

Similarly, districts are made up of clusters of villages. Each district has a secondary school (Yr.9 ñ Yr.13) with the bigger districts having two. The government through the MESC continues to assist district schools by providing stationery and teachers to staff the schools. Under the MESC Strategic Plan and Policy Directives for the period 1995-2005 Junior secondary schools were upgraded to include year 12, making them full-fledged secondary schools. This makes education up to year 12 geographically more accessible to any child in Samoa although classroom conditions and educational resources may vary. All secondary schools now teach the full 4 year secondary education curriculum. Government Colleges total 11 ñ 4 in Savaii and 7 in Upolu. The MESC recently launched its Strategic Plan and Policy for the next nine years from 2006-2015.

Although the Compulsory Education Act provides that the *Pulenuu* (village mayors), under 16.(3)(i) is to enforce school attendance of all children up to 14 years of age, there has been limited enforcement to date. This is especially evident in the urban area where child vendors are seen on the streets selling wares during school hours.

The influence of urbanization on the demand for schools and the resulting overcrowding in some urban schools has not been fully recognized. One indicator of quality education is a teacher pupil ratio. For Primary schools, the ratio is 1:30 while for secondary schools the ratio is 1:20. Currently, only 49% of government primary schools have a teacher-pupil ratio meeting the ratio set by the MESC while at secondary level only 66% of schools meet the set teacher-pupil ratio. Refer Table 10

The literacy rate is high at 98.7% (UNDP Human Development Report- fact sheet 2004 cited in Govt. Of Samoa Education Sector Evaluation Study/PRIDE Project) but recent literacy tests indicate significant problems with the standard being attained in primary schools. In 2003 the year 4 at risk students identified by SPELL Samoa Primary Education Literacy level testing instrument taken at year 4 & 6 and executed by SPBEA (Education Statistics Digest 2005) literacy tests were 51% in English, 29% in Samoan and 32% in numeracy. For Year 6 they were 55% at risk students in English, 16% in Samoan, and 71% in numeracy. In all instances more boys than girls were identified at risk in all SPELL test results.

Table 10: Primary Teacher-Pupil Ratio for Government Schools

Year	No. of Primary Schools meeting National Standard (1:30)	No. of Primary Schools above National Standard (1:30)	% of Primary Schools meeting National Standards
2001	112	31	78%
2002	96	47	67%
2003	96	45	68%
2004	82	59	58%
2005	73	70	49%

Source: Ministry of Education, Sports and Culture, Education Statistical Digest 2005. Part 2, p. 6.
No. of Government Schools that are meeting the national standards for Primary student-teacher ratio of 1 teacher to 30 students (1:30)

- **Children with special needs**

Children with special needs have been identified as those who are severely physically disabled, deaf, mute, blind, mentally disabled and those who have learning difficulties in the special classroom. The main responsibility for the care of children who are born with disabilities or who later develop disabilities lie primarily with parents and families with appropriate support from various AID agencies, government and non government organizations. (A Situational Analysis of Children and Women in Western Samoa 1996,p)

Samoa has a National Council for Children with Special Needs and in 1997 a coordinator was appointed through the NZ Volunteer Services Abroad (VSA) and the Health Department (Samoa A Situation Analysis of Human Development, op. cit., p. 90) There were a total of 2297 people with disabilities in Samoa identified in the 2001 Census of Population and Housing. Of these, 954 were children (542 M & 412 F) 19 years and under. Report of the Census of Population and Housing 2001 pg.95-96 Through the initiative of the Minister of Health, a public awareness programme has resulted in facilities for people with special needs installed in many public places and buildings.

The government is a signatory of the ESCAP Declaration on the rights of the Disabled. Initially the care for the disabled was the domain of the family; however, increasing advocacy from the NGO sector has helped the government to review its position and to work towards policy directives for assistance to the disabled in the various sectors such as education (including scholarships) and health.

- **School facilities for disabled children**

There are six special needs units in Samoa. The units are located at Saleimoo, Tutaga, Falefitu, Lalomanu, Magiagi, Sataua. In addition there are special Schools for those with specific disabilities like the Prevention Rehab Education for the Blind (PREB), Loto Taumafai Education for those with physical disabilities, Aoga Fiamalamalama for those who are mentally challenged, and Robert Louis Stevenson Senese for all special needs.

The MESC has a Special Needs Coordinator with the Ministry's Curriculum, Materials & Assessment Development section and the MESC has also developed a Facilities Handbook for the use by contractors when building new and refurbishing school buildings. The handbook has requirements for special needs students (CRC Implementation Report, 2005).

In 2005 the concept of Inclusive Education was introduced into the Education System where all Schools are encouraged to enroll special needs students with other students rather than having separate schools for them.

The Red Cross in cooperation with the Nutrition Center and the District Nurses is able to give some support to families who have special needs person(s) but do not have the finances needed to meet all their needs. The people with special needs are identified through five sources: the national Nutrition Centre, public health ñ district nurses, Loto Taumafai, Aoga Fiamalamalama and the Society for the Blind through their visits to families who have blind person(s). All households which have persons with special needs and have received help from the Red Cross, also have at least one child or more. The Red Cross whose work is funded by local donations and from the International Red Cross has played a pivotal role during natural disasters and water shortages in the country.(ibid)

Child Protection

- Corporal punishment

The Education Department Policies, 1992 Clause 15 states: 'Corporal Punishment ñ Teachers are not permitted to inflict any physical punishment on any student. In other words, it is an offence for a teacher to lay hands on any student.

Corporal punishment is not permitted in the schools and teachers can be dismissed for applying corporal punishment. Samoa is in transition regarding widely held beliefs on discipline of children, and is slowly moving away from physical discipline to other forms. Nevertheless, teachers' practicing corporal punishment is still commonplace. The media regularly reports cases of students having been severely and physically punished by teachers, resulting in medical care being sought. Often and depending on the parents, these cases are referred to the Police to investigate whether charges of assault could be laid against the teachers concerned.

Hitting as a form of discipline is widespread in the country and is practiced in the homes, at Church by the Pastor and his wife and at schools. Because it is seen as a norm it is difficult to determine when it becomes physical abuse and not just a form discipline. The Knowledge, Attitudes, Behaviour, Practice (KABP) baseline survey report for Samoa that was carried out in 2004 as part of the Pacific Children's Programme identified that physical abuse is the most recognised type of abuse according to survey findings-89% of respondents identified different forms of physical abuse that exist. (PCP KABP Baseline Survey Report for Samoa, May 2004 pg. 14) Smacking (*sasa*) was the most common form of abuse, but also beating children with brooms, sticks, heavy objects, a combination of smacking, throwing stones and slapping the mouth were also mentioned by respondents.

With the changes that are occurring in the lifestyles of Samoans and the pressures of a cash based economy where people are moving away from subsistence living to buying all their needs, stress can be a very real factor that causes anger and other negative emotions which can be dangerous. Forty percent (40%) of female and thirty four percent (34%) of male respondents identified they smacked children when they were angry.(ibid pg.23) It may therefore be beneficial for government ministries and NGOs to include "Anger management" and ways to ward off negative emotions in programmes aimed at protecting children.

Helping women understand why they hit and ways to alleviate their anger was part of a project formulated by the National Council of Women (NCW) called "Tetee Atu i le Sasa ma Upu Malosiif (Saying No to hitting and harsh words) for children under the age of 18. The six months pilot project addressed issues of parenting and facilitated discussions on areas not often discussed by women. Many women in the villages commented that no one had ever talked to them about these matters before. (Final Report for the Tetee Atu Project 2001) The model developed for this project would be excellent for any other organisation wanting to carry out a project in this area.

Children in difficult circumstances

- Physical, emotional, sexual abuse

Legislation is in place to ensure that children and young people are protected from harm, their rights upheld and their welfare promoted. Children who are in need of care and protection because they are at risk of physical, emotional or sexual harm, are protected under the Infants Ordinance 1961 cited in the CRC Implementation Report 2005. The Court has the power to place a child under the care of an appointed Child Welfare Officer in circumstances where it is felt that a child is not under proper care or living in an environment detrimental to his or her physical and moral wellbeing.

There is recognition of the family as an important unit to the development of the child; hence in the case of incest, the perpetrator is usually removed from the family. Applications to the court to have children placed in care are usually made on the recommendation of the Police, based on investigations during the course of any proceedings, in consultation with Justice Department.

Initial studies into the problem of child abuse, for example the Samoa Family Health and Safety study in 2001 (The Samoa Family Health and Safety Study 2003, SPC/ UNPF) and the Qualitative Survey on the nature of child protection practices in Samoa in 2002 (Qualitative Survey ñ Nature of child protection practices in Samoa ñ USP Pacific Childrenís Program 2002)

have resulted in the current initiatives and strategies such as the PCP, now addressing these problems.

There is no known case where a child has lodged a complaint with the authorities concerning abuse or neglect. Nonetheless there are national programmes under discussion that will address the issue of mechanisms to be put in place by which children can notify someone if they are in a situation of abuse.

There are no institutions for alternative care of children such as children's homes or foster homes. There has been no need for such alternative or institutional care up to now because the Samoan extended family setup has always taken care of its own and any others who seek refuge there. The situation is however changing with the growth of a cash economy and changing way of life.

For the same reasons, social workers have not been required. Nevertheless, urbanization and a changing lifestyle have brought the need for social work professionals. So far, this is being done via NGOs, the churches and other volunteer services. In April 2006, the establishment of a Division for Social Services was approved for the MWCSD. This may be the beginning of government taking a more active role in providing the necessary support and social services for children in this sector.

The International Day for the Prevention of Child Abuse (19th of November) and World Day for Child Rights (20th November) were commemorated for the first time in Samoa in 2004 and is now an annual activity of the PCP and the DFW-MWCSD as the national focal point for the CRC.

- Commercial Sexual Exploitation of children (CSEC)

The first National Meeting in Samoa on the Commercial Sexual Exploitation of Children (CSEC) took place in November 2003 with assistance from the PCP. This meeting brought together community leaders to consider CSEC issues that may and could affect the children in Samoa. The men and women present endorsed the need for the protection of children from commercial sexual exploitation and supported the importance of the CRC in realizing the protection of children in all areas including commercial sexual exploitation. UNICEF in collaboration with the DFW-MWCSD will be conducting a Situational Analysis on CSEC this year and this will further provide the necessary data and information to provide the direction on how the issues of CSEC could be appropriately addressed in the Samoan community.

- Children in disputed custody (Samoan adoption, overseas adoption)

Due to the extended family life in Samoa, people are used to an open form of adoption where children are raised by siblings, grandparents or other relatives. This is known as *vae tama* and once a decision is made to give up the child it is a binding agreement even though it is not legal. However in 2003, the Newspaper headlines were full of stories regarding the adoption of Samoan children after the death of a child awaiting adoption by an American family. In 18 months from the beginning of 2003, approximately 45 children were adopted. (Adoption in Samoa 2003 Tapu Magazine) This has caused many to think about why these parents are opting for adoption. Some of the mothers interviewed on TV stated that they wanted a better future for their children. However one of the difficulties faced is that once the adoption orders are signed and the child is gone, then they're actually out of Samoa's jurisdiction. This incidence led to emergency legislation, the Infants (Adoption) Amendment Act 2005 which is aimed at protecting the best interest of the child. The Act regulates the adoption of children overseas to foreign couples. One of the articles cited in Samoa National Policy for Children 2005 (draft document) by Dr. Emma Vaai of this Act specifies that Samoan children can only be adopted, by someone related to them. This is clearly linked to the CRC article 8 & 9 whereby the child has the right to his or her identity and maintain contact with his or her parents unless contrary to the child's best interests.

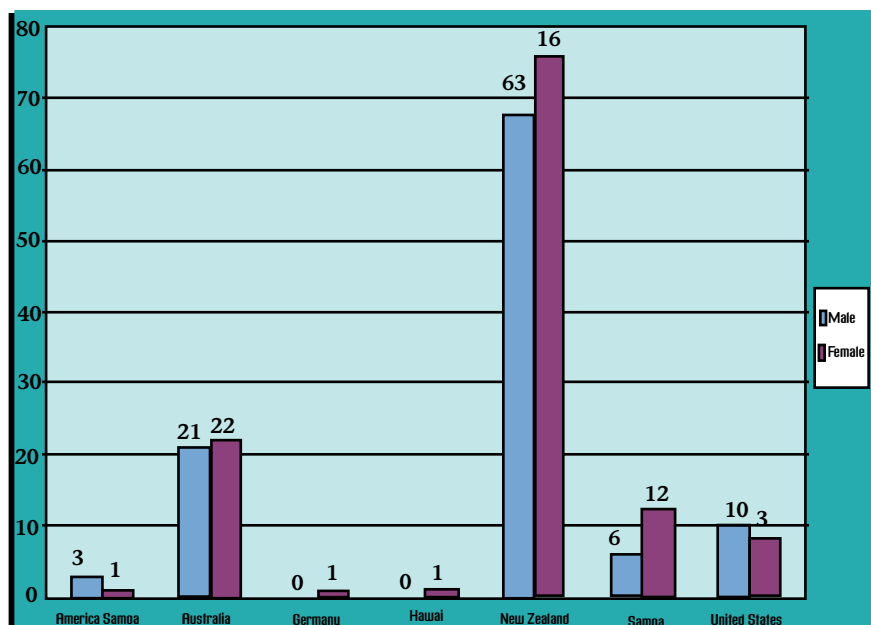
During the 1999 SNNS, the Carers who brought the children were interviewed and there were 106 (10.9%) children who were adopted (assumption is that they were Samoan adoptions not legal). The reasons these children were adopted were: child wanted (20.7%), parents overseas (12.9%), parents elsewhere in Samoa (16.0%), mother dead /sick (9.1%), too many children in original family (7.0%), child unwanted by own family (12.3), unmarried mother/divorced parents (7.4%) other (14.5%). National Nutrition Survey 1999 These answers show the way the society acts as the safety net for babies who need to be cared for and where parents can still have access to their children. When parents opt for legal adoption to give babies away for good the questions arise as to what made them so desperate to do this and what were the incentives if any that helped them make these decisions.

Table 11 gives the number of legal adoptions for 1997 to 2002. It is clear that consistently more females than males are adopted but the data does not give details of whether the adoptive parents are from overseas. Anecdotal reports indicate that many Samoan families have their school aged children (aged between 10-17 years) adopted by relatives overseas so they can be taken away for education and eventually be gainfully employed so they can send money home to help the family. This may account for the large number of adoptions in the School aged children shown in the Table 11.

Age of Child	1997		1998		1999		2000		2001		2002	
	M	F	M	F	M	F	M	F	M	F	M	F
Total	176	259	158	184	93	112	134	198	94	118	209	229
<1	2	2	3	7	4	1	16	16	4	8	15	13
1	14	9	8	7	5	3	6	1	7	4	9	8
2	6	6	3	4	0	2	4	5	3	1	7	4
3	3	11	2	6	3	2	1	6	-	5	1	7
4	5	8	5	7	8	3	2	5	2	5	7	3
5	9	12	6	4	5	6	1	5	2	3	9	4
6	4	3	7	8	4	8	6	5	4	1	7	7
7	3	12	6	6	2	2	5	5	9	5	9	10
8	5	9	6	5	4	5	8	10	6	2	9	8
9	8	8	6	6	4	10	10	8	4	3	5	14
10	10	17	15	15	9	9	6	18	7	7	11	9
11	8	18	18	13	4	6	11	11	3	13	16	20
12	22	25	15	20	6	4	12	15	6	9	13	18
13	18	27	18	20	3	11	15	27	5	14	23	28
14	24	29	14	20	8	17	8	16	7	10	14	13
15	14	16	7	15	5	8	5	13	5	5	15	15
16	6	14	5	7	5	4	6	10	7	6	11	8
17	6	16	7	3	6	3	4	11	4	10	12	17
18	3	10	3	6	2	2	3	5	4	6	6	8
19	6	6	1	3	1	2	2	1	3	1	7	12
20	0	1	3	2	5	4	3	5	2	0	3	3

Source: Annual Statistical Abstract 2001 - 2002

Figure 4: Adoptions by Adoptive Country and Gender 2004



Source: MJCA

The data shown in Figure 4 shows that the majority of adoptions granted in 2004 were for those applicants in New Zealand. There were almost 50 adoptions from Australia and 18 each from United States of America and also locally. Overall, there were 229 adoptions granted in 2004. More than half of those adopted from this total were females. The Ministry of Justice is in the process of completing all their computerized records and when this is finalized, updated data will be more readily available.

- Children who are neglected or abused

Legislation is in place for the protection of any child who is at risk of harm if concerns exist for their safety, welfare or wellbeing in circumstances of neglect, abuse or lack of provisions of the necessities of life which include the provision of proper and adequate care and attention, food, drink, clothing, shelter and medical treatment. ‘The Crimes Ordinance 1961’, Part VII Crimes Against the Person and Reputation 76, Cited in the CRC Implementation Report 2005

There are no programmes for abandoned children. The extended family normally provides a safety net for all its members. However there are some that fall outside the protection of this social web, as evident from the outcomes of unwanted pregnancies where babies have been dumped in rubbish bins or thrown into the sea. In practice, there is no shortage of people wanting to adopt abandoned babies as well as young children but as children get older, people are not so keen to adopt. There are also situations where the extended family does not provide safety and equal treatment for adopted children.

The protection of children from any form of abuse and harm of any nature is rightly assumed to be the responsibility of parents. However, there are situations where children get into difficulties and parents are not always in a position to help them. For example, on the 16th March 2006 Samoa Broadcasting Corporation TV1 Evening News 16/3/06 a 3 year old child was kidnapped while out shopping with her mother and given to someone else in exchange for \$20. The lady who gave money for the child, heard the notices regarding the missing child on the radio and returned her. This was the first time such an event had happened in Samoa and it will not be the last.

It would thus be beneficial to set up an integrated service, work force or a network of people who can be responsible for always promoting and advocating to ensure that the best interests of the child are met, whenever decisions are made in government, NGOs and community sectors for the protection of children from injury, harm, physical, emotional and sexual abuse.

- Children who are exploited

The Labour and Employment Act 1972 Cited in the CRC Implementation Report 2005, Part IV Working Conditions, Safety and Health 32 ñ Employment of children states:

(1) ñ It shall be unlawful to employ any child under the age of 15 years of age in any place of employment except in safe and light work suited to his capacity, and subject to such conditions as may be imposed by the Commissioner ñ .

(2) ñ No such child shall be employed on dangerous machinery or in any occupation or in any place under working conditions injurious or likely to be injurious to the physical or moral health of such child. ñ

(3) ñ No such child shall be employed as a worker upon any vessel unless such a vessel is under the personal charge of the parent or guardian of the child ñ .

The boundary between engagement as workers or as family members doing normal family chores is difficult to define given the traditional role of women and children with family groups. Communal living in the Samoan context consists of a large family group in which each member, from children to parents, have a well defined and accepted role which together provide a functional household. Children are generally given the task of picking up leaves and cleaning the yard, feeding the chickens, taking care of younger siblings as an example of the division of labour which exists in a family group. Many children are presently being employed in this sector.

In the Non-formal employment sector, the main problem is two fold; employment of children in domestic work not suitable to their physical capacity or likely to be injurious to their health; and engagement of children in domestic work instead of sending them to school.

Child street vendors are a case in point here. Ten child vendors (9 males and 1 female), whose parents agreed for them to be interviewed, were followed up by the Research, Policy and Planning Division of the MWCSD in a pilot survey on child street vendors. (Draft Report "Child Vendor's Pilot Survey" 2005 MWCSD) The study was conducted in collaboration with the CRC Partnership with the hope that a national survey will follow. The 2002 Qualitative Study on Child Protective Practices in Samoa highlighted these children as being very visible and so common place that the community was no longer surprised at their presence on the street at any hour of the day, day or night. (Pacific Children's Programme, 2002 Qualitative Study on Child Protective Practices Samoa Country Report by Frances Soon Schuster, USP pg 81) Often when these children were asked why they were selling wares and not at school they would reply they were earning money for school fees. The findings of the Child Vendor survey showed this was indeed one of the reasons they were doing this although only 7 of these children actually attended school. Other purposes for which the money was used was to buy food, clothes, pay electricity bill and church donations and family *faalavelave*.

It has been suggested that child street vendors are 'early starters' in that they choose not to continue their education and choose instead to start earning a living, however there are negative aspects which can have lasting ill effects on the children. These include the poor life style habits being developed, staying up late, lack of sleep, eating junk food, picking up bad street habits, poor personal hygiene and sanitation plus the emotional trauma from the verbal abuse hurled at them. It is possible some parents or relatives are using their children to sell produce instead of sending them to school to provide funds for their own activities like gambling and drinking. Out of the many child vendors on the streets only ten parents would allow their children to be interviewed. Of these 10 only five had another money earner in the family. Eight of these children were from the Apia urban area and 2 were from north west Upolu.

The child vendor problem in Apia is an issue that warrants serious consideration by government and other agencies working with children in Samoa. There is potential for the situation to get worse in light of the fact that almost half of the population are under 18 years of age and so many 15-18 year olds are leaving school with no prospects for employment or being involved in other gainful activities.

There appears to be a general lack of awareness of the legislation that are available to assist in enforcing children to go to School and to stop their parents from using them to make money. Under the Education Ordinance 1959 Section 26. Employment of children of school age (cited in the CRC Implementation Report 2005)

- i No person shall, after the commencement of this Ordinance, employ or continue to employ any child of school age at any time within school hours or at any other time if the employment of the child would prevent or interfere with this attendance at school, unless there is produced to the person a certificate of exemption or other satisfactory evidence that the child is exempted (otherwise than on the ground that s/he is under suitable instructions elsewhere than at school) from the obligation to be enrolled as a pupil at any school

- i Section 27 ñ i Parents not to permit employment of children of school age ñ The parent of any

child of school age who permits that child to be employed contrary to the provisions section 26 of this Ordinance, and any person who so employs any such child commits offence, and is liable on conviction to a fine not exceeding \$100.â

This is also covered in the Infants Ordinance 1961 and administered by the Ministry of Justice, but lack of awareness of such legislation by the public and inadequate enforcement by the authorities means the legislation is not fully effective.

- The participation of children

The DFW-MWCSD has been conducting an annual National Children's forum since 1999 to facilitate the participation of children in the work on CRC and to improve their understanding of the CRC. The Children's Forum targets children ages 10-17 and discussions are held on different themes related to the CRC. In 2005 the forum was on Children and the Law which resulted in a small booklet being produced in Samoan outlining the child's understanding of what each article of the CRC meant to them. In May 2006, the focus of the National Children's Forum was 'Tobacco Free Children' and featured a Game Festival in collaboration with the Division for Sports of the MESC. The forum highlighted the right of the child to participation, information and recreation and was one way of equipping children with information for their own protection from the harmful effects of cigarette smoke.

Other sectors are also enabling children and young people to have a voice in the affairs of the world. E.g. the regional Vailima based Secretariat of the Pacific Regional Environment Programme (SPREP) and the national Ministry of Natural Resources, Environment and Meteorology (MNREM) initiated the "Postcards from the Future" project where young people from around Samoa voiced their views on what they value about being a Pacific Islander. These messages were taken to the Conference of the Parties meeting of the Convention of Biological Diversity in March 2006 in Brazil. (Sunday Samoa 12 March 2006 pg.14)

Child Protection interventions

- Child Protection Information System (CPIS)

As part of the PCP a Child Protection Information System (CPIS) was recently developed. The specific objectives are to develop an easy to use database that provides comprehensive, timely, comparable and reliable information on child protection through an on-going participatory data collecting system, and to establish an on going mechanism to monitor the progress of child protection efforts, and will be a resource to national agencies to monitor policies, activities and programmes related to child protection in future years. The CPIS is monitored by the DFW-MWCSD and the information is collected from the CRC partnership. Progress to date as regards information collection is fairly slow due to the problem of data being scattered or non existent.

- Children's court

Although there is no separate children's court, for the last two years as a Procedure of the Court, the Chief Judge has set aside a day for Court for children, when offenders are under 18 years of age. The Court is more informal and is not open to the public but only the child, relatives and selected media. Usually there is Maintenance at 8.30 AM and Youth Court at 2.00 PM on this day. Presently, the Ministry of Justice, Courts and Administration is also in the process of developing and finalizing a Young Offenders Bill which will then form the basis for interventions with children and young people that come into contact with the law.

4.2 Issues for Youth

The Situation of Youth

The Government 2003 Public Sector reforms also saw a Division for Youth housed under the MWCSO. Prior to this they were part of the Ministry for Youth Sports and Culture. The Division is slowly seeing it's way to collaborate its programmes with the other two divisions namely the Division for Women (DFW) and the Division for Internal Affairs (DFIA). However, in the village setting this reform has opened up the channels of communication from one Ministry to all groups in the community and enables men, women and youth representatives to come together and attend various activities all at the same time. This was very apparent in the PCP activities where both young and adult men joined the women in all activities Pacific Children's Program Facilitation Consultation Report by CBA - Samoa, April 2005

There is a Samoa National Youth Policy 2001-2010 which was developed under the Ministry of Youth, Sports and Culture with the assistance of the Commonwealth Youth Programme (CYP) and UNDP/ESCAP/UNESCO.

From April 2006 the DFY of the MWCSO began the implementation of the Samoa Joint Young People's Programme called " the TALAVOU Programme" which is an acronym that stands for "Towards a Legacy of Achievement, Versatility and Opportunity through Unity". It is actually a very appropriate name as *talavou* means a young person in the Samoan language. The TALAVOU supports the implementation of the Samoa National Development Strategy (2005-2007) particularly regarding the developments in the young people's sector. This programme was developed by the Government of Samoa and the UN system based on the Samoa Youth Policy and the Samoa Development Strategy 2002-04. The TALAVOU has three inter-linking components: Self worth improvement initiatives, skills formation development initiatives and income generation and livelihood initiatives. The MWCSO will coordinate and manage the implementation of the Samoa Joint Young People's Programme with the support of the Ministry of Finance (MOF), and the UN Country Team and stakeholders. This committee assists the planning and implementation of all youth activities, in the absence of a National Youth Council (planned to be resurrected) and a National Youth Advisory Committee whose establishment was recently approved by Cabinet.

At present the DFY works with the National Youth Working Committee (NYWC) of which include youth directors and two youth representatives. Cabinet has approved the establishment of a National Youth Advisory Committee and there are plans to resurrect the National Youth Council.

⁸¹Pacific Children's Program Facilitation Consultation Report by CBA - Samoa, April 2005

⁸²Demographic & Vital Statistics Survey 2000- Analytical Report, Dept of Statistics, Apia

Emigration

- Overseas migration

The statistics from the Immigration Office and the Department of Statistics -Tables 12 & 13 show that a large number of children and youth travel during any one year. The estimated migration rate reported in the Demographic & Vital Statistics Survey 2000 Demographic & Vital Statistics Survey 2000- Analytical Report, Dept of Statistics, Apia is 10.7 per 1000. That is about 1,725 people leaving Samoa per annum. There is no breakdown on how many travel only to visit and how many stay permanently overseas. There are also no available statistics to show how many children or youth come from overseas to either visit Samoa or stay for a extended periods.

There are more males than females travelling overseas in all the age groups shown and when the total numbers that depart are compared to those who return there is a higher number leaving than returning. This accounts for our low growth rate. It is also a cause for concern as regards the brain drain as young potential, productive and skilled citizens migrate overseas. However, the reliance on remittances from overseas may far outweigh this concern at present. The three main reasons why people leave, according to those remaining in the family, are migration or settlement overseas, employment and education. ^{ibid} pg. 28 The data from the Government statistics section showed that the majority of Samoan citizens who left the country from 1998-2002 had attained secondary or tertiary ^{ibid} pg. 39 education. These reasons reflect the desire of many Samoan people to take up available opportunities overseas to get a better life for their children and help their families back in Samoa.

Table 12: Departures By Age & Gender 1998 ñ 2001

Year	T	Total		Under 15		15 ñ 19		20-24		25-29	
		M	F	M	F	M	F	M	F	M	F
1998	49245	25623	23622	9365	9082	3994	3815	5546	5170	6718	5555
1999	48184	25188	22996	9254	8818	3771	3751	5460	5110	6703	5317
2000	53815	27971	25844	10424	9952	3977	4123	6248	5741	7322	6028
2001	49152	25621	23531	9477	8909	3824	3854	5664	5409	6656	5359

Source: Annual Statistical Abstract 2001 - 2002

Table 13 : Arrivals By Age & Gender 1998 - 2002

Year	Total for all ages	M & F	Total		Under 15		15 - 19		20-24		25-29	
			M	F	M	F	M	F	M	F	M	F
1998	125231	46917	24309	22608	8841	8645	3517	3511	5160	4862	6791	5590
1999	132875	48652	24823	23829	9273	9208	3472	3692	5319	5331	6759	5598
2000	135947	48023	24946	23077	9162	8764	3333	3563	5725	5194	6726	5556
2001	136182	47362	24412	22950	8858	8508	3497	3666	5433	5362	6624	5414
2002	131211	45537	23535	22002	8840	8532	3256	3476	5516	4957	5923	5037

Source: Annual Statistical Abstract 2001 - 2002

⁸³ *ibid* pg. 28

⁸⁴ *ibid* pg. 39

⁸⁵ The demographic and vital statistics survey 2000 pg.29-30

- Internal migration

There is quite a lot of internal migration in the different regions of Samoa. In 2000 the Apia Urban Area (AUA) and the rest of Upolu (ROU) lost their population and the North West Upolu region (NWU) gained the most population while movements in and out of Savaii were almost balanced. The losses in the Apia and ROU almost matched the gain in the NWU which was probably due to increased settlement in the new residential areas like Vaialele and Vaitele. The nine reasons for internal migration recorded in order of priority were: the family moved, live with relatives, marriage, returned home, family problems, employment, education, visiting temporarily and settlement. The demographic and vital statistics survey 2000 pg.29-30. These reasons like those for international migration are family related, however employment and education are not the main reasons.

The good communication links and the ability to commute to work or school in Apia on a daily basis, even if you live in the other end of the island, means there are really no reasons to live elsewhere to achieve the needs for employment and education. Yet, the increase of population in the NWU region shows the desire of Samoans to live like many of those in Apia do on freehold property and without the restrictions of traditions that confine activity in the villages. The following Table 14 shows that there are almost as many people and house holds in the NWU region as in AUA.

Urbanisation and the Rural - Urban drift is generally seen in terms of the Urban Centre only but the increase in size of this region and the growth in business in North West Upolu is making an impression on the country. The rise in youth crimes due to unemployment, peer pressure, children looking after children and lack of parental supervision is a real issue facing Samoa today. The growth and development of this residential area which does not have the transmissible law and order traditions facilitated by the Matai system may cause future problems and must be monitored. According to statistics recorded by the Department of Statistics *ibid* pg.34 the number of young people between ages 10-24 years account for 62.7% (31.6% M & 31.1%F) of the population in AUA, 59.3% (30.8M & 28.5% F) in NWU, 60.7% (30.2% M & 30.5%) in ROU and 58.2% (29.9 % M & 28.3% F) in Savaii. This shows that the concentration of young people is greatest in Apia and NWU region than anywhere else in Samoa.

Urbanisation and the rural- urban drift is also adding to the difficulty in monitoring and keeping track of the movement of children as they move from school to school and district to district.

Table 14: Average Household Size by Region

	AUA	NWU	ROU	Savaii	ALL
Population	7699	7219	8936	8806	32660
Number of Households	1011	929	988	1055	3983
Average Household size	7.6	7.8	9.0	8.3	8.2

⁸⁶ *ibid* pg.34

⁸⁷ CRC Implementation Report 2005

⁸⁸ MESCS Education Statistical digest 2005 part 1p.g11

⁸⁹ Demographic & Vital Statistics Survey 2000- Analytical Report, Dept of Statistics, Apia

Education and training

School dropouts peaked at 4000 in 1996 over the period from 1995-1999. Although the number appears to be declining - 3000 in 1999 there are still a large no. of students leaving school before completing their secondary education CRC Implementation Report 2005. During this period more boys (52%) than girls (48%) dropped out although more girls stopped at the end of Year 12. From 2001-2005, the dropout rates were greatest in the Year 12 and Year 13 levels in all Schools. There was a range of around 30% in 2003/04 (lowest) to the highest rate of almost 40% in 2005. MESC Education Statistical digest 2005 part 1p.g11 Dropout rates in all other levels were less than 15%.

The demographic and vital statistics survey 2000 Demographic & Vital Statistics Survey 2000- Analytical Report, Dept of Statistics, Apia found that 2,681 youth 15 years and over gained qualifications after leaving school. This was about 14% of the total sample population. The majority gained university level qualifications and others gained qualifications in teaching, nursing, computing, theology and in other areas.

More females chose professional fields for further studies while more males chose trade and theology as career options.

Tertiary education is available locally at the National University of Samoa, The USPSOA Alafua Campus, Le Amosa, The Oceania School of Medicine and others. The NUS and Samoa Polytechnic were combined in 2005 and this has broadened the scope of courses that can be offered as well as making better use of the resources available to both institutions. The NUS in February 2006 also completed their first joint courses with UNITEC in New Zealand . Sunday Samoan 5 February 2006- Misa Telfoni's column pg.26 This has opened up another avenue tertiary training for young people.

Although many students pass their Pacific Senior Secondary Certificate (PSSC) grade and make it to the NUS, it is important to remember those who do not make the grade and be concerned for their future career options. Many students who complete their secondary schooling and do not go on to the NUS return to live in the villages and render service for their *aiga* in helping with the family plantation and other family activities. Therefore it is vital to educate and train students in subjects that will be of use to them especially with emphasis on life skills training and on developing other alternative career options so that when they drop out, they still have something they can fall on.

The MESC Samoa Secondary Education Curriculum Resource Project (SSECRP) Phase 2 in partnership with the NZODA recognised the need to develop specialised curriculum separate from the usual subjects presently taught at schools and curriculums have now been developed for Health and Physical Education, Music, and Visual and Performing Arts. These curriculum and Teacher's Guides were available for teachers in all secondary Schools in 2005. The MESC has also approved making Health and PE a core (compulsory subject) for all students at Year 9 -Year 11 level. Other subjects that are beneficial for learning life skills and have curriculums and student texts developed are Food and Textiles, Agricultural Science, Design and Technology. These subjects are unfortunately optional and dependant on availability of resources and the discretion of the Principal whether they are taught in a school. Having teachers available who can teach these subjects are also a restriction. This is an area that deserves attention and it would be well invested time for the

⁹⁰Sunday Samoan 5 February 2006- Misa Telfoni's column pg.26

relevant sector of the MESC to monitor the students whom they can tell from the results of the national tests are having problems academically and steer them towards taking these subjects that will benefit them in their future life.

- Technical and Vocational Training

Technical and vocational training is provided by the National University of Samoa Institute of Technology. This is the former Samoa Polytechnic which is now merged into the National University of Samoa. Churches and NGO's also provide additional training for young people when they leave the formal education sector.

There are several schools that have trades training courses in carpentry, electrical and mechanical engineering, and plumbing. These include Don Bosco and Ulimasao in Savaii that are operated under the Catholic Church. Ulimasao also caters for students with special needs.

There are also courses offered by private training schools like the Tesese Secretarial Training School and many computer training courses run by Computer companies and others in Apia. In December 2005, 129 students graduated in business and computer studies from June Ryan's School. Samoa Observer 13 December 2005 pg.6

Training in the traditional arts and crafts are provided in various degrees by public, mission and private schools. The Methodist Vocational and Creative Centre (Punaoa), Papauta Girls School and Loto Taumafai, a private school for the Physically disabled offer training in the tradition arts and crafts (eg. weaving, carving, tapa making).

The Leulumoega Fine Arts School run by the Congregational Christian Church (CCCS) and the private Centres- Beautiful Expressions of Nature (B.E.N) founded by an ex-pupil of Leulumoega, the Tiapapata Art Centre and the Motivational Arts, Dance and Drama Gallery (MADD) at Mootootua offers courses in fine arts. This is giving many young people an opportunity to express and develop their creativity. Another component of the MADD Gallery is the Niu leaf Productions which is aimed at producing books for children to encourage reading and literacy. Information from Mrs Momoe von Reiche- MADD Gallery, March 2006

Young women are included in the trainings offered by the DFW-MWCSD in their village skills building programmes. They teach sewing, cooking, fine mat weaving and other crafts, as does the Women in Business Development Incorporated (WIBDI) particularly in fine mat weaving, making Samoan oil and small business training. The Catholic Church also offers Home Economic Courses through which many young women have learnt to sew. Sewing for others is a thriving business in Samoa.

Other training programmes that many young people are involved in are those provided by the Small Business Enterprises Centre (SBEC) which receives its funding through NZODA, ADB and Government. This has encouraged many young people to get involved in small home based businesses. SBEC like WIBDI also gives out Loans and has a follow -up programme to promote success in these small businesses. Table 15 outlines the type of business training that are carried out.

⁹¹ Samoa Observer 13 December 2005 pg.6

⁹² Information from Mrs Momoe von Reiche- MADD Gallery, March 2006

Table 15: Number Of Participants In Small Business Training By Type Of Business Activity

Period	June 05 Quarter			FY Ending June 05			FY Ending June 04			FY Ending June 03		
	M	F	T	M	F	T	M	F	T	M	F	T
Agriculture/ Farming				4	6	10	8	5	13	5	1	6
Bakery				0	0	0	1	2	3	2	2	4
Fishing				0	1	1	0	0	0	1	1	2
Handicrafts				0	1	1	0	3	3	3	25	28
Others				4	8	12	6	1	7	9	7	16
Repairs/ Maintenance				0	1	1	1	2	3	1	2	3
Restaurant				2	1	3	1	4	5	0	0	0
Retail				7	12	19	8	24	32	11	14	25
Services				2	1	3	7	10	17	2	1	3
Sewing				1	0	1	1	3	4	0	2	2
Tourism				0	1	1	1	0	1	6	6	12
Transport				2	0	2	2	3	5	0	1	1
Undecided / No Business				8	16	24	14	7	21	16	17	33
Total	0	0	0	30	48	78	50	64	114	56	79	135
Add Sept												
Adjustments				15	20	35						
Adjusted Total				45	68	113						
Percentage of Totals				40%	60%	100%	44%	56%	100%	41%	59%	100%

Source: SBEC Samoa Monthly Reports

Note: Figures for the June Quarter 2005 are provisional

Employment and other livelihoods

According to the demographic and vital statistics survey 2000, 52% of all respondents (15 years and over) in this survey were economically active. This comprises people working for wages/salaries, employers and self-employed. It also included those who spent most of their time producing goods and services for consumption or selling such as farming, fishing and crafting. These are the labour force of the country. Those at home carrying out domestic duties, going to school, retired or disabled are usually not considered in the labour force. Therefore of this 52%, 79% of males and only 23% of females were economically active. Of the economically active population 56% received regular income and 44% were engaged in farming, fishing and other economic activities. Most of these activities were carried out by men (97%).

The former MYSC conducted a survey addressing employment in 1989 cited in the Samoa Youth Policy which defined Youth between the ages of 15-35 years and Urban as a 3 mile radius of Apia. The findings were; out of 1,842 persons interviewed 32.1% were unemployed, 34.2% were students and 33.7% were employed. The two main reasons identified for unemployment were lack of job opportunities (33%) and

⁹³ cited in the Samoa Youth Policy

⁹⁴ cited in the Samoa Youth Policy pg.58

a lack of knowledge or education (29%). The 1994 Apia Urban Youth Survey cited in the Samoa Youth Policy pg.58 found only 26% of youth (10-29 years) were in full time paid employment. The 1991 census identified the 20-24 year old group as having the largest percentage of unemployed young people. The largest number of unemployed young people also reside in the urban area and probably in North West Upolu as seen in the migration section.

Unemployment of young people is a area that needs crucial attention. It is timely that the TALAVOU programme has been launched as it will address this issue. However it will need committed networking across the Ministries, NGO's and individual families.

Many young people are being drawn to the spiritual side of life as seen in the crowds at Youth for Christ (YFC) rallies and also at the services held in the tent at Sogi of the Worship Centre. Inter- denominational "para -church" organisations are providing an alternative form of training for young people and their focus is on character building and giving people a purpose and direction in life.

These include the Rhema Bible Training Centre (Rhema South Pacific) which was established in 1996 and is a ministry centre designed to train men and women who feel a call of God on their life to work for God. The standard for each student is excellence; excellence in character, excellence in the Word, and excellence in the spirit. In 2005, nine (9) students graduated after three years training, forty seven (47) students graduated after two years of training, and thirty three (33) after one year training. At the start of 2006 there were one hundred and fifteen students at Rhema from eleven countries. Although it has a South Pacific focus the majority of the students have been young Samoans and the minimum age for enrolment is 17 years.

Youth with a Mission (YWAM) has operated in Samoa since 1983. They offer 2- five month Discipleship Training Schools a year for young people aged 17 - to the young at heart at 80. The focus is on character building and faith. Students live in at the training centre in shared on-campus accommodation. Many of their enrolments are from overseas and the main restrictions for the local students are the fees. YWAM Samoa is an accredited part of YWAM's global University of Nations. Many young Samoans have had opportunities to travel and serve in one of the 500 bases in other parts of the world.

Another active inter-denominational youth organisation is the Youth for Christ. YFC is a member of the CRC partnership and part of the National Youth Working Committee for the DFY- MWSCD. YFC is affiliated to Youth for Christ International, an organisation whose vision is that every young person in every nation would have an opportunity to be a follower of Jesus Christ. They believe every young person is a potential future leader and are important in the infrastructure and development of their nation. The work in Samoa is carried out in eleven village based Mission Centres along the east coast of Upolu where young people meet for bible study, fellowship and reaching out to other youth in their village. Weekly programs are run in high schools and tertiary institutions in Apia, dealing with relevant youth issues from a biblical perspective and reaches about 800 students a week. YFC also hosts three annual live- in camps and every week conducts a Friday Night rally aimed at gathering young people to worship and hearing the word of God for direction and character building. This offers opportunities for young people to see and be presented with an alternative way to live life other than that of alcohol and drugs and other destructive pleasures of this world. YFC have

central offices in Apia and also run a Christian Radio Station at Mulinu'u. They work in partnership with other organisations and government departments that have similar goals of adding value to a young person's life.

- Youth recreation

How young people spend their leisure time can have a powerful influence on their lives, affecting their health, education and employment achievements. Recreational activities can serve as a positive motivational factor to dissuade youth from participating in risky or anti-social behaviour. Pastime activities are a crucial area for investing resources and time as young people not only play and have fun but are building up their life and survival skills, communication and language skills, leadership skills and building their sense of self worth and confidence as they grow into maturity and adulthood. Many Samoan parents believe that time spent in games and leisure activities are a waste of time and that young people are better employed in carrying out household chores and activities that contribute to the development of the family. However, they will allow young people to go to Youth (*autalavou*) activities as these are connected to the Church and organised by the Pastor. The *Autalavou* therefore can be used as an avenue to promote educational and up-skilling activities to go hand in hand with spiritual life.

Sports are a major recreation for young people. However, sporting events in Samoa such as rugby can become very competitive at times. The build up towards the 2007 South Pacific Games (SPG) to be held in Samoa has been a great development as it has opened up opportunities for young people in sports not normally competed in Samoa like Swimming. The new sports complex at Tuana'imato will be a great resource after the SPG especially for those resident in that area and the many young people pursuing athletic or other sporting careers. The new sporting complex includes facilities for Rugby, Golf, Soccer, Aquatic/swimming, Horse racing, Samoan cricket, English Cricket, Volley Ball, Wrestling, Athletics, Gymnastics and others.

The MESC and the Samoa Association of Sports and National Olympic Committee (SASNOC) are the main national bodies promoting sports in addition to the individual sports associations. The NUS is training young people to teach Health and PE in Schools and the Government is building another Gymnasium to be used for the 2007 SPG at the NUS Campus which will greatly boost the training of young people in this area.

The Sports arena is opening up opportunities for young people to excel in something they enjoy and are good at as well as career opportunities as seen in the Manu Samoa Rugby Team and other sports. E.g. The International Rugby Board agreed to sponsor three University of the South Pacific All Rounder Sports Scholarship for an initial 3 year period. (Samoa Observer 22 December 2005 pg. 38)

In villages, Samoan Cricket and volley ball seem to be popular pastimes in addition to rugby for the boys although Samoa now has a female rugby team. There are often friendly Sports competitions held between Villages or Church groups of the same denomination from different villages. Young people are also very involved with the performing of traditional dances and other forms of creative and modern dancing routines.

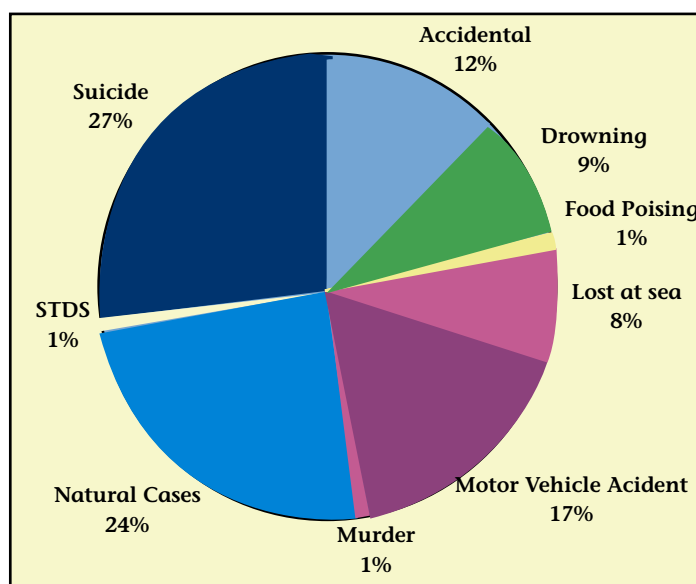
⁹⁵ Samoa Observer 22 December 2005 pg. 38

It has become very popular to do actions to spiritual songs or hymns and this is seen regularly on TV where young people perform an item as part of the Church service.

Swimming is not a leisure activity practiced by Samoans although most people have access to the sea. People go into the sea to fish or carry out other activities related to daily living but not for enjoyment. Children are often seen swimming but most mothers restrict children from going to the sea for fear of drowning or getting sick from staying in the water too long. Going to the beaches in the South or East end of Upolu during the holidays has however become a favorite pastime for people living in the Apia area and North West Upolu.

Teaching children and young people proper swimming techniques and water safety skills are necessary to stop drowning accidents and prevent the fear of water as a resource for leisure activities. Teaching first Aid especially resuscitation techniques for drowning are vital as many children and adults have died because those on hand have not had the skills to help save them. Figure 5. shows drowning as 9% of the types of incidents in which the Court carried out inquests between 2000-2003.

Figure 5: Coroner's Court Samoa 2000 ñ2003 (123 cases)



Source: MJCA

The development of the Aquatic Facilities with a public swimming pool for the 2007 SPG may be a way forward in developing swimming as a leisure activity and another fitness enhancing activity that can be enjoyed into old age.

Music together with dancing are pastimes enjoyed by both young and old. Every festive occasion or celebration in Samoa on an individual, family or national level will have a musical component. There is a wide range of music available for the listening and singing public. The Samoan music industry has grown with the availability of local recording studios and thus there is an abundance of music cassettes and CD's

for sale. The Samoa Broadcasting Corporation "Star Search" and the TV 3 "Show time" initiatives are encouraging and giving young people with singing and musical talent an opportunity to go further in this field.

Choirs are an important part of spiritual life in Samoa and young people make up the bulk of Church choirs. Marching brass bands and string bands are also popular forms of music that young people are involved in. There are a few Schools and Youth Groups that have their own bands like the Church College of Samoa and the Tofamamao Youth brass band.

The Samoan School of Music and the June Ryan School of Music are the two private music schools, in addition to those run by Churches, catering to students of all ages. The Samoa School of Music had close to 150 students aged 18-23 (mainly school leavers) in the period from 1995- 2001 Samoan National Youth Policy Pg. 71

Dance and drama are another area of leisure activities that young people excel in and are encouraged as part of traditional life in villages, schools and Church. The *Fale Aitu* (a traditional drama form aimed at highlighting current issues or problems in a humorous way) is popular during national festivals like the Teuila festival in September. Drama is also used in the dramatisation of bible stories that are performed by young people during White Sunday or Children's Sunday.

Dancing is an important part of culture and individual creativity is appreciated. The Loto Taumafai School for the physically disabled has a performing arts hearing impaired theatrical group know as "the Silent World Theatre" who have performed both locally and overseas. In 2005, a large dance troupe of young Samoa men and women went to live and perform in Germany for a year, organised by the Ministry of Tourism. This identified an avenue for economic benefits and employment opportunities for young people.

Other Church and international affiliated Volunteer Youth Organisations like the Girls Brigade, Boys Scouts, Boys Brigade continue to organize youth focused programmes for members. These groups have well structured non formal education, life skills and other fun activities aimed at building character and encouraging leadership skills. These organisations have great programmes but need support for funding and committed leaders to conduct activities.

It is important to encourage young people to participate in these type of activities as they learn to build up relationships, to build trust in one another and find individual strengths and talents that will improve self esteem and self worth. This is an area that the TALAVOU programme will address.

Young people with Special needs

The Education Amendment Act 1991-1992 makes it mandatory for government to share the responsibility for special-needs children by supplementing and supporting community initiatives in special education.

The schools catering for children with special needs are the same catering for young people with special

needs. The MESC inclusion policy ensures that young people with special needs can attend any school provided the facilities are available to allow this to happen. Robert Louis Stevenson Secondary school is the first to comply with the MESC Special Facilities Handbook for use by contractors and thus enabled a student with special needs to attend their school. It is hoped other schools will follow suit.

The Government through the MESC provides financial assistance on a per capita grant to special-education institutions. A database has been developed to identify special needs students, their special need and their location. The database is called the Special Needs Assessment Program (SNAP). A Special Needs Coordinator has been employed by the Ministry and is attached to the Curriculum Materials and Assessment Division (CMAD). Teacher-education programmes are being developed to produce and maintain a body of skilled special-needs educators. (Western Samoa Education Policies 1995-2005, op. cit., p.6)

The teacher-education for Special Needs programme has already been implemented at the National University of Samoa. As of 2002 all FOE teacher trainees are required to take a special needs course during their training. A Special Education Component Project was funded by UNDP, under the Augmenting Institution for General Attainment (A.I.G.A.) Project. A Special Needs Advisory Committee was also set up to advise the MESC on special needs education issues. The Advisory Committee is chaired by the Assistant Chief Executive Officer (ACEO) ñ CMAD.

The people of Samoa are becoming aware of the need to include those with special needs in all areas of life. Action is needed to make structural changes to enable them to participate fully as part of the community. For example, making shops more accessible by wheel chairs, availability of public transport to take people in wheel chairs and ramps at Churches for easier access by wheel chairs.

With the increase in sports activities comes the increase in sports injuries. There are many young people that have been disabled who need rehabilitation. Promotion of the "special games concept" must also be encouraged .

Social development

- Youth Justice

In 1997 a Committee for the Rehabilitation Center for Young Offenders was appointed. Members of the Committee were the Secretary for Justice, Commissioner of Police, Prisons and Fire Services, Secretary for Youth, Sports & Culture, Director General of Health, Secretary for Women Affairs, the Financial Secretary for Treasury, Director for Education and the Director of Youth for Christ. The report of this Committee recommended the establishment of a Rehabilitation Centre for Young People. This initiative was taken on by the Ministry of Police, Prisons and Fire Services (MPPFS) Institutional Strengthening Project (ISP) proposing to establish a separate facility to house juvenile offenders. In July 2005, the MPPFS began its first lot of Life

Skills Training for youth offenders who are presently in prison. These life skill initiatives will be strengthened in partnership with the DFY and the TALAVOU.

A Young Offenders Bill 2005 has already been drafted by the Attorney general's Office and the MJCA under its Institutional Strengthening Project (ISP) with NZAID and consultations started in May 2006.

- Delinquent youth and incarcerated youth

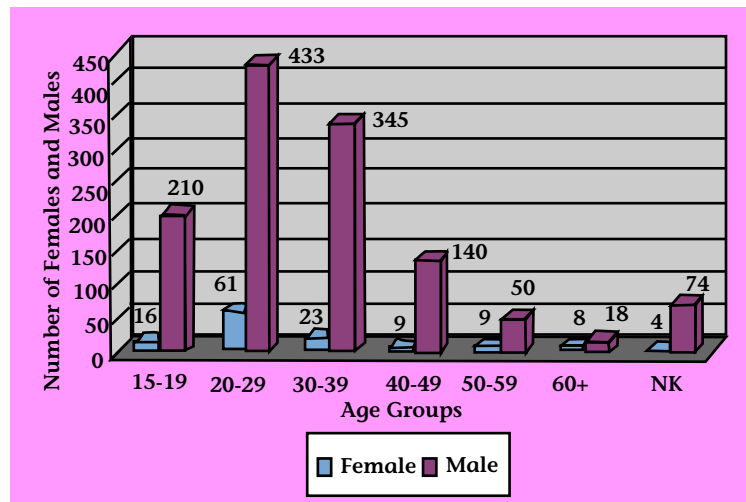
The MJCA is a member of the CRC partnership and is responsible for the young people that are put on probation (young offenders serving non custodial sentences). The MJCA with the assistance of NZAID under the Samoa Bilateral Aid programme has completed a design project (Sept 2005) for a new Institutional Strengthening Programme that will be launched in 2006. The ISP proposes a significant investment focused on improving infrastructure across the MJCA to support the level of organisational competence that can be sustained beyond the life of, and independantly of, the NZAID ISP. (Samoa MJCA ISP Design Mission Statement Sept 2005.)

The Sunday Samoan 1 January 2006 honoured Rita Ale the Chief Probation and Parole Officer as one of the people who made a difference in 2005. (Sunday Samoan 1 January 2005 - People who made a difference in 2005) For the first time 16 probationers (hand picked out of 270) and 6 parolees took part in the Teuila Festival as part of their rehabilitation programme back into community life. These young men and women took part in the Teuila parade, and then sold crafts and wares that they had made themselves at a stall provided by the Samoa Tourism Authority during the whole week's festivities. Mrs. Ale commented on how the social structure and cultural values of our own faa-Samoa (working together of family and villagers, showing love, respect and support as a community) had helped them to achieve their objectives in the past year (2004/05) by maintaining the re-offending rate at less than 10% although the aim is to reduce at less than 5% in the next 3 years." (ibid.) Staff of the Probation and Parole Office feel it will be beneficial to have regular consultations with staff from other Pacific Islands to share ideas and discuss methods being used to address issues related to young offenders as the situations in the Pacific region are similar. (interview with Probation officers March 2006)

The number of crimes being committed by Youth are increasing and is becoming a concern for the justice system. In 2005 alone, there were 1,400 offenders sentenced in district court (Figure 6).

This is a great increase compared to 406 people sentenced to prison over the 3 year period from 1995-1998. (Samoa National Youth Policy Pg. 26) From 1995-1998 just under 60% were by persons under 29 years of age. The majority, 229 or 57%, were males and 19 or 2% were female. As shown in Figure 6 the same pattern is seen in the 2005 offenders. The highest number of people convicted and sentenced by the District Court also falls under the age category between 20 and 29 years and males dominate in this age group. Overall more males than females commit crimes

Figure 3 : Total Number of Offenders by Age and Gender Sentenced in District Court (2005 ñ 1400 offenders)

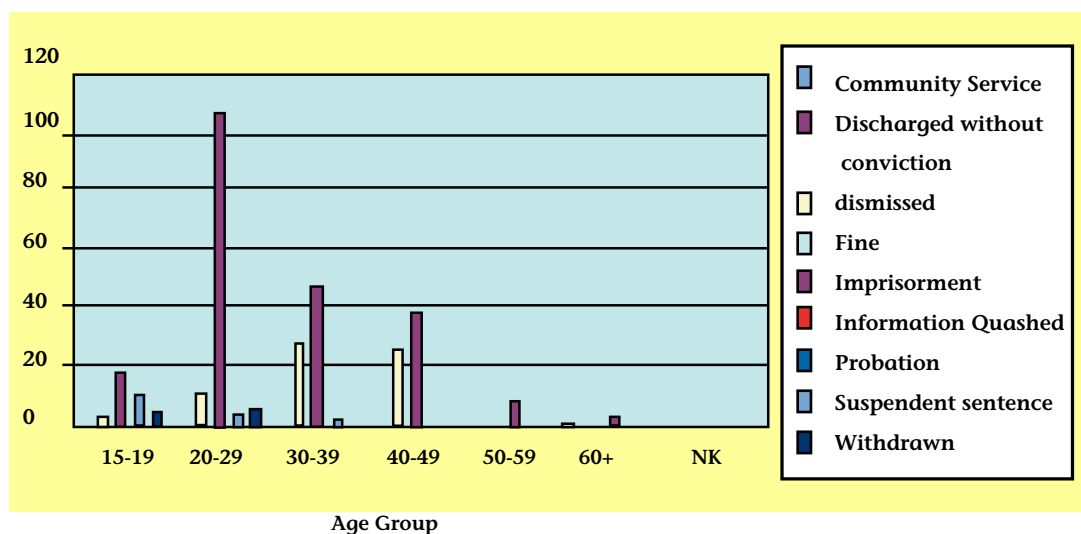


Source: MJCA Research, Policy and Planning Unit

The group most vulnerable and in need of concern are the minors or those offenders under the age of 21 because children aged 8-14 years can be held criminally responsible and charged. It is a concern that the age category between 15 and 19 years in Figure 3 ranked third on the graph with 210 of these young offenders sentenced by the Court.

In the Supreme Court, 330 offenders were sentenced in 2005 (Figure 7). The majority were sent to prison and again most of them were those in the age group between 20 and 29 years. There were also more than 10 offenders aged 15 to 19 years sentenced to prison. The number of children (0-18 years) being sentenced to prison to co-habit and live amongst hardened criminals is appalling and raises concerns for their future as well as for safety of the general public.

Figure 7: Types of Sentencing by Age Group (2005 ñ 330 offenders)

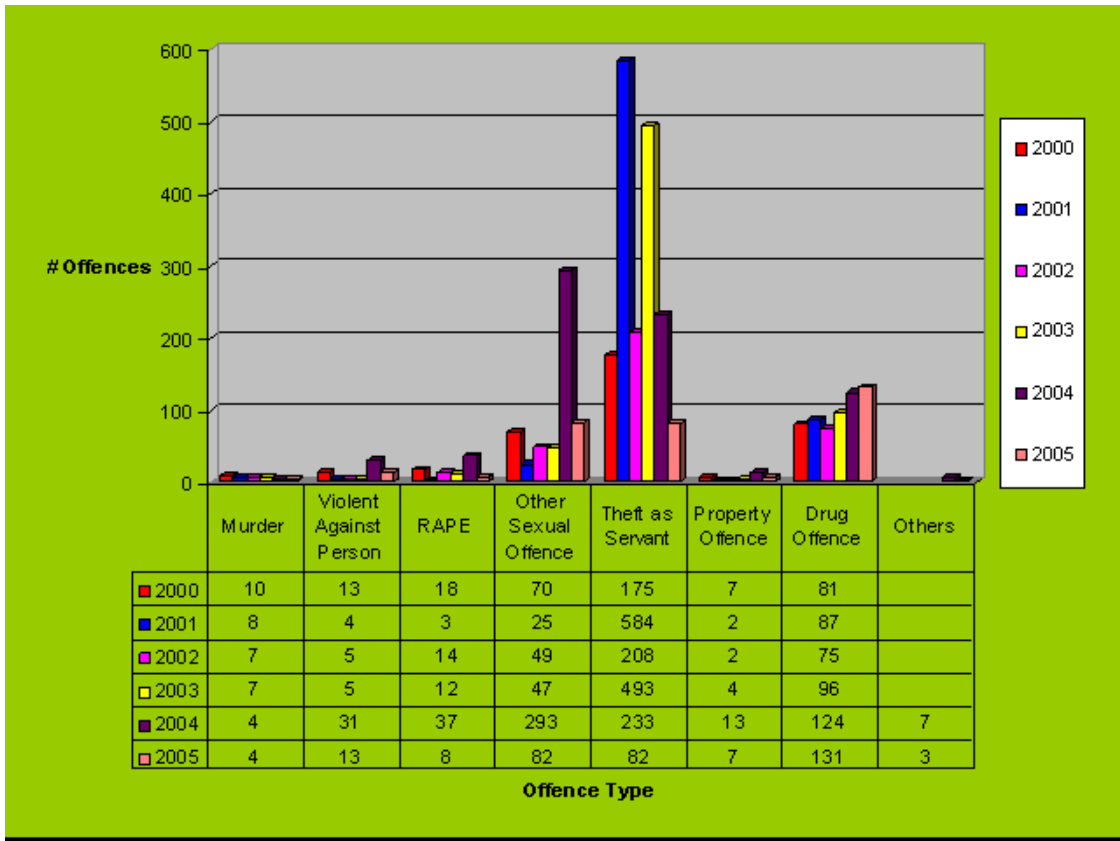


probation during this same period theft crimes were the most common - 59%, and other crimes -33%. The other crimes included sex related offences(carnal knowledge), willful damage (throwing stones), drugs and assaults. (Samoa National Youth Policy Pg.26-27)

It is seen in the overall total and types of Offences heard in the Supreme Court 2000-2005 (Figure *) that the types of crimes committed follow a similar pattern as in 1995-1998. Theft is the most common crime, followed by other sexual offences excluding rape and drug offences.

Figure 8 shows that there has been an increase in the number of marijuana offences between the period 2000 and 2005 and narcotic related offences increased by a number of 50 offences in 2005 as compared to 2000.

Figure 5: Overall Total and Types of Offences Heard in Supreme Court 2000-2005



Source: Research, Policy and Planning Unit of the Ministry of Justice and Courts Administration

- An in-depth look at the Offenders on Probation in 2004

Based on 755 offenders whose ages were known, the age group 20-29 years dominates the total number of offenders by age group with 45% of offenders. About 1% of offenders fall under the age category of 10-14 years and about 14% aged between 15 and 20 years. This suggests that young children of less than 14 years old have been convicted of crimes in Samoa. Also young offenders under the age of 20 years have been sentenced by the Court on various types of offences. About 14% of them have been convicted of crimes.

Figure 9 indicates the causes for offending (of 754 offenders) referred to the Probation Service by the Courts in 2004. Anger was the most common contributing factors to offending behaviour. About 20% of offenders committed crimes out of anger. This has been generally noted to often occur if there is provocation. There were also 14% of probation clients who committed crimes due to alcohol consumption and another 15% who were convicted because of recreational drug use. There are also several social factors such as unemployment, low income, low education, family breakdown and intergenerational crime that one way or another contributed to crime in general.

Figure 10 shows that the majority of the 750 clients referred to the probation office in 2004 were convicted of violent offences (24%).

Causes of Offences:

Figure 9

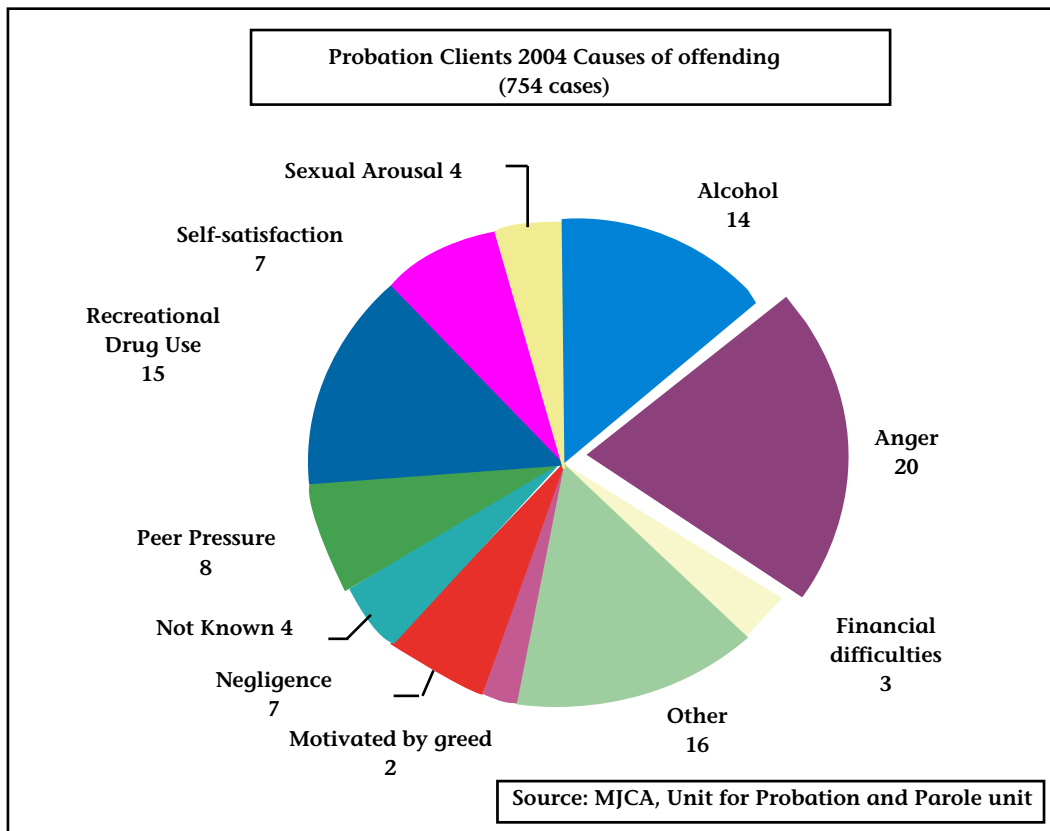
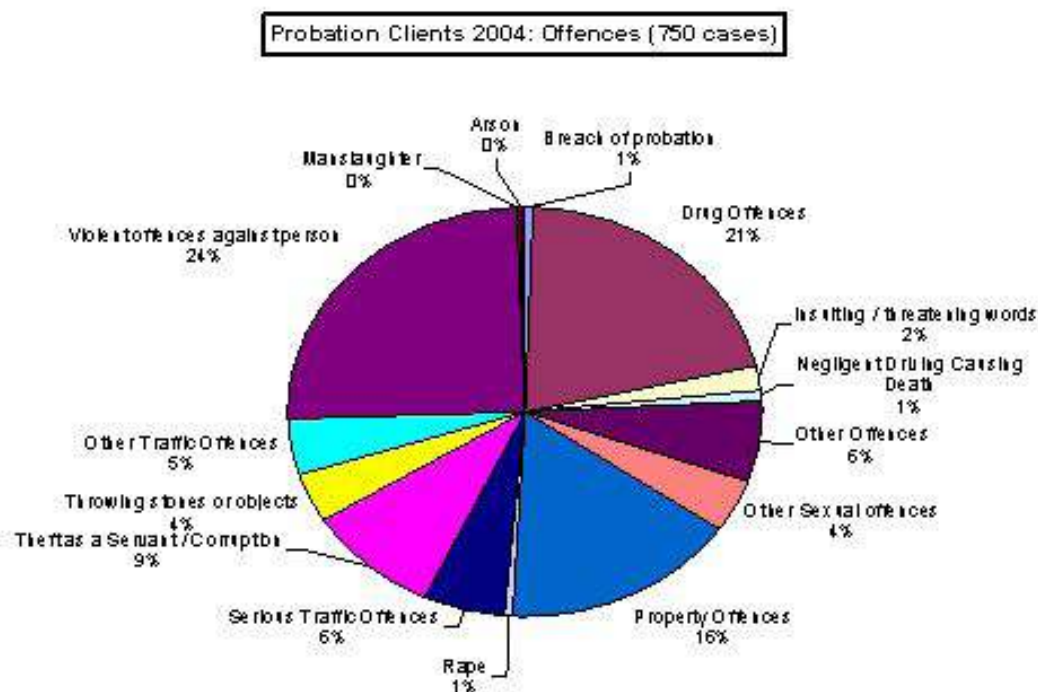


Figure 10: Probation Clients 2004 - Offences



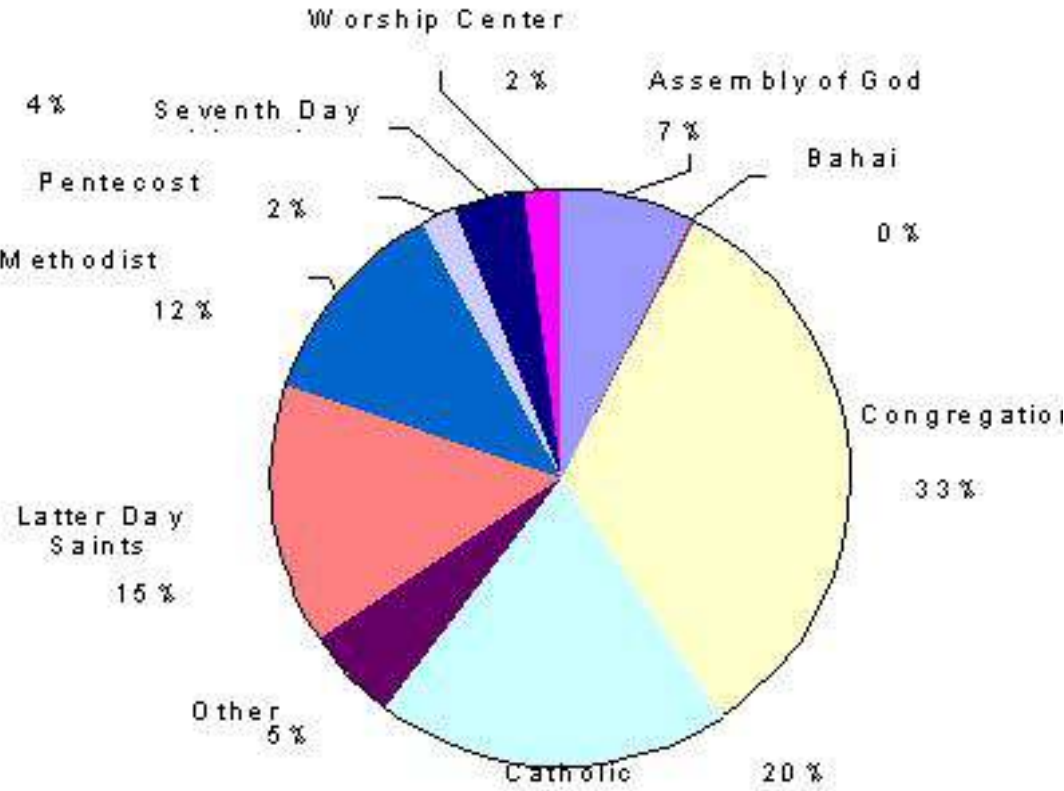
Source: MJCA - Probation and Parole Unit

Anger and violence are a destructive combination. These young men have a lot of issues that need to be addressed in counselling and reflects a lot of healing that has to take place. Thus it is so important to treat both the victims of crime as well as the offenders so they will not re-offend. The programme being used by the probation office to look for solutions within our own culture and community is commendable because the causes of the problems are coming out of the same environment. The role of Matai/ village leaders and Church leaders are invaluable in these situations and the government agencies need the support of the community so there is a smooth transition back into family and village life.

The church denominations that the probation clients claim they attend covers almost every denomination in Samoa. Therefore all Pastors, Priests and Church Ministers should be willing to support community rehabilitation programmes that will benefit their members. It must be emphasised that the percentage of offenders by religion (Figure 11) does not suggest that the majority of offenders are from a specific religion (denomination). This figure closely reflects the distribution /percentages of total Church attendance practice in Samoa with the Congregational Christian Church having the most members followed by the Catholics and the Methodist (Report of the Census of Population and Housing 2001..)

Figure 8.

Probation Clients 2004: Offenders by Religion (752)



The MJCA is currently developing a crime prevention policy. One of the main issues of concern in the present justice system is the exposure of young offenders to various risks because there is no separate treatment for young people when they are incarcerated. Moreover for those whose crimes warrant imprisonment there is no separate correctional facility for young people who end up in the company of seasoned criminals. It puts them at risk of entering a cycle of crime that may be difficult to break out of.

A recommendation for both a separate legal process to deal with juvenile cases and a separate correctional facility for young offenders was made as far back as April 1974 by the then Chief Justice G.J. Donne to the Minister of Justice but nothing was done due to a lack of resources. (Samoa National Youth Policy pg 27) The same recommendation was made in 1977 by a committee who carried out a special study to investigate the establishment of a rehabilitation Centre for young offenders in Samoa. (ibid pg.61) This recommendation is still valid today.

The Ministry of Police have recently (2006) started the building of a separate Rehabilitation Centre at Satapuala for young offenders but a separate legal process is still to be worked out. Anecdotal information has raised concern over the location of the new Rehabilitation Centre because of its close proximity to the Airport and the fact that many of the offenders tried for drug related crimes are from this area of the island.

Youth Health

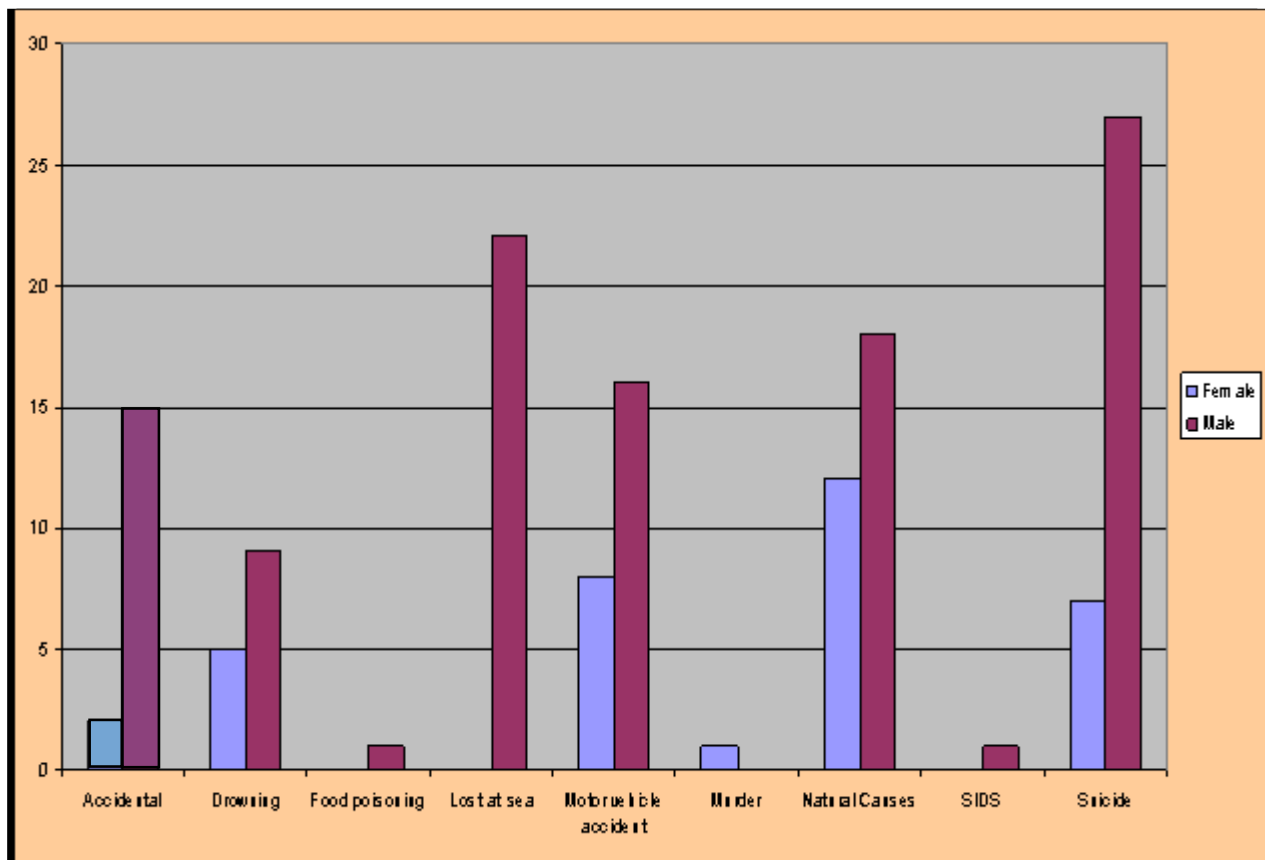
The leading cause of disease or ill health among the youth are injuries and poisoning associated with risk behavior like cigarette smoking, alcohol consumption and suicide. Other significant causes of death include diseases of the circulatory system, infectious diseases and cancer. The main causes of morbidity amongst youth are related to reproductive health, risk taking behaviour and infectious diseases. NCDs amongst youth have increased from 10% in 1978 to 15% in 1991. The Steps Survey 2002 showed more women (58.1%) were obese than men (34.4%) in the 25-34 age group. Possible contributing factors include poor dietary practices and sedentary lifestyles. The Apia Urban Youth Survey 1994 found that 25% of the youth studied ate no green leafy vegetables at all, 35% ate no other types of vegetables 42% ate no fruits at all. Females overall ate more fruits and vegetables than males. The same study found that 34% of the 14,440 study group had consumed soft drink the previous day.

- Accidents

The injury Prevention Project The Injury Prevention Project Samoa2001- an analysis of injuries by Lynn Irving Fanau ma Aiga Manuia Project MOH analyzed injuries requiring admissions for the period January -December 2000. Their main findings were

- that over 50% of injuries occur in children up to the age of 19 years.
- The majority (59%)of all injuries occur around the home.
- Head injury is the most common injury (30%) in all reported unintentional injuries in all age groups. The ten leading causes for admissions to the national hospitals bears this out.
- The most common causes of all unintentional injuries are - sharp objects, Falls (from trees around the home), bites mainly dog bites and motor car crashes (as passengers), fire and drowning
- Assaults accounted for 8% of all injuries
- Males were shown to have injury 3.5 times more than females (in all age groups)

Figure 12: Causes of Death by Gender (Coroners Court 2000-2003)



Source: Ministry of Justice and Courts Administration

The causes by death reported to the coroners court showed that young people between the age group 20-29 were most likely to die from motor vehicle accidents and the 10-19 age group had the most deaths by accidents. Those that died at sea were mostly in the 30-39 age group. Information provided by the MJCA-2006 Probation and Parole Unit

Figure 9 confirms there were more males die from accidents than females. Females die mostly from natural causes and motor vehicle accidents while more males commit suicide, are involved in motor vehicle accident and get lost or die at sea.

These findings are a reminder for parents and care givers to give attention to safety around the home and especially for the enforcement of the law for drivers and passengers in vehicles to wear seat belts.

- Tobacco, Alcohol and Drugs

The Narcotics Act 1967, states that it is illegal to cultivate prohibited plants, possess prohibited narcotics or to import and export prohibited narcotics (Cited in the CRC Implementation Report 2005.)

The Liquor Act prohibits the sale of alcohol to people under the age of 21. The Act is not strictly enforced as alcohol is sold to under age drinkers from licensed retail outlets on behalf of a family member or adults. The same practice goes for the sale of cigarettes. Both liquor and alcohol legislation are undergoing review with the aim to have stronger restrictions on the sale, use and exposure of children to liquor, cigarettes and bars.

It is known that a large number of youth are drinking alcohol and it appears they are starting at a young age. Thompsen's 1995 survey of 750 teenagers found that 50% of males and 33% of females drank alcohol and that 73% of them had started drinking between 13-17 years of age. National Youth Policy Many were drinking without the consent of their parents (70% of males and 87% of females). This raises the questions of where, when and how are they getting the alcohol?

The AUYS 1994 cited in the Samoa national youth Policy found smoking that 43% of youth 10-29 year old were regular smokers; at least 1 cigarette per day. By gender 3 times more male youth than female youth smoke. The incident of smoking increased with age and also youth in full time employment smoke more than those in school or unemployed.

The information provided by the Probation Unit on the type of crimes that offenders come before the courts for (Figure 3) shows that there has been an increase in the number of marijuana offences between the period 2000 and 2005 and narcotic related offences increased by a number of 50 offences in 2005 as compared to 2000.

Public campaigns to discourage smoking and alcohol consumption are regularly staged with the help of sports bodies and sportsmen and women with a high profiles. The DFW-MWCSD Aiga ma Nuu Manuia program promotes smoke free homes and the Samoa Rugby Union in collaboration with the Ministry of Health, Ministry of Education and the private sector, organizes an annual Smoke Free Secondary Schools Boys Rugby tournament. The HEAPS section of the MOH coordinates the work of the Health Tobacco Control Committee and is very active in smoke free programmes.

These type of campaigns must continue together with the support of the whole community to curb the rise of these problems. Having more severe penalties imposed for offences by an adult (s) who involve children in the growing, production, selling or distribution of any prohibited drugs may also be needed to discourage those who do not see this as a problem.

- **Suicide**

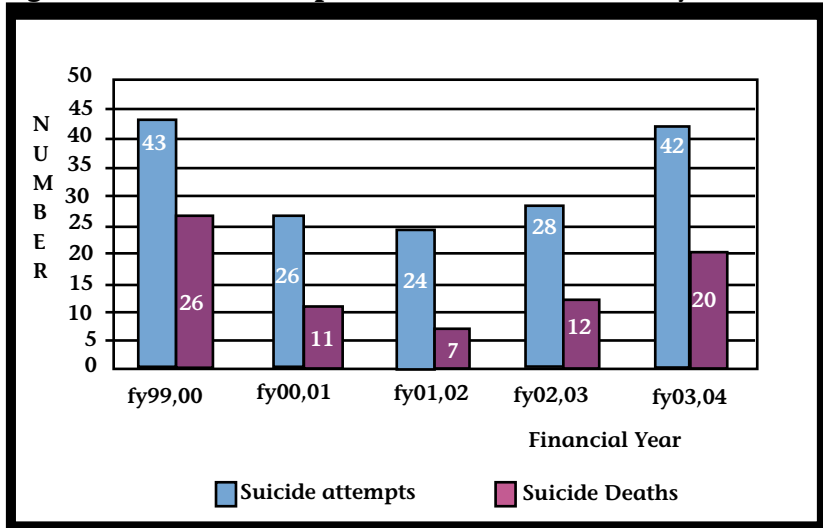
An analysis of the medical records at the Tupua Tamasese Meaole Hospital from 1990 - 1999 showed that the majority of suicide attempts are made by young people. Samoa National Youth Policy This is still the case today as seen in the Figure 13 on Suicide attempts from 1999-2004 recorded by the MOH. More males (40%) than females (28%) attempted to commit suicide.

From 1988 - 1999 the most common method used by youth was paraquat ingestion which accounted for 67% of all attempts and 66% of all suicide deaths. *ibid* pg 24-26 Figure 15 showing the suicide cases heard by the Coroner's court 2000- 2003 confirms this is still the case. A representative of the NGO Faataua le Ola (Value Life) which was formed to address the problem of suicide felt that suicide by this method has

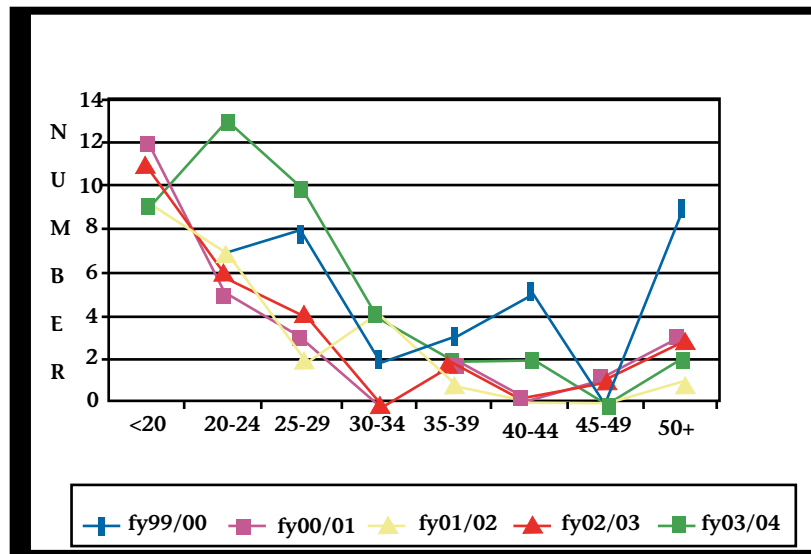
110 National Youth Policy
111 cited in the Samoa national youth Policy
112 Samoa National Youth Policy
113 *ibid* pg 24-26
114 Discussions with Runa Curry- FLO 8/8/06

been reduced due to an initiative by their NGO. Discussions with Runa Curry- FLO 8/8/06 FLO is presently working closely with Syngenta an NZ based company that makes paraquat to improve and control the distribution and safe use of paraquat. People who want to purchase paraquat need a license to buy it and they have to lock it up. Source: Health Information System, MOH

Figure 13: Suicide attempts and Suicide Deaths for Fy1999/2000

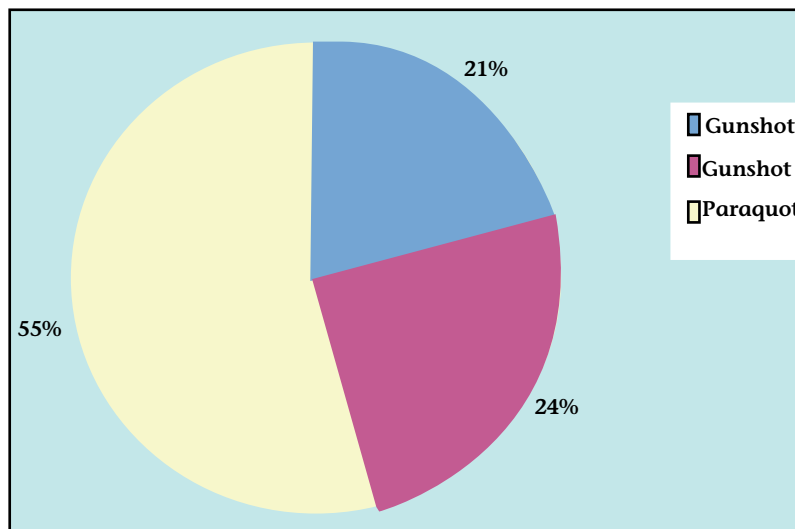


Source: Health Information System, MOH



Source: Health Information System, MOH

Figure 15 : Suicide Cases heard by Coroners Court 2000 -2003 (33 cases)



Source: MJCA- Unit for Probation and Parole.

It has been noted by members of the CRC partnership that have attended overseas meetings that although Samoa is rated as having one of the highest rates of suicide in the world this can be misleading as one of the reasons this country rates so high is because it is one of the few countries that reports this information. Unlike many other Countries who are reluctant to disclose any information on the Suicides amongst their population.

Sexual crimes

The data from the probation clients shows that about 4% of offences that these young people were involved in were sexual in nature. Sexual offences were the third largest group of offences for which all offenders came before the court for sentencing. The number one was theft followed by drugs with sexual offences as a close third followed by rape and violence against another person. It is not stated what the sexual crimes are but Sexual crimes are covered under the Crimes Act 1961 and there are 10 sections to do with children 0-18 years.

These are, Section 49 ñ incest; Section 50 ñ sexual intercourse with young related girl living with his family; Section 51 ñ sexual intercourse with a girl under 12 years; Section 52 ñ indecency with a girl under 12 years; Section 53 ñ sexual intercourse or indecency with a girl between 12 and 16 years; Section 57 ñ sexual intercourse with a woman or girl with mental disability; Section 58B ñ indecent act between a woman and a girl (under 16 years); Section 58D ñ indecency between males (no person under 16 years can be charged with this offence); Section 58E ñ when a person is charged with sodomy to a boy under 16 years the penalty is 7 years instead of 5 years.

¹¹⁵ Sunday Observer 1 January 2006 pg.24.

Physical, Emotional and Sexual Abuse

All forms of abuse occur and are happening to young people in Samoa. This topic is dealt with in more detail under the women's section. The Sunday Observer on the 1st January 2006 featured an article on "People who made a difference in 2005." This also featured "a father who raped his daughters" Sunday Observer 1 January 2006 pg.24. with the comment that "this was perhaps the most disgusting of all stories of the year". This 55 year old father was sentenced to life imprisonment in July 2005 for ten counts of rape, nine counts of incest, one count of attempted incest, one count of indecent assault and four counts of threatening to kill his daughters (4).

All forms of abuse must be addressed with a holistic approach that involves the family as a focused unit because when one person in the family is involved as a victim or a perpetrator it has an impact on all the other members of the family whether they admit it or not.

Unplanned Teenage Pregnancies and possible illegal abortion

This is emerging as a major health problem for young women with risks of still births and other complications. A study on teenage pregnancy 1995, (Health Sector Plan 1998-2003) cited in the National Youth Policy pg.47 revealed that 81% of the survey sample did not plan their pregnancies. Over 70% were aware they might get pregnant but most had little knowledge of contraception (65%) and 95% had never used it. In addition 55% had been sexually active for less than a year and 45% between 1-4 years. In 1996, 26% of admissions to hospital were pregnancy related. In 2003/04 this had dropped to 10.4% but still high. The 1999 DHS found that at least 2/3 of Youth admissions to hospital were for complication of pregnancy and childbirth. cited in the National Youth Policy Pg.46 Information from the health Dept in 1995 showed that teenage mothers had a higher risk of having a still birth at an estimated 16 per 1000 still births compared to the 20-29 year old group with 6 per 1,000 and 12 per 1000 in the 30-44 year old group. This information was not available with an age breakdown in the MOH 2003/04 Annual Report. It has been suggested that the higher number of still births may be due to the choice that young unmarried girls, still at school are forced to make when faced with the fact of an accidental pregnancy. The girls may choose to have the baby and face the issues involved (spiritual, emotional, intellectual, physical, social, cultural and economic) or conceal the pregnancy and /or try to abort the baby. National Youth Policy pg.47

Unplanned pregnancies may also account for the high number of girls who get married early-between 15-24 years of age. From 1995 -1999 - the numbers were 75, 74, 118, 72 and 76 respectively for the 15-19 year olds. For the 20-24 age group the figures were 330, 389, 440, 297, and 351. Abortions are illegal under the crimes Act 1961 but health staff and members of the Samoa Family Health Association believe that it is happening. Members of the Traditional Healers Association confirm that women and girls seeking abortions constitute a fair proportion of their clientele. NGO Shadow Report Pg. 10

116 cited in the National Youth Policy pg.47

117 cited in the National Youth Policy Pg.46

118 National Youth Policy pg.47

119 NGO Shadow Report Pg. 10

Many parents and health care staff feel that if reproductive and sexual health information is denied to young unmarried people, it will prevent promiscuity, and the spread of HIV/AIDS and other STD's. For whatever reason, it is apparent young women are not receiving the information they need to make informed decisions.

An urgent need exists to provide pre and post natal care and education for young unmarried mothers- to-be whose families do not provide the support needed by these young women and their babies. A "mother-daughter" initiative of the DFW -MWSCD is aimed at addressing this issue. Nonetheless, Government representatives, TBA's and community nurses must also be aware that when they identify a young women 16 years or younger who is pregnant they must report this to the police because according to the law whoever impregnated her is guilty of an offence - Carnal knowledge.

The MOH Annual report noted that out of a total 3407 deliveries at National Health facilities for the year 2003-2004, 2127 were born to mothers 29 years of age and younger (62.4%)(see table 20). Three hundred and three (303) babies were born to mothers aged less than twenty years which is 11% of all hospital deliveries for that period. Unfortunately, the information is not age specific so a more detailed examination cannot be made.

It is generally accepted that there is a lack of preparation to adolescence and puberty, marriage and parenthood and this is mostly due to the taboo placed on discussing sexual matters although the arrival of HIV /AIDS to Samoa is helping to open up a community dialogue on issues of sexual and reproductive health. Various sections of the MOH, the SFHA and other NGOs are working already to increase awareness and dialogue in the community. In 2005 the Education department introduced a new subject at Secondary School level, Health & Physical Education which includes the teaching of sex education for years 9-13. Although MESC has approved that this subject be taught as a core subject in years 9 -11, this still needs to be introduced earlier at primary school level for those who leave school at Year 8 or before. Teacher training or refresher courses must also be considered in view of the sensitivity of the content of this subject.

The demographic and vital statistics survey 2000 noted that the women in Samoa with the highest fertility are married women and those in de facto relationships, women who attained only a primary level of education and unemployed women. These then are the target areas for family planning. The MOH together with the Samoa Family Health Association are targeting the area of teenage pregnancies as part of the Adolescent Health Development.

There are many agencies; Government, NGO's and Church groups that are doing what they can in different areas to combat the problems affecting young people today. However there needs to be a coordinating body that brings these people together so they are not working in isolation and the use of resources can be maximized. Above all young people's issues must be dealt with in terms of the Family unit and not in isolation. They must be seen as being a part of a family which is there a support group that will nourish and help them grow and develop into their potential as productive and well adjusted adults.

2.1 Issues for Women

The general advancement of women

Samoa women have a significant role in the political, social and economic development of the country. Their cultural role in the structure of Samoan society is also well defined. Government continues to support the advancement of women as was seen in the inception of the Ministry of Women's Affairs in 1990. In 2003, the Ministry of Women Affairs was realigned into the Ministry of Women, Community and Social Development with a Division for Women (DFW-MWCSD). Under this restructuring, the DFW-MWCSD continues the roles of national focal point for the CRC as well as coordinating agency of the PCP.

The DFW-MWCSD is also the focal point for CEDAW and works hand in hand with a partnership of select NGOs dealing with women's issues and government staff on CEDAW issues. This is in accordance with the governance agenda and the Samoa Government priority to 'partnerships in development'. In 1992, as part of the programme of assistance from the New Zealand Government, some of the functions of the Ministry were devolved to NGOs to focus on. This included the assignment of the Women in Politics to the National Council of Women to focus on, the focus on Violence Against Women for Mapusaga o Aiga to work on, and the aspect of Small Business Development for women for the Women in Business Development to focus on. The DFW-MWCSD as the focal point for the advancement of women and of CEDAW continues to work with these NGOs and many others like the Komiti Tumama and ECPACT Samoa, in the partnership to provide the necessary technical support as needed and also to play its monitoring role as focal point.

At the moment Samoa is yet to finalize a National Policy on Women. This may be one reason there has not been a significant progress in policy level interventions to support CEDAW goals. The DFW-MWCSD has been given back the responsibility to update the Policy for Women and the DFW-MWCSD proposes to have the National Policy on Women approved by Cabinet before the end of 2006. There is strong support for the formal national body, CEDAW partnership to monitor the implementation of CEDAW as there is broad consultation and negotiation with NGO's as part of this partnership and the terms of reference are reviewed every six months.

Women in rural areas.

Rural women are highly organised with the traditional social hierarchy playing a major role in organisation in all areas of life. About 78% of the total female population are rural women. The distinction between urban and rural in Samoa are not easily defined. The accessibility and good communication links between the islands and the town area and villages means that same public services are available to both urban and rural women. Therefore the distinction is made based on rural women being closely tied to tradition and governed by the laws of the village community whereas those in the urban area do not have to live under these conditions of conformity.

A possible at risk group of women in rural areas includes people who live far away from village centers and are unable to attend Women's Committee meetings and programs on a regular basis because of distance. People living far inland with poor road access and women who do not belong to women's committees are also included in this group. Women's committees were previously formed based around the traditional roles of women as mentioned earlier and more recently through the influence of various church

denominations in a village. These women's groups provide the foundation for much of village life including a range of development activities and most women belong to a komiti.

The village Women's Committees who are the caretakers of rural health centres impose a small charge which for some families can be prohibitive. This results in families who are not members being charged higher fees to access hospital services due to the claim by the Committees that such families are not contributing to the committee's work particularly the maintenance of the district hospitals. As health services are provided through the collaboration of the community nurses working with the women's committees, women who are not members are vulnerable and their families may become marginalised and not receive or participate in the regular health services such as immunisations for their children, antenatal and post natal care and family planning. This problem has been identified by the health service and community nurses are now trying to ensure the whole village is covered and not just committee members.

Women's health

The life expectancy of women (73.8) is higher than men (71.8). The main health issues are the lifestyle diseases particularly obesity and maturity onset diabetes. The information from the Steps survey (Tables 3,4 & 5) show that the prevalence for diabetes for Samoa has doubled since the 1991 survey and there is more obesity in women than men. There is a lack of physical activity which is a contributing factor to obesity. The survey found 21% of the population does very little or no physical activity and people in Apia are more likely to be inactive (28%) than people in rural areas (15%) and women (27%) are more likely to be inactive than men (14.8%).

To improve the health status of women it is essential that all who work in the health service delivery areas whether it be Government, private or NGO that they focus on a "wellness" perspective and actively promote wellness as an asset. It is beneficial to implement some "active" programmes to complement the main work of women, as the makers of the economic wealth, which is the weaving of fine mats and other products which although labour intensive are not physically active.

Main causes of illness and disease

- Reproductive health

The reproductive role of women is closely related to the main reason for morbidity in women. As with other developing countries the complications of pregnancy and childbirth are a major cause of death for women. This is why improved health education and effective family planning services are crucial. As found in the demographic and vital statistics some of the most fertile women were those in stable relationships. Demographic and Vital Statistics Survey 2000

- Pregnancy and child-birth

Table 16 shows that there were 3407 deliveries in the national hospital facilities in 2003-2004. More than ninety per cent (90%) of all deliveries reported to the hospital were delivered by trained health staff. The number of teenage pregnancy delivered was more than 300 per year. Traditional Birth Attendants (TBA)

¹²⁰ Demographic and Vital Statistics Survey 2000

registration reported that they delivered 377 babies in 2003 and 335 in 2004. Seventeen of the mothers in 2003 were teenagers and in 2004 fourteen were aged less than 20 years.

The reporting system of the MOH needs to be reviewed in view of the age range of "Children" from 0-18 years. The information should be broken down further to clarify and identify exactly the age distribution for mothers who are grouped together as under twenty years and also those who are classified as teenagers by the TBA registration.

Table 16: Age and number of mother who gave birth in the national health facilities, 1999-2004

age of mother	1999/2000	2000/01	2001/02	2002/03	2003/04
<20	330	317	327	341	303
20-24	1047	1091	1013	992	964
25-29	1005	1001	967	909	860
30-34	634	694	649	715	729
35-39	372	417	391	350	401
40-44	90	125	132	128	142
45+	12	4	9	9	8
Total	3490	3649	3488	3444	3407

Source: HIS, MOH

Although there was a high percentage of deliveries that were carried out by trained staff it is crucial to find out why there are still so many complications related to child birth as seen in the table of the ten leading causes of hospital admissions. The pre natal and post natal care, preparation and education of the mothers must be critically looked at to see why the problems are consistently occurring. This is vital as so many are young mothers under 29 years.

Table 17 also shows a persistent number of still births each year. Although, the percentage may seem small it is an area to be looked at closely. Studies and observations in overseas countries show that women who do not get prenatal care are at least seven times more likely to suffer a still birth. (missingangelsbill.org/news/20040112-1.html) Therefore it is important to get early and adequate prenatal care. The causes of still birth are still not clear and for over 50% of still births the causes are unknown. It is known that diabetes or hypertension may be causative factors. (ibid) This again emphasizes the need for improved reporting. Information on whether the woman received antenatal care, how early did she start receiving antenatal care and the actual place where she received this care, rural or urban can help determine where the greatest need is for women in this area. Another unexplored area is the emotional effect on the mother and the family as a whole. It is a subject people may find emotionally difficult to talk about but never-the-less an area where there are hurting women who may need encouragement and compassion to ease their unspoken pain.

By law, it is a requirement of registration to register a still-born child but it is not necessary to register the death. Any records may be destroyed after 10 years.

registration reported that they delivered 377 babies in 2003 and 335 in 2004. Seventeen of the mothers in

Table 17: Number of Live births and still births from deliveries implemented in government hospitals from FY 1999-2004

Year	Live Births	Stillbirths	Still births as a % of live births	TBA Births
FY1999/00	3388	51	1.5%	
FY2000/01	3606	60	1.6%	
FY2001/02	3467	41	1.1%	328
FY2002/03	3405	49	1.4%	377
FY2003/04	3395	50	1.4%	335

Source: HIS, MOH

- Anaemia

Anaemia continues to be an important health problem for women. The 1996 Situational Analysis report cited a study done on national health data in 1979 by Weerasinghe. A situational analysis of children and women in W.Samoa 1996 pg. 25 which showed the incidence of anaemia amongst pregnant women to be 56%. The National Nutrition Survey 1999 Samoa National Nutrition Survey 1999 Part 1 Anaemia survey- Technical Report showed there is still a high prevalence of anaemia among women, especially those who were pregnant (44%). It is difficult to make comparisons between the two studies because the one done in 1979 was based on hospital generated data and the one in 1999 on a sample survey. But it is important to note that the problem still exists. Around 20% of women aged less than 49 years were anaemic. These are the child bearing years and has an impact on the health of women prior to having children and the complications that may occur during pregnancy.

The information collected in the 1999 national survey could not determine the cause of the anaemia. However data from other countries shows that, in the age groups that showed higher levels of anaemia in this survey, anaemia is commonly due to iron deficiency caused by either dietary inadequacy and/or excess loss of iron. Therefore a health promotion approach to address iron deficiency would be a valuable component of an anaemia prevention program. Adopting a screening program for specific groups such as pregnant women is a possibility that can be looked at.

Table 18 :Anaemia in women aged 20-49 years, by pregnancy status

Status	N	% with anaemia	95% CI
Not pregnant	240	19.7	13.8; 27.7
Pregnant	22	44.0	26.8; 62.9
All aged 20-49 yrs	262	21.7	14.1; 28.2

Table 19: Summary: Prevalence of Anaemia

Age	Sex	N	% with anaemia	95% CI
0.5-1	Both	73	61.2	48.9; 72.1
2-4	Both	151	23.2	15.7; 32.9
5-12	Both	370	10.0	6.8; 14.4
13-19	Both	201	20.7	13.6; 30.3
20-49	M	253	3.8	1.6; 9.2
	F	263	21.7	15.9; 28.8
50 & older	Both	156	10.7	5.7; 19.1
All	M	738	13.1	10.2; 16.6
	F	729	19.9	17.2; 23.0

Source: Samoa National Nutrition Survey 1999

Domestic and sexual abuse

The incidence of reported abuse against women is increasing and is an issue that is receiving public recognition as a problem. When Mapusaga o Aiga, an NGO dealing with domestic violence, was incorporated in August 1993, as first priority it completed a research on domestic and sexual violence against women in Samoa. The findings of this research were presented at a National Symposium conducted in conjunction with the Ministry of Women's Affairs in March 1996. Mapusaga o Aiga, (1996) *A Study of Domestic and Sexual Violence in women in Western Samoa*.

The key findings were reported in the 1996 Situational analysis of children and women in Samoa and in Table 20 below. The MOA study was carried out in 4 villages communities, 2 in rural and 2 in urban areas. Out of the 257 woman interviewed 28 % were victims of abuse, mostly domestic abuse.

The Samoa Family Health and Safety Study that was conducted in 2000 by UNFPA in collaboration with the former Ministry of Women Affairs covered women aged 15-49 years and a total of 1646 eligible women were interviewed. The sample was selected using a cluster sample of households from both rural and urban areas that were randomly selected. Only one eligible woman per household was interviewed and a distinction was made between women who have ever been married or lived with a male partner and those who have not. Out of the 1212 women who have ever been in a relationship 46.9 % are likely to have experienced one or more types of abuse by their partner.

¹²³ A situational analysis of children and women in W.Samoa 1996 pg. 25

¹²⁴ Samoa National Nutrition Survey 1999 Part 1 Anaemia survey- Technical Report

Table 20: Victims of Abuse in %

Type of Abuse	1995 (n:257 women) *	2003 (n: 1212 women)**
Domestic (physical)	78 %	37.6 %
Sexual	11%	19.6 %
Indecent Violence	11%	-
Emotional	-	18.6 %
Any form of Abuse	28 %	46.4 %

Sources * MOA research 1995 cited in the 1996 Situational Analysis

** The Samoa Family Health and Safety Study 2003, SPC -Samoa women who have ever been in a relationship.

The Samoa Family Health and Safety Study found the following characteristics of women who had been abused by their partner. The Samoa Family Health and Safety Study 2003, SPC

There are no significant differences in the percentages abused or the type of abuse experienced according to the respondents age but there was a significant difference in the percentages abused in each education group.

Women with no schooling or only primary education are significantly more likely to experience any type of abuse, and the percentages abused decline as education level increases although there are no significant variation in the type of abuse experienced by women with different education level.

There are striking associations between abuse, low household economic status and rural residence.

Although abuse occurred in medium, low and high economic status households, it was most common among women from household of low economic status and least common amongst those from households of high economic status.

Abused respondents were significantly more likely to come from rural (53.8%) as opposed to urban (35%) households.

Rural residents were significantly more likely than urban respondents to experience all three types of abuse (physical, emotional and sexual).

The study noted that the strong association of abuse and lower income levels is consistent with studies conducted elsewhere in the world but the higher incidence in rural rather than urban households was of interest as it is widely held in Samoa that a major factor contributing to domestic abuse is "the stress of modernization." *ibid* pg.18 Thus further research using more precise indicators of economic status was suggested.

An unpublished study on Child Sexual Abuse in Samoa by the Samoa Nurses Association followed up cases who had been referred to the National Hospital at Motootua or the Tupua Tamasese Meaole Hospital in Tuasivi, Savaii from March 2004- April 2005 for sexual abuse. Participants aged 20-60 years were interviewed comprising 101 women and 11 men. This study also found that there were more victims from Savaii (rural) and most of the victims were unemployed. Child Sexual Abuse Study in Samoa, Samoa Nurses Association

¹²⁵ Mapusaga o Aiga, (1996) *A Study of Domestic and Sexual Violence in women in Western Samoa*.

¹²⁶ The Samoa Family Health and Safety Study 2003, SPC

The Samoa family Health and Safety Study in 2000 is comprehensive and comprised a men's survey and a qualitative survey as well as the women's survey. The findings of the Survey were presented to members of the SFHSS project Steering Committee, representatives from government and NGO's at a meeting held in Apia 15-16 march 2001. The findings were discussed and participants identified strategies to address the problem of domestic abuse in Samoa. These strategies are still relevant and valid for Samoa and should be revisited by the government and NGO organisations dealing with the issues of domestic and sexual abuse.

Findings from surveys of women and men carried out by Mapusaga o Aiga and Cribb and Barnet cited in the Samoa Family Health and Safety Study 2003, SPCas well as the Samoa Family Health and Safety Study acknowledges that domestic abuse in Samoa is a complex problem that cannot be solved by legislation alone. Domestic abuse has its roots in men's and women's attitudes and expectations about their roles. Therefore strategies to reduce domestic abuse need to be multi- faceted. Community attitudes as well as the legal frame work need to be addressed.

A Domestic Violence Bill has now been drafted Information from the MWSCD-DFW. Through this piece of legislation, the role of the responsible government and non government organizations will be defined and this will help with the issues of coordination of the service providers. A proposed initiative by the Ministry of Police, Prisons and Fire Services on the establishment of a Domestic Violence Unit will compliment the implementation of this legislation once it is passed by Parliament, and this will enhance the services available to women, youth and children who are victims of domestic violence.

- Community programmes

MOA provides some counseling services for victims of abuse but on the whole the counseling services for victims of abuse are rudimentary. Nevertheless, the capacity of the NGO community to deal with abuse cases is improving with training and funding from outside. FLO, an anti-suicide organization has run a regular training program for counselors not only to support its Lifeline telephone counseling service, but also to train counselors for other community groups. With the increased publicity given to abuse of all forms, the public is beginning to have a better understanding of the subject of abuse and where to seek help. There is a critical need for a safe refuge for victims especially as many women end up withdrawing their pleas when they go back to their families and the cycle just continues. A recently established NGO (2005)- the Samoa Victims Support Group is carrying out similar work to the MOA and the FLO and has a safe refuge for all Victims (not just women) and is receiving funding via Government and Private sources in the local community.

The Safer Samoa Campaign coordinated by the Ministry of Police, Prisons and Fire Services as part of their Institutional Strengthening Project (ISP) is a community based policing strategy which aims to improve the capacity of Police to provide a safer environment for all Samoans whether this is in the home, on the road or wherever. The program provides training opportunities for police to enhance their skills and knowledge on dealing with domestic violence cases and it also provides training for women so they are able to take

127 *ibid* pg.18

128 Child Sexual Abuse Study in Samoa, Samoa Nurses Association

129 n cited in the Samoa Family Health and Safety Study 2003, SPC

130 Information from the MWSCD-DFW

on operational roles in the force. Already 15% of the Police force are women. The expansion of the service in terms of numbers is expected to help the police deal with domestic related problems more effectively.

Community based policing has meant the Police going out to the community to highlight law and order issues including domestic violence against women and children, and to work on strategies to enhance safety and law and order in the community. A Safer Samoa is a five year program that started in 2004. The Ministry of Police has joined forces with the MWCSO and other members of the CRC Partnership to implement this program in the community.

- Domestic and sexual abuse and Legal Aid

A legislative review (1993) by the Attorney General's office found that legislation was in favour of women but failed to define the following existing gaps. NGO Shadow Report

There are no laws against domestic violence – women must rely on the criminal law and lodge a complaint for assault or abuse. Non molestation orders are not contained in any legislation to date. There are no specific laws protecting women from sexual harassment and discrimination within the workplace. The Public Service Act 2001 legislates against coercion and harassment within the workplace but as yet, no clear policies against sexual harassment and discrimination against women.

There is presently no formal established Family Court to deal with matters of domestic violence, maintenance and family issues in a setting that is not adversarial and less intimidating for women and their families. However, a senior District Court judge has established one day of the week specifically for family and maintenance matters that has alleviated some of the trauma of these matters being dealt with in open Court.

Though the Samoan government has legislated for the establishment of a Law Reform Commission to promote the reform of laws, no appointment has been made to date.

Other areas that must be considered are a support service to provide for victims of abuse or violence, a benefit or legal provision for abused women or women whose husbands have left them and most crucial that both the victims and the perpetrator receive counseling and rehabilitation services so that the offenses will not be repeated.

Women and Land Ownership

While 80% of land in Samoa is held in customary tenure, recent government measures have increased the availability of freehold land. Anecdotal reports indicate that women do not have the same access as men to the political process and ownership of freehold property. For example, women have less understanding of the legal procedures that are required to become a joint owner of land with their spouse and there are many cases where men purchasing freehold land do not register their spouses as joint owners. There are also cases where the husbands of women who are not employed, do not believe that their wives deserve to be the joint owners of land. Women need awareness raising programs focussing on legal procedures and formal documentation for joint ownership of property are vital. Legal processes are also

¹³¹NGO Shadow Report

necessary to ensure that women's rights to land are not discriminated against should the marriage be dissolved.

Exploitation of Women

No study has been undertaken regarding the exploitation of women through prostitution and trafficking. While women involved in prostitution are an invisible group, prostitution has become a growing concern in Samoa. The media reported trafficking of women to American Samoa in 2002 and 2003. *ibid* The extent of the activity was never investigated and has been largely eliminated by cooperation between the authorities in both countries.

Prostitution is governed by the Crimes Ordinance 1961 and the Police Offences Ordinance 1961 which prohibit the keeping of brothels, keeping of places for homosexual acts, the procurement of prostitutes. Soliciting of prostitutes, living on the earnings of prostitution and impersonation of a female. The offence of keeping a brothel is punishable by a term of imprisonment for not more than 5 years. Impersonation of a female carries a fine not exceeding SAT 200 or a term of imprisonment not exceeding 6 months. This law has never been tested in court although men who dress and act like women are a common occurrence.

Pornography is outlawed under the Indecent Publications Ordinance 1960 but it exists where publications are smuggled into the country and circulated through social contacts. The introduction of internet has also highlighted the easy accessibility to pornographic material which is not easily detected. There has also been a concern overseas with the use of Cellular or mobile telephones for accessing internet as young people can now access pornographic material through the telephone which are even more difficult to monitor than a computer at home.

Education

The critical issues for women and girls include legislative reform and national policies, political participation and decision making, violence against women and girls, equality for women in rural settings, equality as a human right for women with disability, access to education and training. Central to addressing all these issues, is the need for training to increase women and girls' understanding of how legislative and judicial processes work and how women and girls can intervene in these processes so as to promote women's economic, social and political advancement.

Increased understanding of CEDAW and processes by political, judicial, legal, management and community leaders is also a key step in this process. Formal adult education opportunities for women are greater in the urban area than the rural area. However there are many non formal education programmes for women provided by government Ministries like the DFW- MWCSO, Health, Agriculture and various NGO's and church organisations.

Data shows that female primary school enrolments are slightly lower than males which is in line with population data. However, this situation is reversed at secondary level where female enrolments are higher

132 *ibid*

than males, a situation which has prompted calls for affirmative actions for male access to be carried out. There has been an increasing percentage of students going on to tertiary level education from Year 13. From 2001- 2004 the transition rates have been 34%, 42%, 39% and 69% respectively. MESC 2005 Education Statistical Digest Part pg. 7 These figures are only for those students going on to the NUS or Samoa Polytechnic as information is not available for those going on to the USP. The data is unfortunately not gender specific.

Women with Special Needs

Women with disability in Samoa do not have the opportunities to participate fully in Samoan society. The establishment of a self advocacy body for people with disability, Nuanua o le Alofa has realized the completion of a national census on disability and a report that disaggregates the data by gender (The Status of Women with DisAbilities in Samoa, 2004). Samoa is now in a position to utilize this information to form inclusive policy and practice.

They found that there were a total of 2874 people 15 years and over with disabilities and there were more women than men and more people with disabilities in the rural areas than in the Urban area.. Another study "The Status of Women (15 years +) with DisAbility in Samoa" identified that there are more women with disability (WWD) than men in the age group 15years + (1516 women and 1358 men). The majority of this population resides in rural locations (83%). In the population of WWD (15 years +), 38.5% are aged 61+ years. The highest reported cause of disability was through illness (usually non-communicable diseases). This was followed by disability through the aging process. There are also high percentages of women (7.7%, 116 cases) who acquired disability through birth complications. The marital status of WWD is also of concern with 80% of women born with a disability never marrying. However it was noted during the field in this study that many WWD had children.

In 2002, the National Council for people with Disabilities, Nuanua o le Alofa Inc. hosted the Adult Disability Identification Census that was supported by Inclusion International.

Table 21: Disability Population (15 Years+) By Urban-rural and gender

Location	Males	Females	Total No.
Samoa Urban	232	244	476
Samoa Rural	1126	1272	2398
Total	1358	1516	2874

Source: The Status of Women (15Years+) with disabilities in Samoa

Education access is an issue for women with a disability. As reported in The Status of Women with Disability in Samoa (2004).There are 52% of women with disabilities (WWD) compared to 42% of men with disability (MWD) had no schooling or, had attended for a maximum of three years. The Status of Women (15years+) with Disabilities in Samoa by Donna Lene Strategies to increase access to education for this group are a priority.

133 bMESC 2005 Education Statistical Digest Part pg. 7

Access to health care is also an issue, especially with an aging population of women who are often widowed and have a disability.

Livelihoods

The Community Development Services (CDS) section for the DFW-MWCSD has a specific focus on the provision of community development services for the advancement of women in the villages. There is a section for Upolu and a separate section for Savaii. The women are taught skills to help improve themselves on a personal level but also as an encouragement for income generating activities. They provided training for women in the areas of cooking, handicraft production, garment making ñ sewing, vegetable gardening and revival of traditional crafts. Part of the work of the CDS sections for Upolu and Savaii is the coordination of the *Aiga ma Nuu Manuia* Program (Healthy Home, Healthy Villages) that is being implemented in the villages. They also promote the revival of the *Ie Samoa* (Fine mat) and *Siapo* (Tapa), conduct skills building and spearhead the development of the Manuals of Guidelines on different skills like garment making, handicraft production and flower arrangements. The CDS section coordinates and monitors the performance management system for Government Representatives (GWR), who liaison between the Ministry and community.

There are three local NGO's that also promote micro enterprise and businesses for women in both urban and the rural areas. These are the South Pacific Business Development (SPBD) organization, Women in Business Development Inc.(WIBDI) and the Small Business Enterprises Centre (SBEC). WIBDI & SBEC receive their funding from various AID funding donors and from Government. There is still a lack of self sustaining enterprises that allow women to make their own income for the support of their families within the rural setting. Unsecured small loans are not considered viable by any Banks including the Development Bank of Samoa.

SPBD recently disbursed small loans that brought its micro loan financing total to US\$3 million. They have advanced around 9000 loans to more than 6000 women and the repayment rate is over 96%. Sunday Samoan 26 February 2006 SPDP- its success puts spotlight on Samoa This organization relies on private financing and is supported by Government. In the Sunday Observer 26 February 2006, the Minister of Finance gave tribute to the SPBD saying "I told them (a NBC TV film crew who were in Samoa to film the work of SPBD) these loans not only set them up in small enterprises, they added dignity to their lives." The SBEC has currently (2005/2006) guaranteed \$4.5 SAT million worth of small loans to 441 clients. Sunday Samoan 12 March 2006, Minister of Finance - Tread softly for you tread on my dreams The WIBDI also provides financing for small loans and training for women as shown in Tables 22 & 23.

134 The Status of Women (15years+) with Disabilities in Samoa by Donna Lene

135 Sunday Samoan 26 February 2006 SPDP- its success puts spotlight on Samoa

Table 22: WIBDI -Micro Loan Applications and Approvals by Sector

Sector	Loan Applications in Pipeline						Loan Approvals	
	Qtr. Ending June 05		Previous Quarter		Qtr. Ending June 05		Total toDate	
	No.	Amt	No.	Amt	No.	Amt	No.	Amt
Agriculture	10	44,500	2	10,000	4	18,000	6	25,000
Fine Mat	1	5,000	0	0	1	5,000	2	8,000
Fishing	1	5,000	2	7,000	0	0	0	0
Food Production	3	11,000	4	15,000	0	0	2	10,000
Handicraft	2	8,000	6	21,000	0	0	0	0
Textile	0	0	0	0	0	0	1	2,500
Tourism	1	5,000	0	0	0	0	1	5,000
Virgin Oil	2	9,000	2	7,000	0	0	0	0
Others	6	28,000	5	18,000	3	15,000	4	20,000
Total	26	115,500	21	78,000	8	38,000	16	70,500

Source: WIBDI Monthly Reports

Note: Figures for the June 2005 quarter are provisional

Table 23: WIBDI -TYPES OF TRAINING BY PERIOD

Island	FY Ending June 2005		FY Ending 2004		FY Ending 2003	
	No. of Training	No. of Courses Participants	No. of Training	No. of Courses Participants	No. of Training	No. of Courses Participants
Fine Mat	1	9	73	864	1	30
Coconut Oil	0	0	0	0	0	0
Small Business	11	192	9	89	0	0
Organic	9	135	16	94	2	12
Other	6	104	0	0	5	94
Total	27	440	98	1,047	8	136

Source: WIBDI Training Reports 2005

Note: Figures for the June Quarter 2005 are provisional

Another NGO which is active in the promotion of women's activities is the Komiti Tumama (women's health committees) with a membership of over 17, 000 women. They represents one of the largest women's organizations supporting women in rural and urban areas. In 1998 they distributed 200 first aid cupboards with medicine and established a sustainable refilling program which is currently in operation. Whilst initially established to support health programs they now implement through donor partners most grass roots programs including the running of 123 preschools and a food and nutrition programme through their early childhood education programme.

Maternity Leave

Currently, Samoan women who are permanent public servants are entitled to eight weeks paid maternity leave and can take further leave without pay if they wish. For those women in the private sector it is up to the employer what maternity benefits they get as there is no statutory law that enforces a specified time for paid maternity leave for women. The international recommendation by the International Labour

¹³⁶ Sunday Samoan 12 March 2006, Minister of Finance - Tread softly for you tread on my dreams

Organisation, of which Samoa is a member, is that women are entitled to a period of maternity leave of not less than 14 weeks. Furthermore it is stated that when she returns to work a women should be provided with daily breaks or a reduction in working hours to breast feed her child.

At the moment, Samoa does not have a national policy on infant and young child feeding that encourages the establishment of appropriate services such as child care facilities in the work place and else where, that enables women to breast feed and continue employment.

Suicide

Suicide of young women is frequently the result of harsh parental punishment/words or reprimands because of an unplanned pregnancy. Incest and rape often leads to suicide. Infanticide is a commonly resorted to by pregnant teenagers and young women who are ashamed of their pregnancy. Although more men commit suicide than women in Samoa, and there are more male youth suicides than there are female youth suicides, suicides of young women are consistently a higher proportion of all women suicides than the suicides by young males as a proportion of all male suicides. One explanation for this is the pressure put on young women to be virtuous and be sexually *ēpurei*. All the stigma of premarital pregnancy falls on the girl, and none on the boy. Faataua le Ola, an NGO which works towards the prevention and public awareness of the suicide problem in Samoa needs the support and cooperation of government, churches and the whole society to reduce this problem in Samoa.

Women in Prison

Women in prison have little access to rehabilitative programs and counseling. There are two local NGOs addressing issues of women prisoners. They are the "Lafitaga Trust" and "Prison Ministry Society" whose focus is to improve the conditions for women in prison. There are also local Church groups who visit the prison on a regular basis taking supplies and giving emotional and spiritual encouragement for the prisoners. The prisons are not set up for women prisoners with young children. There are no facilities to enable a breast feeding female prisoner to breast feed her child and give maternal care and nurture to the child.

HIV/AIDS and STI

The Ministry of Health is the national focal point on HIV/AIDS and has since 1987 been working with a number of government and NGO's to prevent the spread and monitor the management and control of STI/HIV/AIDS in Samoa. A National AIDS Coordinating Council (NACC) has been formed and nationwide educational campaign started in the late 1980's and is continuing. Publicity measures promoting AIDS prevention using well known sports figures on talk back shows, posters and publicity materials have been implemented along with sports tournaments.

The number of reported cases up to the beginning of 2001 is 12. Those who have died from HIV/AIDS is 8 (6 adults and 2 infants). The surviving 4 cases (3 male and 1 female) are HIV positive and have not yet manifested AIDS symptoms. Gonorrhoea and non specific urethritis are the most common types of STD's. Of the one hundred and eleven STD cases registered in 1991, 20% were females.

A Strategic Plan was developed in response to the Impact of HIV/AIDS on Women in Samoa 2001-2005 and provided a national plan on HIV/ AIDS in Samoa through the former MOWA. The DFW-MWCSD has

drawn upon this plan and implemented several activities from it including the Mothers and Daughters process, a Women and their Husbands and ongoing dissemination of information through a series of workshops and forums coordinated by the MWSCD and its partners in the multi-sectoral working group. It would also be beneficial to expand this to a Father and son process via the DFIA section. This Strategic Plan is due for review and the DFW-MWCSD will work in collaboration with their partners in the health sector to review and produce a new Strategic Plan for Women and or a National Response on HIV/ AIDS as part of the work of the National AIDS Coordinating Committee chaired by the CEO of the Ministry of Health.

Reproductive Health

The Family Welfare Centre of the Ministry of Health and the Community Nurses are the main avenues through which women have access to family planning education and contraceptives. The most common form of contraceptive used is Depo Provera. The Samoa Family Health Association is the main NGO working in the community for reproductive and sexual health. It is affiliated and receives the majority of its funding from International Planned Parenthood Federation. It offers family planning information and methods at a fixed and mobile facility and conducts workshops and road shows in the rural areas.

Despite the establishment of a Maternal and Family Planning project in 1972 and an Adolescent Reproductive and Sexual Health Project more recently, changes in attitudes and practices have been slow CEDAW NGO shadow report. The prevailing attitude is to deny reproductive and sexual health information to young unmarried people, believing that this will prevent promiscuity, and the spread of HIV/AIDS and other STIs. Young unmarried women continue to be discriminated against when seeking information and assistance for contraceptive services. Young men on the other hand have little difficulty procuring condoms. These beliefs and practices continue to contribute to the increase in unplanned and unsafe abortions. *ibid*

Breast and cervical cancer screening.

At present breast and cervical screening is not available in the Public health system. Two female private general practitioners offer screening which discriminates because of cost and availability. An initiative from government to assist in the establishment of an all-inclusive cancer screening service for women would be very much welcomed. A Cancer society has been formed in Samoa which mainly addresses lung cancer. Little activity is evident regarding raising awareness of and the importance of cancer screening for women..

Aging women

The Demographic and vital statistics survey 2000 showed that there are more men than women in Samoa and that by age men outnumbered women from birth up to age 45-49. The overall Sex Ratio for Samoa was 109: that is for every 100 females, there were 109 males. However, in the older age groups women begin to outnumber the men. This is likely due to women living longer- the life expectancy for women is higher than men and the number of shows that in comparison by gender, it is very obvious that there are more male deaths than females. See Table 24 below.

¹³⁷ CEDAW NGO shadow report

¹³⁸ *ibid*

¹³⁹ The Status of Women (15+) with disabilities in Samoa

Table 24: Inpatient Mortality FY 1999/2000- FY2003/2004

Year	Male	Female	Total
FY1999/00	143	127	270
FY2000/01	140	112	252
FY2001/02	147	101	248
FY2002/03	172	119	291
FY2003/04	140	114	254

Source: HIS, MOH

This poses an area of concern for the future as women get older, different health issues arise. Out of the 1516 women identified with disabilities in the study on women with disabilities, The Status of Women (15+) with disabilities in Samoa the 70+ age group had the most frequent occurrence of disability. The main problem was physical disability (515 women) followed by visual impairment (341), hearing impairment(191), blind (67) and mental illness (40) .

Aged and elderly women are a sector of the population that needs attention. Despite a strong cultural belief in the care and maintenance of the elderly. Many families with meager resources are ill equipped to care for the elderly when they are already over burdened with the care and education of their families and children. Many families do not have the knowledge and skills to provide a balance and healthy diet for the aged and there are few programmes catering specifically for the specific needs of the elderly. The only Home for the Aged - Mapuifagalele at Vailele is run by Catholic nuns and is currently running at capacity. Many families living without extended family members find it more practical to take their elderly to be cared for by the nuns rather than left at home by themselves while the adults work and children go to school.

Women's involvement in national and village politics

Cultural Influence

Samoa social and customary attitudes about women's place are the major factors influencing women and girls' participation in political and public life. Education and training measures to challenge the prevailing social attitudes about women and decision making are necessary. While Universal suffrage was achieved in 1991, the rule that only matai can stand for parliament prevails. Although both male and female have the right to be matai, it is more usual for males to be offered this role and for female family members to defer to their brothers taking this role. As a result there are fewer women matai (approximately 1 to 19). Therefore, the ratio of women to men politicians will continue to be very small.

Public Service

Samoa women are using their educational achievements to gain leadership and management roles, as evidenced in government ministries and corporations. Although there are less women than men who serve as CEOs of Government Ministries and Corporations, there are many females at deputy and assistant CEO levels. It is also important to note that recently, there has been an increase in the number of women holding CEO positions and heading organizations in the private sector. There are also more women than men at the level of professional staff serving these ministries. Cabinet in recognition of gender equity and the

potential contribution of women issued a directive to have women included on the Boards of statutory bodies.

In villages, women's main avenues for decision-making are their extended families, in women's committees and women's church fellowship groups. In essence, women continue to be the supporters, organizers and campaign managers for their spouse or male relatives who are decision-makers or political candidates.

Table 25: Senior Positions held by men and women in Government 2001

Position	Total	No. of women	% of Women	% of Men
Members of Parliament	49	3	6	94
Ministers	13	1	7	93
Department Heads	26	6	23.1	73
Heads of Statutory bodies	21	2	5	95
Deputies, Assistant Directors	45	18	40	60

Source: Public Service Commission and Corporations

Political life

The Parliament of Samoa has 49 members of whom 3 are female. Out of 14 Cabinet Ministers, 1 is a woman and is the Minister of Education who is currently serving her fourth term as a Minister of State. The low number of women politicians reflects the political system where only matai title holders can be elected to Parliament. The preliminary count of the March 2006 elections showed that 4 women had been elected to parliament. Two were returning members including the incumbent Minister for Education and two new members whose fathers had been well known politicians. Eighteen women ran in the 2006 elections, 8 more than in 2001 elections. Table 26 shows this is a clear indication that there is a growing interest among women to run for national politics.

Table 26: No. of Women Standing for Parliament by Year

Year	1976	1979	1982	1985	1988	1991	1996	2001	2006
No. Candidates	5	5	5	4	5	4	9	10	18*
No. M.P's	2	1	1	2	1	2	3	3	4*

Source: Parliamentary Library- Samoa

*Preliminary Count for 2006 Elections

In 2005 an NGO, The Inailau Womens Leadership Network (IWLN) conducted 9 voter education programmes in Upolu and Savaii in collaboration with the National Council of Women and the Komiti Tumama. They also had a "Young Women's Parliament" at Parliament House for International Woman's Day, 8th March 2005 and also a Training Workshop for potential women candidates which resulted in the establishment of a Woman's Caucus. On International Woman's Day 2006, the IWLN had an open forum where all the women candidates for the 2006 elections were given an opportunity to address the guests.

Women participate within political parties as individual members. They play key roles in recruiting support for the party among women voters and in promoting women's representation and in general participate to support either their spouse or family member running for elections.

PART 5

THE AGENDA FOR CHANGE

5.0 The Agenda for Change

5.1 Comments on the Issues

The important role of the *faasamoa* and the *aiga potopoto* in providing security and balance in a rapidly changing world is invaluable for Samoans. The need to emphasize the role of the family: father, mother, brothers and sisters and extended family is crucial to the survival and security of children, youth and women of Samoa. Good cultural values and practices that have a positive impact on children, youth and women like the brother - sister relationship may need to be strengthened, re-taught and emphasized. Parents need to monitor what children are watching on TV- videos/DVDs and internet.

The *pule a faipule and matai* and their positive impact on keeping law and order in the villages is essential. This power is however threatened by people with greater economic power and by young people who are empowered by universal suffrage and better education. Government therefore may need to acknowledge the importance of these roles and help maintain them by ensuring that the matais have specific educational programmes addressing their roles and how to empower them as role models - as father, leaders and decision makers.

The Ministry of Health is set up to take the lead role in coordinating and maintaining the health and wellbeing of the nation and curbing the trend of rising NCD's. The structures to aid in curbing the trends are in place. Emphasis must be placed on preventive measures and should be the responsibility of all sectors of the community not just the Ministry of Health. Efforts should be concentrated on revitalizing National Committees that have already been established and funds directed at maintaining their efforts on a long term basis. This will need committed and long term programming. A review of the health information systems to enable the generation of valid and vital age and gender specific health related statistics information is crucial.

The Churches and the NGOs role in assisting the family as the safety net or the social welfare arm of government is acknowledged but must be strengthened. There is a need to strengthen and empower the roles of the NGOs. Due to the various cultural beliefs and taboos certain subjects that cannot be addressed directly by families are being handled by NGOs working in collaboration with families and Churches or para- church groups. There is a need for donor agencies to assist NGOs with core funding for staff salaries as well as programmes. Many NGOs are suffering from a lack of funding and a rapid volunteer staff turnover.

The DFW-MWCSD is positioned as the focal point for the CRC and the CEDAW to take the lead role in coordinating programmes for Women and Children in collaboration with other Ministries, NGOs and Churches. Having the DFY and the DFIA also in the same Ministry is fortunate and conducive to a " family focus" approach for the whole Ministry. A National Youth Policy is in place and the Ministry is soon to have National Polices for Children and for Women approved by Government. This will strengthen the coordinating role of the DFW-MWCSD and give clearer direction.

Programmes and networks to nurture, care, and protect children are in place. However, the assistance of

donors may be needed to address these areas:

- Obtain more data on children street vendors and suggest interventions to keep them off the street and send them to school instead.
- A Study is to look at the diet of school aged children and check if there is any obesity.
- Work towards an Infant and Young Child Feeding Policy that protects breast feeding women and their infants.
- Set up an integrated child protection service or workforce comprising people working with children or can help children to ensure that children are taken care of, protected and their best interests are always a priority. This includes Ministries of Health, Police, Justice, Education MWCSD, NGOs and the Churches.
- Review of health information systems to collate and generate valid and vital information and provide data like dental decay in children. Ensure that the data generated is age and gender specific and provide information on children (0-18 years) especially in areas like pregnancy and reasons for hospitalisation.

The DFY have programmes and a National Policy for Youth in Place. The implementation the TALAVOU programme will be a way forward for coordinating and monitoring the status of young people in the country. Areas of vital concern are

- the rising crime rates by young offenders.
- Increasing number of teenage pregnancies and possibility of illegal abortions.
- Growing population /number of young people in the North West Upolu region and the problems associated with Urbanisation.
- Monitoring the movement of school children from school to school and district to district.

The women of Samoa are well organised and there are strong structures in place to assist them. The DFW-MWCSD is in the process of updating and re-submitting to Cabinet the National Policy on Women which will consolidate the work of the CEDAW partnership and boost ongoing programmes. Although most of the programmes are aimed at women in the rural areas it appears that rural women are the most vulnerable in the area of domestic, emotional and sexual abuse. They are also more at risk if they are not well educated. Primary educated, unemployed women who are in stable relations are the ones having the most babies. A large population of older women with disabilities will be a future concern that needs to be addressed. All women will benefit from programmes aimed at reducing NCD's and improving life-style choices and addressing reproductive health.

UNICEF's five Medium Term Strategic Priorities are highly relevant to Samoa and should continue to form the basis of UNICEF's program, but as they inevitably overlap with some activities of other donors and local organizations, coordination is essential. Donor and community partnerships and cooperation are the most effective mechanism to ensure comprehensive coverage of recipient needs without duplication.

In order to target donor assistance, it is essential to work through Government so that needs are addressed in order of national priority. There are also policies and structures already in place that have been developed through consultations with NGO's, Churches and the community at large. Therefore government staff are knowledgeable about the needs of the people and can direct donors to what is appropriate. However it is essential that donors correctly identify the stakeholders and beneficiaries of each activity, and target them

directly. This means including mechanisms in each project to enable activities to reach target communities in the villages.

Millennium Development Goals: UNICEF and all other donors should continue to keep the United Nations Millennium Development Goals (MDGs) in mind. At present, Samoa has a good rating on most of these indicators. Any activity that contributes to their improvement, especially activities relating to reduction of youth unemployment, reduction of extreme poverty, gender inequality, and maternal health is important and worthy of donor attention.

5.2: Strategies for future direction

Some strategies to address the issues identified are outlined in Annex: 1

PART 6

ANNEXES

6.0 ANNEXES

6.1 Strategies for future directions

6.2 TABLE 1: HEALTH INDICATORS

	Indicators	Data	Year	Source
1	Estimated Population (000s)	181611	2003 -04	Ministry of Finance
2	Annual population growth rate (%)	0.01	2001	Census 2001
3	Percentage of Population			Census 2001
	- less than 15years	40.7%	2001	
	- Working Population 15 - 64	54.7 %		
	- 65+ years	4.5%		
4	Urban Population	0.22	2001	2001 Census
5	Crude birth rate (per 1000 population)	20.8	2003 -04	MOH Annual Report
6	Crude death rate (per 1000 population)	3	2003 -04	MOH Annual Report
7	Rate of natural increase of population	0.01	2001	Census 2001
8	Life Expectancy at birth (years):	-	2001	Census 2001
	- males	71.8		
	- females	73.8		
9	Adult literacy rate: both sexes	98.2%	2001	Census 2001
	ñ male	98.6%		
	ñ female	97.8%		
10	Infant Mortality rate (per 1000 live births)	13/1000	2003 -04	MOH Annual Report
11	Under 5 mortality rate (per 1000 live births)	13/1000	2003 -04	MOH Annual Report
12	Total fertility rate (women 15 -49 years)	4.5	2001	Census 2001
13	Maternal mortality rate (per 1000 live births)	5.3	2003 -2004	MOH Annual Report
14	% of newborn weighing at least 2500 grams at birth	95.8%	2002	MOH Annual Report
15	% of pregnant women with anaemia	44%	1999	Samoa National Nutrition Survey
16	Immunization coverage for infants %		2003 -04	MOH Annual Report
	BCG			
	DPT3	98%		
	OPV3	99%		
	Measles	99%		
	Tetanus 2	99%		
	Hepatitis B 3	98%		
17	MCH coverage (pregnancies, deliveries, infant care)		2003 -04	MOH Annual Report
	Delivery by trained personnel (% live births)	90%		
	Care of infants by trained personnel (% live births)	99%		
	% of pregnant women immunized with tetanus toxic (TT)	98%		
	Percentage of women in the reproductive age group using modern contraceptive methods	45.3%	2003 -04	Samoa Family Health Association
	Local health services (percentage of population with access to)	100%		MOH Annual Report
	Percentage of population covered by Primary Health Care	99%		MOH Annual Report
	Percentage of population with access to safe water			
	Percentage of population with adequate excreta disposal facilities			

4.3 List of NGO's

- Avanoa Tutusa: Human rights and equal opportunities
- Catholic Women's Association: Women's Advancement
- Doctor's Wives Association
- ECPACT Samoa -End child prostitution/pornography and Child Trafficking
- Faasao Savaii Society: Environmental Protection for Savaii Island
- Faataua Le Ola: Suicide Awareness
- Fiamalamalama -School for the Intellectually handicapped
- Inailau Women Leadership Network : Women in decision making
- Inclusion International (Disability and Human rights),
- International Baby Food Action Network (IBFAN)
- Komiti Tumama: Samoa Women's Committee Development Organisation
- Lafitaga Trust: Poverty Alleviation
- Loto Taumafai Society for the Disabled: Disability Advocacy, Service and support
- National Council of Women (NCW)
- NCECE ñNational Council of Early Childhood Education
- Nuanua o le Alofa National Council for People with Disabilities: Disability Advocacy
- Mapusaga o Aiga MOA: Violence against Women
- PPSEAWA: (Women for Peace, Understanding and Advancement),
- Rotaract: Young Business People's group
- SAME: Samoa Association of Manufacturing Enterprises
- Samoa AIDS Foundation
- Samoa Family Health Association
- Samoa Victims Support Group
- Samoa Association for Women Graduates (SAWG)
- SENESE- Special Needs Education Society Inc. -Learning difficulties.
- Society for the Intellectually Handicapped: Disability Educational Provider
- Soroptimist International of Samoa.-working and Career Women
- South Pacific Business Development Foundation
- SUNGO - Samoa Umbrella for NGO's
- Traditional Healers Association
- Women in Business Development Inc: Rural development and income generation

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