

Situation Analysis of Children and Women in Trinidad & Tobago



THE UNIVERSITY OF THE WEST INDIES
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of Children and Women
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EXECUTIVE SUMMARY

Consolidating the situation of children and women in Trinidad and Tobago is a work in progress. While there is much that has been done and is being done, to improve the living conditions and the social environment of children and women, there is still a tremendous gap that remains to be filled.

Trinidad and Tobago has been very compliant with the human rights standards promulgated by the different UN agencies responsible for the various aspects of human development in the world. The two key Conventions incorporating these rights are the Convention of the Rights of the Child (CRC) and the Convention on the Elimination of all forms of Discrimination against Women (CEDAW). Trinidad and Tobago has not only signed and ratified these Conventions, but has established a battery of legislation to affect the spirit of the Conventions. The country has also been working assiduously to deliver on the Millennium Development Goals (MDGs).

In one sense this is what makes some of the data on the living conditions of children and women in Trinidad and Tobago so difficult to understand. Evidence points to numerous calls to support agencies with respect to various forms of abuse faced by the nation's children. The data also highlight the fact that the incidence of rape has remained relatively unchanged for the past decade. When the above scenario is paired with the reality that for every reported case there may be many others unreported, the situation takes on a distinct air of urgency.

COMMITTED TO LOOKING AFTER CHILDREN AND WOMEN

Trinidad and Tobago is a country that has committed itself to looking after its children and women. This is clearly seen in the reach of the education system and in the configuration of the health system. Not only is education free for all from pre-school to University, but the system contains a number of second chance programmes for those who may not have accomplished the required standards on the first attempt. There is no question that the health system is faced with serious problems, but there are a number of measures as well as facilities, dedicated to the betterment of life for children and women. There are health programmes that provide appropriate interventions at every stage of the child's lifecycle as well as specialised interventions which focus on the needs of women – especially pregnant women.

It is for this reason that the country's high infant and maternal mortality rates need to be investigated. The factors which allow for an Infant Mortality Rate (IMR) which is among the highest in the Caribbean and higher than many countries in a much less favourable economic position need to be uncovered. There is also need to investigate the reasons behind the increased incidence of violence in the Secondary Schools, the existence of street children and the circumstances that give rise to juvenile perpetrators.

Country positioned to ensure protection of rights

The Report makes the point that from the economic perspective, in principle, Trinidad and Tobago is unquestionably in a position to ensure that the rights of children and women are fully protected. The question however, may be one of fiscal priority. Here, the Report points to two key requirements:

- ▶ The government and the Non-Governmental Organisations (NGOs) looking after the needs of children and women need to collaborate more effectively to make the country a genuinely caring society
- ▶ Government needs to take the necessary steps to ensure it is getting value for money in its social sector spending since children and women are usually important beneficiaries here

Some key recommendations of the study included:

HEALTH

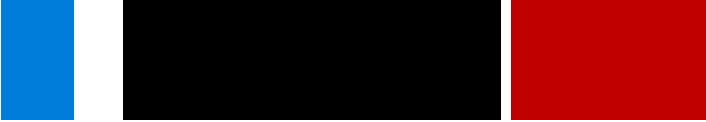
- ▶ Conduct more research on the number of children living with HIV in Trinidad and Tobago. This information will serve to determine if there is need for another Cyril Ross-like organisation to provide similar services, perhaps in other parts of the country.
- ▶ Given the well-established link between physical inactivity and obesity and diabetes, make Physical Education classes e mandatory as a part of the school curriculum.
- ▶ In order to create sustainable methods of reducing hypertension morbidity and mortality, government should partner with local community gencies such as churches, to help facilitate communication with residents and better identify affected individuals in the communities.

EDUCATION

- ▶ Conduct a comprehensive analysis of truancy and drop outs in secondary school,
- ▶ There is generally a need for the private sector and the rest of the nation to become more involved with state sponsored education support programmes such as the Adolescent Mothers Programme and any others which may provide financial support to needy students.
- ▶ The needs of students, just like others in society, are evolving. Therefore, there is an increasing need for more guidance officers in schools, as well as counseling for parents to help students develop coping mechanisms to deal with the daily demands of schooling.
- ▶ Parents also need to be sensitised and taught to identify various learning disabilities as well as the required interventions the child may require when necessary. Similarly, teachers need to be adequately trained to identify learning disabilities and be trained in alternative teaching methods.
- ▶ Establish a mentoring programme to address the issues of male underperformance and violent behaviour at school.

PROTECTION

- ▶ Implement or strengthen existing systems for the collection of data/information, which would facilitate the on-going understanding of the profile of children who are most vulnerable to being trafficked for sexual purposes as well as the patterns of recruitment of children
- ▶ Introduce Public education and awareness campaigns on child labour and child abuse

- 
- ▶ There is a need for more disaggregation in recording data on missing children to capture the percentage of missing children who are runaways, abducted by parents and strangers or lost. Further, there is no record of the percentage of missing children who are habitual runaways
 - ▶ Conduct a comprehensive audit of all formal care institutions in Trinidad and Tobago
 - ▶ strengthen research and data collection on child abuse
 - ▶ Establish a female juvenile facility to house female children who come into conflict with the law.
 - ▶ Establish a separate remand facility so that children can continue their education while on remand.
 - ▶ Raise the age of criminal responsibility.
 - ▶ Establish a parenting programme in all schools: public and private, primary and secondary. These programmes train parents in child development and disciplinary techniques.
 - ▶ The State should take the lead and create incentives to foster an increase in the availability of relevant professionals to meet the needs of persons with disabilities.
 - ▶ Implement public education and sensitization programmes on the rights of the disabled to decrease stigmatization and unfair treatment of members of this population.





CONCEPTUAL FRAMEWORK & STUDY OUTLINE

This report analyses the situation of girls and boys in the twin island Republic of Trinidad and Tobago. It also addresses issues related to the violation of the rights of women, particularly where such violations impact on the realisation of the rights of children. It includes an examination of the achievements and lessons learnt while highlighting those factors which impede the full enjoyment of the rights of children and women as articulated under the CRC and the CEDAW. The analysis keeps track of those factors that are likely to threaten the achievement of the MDGs.

THE RIGHTS-BASED APPROACH WITHIN THE LIFECYCLE FRAMEWORK

This Situation Analysis utilises a Human-rights Based Approach (HBA) consisting of three key elements:

Causality Analysis: examination of the immediate, underlying and basic causes of the violation of rights or the risk of such rights being violated

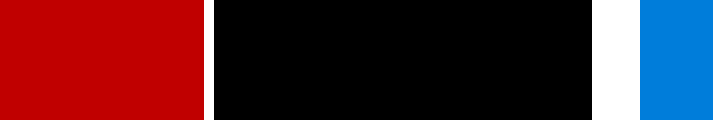
Role Pattern Analysis: identification of rights/claim holders and duty-bearers of each right

Capacity Gap Analysis: determination of the capacity of right-holders to claim their rights and the capacity of duty-bearers to meet their duties. Key concepts include responsibility, authority, capability for decision-making and communication.

The use of a HBA allows for a robust analysis of the situation of the country's children and women in the context of the CRC and CEDAW which were both ratified by the Government of the Republic of Trinidad and Tobago (GoRTT) approximately two decades ago. This framework also facilitates an analysis of the country's progress towards the achievement of the Millennium MDGs.

THE CONVENTION ON THE RIGHTS OF THE CHILD (CRC)

The CRC was adopted by the United Nations General Assembly on November 20th 1989 and came into force on September 2nd 1990. Trinidad and Tobago signed the Convention on September 30th 1990 and ratified it on December 5th 1991. The Convention articulates the basic rights of the child in its 54 articles and two optional protocols, as "... the right to survival; to develop to the fullest; to protection from harmful influences, abuse and exploitation; and to participate fully in family, cultural and social life ..." (UNICEF 1990).



By virtue of ratifying the Convention, the Government of Trinidad and Tobago has “... agreed to hold themselves accountable for this commitment before the international community ... to develop and undertake all actions and policies in light of the best interests of the child” (UNICEF 1990).

Within this context the report:

- ▶ examines the situation of children with respect to health and survival; education, development and participation; and protection
- ▶ identifies gaps/shortfalls in achievement of these rights
- ▶ identifies the underlying and root causes impeding the achievement of these rights
- ▶ identifies those responsible for upholding these rights and the recommended course of action
- ▶ examines the capacity of the duty-bearers to fulfil their responsibilities and makes recommendations to assist them in fulfilling their obligations to right-holders

THE CONVENTION ON THE ELIMINATION OF ALL FORMS OF DISCRIMINATION AGAINST WOMEN (CEDAW)

The CEDAW was adopted by the United Nations General Assembly in December 18th 1979 and came into effect on September 3rd 1981. On June 27th 1985, Trinidad and Tobago became a signatory to this treaty and ratified it on January 12th 1990.

Following from the rights-based approach, the report:

- ▶ examines the situation of women as it impacts children with respect to health, protection and participation
- ▶ identifies the underlying and root causes impeding the achievement of the CEDAW targets
- ▶ identifies those responsible for upholding these rights
- ▶ examines the capacity of the duty-bearers to fulfil their responsibilities and makes recommendations to assist them in fulfilling their obligations to right-holders

THE MILLENNIUM DEVELOPMENT GOALS (MDGS)

Trinidad and Tobago was among the 191 countries that adopted the Millennium Declaration in 2000. According to this Declaration, 2015 is the target year for the achievement of the 21 targets and 60 indicators which make up the MDGs.

In the examination of the country's progress in achieving the MDGs the analysis:

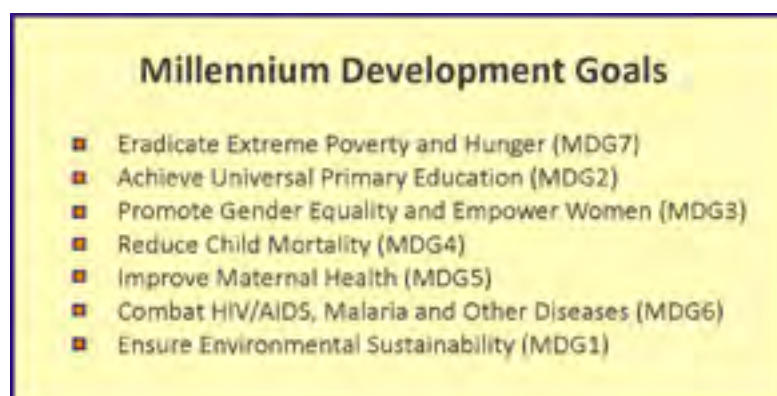
- ▶ determines the extent to which Trinidad and Tobago is on track to the achievement of these goals, particularly with reference to children and women
- ▶ identifies the underlying and root causes impeding the achievement of the MDGs
- ▶ provides recommendations for closing existing gaps

THE LIFECYCLE FRAMEWORK

Throughout the analysis due attention is given to the child at each stage of the lifecycle – pre-birth, birth, infancy, early childhood, pre-adolescence and adolescence. Further, the analysis was conducted with full cognisance of the importance of the mother-child relationship and the fact that the situation of a mother has a profound and tangible impact on the child's life at that particular moment in time and throughout the child's lifecycle.

LIMITATIONS

There were challenges in obtaining recent data, including public expenditure on children's services. In many instances this level of disaggregation simply did not exist. Challenges were also encountered in accessing fully disaggregated data for children by age¹.



1 In many instances data was not disaggregated for the 0-18 age group; often data was aggregated in 0-19, 15-24 age

HEALTH AND SURVIVAL





THE RIGHT TO HEALTH AND HEALTH SERVICES: THE LIFECYCLE APPROACH

The right to health and health services is viewed as a basic human right the world over and is entrenched in both the CRC (Article 24)² and the CEDAW (Article 12)³. In fact, the achievement of many of the MDGs hinges on both the availability of health services and the ability of children and women to access these services.

The CRC Article 24 No. 1 highlights two points:

- ▶ “... the right of the child to enjoyment of the highest attainable standard of health and facilities ...”
- ▶ “... that no child is deprived of his or her right of access to such health care for the treatment of illness and rehabilitation of health.”

In the same vein, the CEDAW Article 12 No.1 states that countries “... shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on the basis of equality of men and women, access to health care services, including those related to family planning.” In addition, Article 12 No. 2 highlights the need for the provision of appropriate services and nutrition during pregnancy and lactation. These Conventions therefore stress that access to health care is of extreme importance for child survival and development, as well as for women, as they fulfil their roles in society and in the family.

There are two aspects of access to health care services which must be closely monitored when looking at the situation of children and women. The first is “having access” which simply means that the service is being provided by the health system. The other aspect involves “gaining access” which speaks to the absence of constraints in utilising the service.

Although the right to health care is not mentioned explicitly in the Constitution of Trinidad and Tobago, it is a right implied by legislative mandates (PAHO 2002). To ensure this right is enjoyed by all, especially by vulnerable groups in society like children and women, public sector health care is provided free of charge. In fact, the public health sector is the principal provider of health care services in the country.

In Trinidad and Tobago, the Ministry of Health (MoH) has implemented a number of policies to ensure the enhancement and protection of children’s right to health care. The Government, cognisant of the importance of sexual reproductive health and its issues affecting people

2 CRC Article 24.1: “States Parties recognize the right of the child to the enjoyment of the highest attainable standard of health and to facilities for the treatment of illness and rehabilitation of health. States Parties shall strive to ensure that no child is deprived of his or her right of access to such health care services.”

3 CEDAW ARTICLE 12.1: “State Parties shall take all appropriate measures to eliminate discrimination against women in the field of health care in order to ensure, on a basis of equality of men and women, access to health care services, including those related to family planning.”

CEDAW ARTICLE 12.2: “Notwithstanding the provisions of paragraph 1 of this article, State Parties shall ensure to women appropriate services in connection with pregnancy, confinement and the postnatal period, granting free services where necessary, as well as adequate nutrition during pregnancy and lactation.”

throughout their lifecycle — established the Population Programme Unit as early as 1969 to facilitate the delivery of fertility management services to citizens. This department, which is housed in the MoH, has been the major provider of Sexual and Reproductive Health (SRH) services in the country. The Unit has focused on the provision of fertility control services, targeting mainly women, through the provision of maternal and child services and contraceptive options (MoH 2010). Its policies include:

- ▶ National Breast Feeding Policy
- ▶ Policy on Nursery School and Primary School Immunisation, as enshrined in the Public Health Act Chap 28:03
- ▶ National School Health Policy and in the context of HIV/AIDS
- ▶ Prevention of Mother to Child Transmission (PMTCT) HIV Policy
- ▶ Voluntary Counselling and Testing (VCT) Policy

Also provided is the Immunisation Manual for Health Professionals.

In addition to the development of policies and manuals, the Ministry provides children services which cover antenatal care, childbirth, and postpartum into childhood and adolescence. These services, provided under the country's Maternal and Child Health (MCH) programme, ensure continuity across maternal, neonatal and child health. The greatest effort is made to ensure the provision of antenatal and postnatal care and care of the newborn. Activities undertaken by the MoH seek to guarantee that young children under the age of three (3) years receive the health care they require.

Table 1 identifies services available to children and women in Trinidad and Tobago in the public health sector.

Table 1: Services Available at Different Levels of Public Sector Health Institutions (2010)

Primary Health Care Institutions	Secondary and Tertiary Health Care Institutions
Antenatal	Psychiatric services
Cervical Screening	Maternity
Child Health Services	Thoracic
Counselling	Radiotherapy
School Health and Welfare	Physical medicine
Testing and Counselling for HIV	Gerontology
Dental Services	Surgical
Immunisation	Gynaecology
Diabetic Clinic	Obstetric and labour
Dressings, ECG	Paediatrics
Family Planning	Nephrology
Pap Smear	Neurosurgery
Paediatric clinic	Urology (male, female)
Postnatal clinic	Eye, Ear, Nose & throat
Pre-natal Clinic	Medical
Chronic Disease Clinic	A & E, Out Patient
Social Work Services	Intensive Care Unit (ICU)
Psychiatric Clinic	Infectious Diseases
General practice	Drug dispensing
Skin clinic	

Source: Ministry of Health website: <http://www.health.gov.tt>

THE PREGNANT WOMAN AND HER UNBORN CHILD

It is widely acknowledged that the quality of treatment received by a pregnant woman impacts on the survival and future development of her unborn child. In fact, monitoring the health of the mother and the development of the unborn infant is a critical element in predicting potential complications during pregnancy or birth. This is one reason why Trinidad and Tobago is among many countries to adopt MCH programmes. Such programmes facilitate early intervention and treatment to prevent untimely deaths among women since three quarters of all maternal deaths occur during delivery and in the immediate post-partum period (GORTT, MoSD 2008).

In Trinidad and Tobago, antenatal healthcare is available to all pregnant women free of charge via the public health system network. This provision has resulted in high utilisation of pre-natal health services. Many pregnant women also choose to attend private antenatal clinics and pay a fee for service.

A wide range of services are provided at the antenatal clinics. According to the Multiple Indicator Cluster Survey (MICS) 2006, around 98 per cent of attendees received blood pressure measurement, urine testing for bacteriuria and proteinuria, blood testing to detect syphilis and severe anaemia.⁴ To improve the nutritional status of women during pregnancy and to reduce the occurrence of anaemia, iron and folic acid tablets are made available to all pregnant women at all public antenatal clinics at no charge. The women are also educated on issues such as the stages of pregnancy, nutrition during pregnancy and are encouraged to practise exclusive breastfeeding for the first six (6) months.

HIV/AIDS

As part of the efforts in Trinidad and Tobago to protect the unborn, pregnant women are tested for diseases, including HIV/AIDS. In 1999 a specific Policy on Mother

to Child Prevention on HIV transmission was established. This programme includes VCT, ARV therapy for HIV positive mothers, and ARV treatment for newborn infants of HIV positive mothers. There is a 75 per cent record of expectant mothers who are voluntarily tested in Trinidad. The expectation is that the level of mother to child transmission of the virus would be greatly reduced because of the availability of free anti-retroviral drugs to HIV positive mothers (Gender Affairs Division, Ministry of Community Development, Culture and Gender Affairs 2009).

THE BIRTH OF A CHILD

The majority of women in Trinidad and Tobago are able to access medical care at the time of delivery. Approximately 85 per cent of deliveries are done in public hospitals, 13 per cent in private hospitals and only about two (2) per cent of deliveries occur at home and other places (MoH 2005).

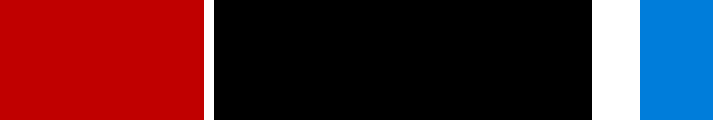
The WHO's World Health Statistics 2010 estimated that the proportion of births attended by a skilled health personnel in Trinidad and Tobago was 98 per cent. The MICS Survey 3 conducted in 2006 revealed that approximately 97.4 per cent of births for women aged 15-49 years were delivered in a health facility. The Survey also gave the breakdown on the type of assistance available at delivery by:

- ▶ a doctor (48.8 per cent)
- ▶ nurses or midwives (48.1 per cent)
- ▶ auxiliary midwives, traditional birth attendants, or relative or friend (1 per cent)
- ▶ no attendant (0.3 per cent)

NEONATAL DEATHS

According to data from the MoH, neonatal mortality peaked in 2003 at 20.4 per 1000 live births. However, by 2006 this figure had

4 The WHO recommends that blood pressure measurement, blood testing and urine testing be conducted during antenatal visits.



decreased by 54 per cent to 9.4 per cent. During the period 1998-2005, according to the MoG (2006) the leading causes of death among newborns were:

- ▶ pre-term birth
- ▶ severe infections
- ▶ birth asphyxia
- ▶ congenital anomalies

Pre-term birth includes only deaths attributed to prematurity and to specific complications of pre-term birth such as surfactant deficiency. Of the major causes, pre-term birth and birth asphyxia accounted for more than 67.6 per cent of neonatal deaths. One possible explanation is the existence of flaws in the quality of prenatal care provided at all levels of the health system which often result in failure to detect high risk conditions. However, severe infections such as pneumonia, meningitis, sepsis/septicaemia and diarrhoeal diseases account for less than eight (8) per cent of deaths. This may be attributed to the fact that most deliveries occur in hospitals and by trained medical personnel.

MATERNAL MORTALITY RATE (MMR)

In spite of the generally high percentage of women attending antenatal clinics and being assisted by trained health personnel during delivery, the MMR has been high, though fluctuating during the period 1991 to 2009. In 2009, according to Central Statistical Office (CSO) data, Trinidad and Tobago recorded its lowest MMR (16 per cent) over the entire period. This stands in stark contrast to just three years earlier when the rate stood at 66.3 per cent. While this improvement is generally applauded, the MMR has been inconsistent and fluctuating over the period, thus further examination may be required. While the observed fluctuations may be attributed in part, to the difficulties in measuring deaths resulting from complications in pregnancy and delivery, and the common problems of underreporting and misreporting of these deaths, the true reasons behind the

downward trend in maternal deaths need to be determined.

The main causes of morbidity and mortality were high blood pressure, diabetes, premature labour and infections during pregnancy. Most deaths occurred during the time of delivery. One explanation given for this was the late detection of high-risk pregnancies as a result of some women accessing prenatal care at a relatively late stage of pregnancy (PAHO, 2006).

THE INFANT

A range of initiatives have been implemented to increase the chance of survival of the child after birth. Home visits are made to newborn babies and mothers. In addition, through the Nutrition and Metabolism Programme there are “well baby” clinics at all hospitals and health centres. These postnatal clinics are scheduled for babies at six-week intervals. At these clinics the development of infants between the ages of 0 and four (4) years is monitored. Babies with health challenges such as low birth weight are even more closely monitored. The same is done for infants born to HIV positive mothers.

Milk and milk supplements are provided for children in need. Special emphasis is placed on providing milk formula every month to HIV positive mothers to prevent mother-to-child transmission. As a general rule, any infant with a health problem is referred to a specialist for treatment at the state’s expense. In addition, specialist care is also provided at the Neonatal Care Unit of the Port-of-Spain General Hospital where children requiring specialised attention as a result of birth defects are closely monitored and treated. Counselling is also provided for the parents and care givers of such children, to ensure that the children are accepted and released into safe and protective environments.

NUTRITION AND BREASTFEEDING

It is well known that the first year in the life of a child is critical. The type of care given during this period can impact greatly upon the physical and psychological development of the child. Breast-feeding during the first year of life has been recognised as a crucial requirement for fostering good physical development. The implementation of “baby friendly” initiatives in hospitals in Trinidad and Tobago has improved the prevalence of breast-feeding. Programmes focus on educating pregnant women about the benefits and management of breastfeeding and are implemented through a national committee, regional committees and various NGOs.

The aim of the MoH is for every health facility that provides maternity services and

care to newborns to achieve the status of a baby-friendly facility by implementing the principles in its Ten Steps to Successful Breastfeeding (WHO, MoH, 2010). These steps involve the provision of a supportive pathway which enables women to achieve their breastfeeding intentions, as well as to guide and train health care workers and the population, to provide the necessary support.

Specific recommendations pertaining to breastfeeding infants, which have been outlined by the WHO and UNICEF, have been adopted by the health system in Trinidad and Tobago, although, as shown in the Table below, not with unbridled enthusiasm. This is particularly the case for adolescent mothers under the age of 18 who have an increased risk of giving birth to low birth weight infants (Sharpe 2010).

Table 2: Breastfeeding Status in Trinidad and Tobago (2006)

Recommended Indicator	Value for Trinidad and Tobago
Timely initiation of breastfeeding	41.2 per cent
Exclusive breastfeeding rate	12.8 per cent
Continued breastfeeding rate:	
at 12-15 months	33.8 per cent
at 20-23 months	22.4 per cent
Timely complementary feeding rate	42.7 per cent
Frequency of complementary feeding	27.7 per cent
Adequately fed infants	20.5 per cent

Source: The Government of Trinidad and Tobago: The Ministry of Social Development. 2008

Furthermore, mothers in Trinidad and Tobago who are categorised within the poorest wealth index quintile were more likely to practise exclusive breastfeeding for the first five months after the birth of their infants as compared with mothers within any other quintile.

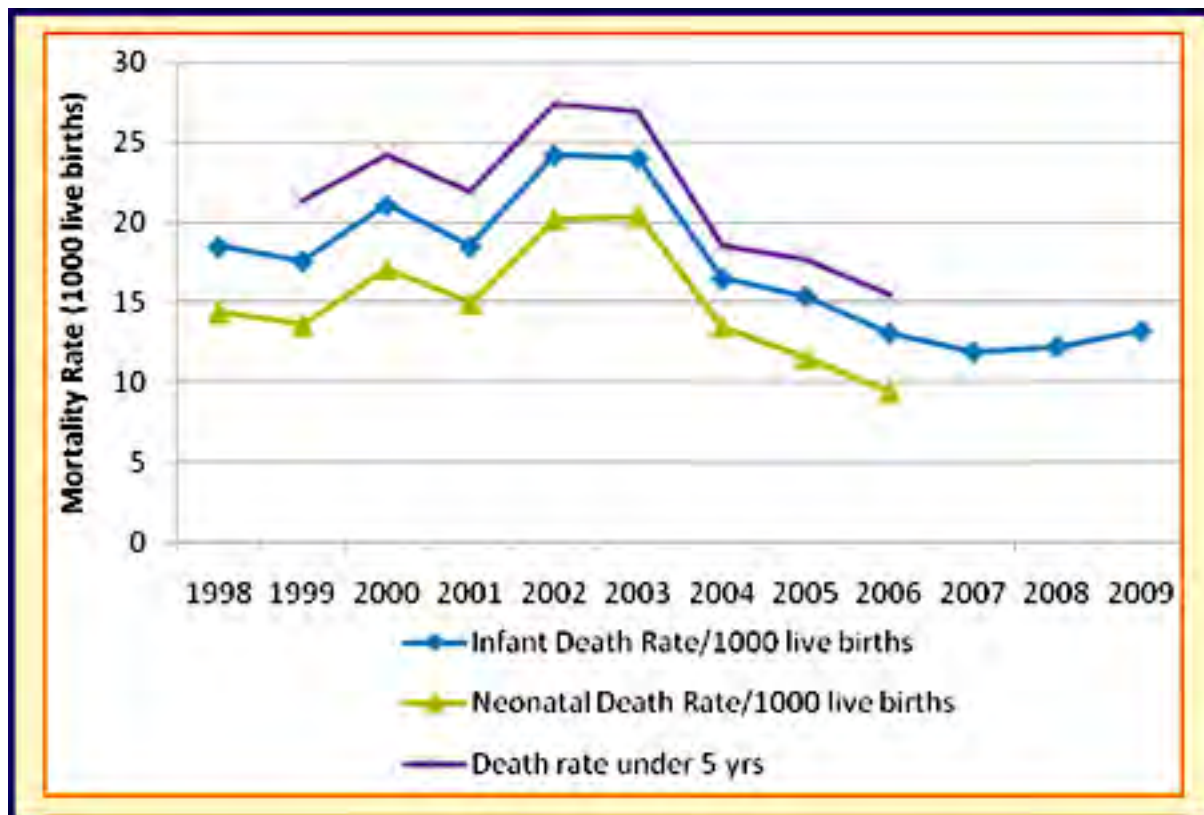
In fact, the practice of exclusive breastfeeding by mothers in the poorest quintile was approximately 20.4 per cent as compared to 9.8 per cent and 9.3 per cent in the second richest and richest quintiles, respectively. These data may be suggestive of a need for greater emphasis on the creation of an enabling environment for working mothers to facilitate breastfeeding.

INFANT MORTALITY RATE

The Infant Mortality Rate (IMR) along with the Neonatal Mortality Rate (NMR) and Under-Five Mortality Rate (U5MR) for the period of 1990-2006 is presented in Figure 2 below.

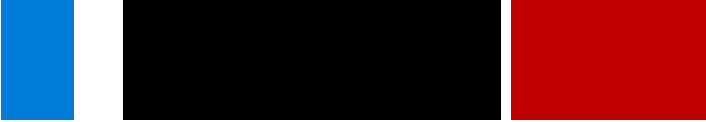
The NMR has been included in the figure to show the probability of an infant dying within the first 28 days of life. When compared to the IMR for the period 1998 to 2009, the NMR contributes significantly to the IMR by an average of 80 per cent. In turn, for the period 1999 to 2006, an average of 86.5 per cent of the U5MR is comprised of the IMR, implying that the death of infants under one year is a relatively greater problem than the deaths of children aged 1-4 years in Trinidad and Tobago.

Figure 2: The Infant Mortality Rate, Neonatal Mortality Rate and Under-Five Mortality Rate for Trinidad and Tobago (1998-2009)⁵



Source: Central Statistical Office (CSO) and the Ministry of Health Annual Statistical Reports (various years).

⁵ Data from 2007 to 2009 were only available for Infant Deaths



It is the only country whose U5MR increased throughout the period 1990 to 2006. Further, when its IMR is compared with that of some of its Caribbean neighbours with substantially smaller per capita incomes and much lower per capita health spending, many countries fare much better than Trinidad and Tobago. If the target U5MR of 11 per 1,000 live births (Agu, Braithwaite & Braimoh 2010) is to be taken on board then the progress made so far by Trinidad and Tobago is rather slow, even taking into account the downward trend in the MMR over the period 2007-2008.

THE PRE-SCHOOL CHILD

While external causes (motor vehicle accidents, homicides/poisoning) of mortality have been classified as the major cause of death among children 1- 4 years old since 2000, other causes such as diseases of the nervous system, diseases of the respiratory system, malignant neoplasm and HIV/AIDS have also been identified.

The energetic thrust of the MoH in the prevention of mother-to-child transmission has led to a reduction in the number of children dying of HIV/AIDS. After 1999, this illness ceased to be the major cause of death among children in this age group. Though the number of deaths has been trending downwards over the period 2000-2006, there have been periodic fluctuations. Of concern, however, is the incidence of gastroenteritis in this age group. This brings into question the general level of sanitation and related living conditions of children in spite of the well documented high levels of access to improved drinking water sources (94 per cent) and improved sanitation facilities (92 per cent) in the population (PAHO 2007).

IMMUNISATION

Globally, great emphasis is placed on the achievement of universal immunisation coverage, especially of children less than

five (5) years old. In Trinidad and Tobago the attainment of this goal is highly prized, and to achieve such, the required services are provided free of charge to citizens through the Expanded Programme on Immunisation. These services are scheduled at health centres at least once per week. They are also provided by private medical practitioners at a fee.

The goal of the programme is to have every citizen protected against a number of communicable diseases that are vaccine preventable. To ensure this, particular emphasis is placed on children within the first five years of their lives; registration into the primary school system is conditional on immunisation. During these formative preschool years oral health care is also provided hence, from 2 1/2 years old the child undergoes routine oral examinations. Parents are educated on the importance of proper brushing techniques, nutrition and healthy snacks for ensuring good oral health.

According to the Pan American Health Organisation (1998), the immunisation programmes in Trinidad and Tobago are well organised and have high rates of success and coverage. National coverage increased from 90 per cent in 2000 to 94 per cent in 2004. There have been no new cases of specific diseases since:

- ▶ 1972 – Polio
- ▶ 1991 – Measles
- ▶ 1997 – Neonatal Tetanus
- ▶ 1999 – Rubella

The MICS 3 for Trinidad and Tobago reports that 50.2 per cent of the population of children were fully immunised according to the national immunisation schedule for infants, children and pregnant women. Table 3 outlines this schedule while the following list disaggregates the immunisation coverage as:

- ▶ Polio (81.9 per cent)
- ▶ DPT (72.5 per cent)
- ▶ Measles (88.9 per cent)

Table 3: The Ministry of Health's Immunisation Schedule

Age	Immunisation to be given against	Vaccine
3 months	Diphtheria, Tetanus and Pertussis (Whooping Cough) Hepatitis B infection, HaemophilusInfluenzae type b, Poliomyelitis	Pentavalent (DPT / Hep B / Hib) Attenuated trivalent oral poliomyelitis vaccine (OPV)
4 -5 months	Diphtheria, Tetanus and Pertussis (Whooping Cough) Hepatitis B infection, HaemophilusInfluenzae type b, Poliomyelitis V	Pentavalent (DPT / Hep B / Hib)
6 months	Diphtheria, Tetanus and Pertussis (Whooping Cough) Hepatitis B infection, HaemophilusInfluenzae type b, Poliomyelitis	Pentavalent (DPT / Hep B / Hib)
12-15 months	Measles, Mumps, Rubella Yellow Fever	Combined Measles, Mumps, Rubella (MMR) Attenuated Yellow Fever vaccine
18 months	Diphtheria, Tetanus and Pertussis (Whooping Cough) Poliomyelitis	Booster DPT OPV
5 years	Diphtheria, Tetanus and Pertussis (Whooping Cough) Poliomyelitis Measles, Mumps, Rubella	Boosters DPT OPV MMR
9-12 years	Diphtheria, Tetanus, Yellow Fever	Tetanus, Diphtheria (Td), Yellow Fever vaccine
19-45 years	MMR, Hep B	
Pre-Natal for Mothers	Neonatal Tetanus, Tetanus	Td (Adult Tetanus, Diphtheria)
Postnatal for Mothers	Rubella	MMR

Source: Ministry of Health official website

- ▶ Hepatitis B (70 per cent)
- ▶ Yellow Fever (35.2 per cent)

THE SCHOOL-AGED CHILD

A multi-pronged approach is in place to serve the needs of the school aged population. All of the services are at no charge to children and their parents/guardians. There is a School Health Programme available, which is executed by the MoH and consists of hearing and vision screening of all first year primary school children in both public and private schools. The goal is to improve the quality of life and learning outcomes of all students enrolled in primary schools in Trinidad and Tobago.

In addition, the MoH coordinates a schedule of screening for schools but parents are required to sign a screening consent form to ensure access to the service. This requirement is at times not met by parents and therefore becomes a barrier to access for some children. The programme is a collaborative exercise; other partners include the MoE, the Ministry of the People and Social Development (MoPSD), the Pan American Health Organisation (PAHO), UNICEF and the Diagnostic Research Educational and Therapeutic Centre for the Hearing Impaired (DRETCHI).

School inspection is yet another programme available to ensure that children learn in a healthy environment. A multi-disciplinary health team visits schools to monitor the environment and the personal hygiene of children within the system. The main targets of such visits are those just beginning school and those just about to exit the system. School leavers are checked for STIs and drug use. Public Health officials also look after the health of children by frequently inspecting the quality of food and the food safety practices of the School Nutrition Programme. There is also monitoring of the chlorine content of the drinking water.

In addition to the services that are provided directly through the school system, health

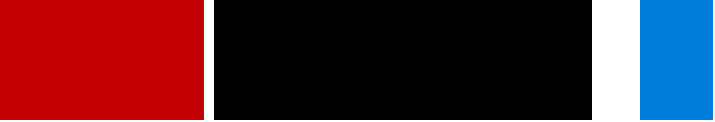
care is provided free of charge at public health institutions to all children under the age of 16, including non-nationals. This means that even those who have dropped out of the school system before the age of 16 can still access health care services. Hence, the issue of cost is not a barrier to health care for children in Trinidad and Tobago, except perhaps, for services that are not available in the public health sector or for which long waiting lists are applicable. The range of services provided is wide, spanning from vaccination to surgery and intensive care. They are provided to children accompanied by parents or guardians on a walk-in basis; this means that appointments are not required and this greatly improves access. In addition, no documentation is necessary prior to treatment, although a record of the child's immunisation status is usually requested.

While children are treated on an outpatient basis at all health facilities in the country, in-patient care is available at the Wendy Fitzwilliam Paediatric Hospital located within the North Central Regional Health Authority, the San Fernando General Hospital and the Scarborough General Hospital (MoH 2008). The major causes of morbidity and mortality among students as recorded by the MoH are sickle cell, chronic conditions such as asthma and external causes and injuries.

In Trinidad and Tobago chronic malnutrition is rare among children between the ages of five (5)- nine (9) years old.

However, reports of protein-energy malnutrition and iron deficiency, and the observed increase in the numbers of obese children, may point to the existence of micronutrient deficiencies.

Thousands of children throughout the country are able to access the required levels of daily nutrition as selected students are provided with breakfast and lunch meals through the school nutrition programme at no cost to their parents. Generally, every



day, for five days a week, thousands of breakfast and lunch meals are prepared for students of preschool, primary, secondary and special institutions. The National Schools Dietary Services Limited (NSDSL) administers the programme.

THE ADOLESCENTS

In Trinidad and Tobago, two categories of adolescence are defined – the stage of development of children between the ages of 10 and 14 years is referred to as early adolescence and the stage encompassing the ages 15-19 years is referred to as traditional or mid-adolescence.

A 2005 review of services provided to adolescents (10-19) by the only public child guidance clinic revealed that depression (33 per cent) was the main disorder requiring treatment.

Among the 15-19 year old adolescents, females were more prone to mental disorders than males. It was found that the majority of cases were from families in the lower socio-economic households (PAHO 2007).

Other issues that plagued this cohort were mental retardation (11 per cent), substance abuse (10 per cent), anxiety (9 per cent), psychosis (5 per cent), and behavioural problems (13 per cent) (PAHO 2007).

The country has experienced a rise in violent behaviour among adolescents in general, and more particularly among secondary school students.

Generally, this type of behaviour is more frequently displayed by males than females.

Teenage pregnancy is also a major concern. Adolescent mothers who are less than 18 years are more likely to give birth to low weight babies who are at risk of non-survival. In Trinidad and Tobago, 15 per cent of live births were registered to adolescent mothers ages 13-19 in 2000 (PAHO 2007). Also in 2000, a study undertaken in Tobago on the sexual health needs of children of secondary schools revealed that early sexual initiation was driven by parental unemployment and drug use, as well as limited access to educational and development opportunities (PAHO 2007). Poverty, unstable home environments and the desire for multiple sex partners were among the factors linked to increased participation in risky behaviour.

RESPONSE TO ISSUES AFFECTING ADOLESCENTS

Population Programme Unit

In response to this situation, the Ministry of Health set up a Population Programme Unit geared towards assisting individuals throughout the lifecycle. This programme is potentially beneficial to children and women, especially the adolescent girl and looks at the importance of issues related to sexuality. This Unit has been the main provider of Family Planning and Sexual and Reproductive Health (SRH) services in the country. It focuses on the provision of fertility control services through the provision of maternal and child services. Services at present are female-centred and include a variety of contraceptive options and diagnostic screening services for cervical cancer. These are available free of charge at all health centres on scheduled clinic days and at the major hospitals in Trinidad and Tobago – Port of Spain, Mt. Hope, San Fernando and Scarborough. Additional services are available at selected health facilities, and these include (MoH Website 2010):

- ▶ a referral to specialist medical services
- ▶ pregnancy testing
- ▶ education and training programmes
- ▶ family life counselling



HEALTH AND FAMILY LIFE EDUCATION (HFLE)

Most notable are the development of Health and Family Life Education (HFLE) curriculum and the training of educators to effectively teach this subject in the nation's schools. HFLE is aimed at reducing the relatively high teenage pregnancy rates in urban areas as well as the incidence of STIs among teens and young adults. However, while this curriculum does exist, it is only partially implemented in primary schools and is still to be implemented at the secondary level. In addition, concerns have been expressed about the fact that the content of the curriculum may not be addressing the SRH of adolescents and young people adequately. There is also no education sector policy pertaining to the continuation of education for adolescent mothers. Hence, it may be fair to say that universal education on SRH issues is still lacking in Trinidad and Tobago.

Efforts of the Population Unit have yielded a steady decline in the fertility rate from 5.3 in 1960, to approximately 1.6 for the period 2000 to 2008 (World Bank 2010). Contraceptives are widely distributed by the government health institutions involved, by the Family Planning Association of Trinidad and Tobago (FPATT), and by private sector health providers. Up until 2003 oral contraceptives were the main type of contraception used. However in 2004 and 2005, according to the MoH Statistical Report 2004-2005, condom use was almost twice that of oral contraceptives.

SEXUAL AND REPRODUCTIVE HEALTH

According to a MoH report summarising the state of SRH services for adolescents and young people in Trinidad and Tobago, there are a number of factors – institutional, socio-cultural and behavioural – that affect the situation. As would be expected, institutional factors such as existing legislation and policies pertaining to adolescent SRH play

key roles in determining the state of such among young people, as well as their enjoyment of rights. For instance, at present child marriage is sanctioned by law under the Muslim Marriage and Divorce Act, with marriage of young women being legal from the age of 12 with parental consent and young men from age 16. In addition, the Hindu Marriage and Divorce Act allows a young woman from the age of 14 to marry with parental consent and a young man from the age of 16.

Additionally,

existing laws also restrict access of adolescents and youths less than 18 years to health services and procedures without parental consent.

This is particularly important in matters pertaining to the testing of adolescents and youths for HIV/AIDS and STIs. Laws related to sodomy also restrict access to services and contribute to stigma and discrimination experienced by gay and bisexual adolescents and youths; and the existing Sexual Offences Act does not clearly deal with intercourse between two minors. In addition to this, the law in Trinidad and Tobago prohibits abortion except in the case of a strictly defined medical emergency.

This perceived failure of the legal and education systems to adequately address SRH issues of adolescents is potentially problematic. The lack of information disseminated to address their needs and the requirement for parental consent, have limited the youths' awareness of key issues of sex and sexuality. This is thought to be responsible for the high rate of pregnancies and sexually transmitted infections in this age group. Legal restrictions to health services often cause pregnant adolescent girls to delay attending antenatal clinic until late in their pregnancies often at risk to their health and that of the unborn child.

CHANGING DEMOGRAPHICS AND TRENDS

Changing demographics and epidemiological trends have been creating problems for plans to sustain and expand the range and quality of SRH services. These changes include:

- ▶ increasing longevity of the population
- ▶ increasing incidence of cancer of reproductive organs in females and males
- ▶ increasing incidence of STIs including HIV/AIDS, especially in the reproductive years
- ▶ rising incidence of Chronic Non-communicable Diseases
- ▶ rising incidence of domestic violence between both sexes, but where women are the main victims

Most of these changes have affected children and women very adversely. To overcome the challenges posed to the continued success of the Population Unit, a comprehensive range of activities was initiated. The main aim was to expand operations beyond the mere provision of fertility control services. The complementary aim was to address problems such as:

- ▶ STIs, including HIV/AIDS
- ▶ social relationships
- ▶ psycho-physiological dynamics of ageing
- ▶ male health
- ▶ adolescent SRH and rights

A number of activities were therefore undertaken. These included upgrading the skills and knowledge of community health nurses, other service providers, NGOs/CBOs and professional organisations, in basic and advanced first line counselling in SRH, as well as training in dealing with Adolescent Sexual and Reproductive Health Issues (MoH Website 2010).

In January 2009, a technical working group focusing on sexual and reproductive health was formed with members from the

public health sector and NGOs as well as representatives of international agencies including UNFPA and PAHO. In 2010, with the assistance of PAHO the working group developed a Strategic Framework and Plan of Action for Adolescent and Youth Sexual and Reproductive Health in Trinidad and Tobago. (PAHO 2010)

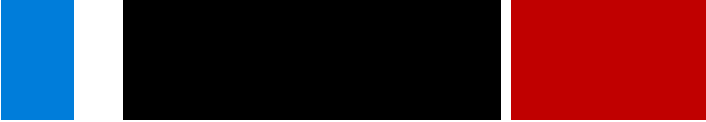
A 2009 MoH Workshop Report also noted that adolescents were vulnerable to certain weaknesses in the health system; these included:

- ▶ inadequate service delivery infrastructure which results in limited access to adolescent and youth clinics
- ▶ lack of client confidentiality protocols and practices
- ▶ exposure to health care professionals who are judgmental and discriminatory to youths
- ▶ insufficient resources to support/monitor service provision
- ▶ stigma and discrimination directed against sexually active young people, especially young women

In spite of those inadequacies, adolescents are still provided with a number of youth friendly services, including access to skilled health care workers and best practice models for delivery of SRH by the FPATT. It is also the case that youth leadership related to SRH and rights is inculcated nationally through the Youth Advocacy Movement (YAM).

SOCIO-CULTURAL FACTORS

It is reasonable to assume that socio-cultural factors impact on the SRH of adolescents. In Trinidad and Tobago, as in other Caribbean islands, there are different expectations about sexual behaviours of males and females. Cultural values seem to accept early initiation of boys into sexual activity and equate masculinity with virility and multiple sexual partners. However, females are expected to have restricted knowledge and practical experience about sex and therefore femininity is equated with female abstinence. It is also



sometimes held that poverty can very likely cause some adolescent girls to trade in sex with older men.

CHALLENGES TO ACCESSING HEALTH SERVICES

TRANSPORTATION

Though health services are generally available to women – in the sense that there is adequacy of supply – there are problems related to access. One obstacle that limits physical accessibility to health care is transportation. Here the problem can be the availability of public transport or the high cost of hired transport from a person's home to the health care facility. Although an Emergency Health Service transport system was set up in 2000, which made emergency transport to a public hospital available free of charge under the supervision of trained staff, this service is very limited in supply. Private emergency health services also exist to transfer persons to private hospitals, but these services must be purchased at a relatively high cost. The same is true for persons seeking specialised care. This problem is especially worrying for women who are elderly, disabled, or living in remote areas.

INFLEXIBLE OPERATING HOURS

Another problem faced by children and women seeking health care relates to the hours of operation of some primary health care facilities, most of which are open for business only between 8 a.m. and 4 p.m., Monday to Friday. This can be inconvenient because it clearly creates an access barrier to working women. It also means that if health needs arise after 4 p.m. or on weekends, public primary care facilities would not be available.

In a bid to increase access and remove barriers, opening hours are being extended in some areas, while in others,

24-hour District Health facilities have been constructed.

Adjustments to the hours of operation of primary health care facilities should also contribute to reducing the inappropriate use of public hospitals. The introduction of mobile clinics is yet another effort aimed at increasing access to health care, especially for women and children who reside in the more rural and remote areas.

HUMAN RESOURCE CHALLENGES

The availability and the quality of health care services are certainly affected by the quantity and quality of the staff serving in the health sector. In this regard, the reality is that Trinidad and Tobago has a shortage of qualified health care professionals (PAHO 2008).

An analysis undertaken in January 2007 revealed that there was a 23 per cent shortfall in the required number of registered nurses and 28 per cent vacancy among enrolled nursing assistants.

This persistent shortage has implications for the health care that is provided to lower income earners and vulnerable groups, especially households led by single women, as these persons are more likely to seek care in the public health sector.

This shortage exists despite many efforts to recruit and train health care professionals. Efforts made to improve the availability of those delivering health services have included:

- ▶ increasing the internal capacity of the institutions by training doctors and nurses
- ▶ providing scholarships and bursaries tenable at both local and foreign training institutions in targeted health disciplines
- ▶ recruiting foreign doctors from Nigeria,

Cuba and India

- ▶ recruiting nurses from the Philippines
- ▶ utilising United Nations Volunteer (UNV) doctors in the health sector

In the present context, what this points to is the need to give priority to the specific issues which impact on the health and survival of children and women.

GOVERNMENT RESPONSE MEASURE

The government has made several significant strides in implementing measures to enhance the quality and increase the availability of health services in order to improve both maternal and child health. The provision of essential obstetric services, both basic and comprehensive, along with skilled attendance at birth, has been increased to the point of being readily available to all communities in Trinidad and Tobago. These provisions have been made on the premise that the majority of complications and maternal deaths occur during and immediately after delivery, or from complications of abortion (PAHO 2002).

It is recognised that in addition to providing quality antenatal care which is readily accessible, the number of skilled health personnel during delivery, along with the necessary supplies and transportation systems must be increased. In this respect, the government offers a post graduate programme in Midwifery where registered nurses having three (3) to five (5) years of service, can qualify in the field of neonatal, pre-pregnancy and care of the pregnant mother.

Access to antenatal care can be broken down into five components (MoSD 2009):

- ▶ physical availability of services
- ▶ distance and/or time to a facility
- ▶ economic and other costs associated with use of services
- ▶ cultural and social factors that may impede access
- ▶ the quality of services offered

The government has considered these elements in providing free antenatal care which has led to a 96 per cent antenatal care coverage through 104 antenatal centres disbursed throughout the country, inclusive of rural districts (WHO 2010).

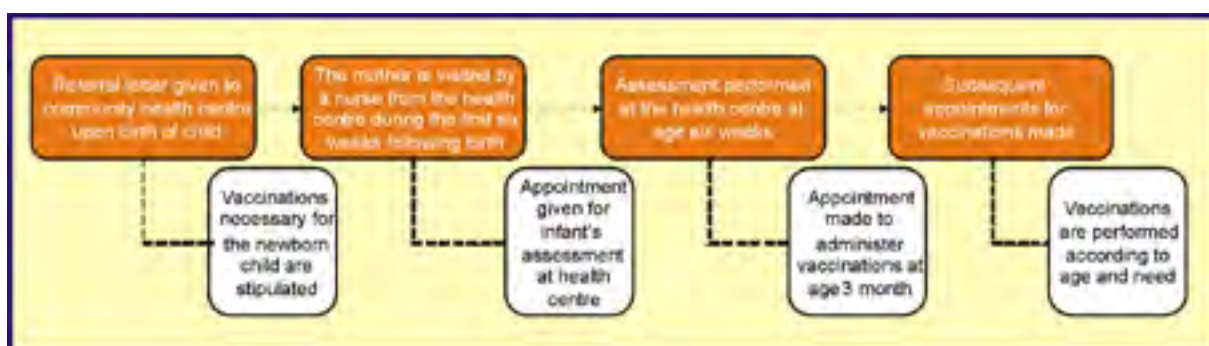
THE ADOLESCENT MOTHERS' PROGRAMME

The Adolescent Mothers' Programme is another initiative undertaken by the government through the Child Welfare League, to provide an adequate support system to adolescent mothers. It provides the needed support to enable them to improve their socio-economic position in order to enhance their capacity to become productive and independent so that the likelihood of survival of their children can be increased (MoSD 2009). This Programme is also intended to break the cycle of inter-generational poverty which may emerge among young women due to early pregnancy, by decreasing the number of repeated pregnancies in young women. It provides individual and group counselling, remedial/continuing education, day care services and training in pre and postnatal childcare at three established centres (FPATT 2008).

With respect to abortion, provisions are made by the government, free of charge, through the public hospitals for women who have had incomplete abortions or who have experienced complications from unsafe abortions. This opportunity makes the Dilation and Curettage (D&C) method available, which provides a means where lives can be saved and additional abortions can be potentially prevented (FPATT 2008).

Even though Trinidad and Tobago is listed among the highest category (Group A) of the WHO's classification of territories with good death registration and good attribution of cause of death, the government maintains partnership with the Pan American Health Organisation (PAHO) to monitor the reduction in maternal mortality through PAHO's mortality database (PAHO 2002).

Figure 3: Process of Immunisation for Infants



Source: The Ministry of Health's website

PMTCT PROGRAMME

The PMTCT Programme, which is the government's response to preventing mother-to-child transmission of HIV/AIDS, offers voluntary counselling and testing (VCT), as well as antiretrovirals to all pregnant women registered in governmental pre-natal clinics, as required (UNGASS 2006).

EPI PROGRAMME

The Extended Programme on Immunisation (EPI) provides immunisation services at no charge to citizens of Trinidad and Tobago. The vaccines provided cover the needs throughout the lifecycle. The process of immunisation for infants is depicted in Figure 3.

Recommendations

- ✓ The empowerment of women is a key strategy in reducing maternal, infant and child mortality as women will be able to make more informed and critical choices regarding their health and the health of their infant, through realisation of their rights (PAHO 2002).
- ✓ With respect to abortion, women can also be empowered through accessible information to make responsible lifestyle decisions regarding their sexual and reproductive health.
- ✓ The actual and estimated outcomes of legislation, policies, plans, reforms or programs implemented or proposed at the national level to reduce these mortality rates need to be measured and documented to assess the effectiveness of such initiatives.
- ✓ Indicators of stakeholder participation in determining and monitoring progress, inclusive of their role in communication, organisation, training, supervision, planning, local and social management, emergency networks and referral systems, and budget appropriations should be correspondingly recorded (PAHO 2003).
- ✓ Any attempts made to reduce both maternal and child mortality requires a long-term partnership between the government, national and international agencies, and NGOs (PAHO 2003).

Children are monitored at the health centre up to five years of age beyond which an arrangement must be made at the health centre or through a private medical practitioner to be immunised. With respect to MDG 4 and MDG 5, vaccinations against measles are provided for the infant between 12-15 months, and again at five (5) years; while neonatal tetanus and tetanus vaccinations are provided for the mother during the pre-natal period and vaccinations against rubella during the postnatal period (MoH website).

NON-COMMUNICABLE DISEASES AND HIV/AIDS

In Trinidad and Tobago, women are the primary caregivers. In fact, in recent times, an increasing number of grandmothers and aunts have taken on this role in light of parental migration and an increase in the number of working mothers, or in many cases, the inability of biological mothers to fulfil their role. Thus, as mentioned earlier, since the quality of life of the child is impacted in a very tangible way by the health status of primary care givers, due attention needs to be given to the health conditions of these care givers. In this regard, the emergence of Non-Communicable Diseases (NCDs) and HIV/AIDS as special threats to the health, survival and general well-being of children and women is analysed.

OVERWEIGHT AND OBESITY

Chronic diseases are responsible for the majority of adult mortality and morbidity worldwide but these diseases have not been explicitly included as a part of the international MDGs (WHO 2005). However, some countries, such as Trinidad and Tobago, have modified their MDG targets and indicators to include context-specific chronic diseases such as diabetes and hypertension. Therefore, Goal 6 of the country's MDGs now reads:

- "Combat HIV/AIDS, Dengue, Diabetes and Hypertension" (Ministry of Social Development of Trinidad and Tobago 2008).

The indicators under Goal 6 have also been modified to include:

- "... the number of newly confirmed cases of diabetes and hypertension; death rates associated with diabetes and hypertension; and the prevalence of obesity classified by age and gender in Trinidad and Tobago (CSO 2006)."

Among adult females (15+) in the Americas, females in Trinidad and Tobago are ranked in the top five with respect to the estimated prevalence of obesity (BMI ≥ 30 kg/m²). This prevalence has increased by an estimated 32 per cent overall over the period 1999 to 2005, approximately 2.8 times greater than male prevalence. While it is well established that the existence of overweight/obesity can lead to chronic disease morbidity and mortality among adult females in particular, it is also very important to highlight the impact of a female caregiver's illness or premature death upon the children under her care. It can be devastating both psychologically and economically.

Childhood Obesity

Childhood obesity is also a cause for concern globally because it significantly increases the risk of chronic diseases such as diabetes in adult life. Obesity in children between the ages of five (5) and 14 years is more difficult to measure than obesity among infants and children up to five (5) years of age, as well as among adults. The difficulty occurs because there is no standard definition of obesity for children within this age group (WHO 2006). This is currently a work in progress that is being undertaken by the WHO.

In 1987, three (3) per cent of preschool children less than three (3) years of age were found to be overweight (de Onis and Blossner 2000) and in 2000, 4.9 per cent under five (5) years of age were found to be overweight (United Nations Statistics Division (UNSD) 2010). Gulliford et al (2001) reported that a 1999 study among children between the ages of four (4) and 10 years in Trinidad and Tobago, using a new international standard developed by Cole et al (2000) to overcome the lack of a standardised obesity measure for this age group, found that 8.5 per cent of children were

overweight while 2.4 per cent were obese. They also reported that higher BMI among four (4) and 10 year olds is influenced by a number of social and environmental factors and can be attributed to:

- ▶ higher BMI among the child's parents
- ▶ higher birth weight
- ▶ older maternal age
- ▶ smaller family size
- ▶ higher maternal educational attainment in the main

Additionally, within recent times, it has been estimated that in Trinidad and Tobago, obesity among school children between the ages of eight (8) and 16 has increased more than three-fold from five (5) per cent in 2001 (Batson 2001) to 18 per cent⁶ in 2009 (Batson 2011). Gulliford et al (2001) have suggested that childhood obesity will continue to increase in tandem with economic improvements unless preventative action is taken, and that regular and frequent monitoring of children's weight can aid in this process.

DIABETES

In the countries of the Caribbean region, as in many other countries worldwide, economic improvements have been accompanied by rapidly increasing rates of diabetes (CCHD 2006). Between the years 1985 to 2000, chronic diseases accounted for five (5) out of the eight (8) leading causes of mortality in the Caribbean, with diabetes mellitus ranking consistently as the fourth leading cause of death over the period.

In the Region of the Americas, Trinidad and Tobago ranks in the top two countries with the highest age standardised mortality (per 100,000) in respect of diabetes among females. This is not surprising, as obesity is a well established risk factor for Type 2 diabetes (WHO 2005) and Trinidad is also ranked second in the region in terms of female obesity prevalence.

It is also interesting to note that when disaggregated by age, diabetes consistently accounts for a greater proportion of deaths

among women between the ages of 45 to 64 than among elderly women (65+) over the period 2004 to 2006. While this dispels the myth that chronic diseases such as diabetes mainly affect the elderly, it is indeed worrying since the 45 to 64 age cohort comprises mothers, grandmothers and aunts as well as other female caregivers who are charged with the care of young children under 18 years of age. These children may still be enrolled in school and as such are unable to contribute to the household's income or to fend for themselves.

The situation is made even worse if the female caregiver is a single parent or the sole breadwinner of the household. In such a case, premature death will not only have an adverse psychological effect but also an economic effect upon the children under her care. In a multiple sibling household, not only may the older children have no other choice but to drop out of school in order to seek employment to support their younger siblings, but in extreme cases, they may opt for a life of crime⁹ as the quick and easy route to daily survival. Even if this route is not taken, it is not difficult to visualise that the premature diabetes-related death of a single female caregiver can thrust the household into a state of poverty. The health to wealth link is evident.

Gestational Diabetes

Gestational diabetes has been linked to the increased risk of maternal mortality and the future development of Type 2 diabetes among pregnant women. Clapperton et al (2009) have theorised that after 25 years, 50 per cent of women with gestational diabetes

6 Provisional results.

7 Under the Convention on the Rights of the Child (CRC), children's right to an adequate standard of living (Article 27) may be violated in this case.

8 Under the CRC, a few rights may be infringed upon in this situation such as, the right to education (Article 28), the right to relaxation and play (Article 31) and the right to protection from child labour that is harmful or exploitative (Article 32).

9 Some of the criminal activities engaged in may involve the drug trade (Article 33) and sexual exploitation (Article 34) for example, involvement in child prostitution and pornography. Thus the right of children to protection from these forms of criminal exploitation may be violated in the absence of their mother or other primary female caregiver.

will develop Type 2 diabetes. The risks to the unborn child include increased birth weight and the risk of perinatal morbidity and mortality (Clapperton et al 2009). The main risk factors for the development of gestational diabetes include maternal age, a family history of Type 2 diabetes, ethnicity, and obesity (Clapperton et al 2009). The study also indicated that 68 per cent of participants were overweight or obese and that obese women were nine (9) times more likely to develop gestational diabetes than women who were not obese, since the risk of gestational diabetes increases as BMI increases (Clapperton et al 2009).

It is noteworthy that gestational diabetes-related maternal mortality can have an immediate as well as a future impact upon the quality of life of the newborn. For example, the

absence of breastfeeding will deprive the baby of nutrients that are vital for its healthy growth and development over the first few years of its life and even well beyond those formative years. Additionally, the level of care that is provided by a relative, an institution or even the father, may not necessarily be equivalent to that provided by a mother if she were alive.

In the fortunate event that gestational diabetes does not result in maternal mortality, there is still the possibility that the mother may develop Type 2 diabetes and its associated complications (if the condition is not properly managed) during the course of her life. This development may impact upon the quality of life that she is able to provide for her children, especially if the economic status of the household is already challenged.¹⁰

ISSUES RESPONSE

► The Government of Trinidad and Tobago has recognised the important role that the adoption of healthy lifestyle practices play in the performance of children at school as well as in their overall development. As such, consultations were held among various stakeholders in May 2010 regarding the development of a Draft National School Health Policy (Trinidad and Tobago's Newsday Website 2010).¹¹ This policy attempts to avert the future chronic disease burden with which the country is currently grappling, by targeting children at the pre-school to the secondary school levels. Two of the primary modifiable risk factors of chronic disease which this proposed policy have focused on are unhealthy diet and physical inactivity.

► Firstly, in terms of unhealthy diet, the School Nutrition Programme, which falls under the auspices of the MoE, attempts to provide healthy and nutritious meals (breakfasts and lunches) to students who are deemed to be in need, on a daily basis. Secondly, to support these dietary interventions, physical activity is promoted among students via Physical Education classes at all levels of schooling (pre-school; primary and secondary school levels).

► From a treatment angle, one of the ways in which the government has responded to the chronic disease epidemic that is currently facing the country is via the Chronic Disease Assistance Programme (CDAP). With specific reference to diabetes, this Programme provides free drugs as well as blood glucose testing equipment and strips to diabetics to assist them in better managing their conditions and thus avoiding unnecessary and life-altering complications, such as limb amputations, in the future.

¹⁰ This may result in a violation of the right of children to an adequate standard of living (Article 27) as outlined under the CRC.

¹¹ This consultation was hosted by the Ministry of Health in conjunction with the Ministry of Education; the Ministry of Social Development; and the Ministry of Sport and Youth Affairs.

Recommendations

- ✓ In terms of the School Nutrition Programme, increased attention must be paid to the fruit and vegetable content of these meals since many children (especially those who fall within the lower income cohorts) do not meet the daily requirement of vital fruit and vegetable intake.
- ✓ School cafeterias should be discouraged from selling soft drinks and unhealthy snacks to children. Instead, healthy alternatives should be made available for purchase.
- ✓ The placement of water coolers on school compounds will encourage the consumption of essential water while deterring the consumption of excess sugar via soft drinks and other sweetened beverages.
- ✓ Students should be informed and constantly reminded by their teachers of the benefits of consuming pure unsweetened fruit juices and water, as well as healthy snacks, such as fruits and nuts, as opposed to soft drinks and unhealthy snacks that are high in fat, salt and sugar content.
- ✓ National dietary guidelines and regulations should be established and enforced.
- ✓ Given the well-established link between physical inactivity and obesity and diabetes, it is recommended that Physical Education classes be made mandatory and stringently enforced as a part of the school curriculum.
- ✓ The negative effects of a consistently unhealthy diet, physical inactivity, tobacco use, and alcohol use should be emphasised among the youth via the use of television advertising especially, since they are more likely to be reached using this method.
- ✓ Healthy products and behaviours should also be promoted via advertising in a similar

HYPERTENSION

Hypertension¹², a complex and multi-levelled ailment, is a major contributor to cardiovascular disease mortality, coronary heart disease mortality and renal failure and is a major cause of morbidity in Trinidad and Tobago. Although usually labelled a lifestyle disease that exploits a genetic predisposition, it has a story that goes beyond the issue of lifestyle to that of poverty and deprivation. Gulliford, Mahabir and Rocke (2004), studied the

case of Trinidad and Tobago's north central population with respect to hypertension as it associates with income and education. Negative relationships between income and blood pressure levels and education and blood pressure levels were discovered, but only among women. This, of course, has implications for children.

12 Wilkinson et al. (2003) reminds us that "Blood pressure depends on how much blood the heart pumps out each minute and on resistance to blood flow, which is controlled by tiny blood vessels", and defines hypertension as "raised or high blood pressure.."

UNICEF (2007) noted: “When women are healthy, educated and free ..., children thrive and countries flourish, reaping a double dividend for women and children”.

However, women are not the only ones responsible for low hypertension morbidity and mortality rates, as is illustrated in the figure below.

DUTY BEARERS	CLAIM-HOLDERS			
	Pregnant Women	Children	Parents	National Community
Government (Public Health Service, Ministry of Health, Ministry of Education)	Provision of care and treatment for hypertension Provision of education on healthy lifestyles	Provision of care and treatment for hypertension Provision of education on healthy lifestyles and risk factors of hypertension	Provision of appropriate interventions at the school level supported by behaviour modification communication and support for lifestyle change	Provision of care and treatment for hypertension Public education promotion of healthy lifestyles
Children			Obeying instructions from parents on healthy lifestyles	
Parents	Provide support for women to empower themselves and utilize health services	Provide children with proper nutrition and opportunities for physical activity Ensure that children are educated about healthy lifestyles		Reinforce efforts at the national level to build healthy lifestyles
Community and Family				
National and International Agencies and NGOs	Building support networks: Conduct research on trends and for prevention of hypertension and treatment			

Recommendations

- ✓ Peer education among the communities is highly recommended; general areas that citizens need to be educated on are:
 - Nutritional management of the disease
 - Increase physical activity
 - Utilising health services as well as promoting programmes such as the "Check Yourself, Know Your Numbers" initiative
- ✓ Because of the complexity of the disease, better monitoring mechanisms of the disease is required. Knowledge on weight, exercise and dietary habits of new hypertensive patients is also needed for focussed policy planning.
- ✓ In order to create sustainable methods of reducing hypertension morbidity and mortality, the Government of Trinidad and Tobago could partner with local community agencies such as churches.
- ✓ Government should collaborate with international non-governmental organisations and countries that have succeeded in reducing their hypertension death rates to increase the local knowledge of the disease and update local professionals on new findings.

CANCER

Just like in the rest of the world, cancer is one of the leading causes of death in Trinidad and Tobago. It accounts for 13 per cent of deaths globally (WHO 2009) and this number is expected to increase to 18 per cent by 2030. Trinidad and Tobago reflects this international trend. The incidence of cancer in the country has been on the rise since 1995. The number of new cases diagnosed grew from 2,888 in the 1995-1996 period, to 4,275 in the 2005-2006 period and cancer related deaths have also increased overall during that period.

Research has shown that in Trinidad and Tobago, cancer affects men and women differently. Over the period 1995 to 2006, 22,721 cases of cancer were diagnosed; 11,608 cases in men and 11,113 in women (Trinidad and Tobago Cancer Registry). Over the same period 7,544 men died of cancer and 6,290 women. These numbers represent five (5) per cent more cancers diagnosed in men than women compared

to 20 per cent more cancer related deaths in men. This disparity may be due to more women seeking out medical care than men.

More women than men were diagnosed with cancer in the younger age groups. Only in the elderly (60 years and older) and the very young (0-14 years) was the male-female ratio greater than one. In the 15-59 age group the male-female ratio was 0.61 over the 12 years. The greatest disparity occurs in the 30-44 age group where the sex ratio is a shockingly low 0.36. This statistic indicates that in the key child-rearing age range more women than men are being struck with cancer. This has implications for the children of Trinidad and Tobago, especially those from single female parent homes.

The impact of parental cancer on children

The occurrence of a cancer tumour can be a traumatic and emotionally devastating experience for both the victim and their children. Living with cancer can be a debilitating experience that leaves parents

too weak to care for their children. Most times the treatment for the cancer (such as chemotherapy and radiation treatment) has an incapacitating effect. It is in this time that care for the child can be most affected. Children may have to go from being the recipient of care to the caregiver in the household. This newfound responsibility can place great strain on children in their formative years.

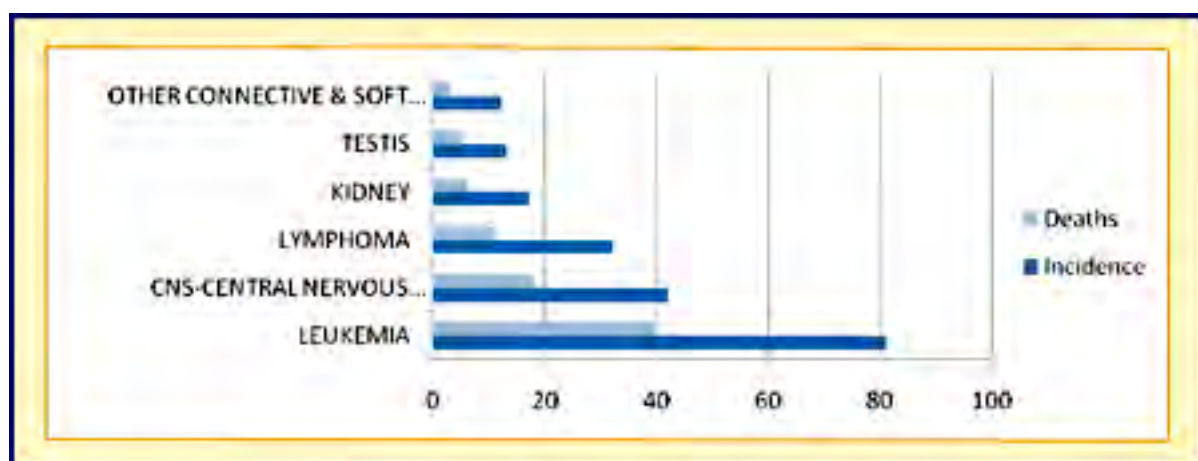
Cancer in Children

Cancer, being a chronic disease, is more concentrated in the adult population of the country. The total number of cancers

diagnosed in children 0-19 years old (275 cases in males, 216 cases in females for the period 1995-2006) made up 2.2 per cent of all cancer cases over that period. Although these numbers are relatively small, the disease is much more prevalent in young children than other chronic diseases such as diabetes or hypertension.

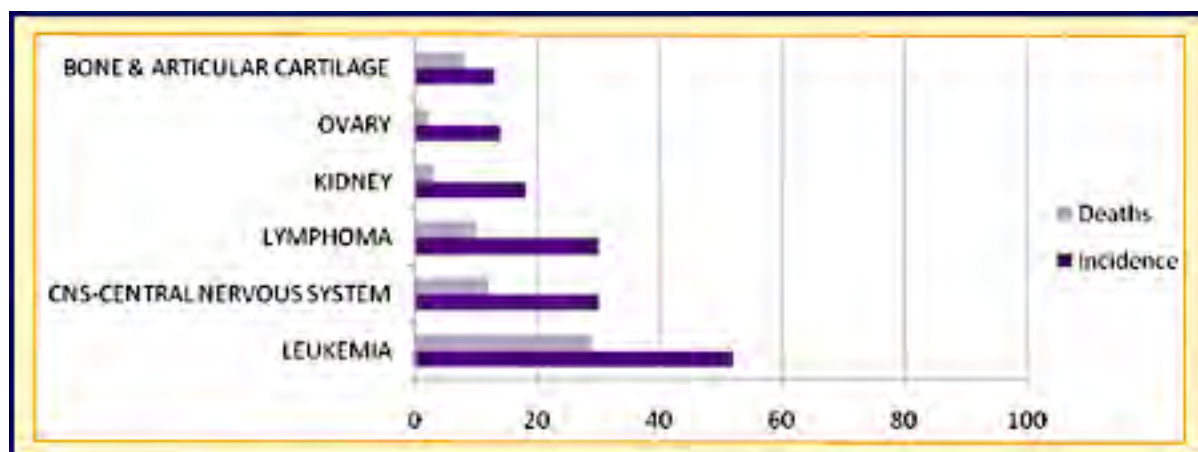
The most prevalent in both sexes is leukaemia. This is followed by cancer of the nervous system and lymphoma in both males and females. These cancers also claimed the most lives in both groups. The top six cancer sites in children are illustrated in the figures below:

Figure 4: Top six cancer sites in males 0-19 years old in Trinidad and Tobago(1995-2006)



Source: Trinidad and Tobago Ministry of Health, National Cancer Registry

Figure 5: Top six cancer sites in females 0-19 years old in Trinidad and Tobago (1995-2006)



Source: Trinidad and Tobago Ministry of Health, National Cancer Registry

ISSUES RESPONSE

► The National Oncology Programme (NOP) is a major vehicle for government's response to cancer. It is responsible for prevention, education, awareness, screening and palliative care. Care and treatment is available to all citizens with chemotherapy and most radiations for patients at no cost at public facilities. Public cancer treatment is available at the Port of Spain General Hospital, the San Fernando General Hospital, the Eric Williams Medical Sciences Complex, and the National Radiotherapy Centre at the St. James Medical Complex. Additionally, as part of the country's prevention effort, the Tobacco Control Act 2009 was passed in December 2009. Among other things, it prevents the sale of tobacco and tobacco products to persons under the age of 18 and makes smoking in public buildings a punishable offence.

► The Trinidad and Tobago Cancer Society (TTCS) is a non-profit organisation dedicated to reducing cancer incidence through education and prevention. They offer screening services, such as pap smears and prostate exams; and diagnostic services, such as breast biopsies and ultrasounds (TTCS website n.d.). They also have mobile clinics to reach patients living in rural areas and offer some treatment services for small cancers. The TTCS also provides counselling and educational services; they conduct a cancer support group for women and run a hospice that provides palliative care for cancer patients. The organisation, however, does not provide any services geared toward children with cancer or children of cancer patients.

► Many private organisations including Scotiabank, conduct events to provide support for female cancer patients. Scotiabank supports breast cancer patients through its Women Against Breast Cancer Programme (Scotiabank website), the aim of which is to allow every woman in the country, regardless of economic status, the opportunity to perform a mammogram test.

► The Just Because Foundation (JBF) is a non-profit organisation that concerns itself with children with cancer and their families. They provide many forms of support for families affected by childhood cancer.

Recommendations

- ✓ Policy should be put in place to mandate cancer registration in Trinidad and Tobago. This will greatly increase the data pool at the registry and allow for a more accurate understanding of the cancer situation in the country.
- ✓ In lieu of the above recommendation being enforced, the general public, as well as private health service centres, should be educated on the importance of an accurate cancer registry.
- ✓ The introduction of a national health information system would greatly improve the functioning of the cancer registry.
- ✓ Research into childhood cancer in Trinidad and Tobago is needed and would lead to greater public awareness and necessary support.
- ✓ A workplace policy is also needed for employers to allow parents leave/time off to care for sick children.
- ✓ It is possible that the JBF or some other group could provide support services for children of parents with cancer. This could be done much in the same way that the JBF provides support for siblings of children with cancer.
- ✓ There should be a nationwide awareness campaign on cancer and the availability of screening in the public health sector.
- ✓ The WHO Global Action Plan should be integrated fully into the National Health system with special attention being given to early detection. The WHO Global Action Plan outlined the following Goals and Strategies:
 - *Prevent what's Preventable (Avoiding and reducing exposure to risk factors: prevention strategies)*
 - *Cure what's Curable (Early detection, diagnostic and treatment strategies)*
 - *Relieve Pain and Improve Quality of Life (Palliative care strategies)*
 - *Manage for Success (Strengthening national management, monitoring and evaluation capacity reinforcement strategies)*

HIV/AIDS

HIV/AIDS is one of the leading causes of death in the Caribbean. It was first diagnosed in Trinidad and Tobago in 1983. From that year up until 2009, 21,639 new cases of HIV, 6,306 cases of AIDS and 3,892 AIDS deaths had been reported (NSU, 2009).¹³ Since 2002 though, both have been declining steadily, reaching pre-1991 levels in 2007. This is most likely because the government of Trinidad and Tobago has made available free anti-retroviral (ARV)

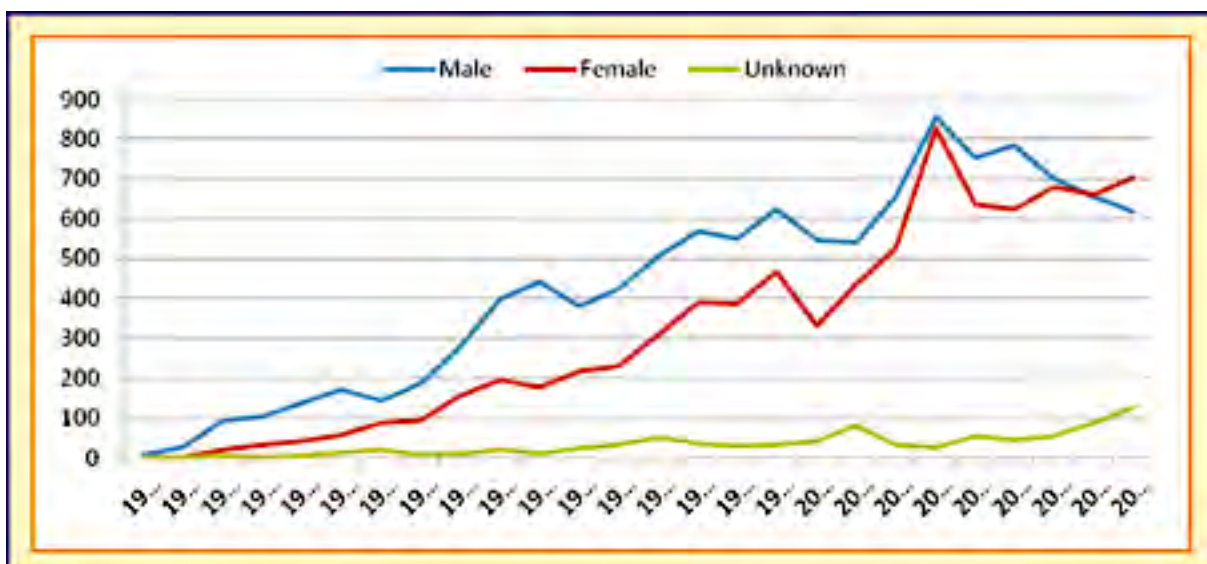
whether these figures represent an actual increase in the incidence of HIV among women or whether more females than males get tested for the disease.

Children and HIV/AIDS

Some children live under certain social and economic conditions that increase their risk of contracting HIV. These children, as well as those whose development and well-being is affected by the disease, can be described as vulnerable children (HEU, 2005).

Included here would be:

Figure 6: Newly diagnosed HIV Infection in Trinidad and Tobago by Gender (1983-2008)



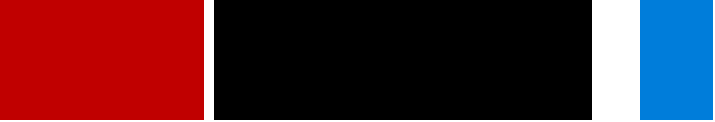
Source: Ministry of Health HIV/AIDS Coordinating Unit

therapy for persons with HIV. However, while the number of persons progressing into and dying from AIDS is decreasing, the number of new infections remains on the increase annually. This, no doubt, is responsible for the continued growth in the HIV prevalence rate in the country.

Of the 21,639 people who have been diagnosed with HIV over the past 20 years, 54 per cent were men and 41 per cent were women. However, as evidenced in the figure below, women seemed to have rapidly closed the gap in the last decade. But the UNGASS report states that it is unclear

- ▶ street children who may have been abused sexually
- ▶ children with multiple sex partners
- ▶ children who are neglected and live in poverty
- ▶ children who are involved in drug use and drug trafficking

¹³ Includes only data from testing in the public sector.



The out-migration of parents seeking better economic opportunities may also be a source of vulnerable children in Trinidad and Tobago. Children with absent parents can have low self-esteem and may manifest behavioural problems at school (HEU, 2005). The absence of parents can also leave children seeking to fill the void they left. They may be more susceptible to the prospect of security provided by gangs, or to entering sexual relationships with older persons. Of course, entering these early relationships would increase their risk of contracting HIV.

Another large group of children affected by AIDS are those who are not infected, but whose parents have died from the disease. They face the myriad of problems that orphans face, complicated by the issues of HIV and AIDS. They must endure the psychological stress of watching their parents become ill and die, along with caring for themselves and sometimes for younger siblings as well. This stress can manifest through anger, depression, alienation and self-destructive habits in these children (HEU 2005). Younger children going through this process may be robbed

of the kind of nurturing and care usually provided in this period of their life. This lack of care can potentially damage their emotional development. Older children and adolescents can also have their development affected at this stage as well. They may have difficulty in developing socially accepted forms of behaviour and in establishing relationships with others.

The health of a child with an HIV infected parent may be at greater risk than normal. They may be exposed to infectious diseases without the skills or knowledge to protect themselves. Also, because an increasing share of the household's resources would be committed to providing medical support for the ill parent, there would be less available, after buying necessities, to maintain the health of the children (HEU, 2005). The health of children forced to live on the street would be even worse; they may experience malnutrition, live in unhygienic areas and would have less access to health facilities. The "survival strategies" employed by street children may include activities like sex work which would put them at an even greater risk of contracting HIV.

ISSUES RESPONSE

The national response to HIV/AIDS directly addresses millennium development goal number six — “To combat HIV/AIDS, Malaria and Other Diseases.” The National AIDS Coordinating Committee (NACC) was the national focal point for HIV and AIDS initiatives, and operated under the aegis of the Office of the Prime Minister¹⁴. The NACC was charged with the responsibility for coordinating the government’s National HIV/AIDS Strategic Plan (NSP), which was developed in 2003 and covered the period 2004-2008.

The NSP contained two main goals, and four guiding principles. The two overarching goals were:

- ▶ to reduce the incidence of HIV infections in Trinidad and Tobago
- ▶ to mitigate the negative impact of HIV/AIDS on persons infected and affected in Trinidad and Tobago

The four guiding principles of the NSP are laid out as:

- ▶ **Inclusion** – the response was to include input from all the major interest groups, with particular reference to persons living with HIV/AIDS (PLWHA), youth and women
- ▶ **Sustainability** – the financing for the response was to be in line with the resources needed to fight HIV and AIDS
- ▶ **Accountability** – there was to be continuous monitoring and evaluation of the response, as well as consistent reporting to civil society
- ▶ **Respect for Human Rights** – there was to be protection of the basic human rights for all PLWHA

These guidelines clearly take human rights into account and the Plan pays special attention to women and children. The NSP’s strategic response was executed under five priority areas:

- ▶ Prevention
- ▶ Treatment, Care and Support
- ▶ Advocacy and Human Rights
- ▶ Surveillance and Research
- ▶ Programme Management, Coordination and Evaluation

There is also a draft plan covering the period 2011 to 2016.

Although it maintains links with Trinidad’s HIV response organisation, the island of Tobago has its own arm of the response to HIV/AIDS, which is managed by the Tobago HIV/AIDS Coordinating Committee and Secretariat (THACC). The THACC works alongside Tobago’s governing body, the Tobago House of Assembly (THA) in coordinating the response to HIV and AIDS.

¹⁴ The NACC was disbanded in 2011. As of the time of writing, there was a plan to move to a statutory body responsible for the response to HIV/AIDS. There are also plans for an interim coordinating committee before the statutory body is established.

Recommendations

- ✓ The data collected by the National Surveillance Unit should be published annually or biennially to the public or at least to academics, researchers and NGO's to facilitate easier use in research.
- ✓ More research should be done on the number of children living with HIV in Trinidad and Tobago. This information will serve to determine if we need another Cyril Ross -like organisation providing similar services, perhaps in other parts of the country.

Cyril Ross Nursery

The Cyril Ross Nursery is an institution under the Roman Catholic organisation of the Society of St. Vincent de Paul, located in Tunapuna. It opened in 1994, and is the only organisation that provides residential care for children in Trinidad and Tobago. The nursery usually takes in children that are babies or toddlers. The oldest entrant into the home was 10 years old.

As of May 2011, they housed 35 children and provided outpatient care for 42 others. At the home, in addition to food and shelter, they provide medical treatment and regular tests. The role of the institution has changed over the years. When it opened it was meant as a home where children with HIV and AIDS could die with dignity. As treatment improved and became more accessible over the years, the children began living longer and the home's role changed. They give the children housekeeping responsibilities and teach skills like money management and budgeting. They have also held a life skills training programme in conjunction with the Ministry of the People and Social Development. The nursery can now be seen as an institution that prepares these children with HIV for life rather than death.

Since it was never meant as some form of intermediary or transitional institution there is no upper age limit on the residents. The children stay there as long as is necessary. As of the time of writing the oldest resident in the nursery was 23 years old. Since the home has been in operation, four children have left to live on their own.

CLIMATE CHANGE

Research has shown that children and women are often disproportionately affected by climate change and are also less able to cope with the challenges that are presented by natural disasters (UNICEF 2007, UNFPA 2009). Climate change brings

with it additional threats to the health and survival of children and women, including threatened water supply quality, additional disease incidences and increased mortality rates. Though the Government of Trinidad and Tobago has taken some responsibility in controlling such outcomes, the community is also accountable. This is illustrated below:

DUTY BEARERS	CLAIM-HOLDERS		
	Children	Producers	National Community
Government (Public Health Service, Ministry of Health, Environmental Management Authority, Ministry of Housing and Planning, NEMA, Office of Disaster Preparedness and Management)	Provide schools with emergency disaster plans. Educate children on the effects of littering and on community action for disaster prevention	Educate on greenhouse food production Provide compensation when produce losses do occur Educate on chemical pollution caused by farming that influences water quality	Provide access to screening for diseases such as dengue Public education and promotion of the link between climate change and disease incidence Strengthen the legislative role of the EMA. Increase health centre preparedness for natural disaster and increase in disease incidence due to climate change
Children			Obedience to instructions from teachers to ensure safety.
Parents	Access treatment and care when disease contraction occurs		
Community and Family	Ensure the fulfillment of children's rights despite outcomes of climate change		Provide proper support to empower parents of children who are negatively affected by climate change
National and International Agencies and NGOs	Building support networks: Conduct research on income losses for households due to flooding and drought on a yearly basis		

Recommendations

The Government already has many initiatives and organisations which aim to control the effects of climate change. Out of these initiatives, evaluation of their effectiveness is a vital recommendation. To do this, co-operation with international climate change agencies and local community groups is important. Community stakeholder reviews are suggested for the regular alteration of any community plan. Other proposals are:

- ✓ Educate the community on the link between climate change and disease incidences. The school system may be a possible outlet for this venture
- ✓ Reduce the number of persons who only have access to pit latrines
- ✓ Relocate those living on coastal areas or build blockades that would protect their homes from the sea
- ✓ Educate local producers on rainwater harvesting as a solution to droughts



EDUCATION, DEVELOPMENT & PARTICIPATION





THE RIGHT TO EDUCATION AND DEVELOPMENT

Following on from the child's basic right to health and survival, in Articles 28, 29, and 32, the CRC very clearly establishes the right to education as a basic universal right. The effort by countries to seek to achieve MDG 2 and MDG 3 by 2015¹⁵ and to ensure that girls receive equal access to education as per CEDAW Article 10 highlights the role that education plays in a child's overall development. This is certainly consistent with the CRC statement on the goal of education as being "the development of the child's personality, talents and mental and physical abilities to their full potential".

Thus, while creating the necessary framework to facilitate equal attendance of boys and girls is a good starting point, the overall spirit in which the CRC is written goes beyond attendance at school and completion of a particular course/level. It encompasses the entire learning experience including the safety of the learning environment and its ability to create a well-rounded child. It is clear that education has the potential to guide a child towards fulfilment or denial of the basic right of full self-actualisation. This is likely to determine not only a child's future, but also the future of the nation.

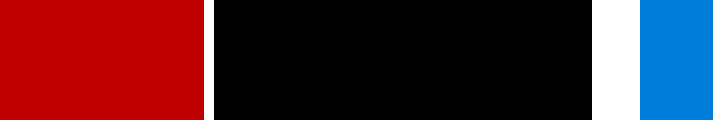
According to UNICEF/UNESCO 2007, when applying the human rights based approach to education, three important dimensions must be examined:

The right of access to education – the right of every child to education on the basis of equality of opportunity and without discrimination on any grounds. To achieve this goal, education must be available for, accessible to and inclusive of all children.

The right to quality education – the right of every child to a quality education that enables him/her to fulfil his/her potential, realise opportunities for employment and develop life skills. To achieve this goal, education needs to be child-centred, relevant and embrace a broad curriculum, and be appropriately resourced and monitored.

The right to respect within the learning environment – the right of every child to respect for her/his inherent dignity and to have her/his universal human rights respected within the education system. To achieve this goal, education must be provided in a way that is consistent with human rights, including equal respect for every child, opportunities for meaningful participation, freedom from all forms of violence, and respect for language, culture and religion.

15 MDG 2 refers to the achievement of universal primary education and MDG3 refers to the elimination of gender disparity in primary and secondary school education



In this section, the situation of children in Trinidad and Tobago will be examined with regard to the aforementioned rights.

ORGANISATION OF THE EDUCATION SYSTEM

The right to education and non-discrimination is enshrined in the Constitution of Trinidad and Tobago. According to the Education Act Chapter 39:01, education is compulsory from age six (6) to 12 and is free in the public system from the pre-primary to university level. The Education Act also states that parents have the primary legal responsibility for children's regular attendance at school.

There are two government Ministries which have oversight of the formal education system in Trinidad and Tobago – the Ministry of Education (MoE) and the Ministry of Science, Technology and Tertiary Education (MSTTE). The MoE coordinates and controls the activities in the public education system throughout pre-primary, primary and secondary schools. Denominational

and government assisted schools also fall under its purview. This Ministry has a clearly articulated vision – “to be a pacesetter in the holistic development of an individual through an education system which enables meaningful contributions within the global context” (MoE website).

The MSTTE, which was established in 2001, has responsibility for the post-secondary/tertiary education system. The National Training Agency (NTA) which falls under this ministry is charged with developing, implementing and maintaining Technical and Vocational Education and Training (TVET). In Tobago, in addition to having the support of the MoE and the MSTTE, the Tobago House of Assembly (THA) has a Division of Education, Youth Affairs and Sports. The mission of the Education arm of the Division is to “provide an environment that promotes and supports holistic development and lifelong learning, thus enabling Tobagonians to maximise their potential as productive individuals”.

Table 4 shows how educational institutions are categorised in Trinidad and Tobago:

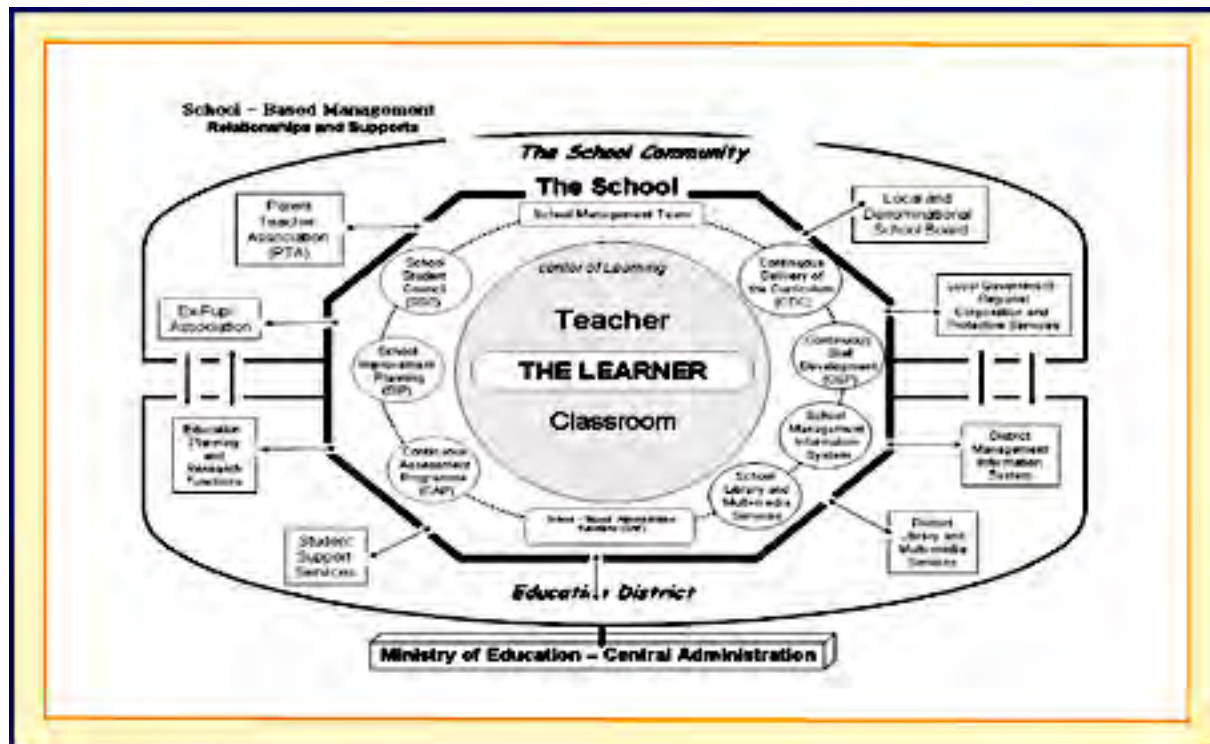
Table 4: Educational Institutions Trinidad and Tobago

Level	Type of Institution	Age group	Curriculum
Pre-primary	Early Childhood Care and Education Centres (ECCE)	3-5	Focus is on cognitive, physical and social development and preparation for primary school.
Primary	Primary Schools	5-12	In the seventh year of primary school students are required to sit the Secondary School Assessment Entrance (SEA) exam which along with continuous assessment through national tests in Standards one and three determines which secondary school they shall attend.
Secondary	Secondary Schools	12-18	<p>In the fifth year of secondary school (form five) students usually sit the Caribbean Secondary Education Certificate (CSEC) exams and the British General Certificate of Education (GCE) Ordinary or "O" Level exam.</p> <p>Alternatively or in addition students may choose to obtain qualifications in technical or vocational subject National Vocational Qualification (TTNVQ) which is "a standardised national vocational qualification for courses pursued in the area of technical and vocational education and training" (National Training Agency website).</p> <p>In the non-compulsory sixth and seventh years of secondary school GCE Advanced or "A" Level or the Caribbean Advanced Proficiency Exam (CAPE).</p>
Tech/Voc	Secondary Schools (mainly Government Secondary Schools)	12-18	National Vocational Qualification (TTNVQ)
	Technical/ Vocational centres		
Tertiary /Post-Secondary	Universities and Colleges,	18+	<p>Certificate, Diploma, Associate degree</p> <p>Bachelor Degree</p> <p>Postgraduate certificate, Postgraduate diploma,</p> <p>Master's degree</p> <p>Doctoral degree</p>

16 The TTNVQ will soon be replaced with the CVQ (Caribbean Vocational Qualification) which is recognised throughout CARICOM.

The Ministry of Education has adopted a philosophy, where the learner and the teacher in the classroom are at the centre of learning and receive support from both

within the school and the wider school community. In this way, support is provided to parents who are regarded as the primary duty bearers. (See Figure below)



EQUALITY AND ACCESSIBILITY IN THE EDUCATION SYSTEM

An effective education system is one which is equally available and accessible to all. In Trinidad and Tobago the MoE seeks to accomplish this through equal access to all regardless of gender, in both rural and urban settings. The tables below show the primary and secondary attendance of students by administrative area in 2006.

It is clearly seen that attendance rates are lowest in Tobago, North West Trinidad and East Trinidad.

However, further examination of the data suggests a possible explanation – those in the lowest quintile tended to have the lowest net attendance ratio. This is an area that warrants further investigation, given that poverty may still be a barrier to students' attendance at school, despite the various interventions which have been crafted by the State.

Table 5A: Primary Schools Net Attendance Ratio (2006)

Regional Health Authority	Male	Female	Total
North West	97.7	97.3	97.5
East	97.9	97.6	97.7
North Central	98.2	98.6	98.4
South West	98.8	98.5	98.7
Tobago	87.0	88.6	87.7
<i>Wealth index quintiles</i>			
Poorest	94.5	94.5	94.5
Second	97.7	98.8	98.3
Middle	98.4	98.8	98.6
Fourth	99.4	99.4	99.4
Richest	98.7	97.9	98.3
Total	97.6	97.8	97.7

Table 5B: Secondary Schools Net Attendance Ratio (2006)

Regional Health Authority	Male	Female	Total
North West	83.0	94.5	88.8
East	85.7	92.4	89.0
North Central	83.1	86.6	84.8
South West	85.2	91.	88.1
Tobago	87.9	92.9	90.2
<i>Wealth index quintiles</i>			
Poorest	72.1	82.6	77.0
Second	79.5	89.3	84.9
Middle	87.7	92.2	89.7
Fourth	90.1	90.0	90.0
Richest	94.5	98.7	96.8
Total	84.1	90.4	87.2

The Social Sector Investment Programme 2008 highlighted some of the reasons why children were absent from school. The Table below illustrates that sickness (10.9 per cent) and financial problems (six per cent) were the major reasons for absenteeism. Interestingly, 78 per cent of the respondents chose “other” as the reason for their absence:

Table 6: Reasons for absenteeism (2008)

Reasons for absenteeism	(%)
Sickness	10.9
Financial Problems	6.0
Caring for siblings	1.4
Fed up with school	1.3
Problems at home	1.0
Transport	0.6
Working outside home	0.5
Truancy	0.3
SUBTOTAL	22.0
Other	78.0
GRAND TOTAL	100.0

Source: Ministry of Finance 2008

SCHOOL ENVIRONMENT: THE RIGHT TO BE RESPECTED WITHIN THE LEARNING ENVIRONMENT

In addition to the issues of access and the quality of the education product, of equal importance is the learning environment. For students to excel, a safe and healthy environment where mutual respect is universally practised is a pre-requisite for the full enjoyment of the right to education. In Trinidad and Tobago, the curriculum is reflective of a multicultural society; students

are taught about different cultural and religious practices which make up the social landscape.

VIOLENCE AMONG CHILDREN IN SCHOOL

Despite these efforts to encourage tolerance and mutual respect for each other, inter-student violence has become a major problem particularly at government secondary schools. According to Cyrille (2008) violence and indiscipline in schools in Trinidad and Tobago continue to be a deterrent to effective learning and have become more rampant than before.

The 2007 Trinidad and Tobago Global School Health Survey (GSHS) revealed that almost 40 per cent of the students were physically attacked one or more times during the year 2006.

Male students were however more likely to be attacked than their female counterparts (49.2 per cent and 30.0 per cent respectively).

Additionally, 55.9 per cent of the male students and 27.9 per cent of female students indicated that they had been in a physical fight during the year 2006. Interestingly, 16.5 per cent of students belonged to a violent group with male students more likely than female students to belong to such a group (22.2 per cent and 10.9 per cent respectively).

In the HEU 2011 survey 67 per cent of secondary school students thought violence to be either very serious (46 per cent) or serious (21 per cent) at the nation's schools. In the same survey primary school students revealed that approximately 36 per cent of them were bullied at school.

Bullying

School bullying is a problem around the

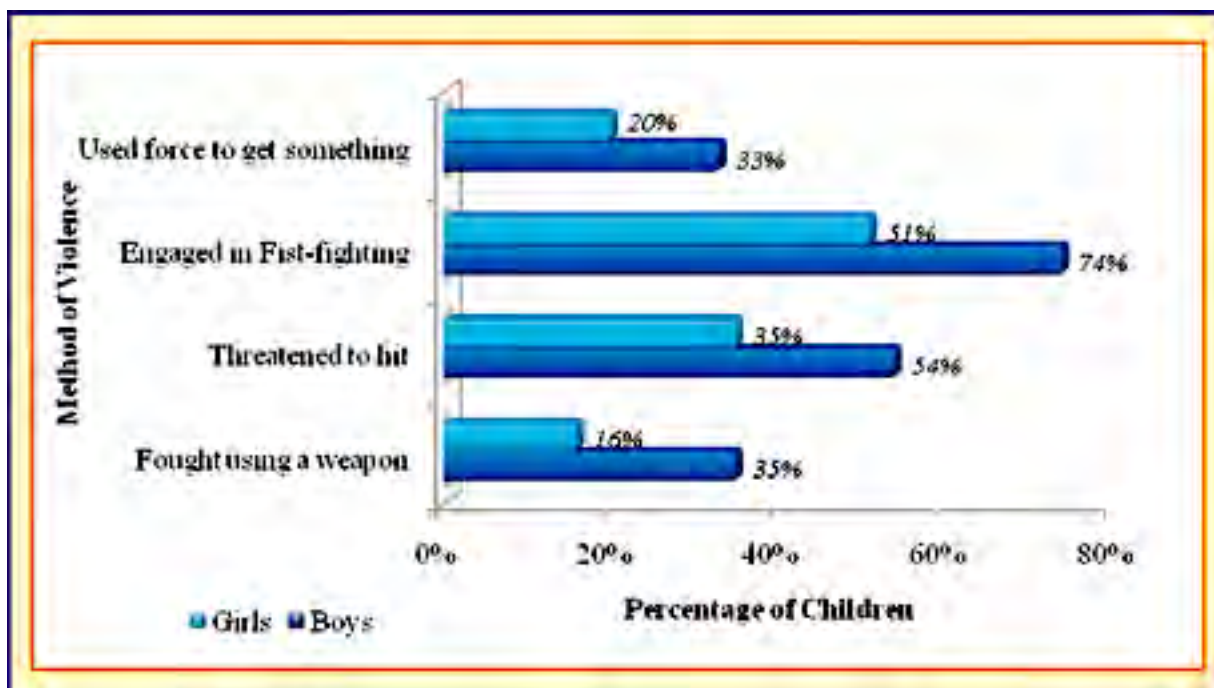
world and may be considered a serious public health threat to teenagers and young children (Sheppard 2009).

The first Global School-Based Student Health Survey (GSHS) conducted in Trinidad and Tobago in 2007 for secondary school students of Forms 1 to 4, indicated that 20.8 per cent of students had been bullied.

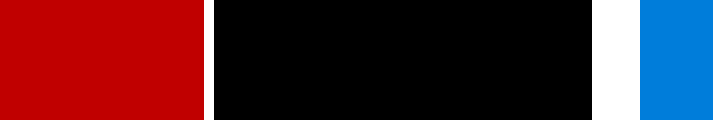
Among them, 17.4 per cent were bullied most often by being hit, kicked, pushed, shoved around, or locked indoors, with male students being more likely than female students to be bullied in this manner (26.6 percent as opposed to 7.3 per cent respectively).

Lall (2007), commenting on an evaluation study of primary school students in Trinidad and Tobago conducted in 2006, stated that 20 per cent of all students interviewed were very often/often afraid of being hurt, bothered or bullied at school; 18 per cent were very often/often afraid of being hurt, bothered or bullied by someone from their community/district, while 12 per cent were very often/often afraid of being hurt, bothered or bullied by someone from home. The author states that in the sample, there exists a gender differential in students' fear of being bullied and victimised with girls expressing greater fear than boys. Furthermore, the author indicates that this gender differential is extended when analysing violent behaviour of primary school students where boys are more likely to engage in violent behaviour than girls. (See Figure below)

Figure 7: Methods of Violent Behaviour Displayed by Primary School Students (2006)



Source: Lall (2007)



Another important emerging issue raised by those in the education field is that of bullying which occurs through the internet via social networks. This form of action, although not physical, can cause severe emotional distress to students and appropriate measures to treat with “cyber bullying” need to be put in place.

DISCIPLINE AT SCHOOLS: PROGRAMMES AND INTERVENTIONS

National School Code of Conduct

The National School Code of Conduct was introduced as a support mechanism to ensure that the school environment “... promotes the values of responsibility, respect, civility, academic excellence in a safe, learning and teaching environment, as well as promote equity, justice and fairness”. It outlines the manner in which indiscipline should be dealt with and specifies punishment based on whether students are first time or repeated offenders.

School Safety Officers

The MoE, in partnership with the Ministry of National Security, introduced safety officers in government secondary schools. These officers are charged with the development and implementation of a School Safety Plan, investigation and submission of reports on incidents at the facilities and patrol of the school compound.

Student Support Services Division

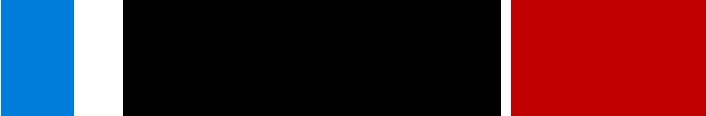
In 2004, the Student Support Services (SSS) Division was established. Its mission is “to provide ongoing support for all students to maximise their learning potential, do well at school, achieve to their capabilities and develop holistically”. This division consists of three (3) units: Central Guidance Unit, Special Education Unit and School Social Work (at the Primary School level). The SSS Division provides “counselling and specialised intervention strategies” to students who are on suspensions and those who are “acting out”.

The Task Force on School Violence

In 2011, the National Task Force on School Violence was established by the Minister of Education. Media reports have indicated that the role of this initiative is to review all reported incidence of violence that occurred in schools while also compiling and assessing the recommendations made by the various governments, ministries and stakeholders since 1985.

Other Disciplinary Initiatives and Programmes

For repeat offenders there is the Specialised Youth Service Programme which is headed by officers of the Defence Force, the Military Led Academic Training (MILAT) and the Military Led Youth Programme of Apprenticeship and Reorientation Training Programme (MYPART); both fall under this broader programme.



Issues Affecting a Child's Right to Education: Root Causes

- There is a shortage of teachers trained in identifying and educating students with learning disabilities or who learn differently; as such many students may have undiagnosed learning disabilities and “act out”.
- Children are unable to stay on in school especially at the secondary level due to economic pressures.
- Parents have abdicated their responsibility in ensuring that children of school age are at school.
- Children are not emotionally equipped to deal with the day-to-day pressures of school.
- Children do not receive adequate parental support to continue with schooling.
- Truancy is not adequately monitored possibly due to an inadequate number of truancy officers.
- The phenomenon of working children may be negatively impacting their ability/desire to continue with schooling.
- The threat of violence at school may be a disincentive to some students and may account for the truancy and dropout rates.
- The issue of teen pregnancy may be impacting on girls’ ability to continue schooling.
- Male students are unable to ‘find’ their place in the secondary school system.

Although information on all the root causes listed is not readily available, these have all been mentioned by key stakeholders in the preparation of this report.

Recommendations

- ✓ A comprehensive analysis of truancy and drop outs in the secondary school system; a detailed analysis of the available skill-based programmes and tracer studies of graduates of these programmes; as well as the ability of the current education system to fully provide for the needs of the differently abled, needs to be conducted.
- ✓ There is generally a need for the private sector and the national community at large to become more involved with state sponsored education support programmes.
- ✓ The needs of students are evolving together with that of the society therefore, the provision of guidance officers and counselling for parents to aid students in developing coping mechanisms to deal with the day to day demands of schooling has become more necessary.
- ✓ Some of the issues of male underperformance and violent behaviour at school can be controlled through male student mentoring programmes, where male students are mentored by a positive male role model; this provides scope for private sector and NGO involvement.
- ✓ There needs to be greater sensitisation of the general population to the value of education; as well as sensitisation of parents to being able to identify learning disabilities and knowing the required interventions that their children may need.
- ✓ Existing teachers in secondary schools need to be adequately trained in alternative teaching methods for children who may think differently and how to identify and teach children with learning disabilities.



THE RIGHT TO A VOICE, LEISURE, PLAY AND CULTURE

The right of children to a voice in Trinidad and Tobago is fairly well respected. The National Youth Policy defines youth as a person between the ages of 12 and 29 years. The policy outlines the framework within which the Government's youth policy initiatives will be executed. It represents a flexible and dynamic process between stakeholders from which programmes, activities and projects would surface. The policy adopts a participatory approach which places youth at the forefront of policy development and implementation. Its vision is to empower young people so that they are able to make informed decisions to improve the quality of their lives and to contribute to the sustainable development of the country.

The National Youth Assembly was born out of the National Youth Policy and attempts to empower young people. The assembly represents a model parliament and incorporates youth representatives elected by constituencies to discuss a variety of issues of national importance. The Youth Parliament convenes at the Red House and youth constituency representatives engage in debates.

The Trinidad and Tobago Youth Congress is also committed to representing youths in Trinidad and Tobago through understanding issues that are affecting young people and campaigning to help improve their quality of life. It is a national youth entity and members represent different areas and voluntary organisations and include persons between the ages 14 and 25.

The country is also part of the Network of CARICOM Youth Ambassadors where young Caribbean nationals are mandated by their Heads of Governments to advocate for and educate young people about issues such as HIV/AIDS and the CARICOM Single Market and Economy.

There are also quite a few other youth

organisations, including the National Youth Council of Trinidad and Tobago, a federation of youth and youth organisations in Trinidad and Tobago, for which the Ministry of Sports and Youth Affairs provides a directory. Many of these groups are mainly associated with a range of religious denominations and communities across Trinidad and Tobago.

PLAY AND LEISURE

Play is a medium through which creativity and flexibility can be developed in children. It is also a means of developing invaluable skills which make the child more competent in areas of social, moral and emotional development. Conflict management situations are also learnt and enhanced through play. The GoRTT is aware of the importance of play and as such, the MoE has included in its Draft National Early Childhood Care and Education Curriculum Guide (2006) as one of its principles, "Learning Through Play". In this document, play has been identified as a powerful context in which children learn as they actively engage socially, emotionally, physically and intellectually, with people and objects. Among other things, the Guide speaks to the development of an environment that encourages young children to play, in which teachers and parents are the main drivers of the process.

SPORTS PROGRAMMES

The Government has also recognised that participation in sports is an important aspect of the development of children in promoting good health and mental well-being, and forming social relationships. As such, it continues to include physical education in the curriculum for both primary and secondary schools, where children are given the opportunity to participate and learn to play various sports such as cricket, netball, basketball and football and learn about the history of sport in Trinidad and Tobago. Sporting programmes are also provided for students after school hours where coaches are assigned to develop the children's skills in football, netball, cricket, rugby, hockey or

track-and-field. Sporting opportunities are further provided by both the government and the private sector through nationwide competitions organised among secondary schools in various sports.

Additionally, the International Inspiration Programme was launched in January 2010 in Trinidad and Tobago, through a mini sports festival, by the UK government under its division of UK Sport, UNICEF and the British Council (UNICEF). It is a programme which has been tailored to specifically address Article 31 of the CRC to ensure that the right of the child to play and leisure is manifested through the activities undertaken by the child.

The Sports Commission of Trinidad and Tobago (SCOTT), has been developed through the government's National Sport Policy as the institutional framework for

achieving the government's objective to enrich the lives of citizens through total participation, quality training and excellence in sport (Ministry of Sport and Youth Affairs 2002). It includes the provision of opportunities for all members of society including children with special needs in order to encourage a healthy, disciplined, and productive society through greater participation in sports and physical recreation.

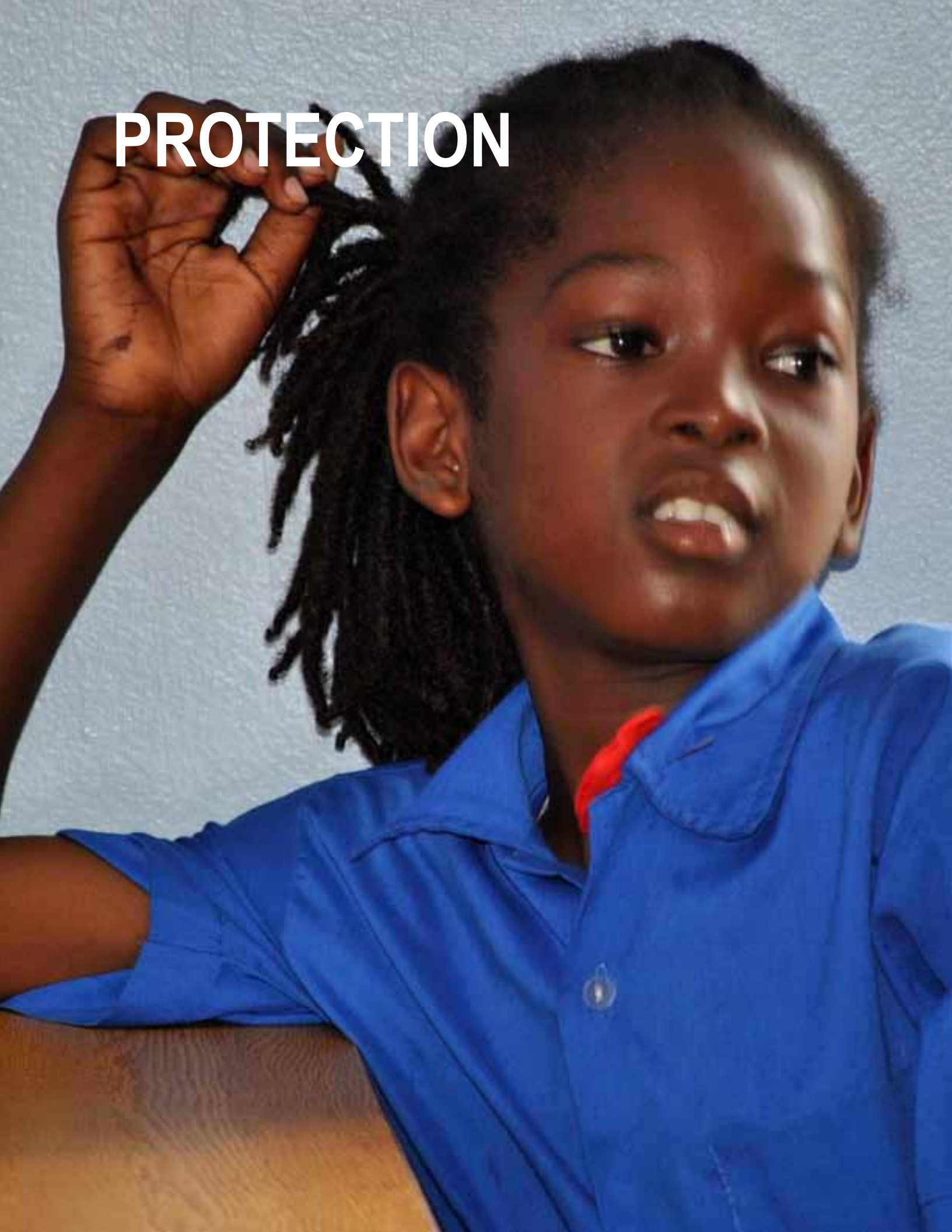
Alongside sporting opportunities for children in schools, there are various other activities which the government and schools use to promote participative interaction and well-being of the child through leisure. Such activities range from scrabble, drama, dance, choir singing and dragon-boat building clubs. Competitions are also organised to stimulate student participation.

Recommendations

- ✓ There is a need for more disaggregation in recording data on missing children; at present there is no information on the percentage of missing children who are runaways, abducted by parents and strangers or lost, or a record of those who habitual runaways.
- ✓ It is important to find out the social factors motivating children to run away from home, because this problem can only be solved if we understand the social factors responsible.
- ✓ Children who have been kidnapped may suffer physically and psychologically. They are likely to be injured, tortured, neglected or even killed. Children kidnapped for ransom, will have to live with the horrible memories of being kidnapped for the rest of their lives. To protect children from kidnapping and its consequences, it is imperative that measures are put in place to provide a safe environment for children.



PROTECTION





THE RIGHT TO PROTECTION

Governments that have signed and ratified the Convention of the Rights of the Child, including the government of Trinidad and Tobago, have a responsibility to “... take all available measures to make sure children’s rights are respected, protected and fulfilled ... This involves assessing their social services, legal, health and educational systems, as well as levels of funding for these services. Governments are then obliged to take all necessary steps to ensure that the minimum standards set by the Convention in these areas are being met. They must help families protect children’s rights and create an environment where they can grow and reach their potential” (CRC Article 4). Additionally, according to the WHO, the achievement of MDG 4 (reducing child mortality) goes hand in hand with eliminating gender-based violence as research has shown that violence against women has a direct impact on child mortality.

The Ministry of the People and Social Development is responsible for the coordination, execution and monitoring of social services and social programmes in Trinidad, with the Division of Health and Social Services in the Tobago House of Assembly having the equivalent responsibility for Tobago. These agencies work along with the country’s Police Service and various NGOs to protect the most vulnerable in society.

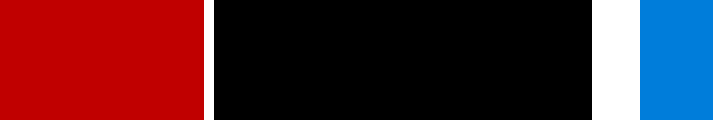
SOCIAL SERVICES FOR CHILDREN

The care and the protection of children are targeted through services offered by various units within the aforementioned ministry:

The **Adoption Unit** is responsible for ensuring that children are legally adopted within a family which can adequately provide for their needs and enhance their well-being thereby enabling them to contribute positively to society. In collaboration with other units in the Social Welfare Division, it is also responsible for monitoring the welfare of children placed into homes.

Through the **Community Mediation Programme**, parenting support groups were also formed with this ministry. These groups provide a mechanism through which the capacity of parents and guardians with difficult children can be enhanced.

A literacy programme, “**Combating Youth Violence through Literacy**”, targets children between the ages of 8 and 13 who attend school and who have literacy challenges.



The **National Family Services Division** is the primary institution in Trinidad and Tobago providing a range of programmes and services to promote healthy family functioning. It intervenes in crisis situations especially with families of kidnapped victims, family/relationship issues, domestic violence and sexual abuse.

The **National Alcohol and Drug Abuse Prevention Programme (NADAPP)** is the central coordinating agency with responsibility for reducing the use and abuse of licit and illicit drugs, by providing treatment and rehabilitation. A Primary School Drug Prevention Initiative has been formed to educate students between the ages of 8 and 13 about drug abuse and prevention.

The government has also collaborated with particular NGOs namely, **the Rape Crisis Society and ChildLine** to provide counselling services to women and children who are adult victims of domestic violence and rape and child victims of neglect, physical, verbal, emotional and sexual abuse.

The **National Plan of Action (NPA)** for Children was initiated subsequent to the signing of The United Nations' 1990 World Declaration on the Survival, Protection and Development of Children. It consists of an Inter-Ministerial Committee dedicated towards monitoring Trinidad and Tobago's progress towards fulfilling the Millennium Development Goals (MDGs) and the Convention of the Rights of the Child (CRC). The NPA is thus targeted towards enhancing the well-being of children in Trinidad and Tobago by reducing the incidence of child abuse and neglect.

The various services offered to children for protection and care will be placed under the Children's Authority of Trinidad and Tobago whose responsibility will focus on guarding the welfare of all children by coordinating social services relevant to their protection, regulating the operations of all children's homes and residences, monitoring foster

care and adoption services and providing legal representation for children within the court system. However, although its management board was appointed in April 2009, the institutionalisation of the Authority is still underway.

SOCIAL SERVICES FOR WOMEN

Some social services provided by the government target both women and children. Services for the disabled members of society are an example of this. These services are provided by the Disability Affairs Unit to promote family, financial and other opportunities for persons with disabilities through the direct provision of disability equipment, the facilitation of programmes and activities and the promotion of the rights of persons with disabilities. This unit also conducts research and needs assessments for persons with all types of disabilities. This is aligned with the National Policy on Persons with Disabilities which aims to achieve the full inclusion of persons with disabilities in all aspects of society.

The Social Displacement Unit is another example where both women and children benefit. This unit plans and coordinates all activities pertinent to the empowerment and rehabilitation of socially displaced persons. Unemployed and single mothers are also supported by the government through the Poverty Reduction Programme. Two similar programmes which empower women to become employable are the Non-Traditional Skills Training for Women and the Women in Harmony where women with low incomes and who are the sole breadwinners are taught specialised vocational skills to allow them to obtain employment.

Social protection is provided by the government through the Targeted Conditional Cash Transfer Programme (TCCTP). Within this programme, food assistance is provided for families to purchase nutritional food items through the TT Card. Participants are also taught about food production methods, craft skills, financial planning, budgeting and attitudinal change.

SAFEGUARDING CHILDREN'S RIGHTS

VIOLENCE AGAINST CHILDREN

Violence perpetrated against children is a multi-faceted phenomenon which goes against the heart of the human development effort of countries like Trinidad and Tobago. It presents itself as physical and mental abuse and injury, emotional ill-treatment, neglect or negligent treatment, commercial or other exploitation and sexual abuse which is harmful or potentially harmful to the child's health.

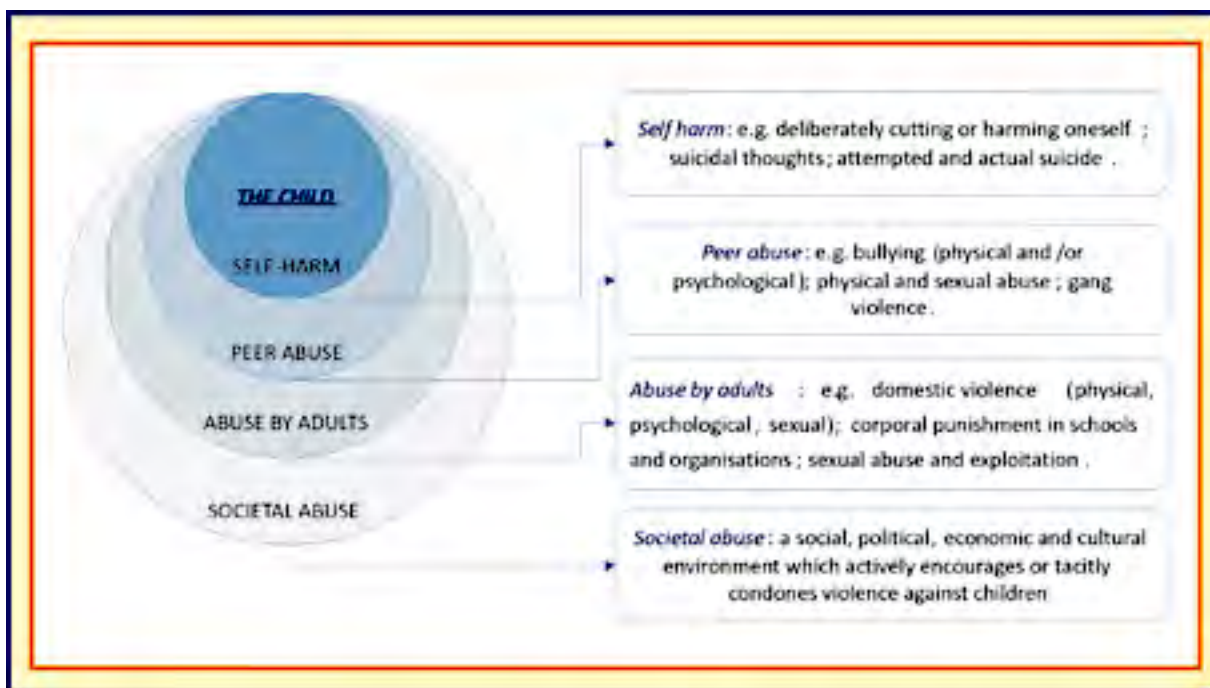
It also raises the issues of self-preservation, personal development and human dignity in the context of a relationship of responsibility, trust or power (WHO website). Violence against children may occur in homes, schools, recreational facilities, orphanages,

residential care facilities, on the streets, in the workplace, in prisons and places of detention. It is sometimes categorised according to the perpetrator who commits the act(s) of violence. A categorisation is presented below:

PHYSICAL, EMOTIONAL, SEXUAL ABUSE AND NEGLECT

Globally, an estimated 40 million children are affected by child abuse each year (WHO 2001). In the context of Trinidad and Tobago, the incidence of child abuse is noticeably on the rise. This can be seen not only from the escalating frequency of the number of incidents of child abuse highlighted in the media, but from the number of phone calls made to the National Domestic Violence Hotline between the period January 2005 to August 2005. There were 135 phone calls made by children for assistance, of which 39

Figure 8: Forms and Sources of Violence against Children

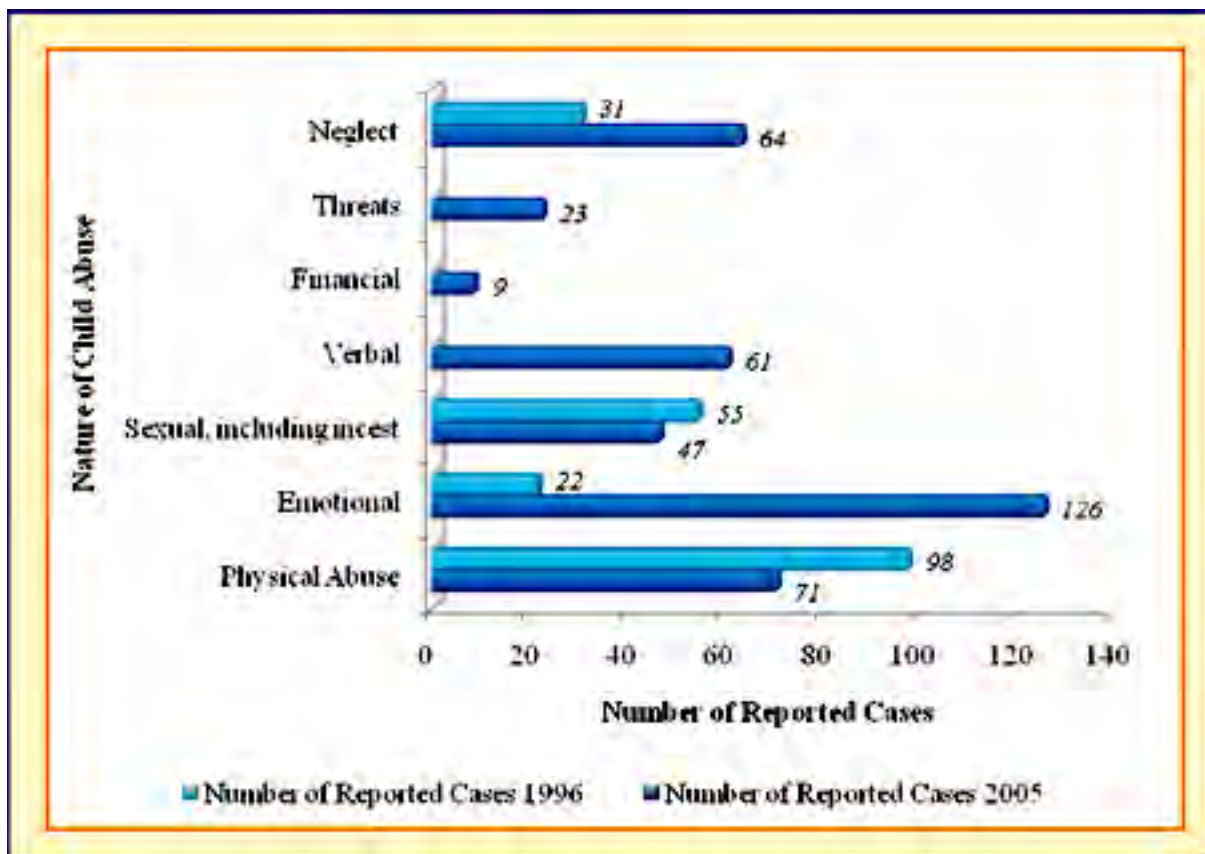


Source: Child Hope, Child Protection Policies and Procedures Toolkit (2005).

per cent were male and 61 per cent female. Figure 9 shows the distribution of reported cases, by nature of abuse perpetrated upon the child. It illustrates a comparative account of the number of child abuse cases for the years 1996 and 2005.

For the year 2010, the number of **reports made to the ChildLine Centre revealed that more female children were affected by various forms of violence than male children.**

Figure 9: A Comparison of the Nature of Child Abuse Cases Reported (1996 and 2005)



Source: Immigration and Refugee Board of Canada and Central Statistical Office Report on Crime Statistics 1996.

A breakdown of the calls by type of abuse reported to the ChildLine Centre showed neglect in the home by parents and caregivers to be the most common type of child abuse perpetrated against children. This is highlighted in Figure 10 below:

child should feel most secure is the place where he or she is being abused. If this phenomenon has remained unchanged it is indeed worrying and it may be signalling the need for outreach programmes for mothers that address issues such as managing

Figure 10: Type of Child Abuse Reported to the ChildLine Centre (2010)

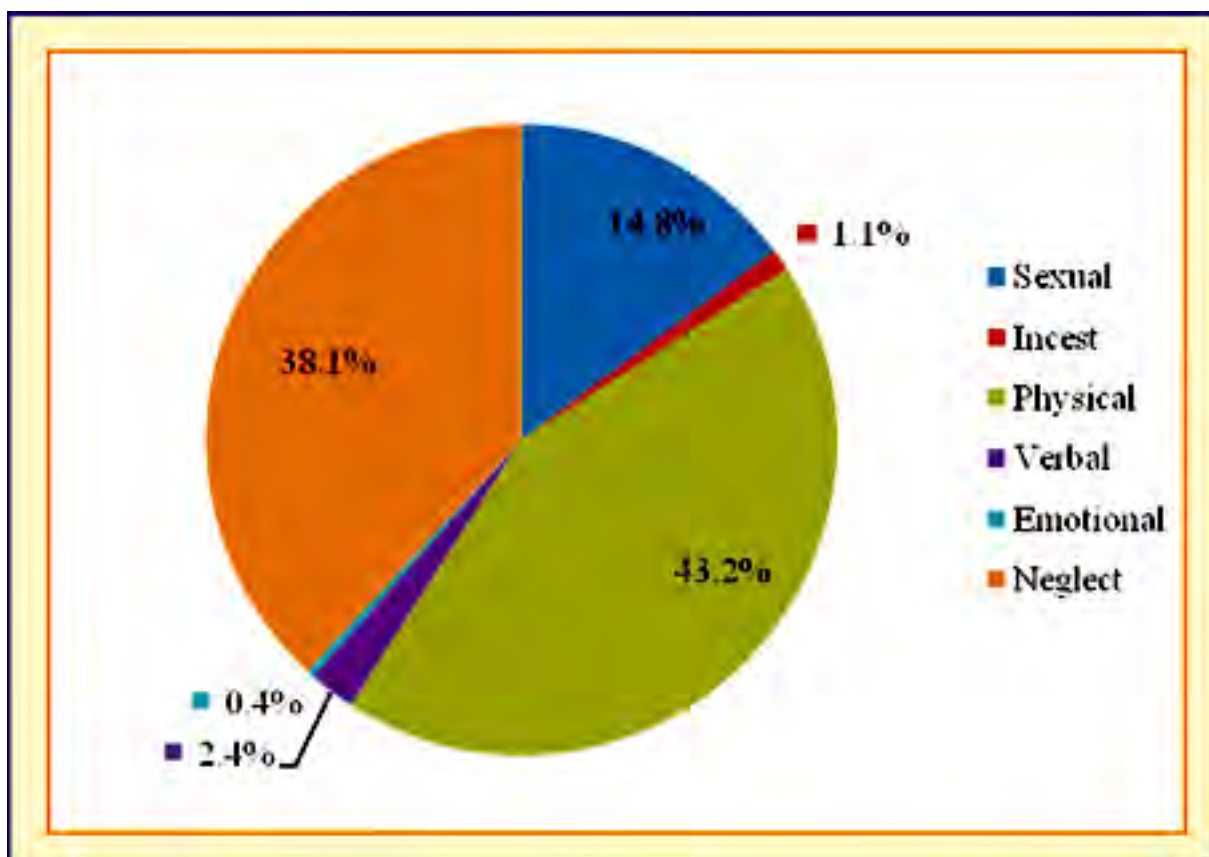
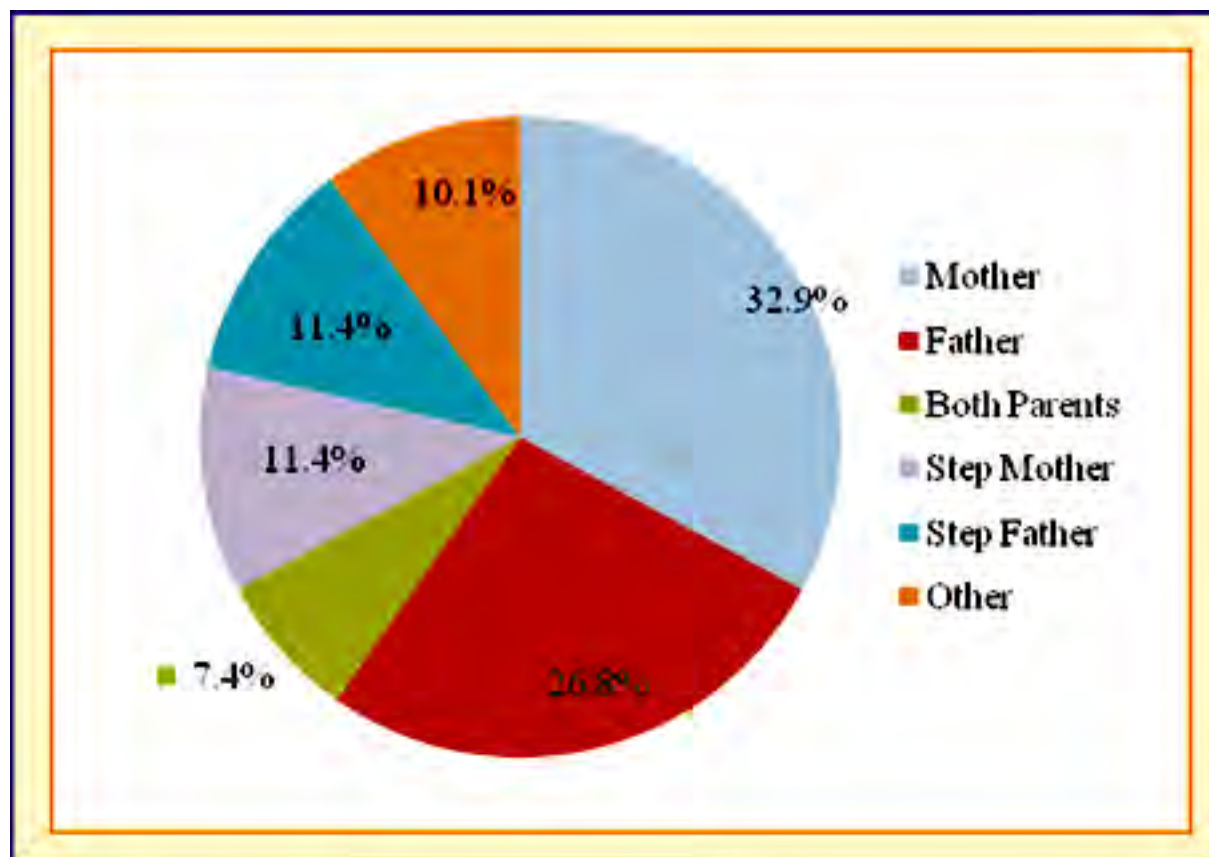


Figure 11 shows that for the reported cases of child abuse to the ChildLine Centre in 1996, children were abused more by their mothers than any other parent or guardian, although there was no indication of the types of abuse perpetrated by mothers. This means that the place where the

high stress levels, anger management, etc. Whether or not a comparatively large percentage of child abuse cases are perpetrated within the home than in other environments, the information presented can be taken as a good indicator of child abuse within this society.

Figure 11: Child Abuse Cases by Abuser in the Home (1996)



Source: Central Statistical Office, (1996).

CHILD DISCIPLINE

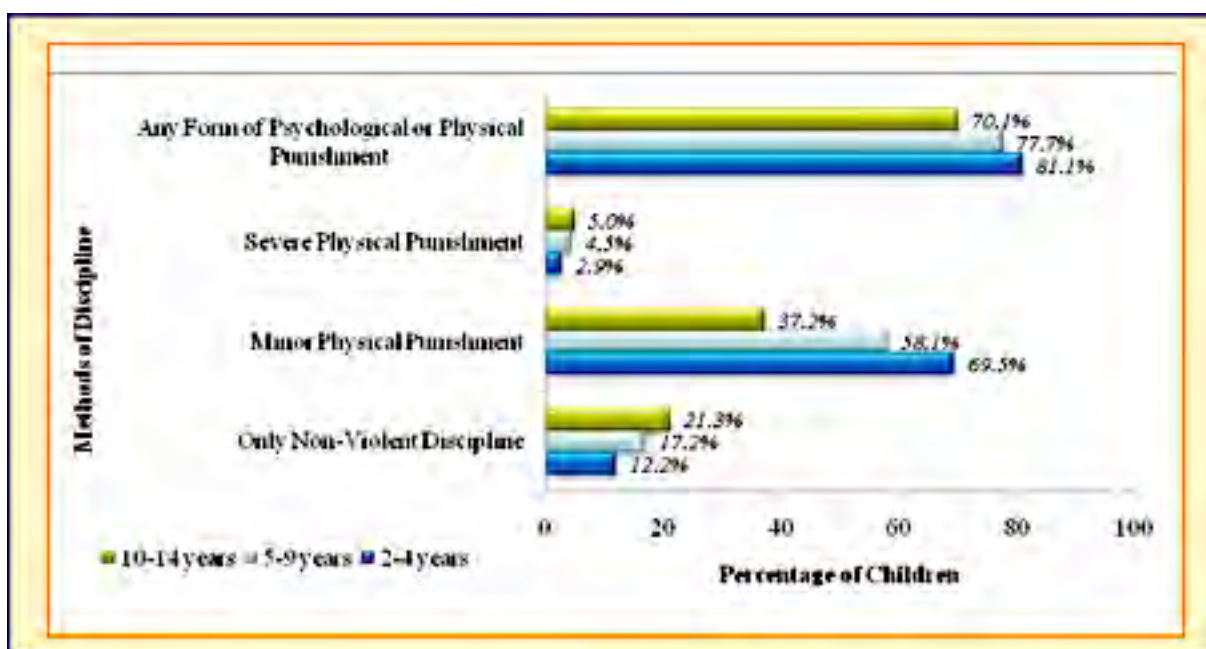
Parents and caregivers often use a range of strategies to instil discipline in children. The Multiple Indicator Clusters Survey (MICS) 3 conducted in 2006, provides data relating to the situation of women and children in Trinidad and Tobago and was based on a collaborative effort between the Ministry of Social Development, the Central Statistical Office and UNICEF. Thus, the forms of discipline administered to children aged two (2) to 14 years are presented in Figure 12.

MOTHERS THE MAIN PERPETRATORS OF ABUSE

It is important to note also that the survey revealed that 25.4 per cent of the mothers or caregivers in Trinidad believed that children need to be physically punished.

This supports the finding highlighted in Figure 11 where mothers were found to be the main perpetrator of child abuse within the home.

Figure 12: Forms of Child Discipline administered to Children 2 to 14 Years of Age in Trinidad and Tobago (2006)



Source: Government of the Republic of Trinidad and Tobago (GoRTT), Ministry of Social Development (MoSD) (2008).

AGE OF CHILD VICTIMS

The data collected highlight various facets of the prevalence of violence against children in Trinidad and Tobago. Children between the ages of eight (8) and ten (10) appear to be more vulnerable than children of other age groups and there seems to be a greater tendency for girls rather than boys, to be victims of child abuse, irrespective of the age group.

REASONS FOR PERETRATOR OF CHILD ABUSE

In instances where the abuse is perpetrated by a family relative within the home, particularly for cases of incest, police officers when called to investigate, often resist intervention on the basis that such matters are perceived to be private and should remain within the family. Thus,

many cases of child abuse remain unreported due to the expectation that the police are not likely to intervene.

This phenomenon partly explains the possible under-reporting of child abuse cases.

CULTURAL ACCEPTANCE

Stakeholders have suggested that the situation is compounded as there is some degree of cultural acceptance of physical punishment on the part of mothers and other caregivers in Trinidad and Tobago. In fact, even children themselves believe that corporal punishment is necessary to properly rear a child within society as they have been taught this by their parents and other adults.

CYCLE OF ABUSE

Stakeholders have also indicated that there can be an embedded cycle of abuse stemming from children observing their mothers being physically and verbally abused by their fathers or the mother's male partner which forms a psychological backbone for child abuse. For instance, in attempting to protect their mothers, male

children may themselves be physically abused. In addition, exposure to such an environment may lead male children to think that women deserve to be abused. Concurrently, this forms the cycle where the female children grow to believe that the abuse is normal. Emotional abuse of children may also arise due to the cultural belief that children do not have the same human rights as adults and as such, they may be subjected to different forms of child abuse within the home.

SUICIDE

Suicide and attempted suicide are recognised by UNICEF to be forms of violence against oneself. Children and adolescents in Trinidad and Tobago, like in other countries, are confronted with mental health issues which can sometimes lead to self-destructive behaviours, including suicide or suicide attempts.

According to the Crime and Problem Analysis Branch of the Trinidad and Tobago Police Service, there were 21 reported cases of suicides of children for the period 2006 to 2010. Of these reported cases, 62

per cent were male and 38 per cent were female, aged 10 to 18 years. Additionally,

67 per cent of the children who committed suicide resided in the southern parts of Trinidad.

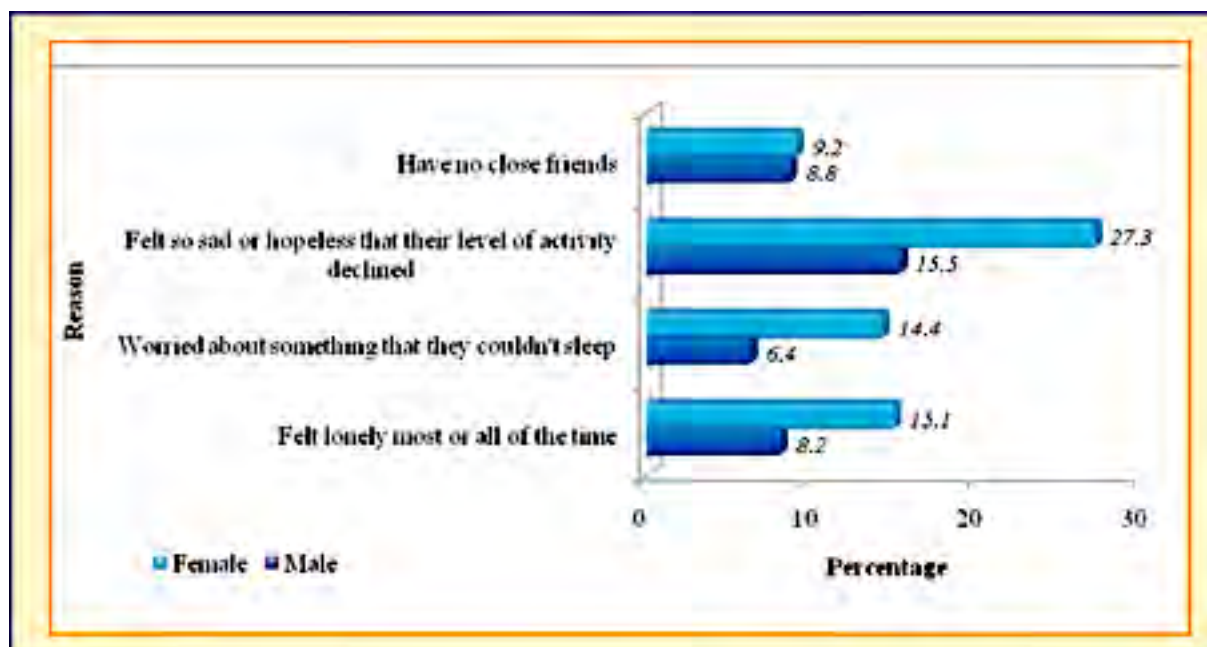
There were no reported cases for Tobago.

However, medical professionals, based on the cases presented at medical institutions, have indicated that

girls attempted suicide more frequently than boys.

Following on from this point, the results of the first Global School-Based Student Health Survey (GSHS) in Trinidad and Tobago in 2007 showed that overall 17.9 per cent of students seriously considered attempting suicide at some time during the 12 month period prior to the survey, with female students being more likely than male students to seriously consider attempting suicide (21.5 per cent as opposed to 14.1 per cent, respectively). The underlying reasons are provided in Figure 13 below.

Figure 13: Reasons for suicidal thoughts in adolescents (2006)



Source: Ministry of Health and Ministry of Education, Global School-Based Student Health Survey (GSHS) 2007

PROTECTION FOR THE INFANT, CHILD AND ADOLESCENT

The Trinidad and Tobago government, as well as NGOs, has taken affirmative action towards promoting the rights of the child in order to ensure that the nation's children, irrespective of their age or stage of development, are protected. Some specific initiatives taken were:

- ▶ Prioritising legislation (review, reform and implementation) as one of the key initiatives for maintaining and enhancing the standard of living of children through the realisation of child rights within the society. It will be able to conduct public forums which will be held in six regions throughout the country; North, East, Central, South, South-West and Tobago. One has already been conducted in Central in November 2010¹⁷.
- ▶ Appointing a task force to address children's safety and help to inculcate a culture of prevention of child abuse within the society. One of the mandates on this Task Force will be to conduct public forums which will be held in six regions throughout the country.
- ▶ Addressing issues of child protection, particularly child abuse, neglect and foster care¹⁸ through the National Family Services (NFS), established in 1991 and the Family Court Pilot Project. The NFS, along with the Probation Department, offers counselling services on issues of child abuse to all members of the public, including children. It is also responsible

for children's institutions, and coordinates a training component where caregivers in children's institutions are trained to effectively deal with the abused child and their grieving process. The Family Court Pilot Project has jurisdiction over child protection matters including abuse and neglect of children.

- ▶ Outlining guiding principles through the Children (Amendment) Act, No. 68 of 2000, which parents are expected to respect as it relates to administering corporal punishment to their children at home.
- ▶ Establishing the Child Indicator's Monitoring System (CIMS) and the Children in Need of Special Protection (CNSP) Monitoring System to provide accurate, disaggregated and timely data for cases of violence against children in Trinidad and Tobago.

Non-Governmental Organisations' Initiatives

ChildLine is a hotline operating under the Trinidad and Tobago Coalition against Domestic Violence to provide confidential and trained support to child victims of physical, verbal, emotional and sexual abuse, incest, and neglect occurring within the home, school or community. ChildLine does not have the authority to intervene on behalf of the child nor to report the matters to the police service, but provides counselling and follow-up phone calls to the children.

¹⁷ Ibid.

¹⁸ ditto"

Recommendations

There are still gaps to be filled in relation to the elimination of violence against children in Trinidad and Tobago. Through the use of a regional assessment of violence against children in the Caribbean by UNICEF (2006) and this recent analysis of the situation, recommendations were crafted:

- ✓ Possibly, the prime action that should be taken that will somehow set the stage for what will follow, is the strengthening of the current legislative framework that protects children from all forms of violence, particularly as it relates to parental abuse, incest and violence in school.
- ✓ Public education and awareness should also form part of the response as the public should be made cognizant of the rights of the child and the laws protecting the child. Children should also be made aware of their own rights, possibly through changes to the school curriculum. They should also be clear of their options if these rights are violated.
- ✓ There needs to be a greater effort on the part of the government to care for and rehabilitate children who have been abused or have been affected by any other form of violence. This may even encourage child victims of violence to come forward since they trust that they will be properly cared for.
- ✓ There needs to be a collaborative effort between the Ministry of Social Development and the Ministry of National Security to ensure that all reports of neglect, abuse, incest etc. are well investigated in the best interest of the child.
- ✓ The role of cultural influences must feature prominently in crafting any programme to eliminate violence against children. Although not universally accepted, the notion that persons in society – namely children, parents, perpetrators of violence against children – adopt violent behaviours which are often displayed through the media is not one that should be ignored.
- ✓ A central repository at the national level of child related data should be established to consolidate data and facilitate timely updates as well as provide comprehensive information on incidences, causes and characteristics of all forms of violence against children. In addition, research is needed to evaluate the effectiveness of programmes that are developed to these issues.

VIOLENCE AGAINST WOMEN

Violence against women is a worldwide phenomenon; it is a direct infringement of Article 5 of the Universal Declaration of Human Rights: "No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment". According to the UN (2010), it may take the form of domestic violence; sexual violence; homicide; trafficking; sexual slavery and harmful practices such as forced marriage, virginity testing, honour crimes and female genital mutilation. Globally, at least one in three women (UN 2006) is subjected to intimate partner violence in their lifetime. Trinidad and Tobago, unfortunately, is not without the incidence of such violence. Experts say that it is prevalent in the society because it has been "institutionally sanctioned". According to one key informant, violence against women is often regarded by the police as a personal issue between two intimate partners.

As was mentioned earlier, when analysing the statistics of domestic abuse, one must be mindful of the issue of under-reporting; many victims do not report the crimes perpetrated against them. In fact one key informant suggested that survivors of domestic violence often make their first report somewhere between the 10th and 15th incident. When it is reported, however,

the previous incidents cannot be counted; it is recorded as one incident.

Apart from this recording peculiarity many women do not report at all, for a number of reasons, including fear of stigmatisation; shame; desire to keep family unit together and dependency, as they may have no other means of support (Theodore et al 2008). Therefore, as disturbing as some of these figures may seem, the actual situation may be even worse. For example Table 7 below lists the number of calls reported to the Domestic Violence Hotline from 2005 to 2008. From 2006 to 2008, 187 per cent more cases of violence against women were reported to the domestic violence hotline than to the police.

SEXUAL VIOLENCE

Over the seven-year period under observation the number of reported sexual violence cases averaged 731. The two most reported sex crimes were sex with females under 16 (37.8 per cent) and rape (37.4 per cent). This number suggests a high level of sexual exploitation in Trinidad and Tobago.

While incest accounted for 5.9 per cent of all reported cases, local experts say that this is the most under-reported sex crime. Perhaps the most disturbing feature of the sexual crime profile in the country is the number

Table 7: Number of Calls Reported to the Domestic Violence Hotline (2005-2008)

Year	Male	Female	Total
2005	463	1530	1993
2006	395	1554	1949
2007	642	2012	2654
2008	576	1989	2565

Source: Trinidad and Tobago Ministry of Gender, Youth and Child Development: Gender Affairs Division

of cases that go unsolved. Over the period reported 5,119 sexual crimes were reported. Of these crimes, only 2,609 were solved. This represents a 51 per cent “clearance rate¹⁹.” The clearance rate of rape itself was even lower, at 43.8 per cent. This figure is comparable to 41.2 per cent of “forcible rape” cases that are cleared in the United States (FBI 2009). The clearance rate for all sex crimes declined over the period from 59.1 per cent in 2004 to 36.2 per cent in 2010 (see Table 8). However whatever the reason for the “solve rate”, the fact remains that this phenomenon creates perverse incentives for perpetrators and would-be perpetrators of sex crimes while at the same time providing a disincentive for victims to report these crimes.

The emotional burden that sex crimes places on the victims is evidenced by the number of persons who seek counselling. Over the period 2004 to 2009 1,532 new cases were reported by the Rape Crisis Society (See Table 8). More than 32 per cent of all these cases were due to rape. The second most counselled sexual crime over the period was child sexual abuse. Child sexual abuse, together with incest made up about 26 per cent of all cases counselled.

THE IMPACT OF VIOLENCE ON WOMEN AND CHILDREN

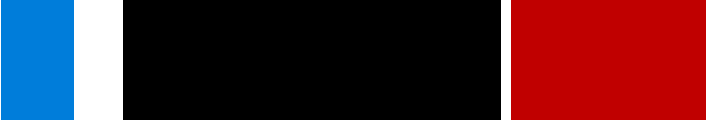
In a Trinidad and Tobago study, Rawlins and Crawford (2006) described domestic violence as “a pervasive violation of human

Table 8: Sexual Offences Reported (2004-2010)

Year	2004	2005	2006	2007	2008	2009	2010
Sexual Offences	rep	rep	rep	rep	rep	rep	rep
Rapes	305	334	259	317	236	247	215
Attempted Rape	0	5	4	9	2	2	3
Incest	10	53	43	46	60	69	22
Grievous Sexual Assault	63	106	167	140	140	115	158
Female under 14	87	157	265	150	94	116	109
Female 14 - 16	97	76	180	164	111	161	169
Male 14 - 16	-	-	-	2	0	1	0
Adopted Minor	3	6	6	0	5	6	8
Mentally Sub normal	0	1	0	1	2	1	3
Fail report sex with minor	1	0	1	1	0	1	0
Procuration	3	0	0	0	0	0	0
Procuring Defilement of a	1	0	0	0	0	0	0
Person							
TOTAL	570	738	925	830	650	719	687
<u>Crime Solve Rate</u> <u>(Sol/Rep)</u>	<u>59.1%</u>	<u>55.8%</u>	<u>57.8%</u>	<u>53.7%</u>	<u>49.4%</u>	<u>43.0%</u>	<u>36.2%</u>

Source: Crime and Problem Analysis Branch of the Trinidad and Tobago Police Service

¹⁹ Number of crimes solved/number of crimes reported



rights". In their study, they assert that violence in the home is a cause of social problems. Children from homes where violence occurs are more likely to become abusers and also more likely to commit violent acts in general. They view violence as acceptable behaviour and are thus more prone to repeat it (IADB 1999). Other products of domestic violence include street children, child labourers and child prostitutes (Rawlins and Crawford 2006).

The violence committed against women can impact on the well-being of the child in different ways. Being a victim of violence makes a woman more likely to be frequently absent from work and consequently more likely to be terminated (IADB 1999). The ensuing financial instability would clearly affect the child's wellbeing. In homes where the abuser is not also a caregiver or financial provider, the situation can be even worse. If the abuse causes the woman to lose employment, the abuser destroys the productive capacity of the household and leaves the abused woman and child without a financial safety net. A visiting intimate partner who abuses can be likened to an invader of the home, who takes or destroys the household's resources, and leaves the woman and children to pick up the pieces.

Children who view or are on the receiving end of violence are more likely to misbehave in school, perform worse than their peers and repeat a year of school.

The effects of violence appear throughout the child's lifecycle (James 1994). Infants suffer poor health and poor sleeping habits. Even toddlers react to violence with signs of distress and increased aggression toward other children. Primary school aged children get into fights and rebel against authority. When children reach adolescence, if the violence they have been exposed

to is entrenched in their behaviour, they may carry it with them into their social interactions. They may find themselves in abusive relationships, either as perpetrators or victims.

According to PAHO (n.d.), there is a reciprocal relationship between sexual violence and HIV/AIDS and a positive link between domestic violence and Sexually Transmitted Diseases (STDs). The domination which usually spawns the violence is also a basis of disrespect for the self-preservation rights of victims.

THE IMPACT OF VIOLENCE ON THE ECONOMY

It is not always understood that domestic violence can also have a negative effect on the economic performance of a country. WHO in 2004 examined the economic impact of violence on society. In costing this impact many studies used direct medical costs, compensation costs, cost of legal services and others. To measure indirect costs, a few of the indicators used included lost earnings, opportunity cost of lost time, and psychological costs.

The results of studies suggest that the annual cost (in 2001 US\$) of intimate partner violence in the US was in the vicinity of US\$3.5 billion (Womankind Worldwide 2002). A Jamaican study using patients at the Kingston public Hospital put the cost at US\$454,000 (Mansingh and Ramphal 1993). The WHO noted that sexual violence is difficult to cost due to the lack of information and unreported incidents. Two other studies that estimated cost per rape ranged between US\$110,000 per victim (Illinois Coalition Against Sexual Assault 2002), and US\$85,000 (Miller, Cohen and Rossman 1993). Finally, in Trinidad and Tobago, the cost of sexual abuse and domestic violence was estimated in 2005 at \$US77.4 million (Theodore et al 2008).

LEGAL FRAMEWORK

The Domestic Violence Act of 1999 defines domestic violence as including "... physical, sexual, emotional or psychological, or financial abuse committed by a person against a spouse, child, any other person who is a member of the household or dependant".

Any woman or other person, such as a child or dependant, being faced with domestic violence may apply for a protection order under the Act. The protection order may require the respondent (the abuser) to cease communication with the applicant (the abused), as well as to stay away from him/her and any premises he/she may frequent. Under the law, the courts may also require the perpetrator to "pay compensation for monetary loss incurred by an applicant as a direct result of conduct that amounted to domestic violence". In order to ensure the safety of the abused party, the court is allowed to grant the protection order before hearing from the respondent.

The Sexual Offences Act of 1986 lays out all the indictable sexual offences in Trinidad and Tobago. The act of rape is laid out in Section 4 as:

- "A person ('the accused') commits the offence of rape when he has sexual intercourse with another person ('the complainant') without the consent of the complainant where he knows that the complainant does not consent to the intercourse or he is reckless as to whether the complainant consents; or with the consent of the complainant where the consent

- ▶ 1. Is extorted by threats or fear of bodily harm to the complainant or to another
- ▶ 2. Is obtained by personating someone else
- ▶ 3. Is obtained by false or fraudulent representation as to the nature of the intercourse
- ▶ 4. Is obtained by unlawfully detaining the complainant"

As with the Domestic Violence Act, the court may order a convicted person to pay financial compensation to the victim.

Other indictable sexual offences include:

- ▶ Sexual intercourse with a female below 16 years – Sexual intercourse with a female below 14 years is liable on conviction to imprisonment for life. Sexual intercourse with a female between 14 and 16 "is liable on conviction to imprisonment for 12 years for a first offence, and 15 years for a subsequent offence."
- ▶ Incest – This refers to sexual intercourse with another person who is "by blood relationship, his or her parent, child, brother, sister, grandparent, grandchild, uncle, niece, aunt or nephew."
- ▶ Sexual intercourse with a minor employee – This refers to sexual intercourse with any minor employed by the adult or receiving remuneration directly or indirectly from the adult.
- ▶ Indecent assault – This refers to "an assault accompanied by words or circumstances indicating an indecent intention."
- ▶ Abduction of a female – This refers to taking away a female person against her will with intent to make her marry or have sexual intercourse with the abductor or another male person.
- ▶ Householder – Anyone who owns, occupies or manages premises, who allows a minor under 16 years to be on the premises to have sexual intercourse.

ISSUES RESPONSE

- ▶ The situation of domestic and sexual abuse in Trinidad and Tobago has prompted the formation of several agencies, both public and private, committed to combating the mistreatment of the nation's women. The Domestic Violence Unit, under the Ministry of Community Development, Culture and Gender Affairs deals with issues of domestic violence. The Unit provides safe-houses and drop-in centres for victims and has also established a Domestic Violence Hotline.
- ▶ The National Family Services Division under the Ministry of the People and Social Development manages counselling centres and provides gender-sensitive training for public officials.
- ▶ The Community Police Division, under the Ministry of National Security, deals with domestic violence cases. They provide safe-houses and seek legal recourse on behalf of the victims.
- ▶ One of the main private agencies assisting survivors of domestic violence is the Coalition Against Domestic Violence, which is an alliance of organisations and individuals working against domestic and other gender-based violence. The Coalition now engages in research, public education, counselling and provides legal and educational aid to victims (Trinidad and Tobago Coalition Against Domestic Violence website).
- ▶ The Rape Crisis Society of Trinidad and Tobago also provides support to survivors of sexual violence. The Society provides counselling services, lobbies for changes in legislation that discriminates against women, and engages in public awareness programmes.
- ▶ Men Against Violence Against Women (MAVAW) also engages in public awareness programmes and participates in social activism to try to find solutions to the violence problem. MAVAW provides assistance to victims and conducts research on the incidence and intensity of violence in relationships.
- ▶ The Caribbean Association for Feminist Research and Action (CAFRA) established a training programme on domestic violence for police officers and social workers.

Recommendations

- ✓ Foster a culture where violence against women is viewed as completely unacceptable under all circumstances and secondly
- ✓ Ensure that existing laws are enforced
- ✓ Implement a "programme of parenting" in all schools – public and private, primary and secondary to train parents in child development and disciplinary techniques.

SEXUAL EXPLOITATION OF CHILDREN

The exploitation of children for commercial purposes has accelerated into one of the most lucrative criminal activities worldwide, inclusive of the Caribbean region. It encompasses child prostitution, child pornography and trafficking of children for sexual purposes. These activities are collectively referred to as Commercial Sexual Exploitation of Children (CSEC) and defined by the International Labour Organisation's Convention 182 (1999) as one of the worst forms of child labour.

The WHO (1999) defines sexual abuse as "the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society. Children can be sexually abused by both adults and other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power over the victim". Sexual abuse and assaults made against children, inclusive of incest, as well as irresponsible and high risk sexual behaviour on the part of children are categorised as "other forms of sexual exploitation of children".

It is generally agreed that sexual exploitation

of children is harmful to the overall development of the child. It can cause children to cease attending school, and it increases the likelihood of a child contracting sexually transmitted diseases, including HIV/AIDS, or having unwanted pregnancies. Such pregnancies may even result in higher levels of maternal mortality. These factors all compromise the realisation of the Millennium Development Goals (MDGs) namely, MDG 1 (to eradicate extreme poverty and hunger), MDG 2 (to attain universal primary education), MDG 5 (to improve maternal health), and MDG 6 (to halt and reverse the spread of HIV/AIDS).

COMMERCIAL SEXUAL EXPLOITATION OF CHILDREN

The precise number of children in Trinidad and Tobago who are involved in child pornography and other commercial sexual activities, inclusive of trafficking of children for the purposes of sexual exploitation, is unknown due to a lack of quantifiable data. However, stakeholders generally agree that sexual exploitation of children in Trinidad is increasing, to the extent that Trinidad has become a trans-shipment location for the trafficking of children for sexual exploitation (MoSD; The Johns Hopkins University 2010).

According to UNICEF, it is believed that there are a growing number of children who are involved in commercial sexual activities

in Trinidad, particularly in the tourism sector. The Rapid Assessment Study conducted by the ILO in 2002 confirmed that there was some evidence of both child prostitution and child pornography in the country. In fact, this study also found that a significant number of boys and girls attending schools in Port-of-Spain were engaged in commercial sexual activities.

Child Trafficking

It is estimated that 1.2 million children are trafficked annually. Most of the victims of human trafficking experience physical and sexual violence during the trafficking process.

The 2010 Trafficking in Persons (TIP) Report stated, that "... the Government of Trinidad and Tobago does not fully comply with the minimum standards for the elimination of trafficking, however, it is making significant efforts to do so" (US Department of State 2010). The government has worked with the IOM and other Caribbean governments to draft model anti-trafficking laws for the region (US Department of State 2009). Anti-trafficking training has been provided to local law enforcement officers and a working

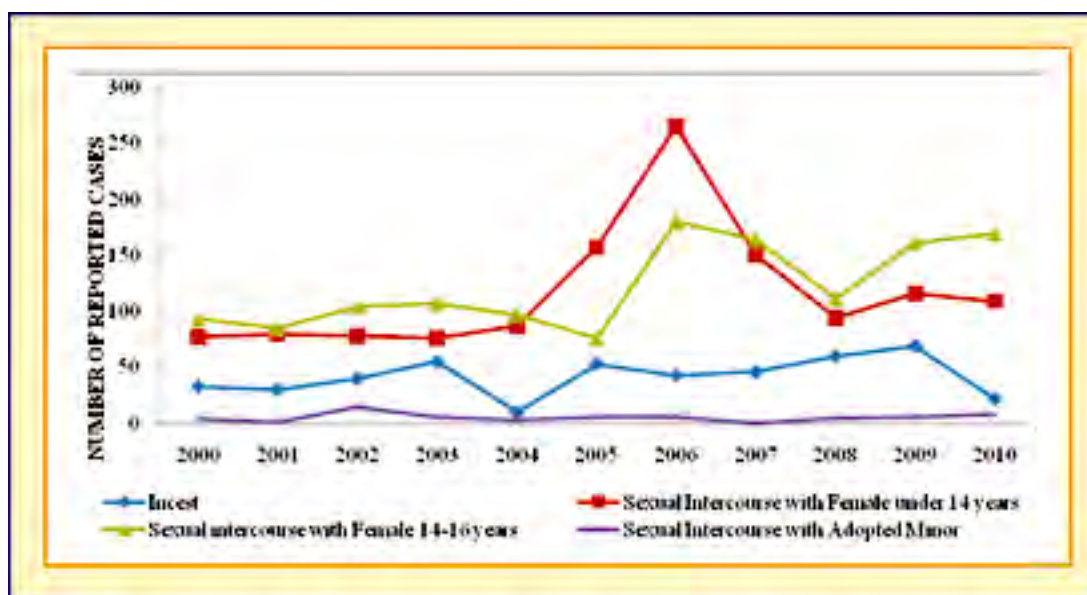
relationship has been established with the IOM to improve awareness. Despite these efforts there are still a considerable number of children who are still missing and no one has been able to find them.

SEXUAL OFFENCES AND ASSAULTS AGAINST CHILDREN

According to Reddock, Reid and Parpart (2010) child sexual abuse/incest is underestimated and under-reported in Trinidad and Tobago. The authors also highlighted that, while an estimated 12 per cent of the adult population in Trinidad and Tobago has a history of child sexual abuse, issues such as these have received little advocacy.

The Crime and Problem Analysis Branch of the Trinidad and Tobago Police Service collates the incidents of reported sexual offences perpetrated against children within its child abuse reports in which sexual offences are activities stipulated in the Sexual Offences (Amendment) Act, 2000 of Trinidad and Tobago. Figure 14 below depicts the incidence of reported sexual offences against children in the country for the period 2000 to 2010.

Figure 14: Number of Reported Sexual Offences against Children in Trinidad and Tobago (2000-2010)



Source: Crime and Problem Analysis Branch of the Trinidad and Tobago Police Service.

The Rape Crisis Society also provides data for new reported cases of incest and child sexual abuse. Table 9 below, presents the perpetrators of child sexual abuse and incest for reports made to the Rape Crisis Society in 2009. From the data presented it is quite clear that acquaintances, uncles and stepfathers were the greatest perpetrators of child sexual abuse and incest.

Additionally, there are numerous reports in the local media of adolescent girls engaging in voluntary sexual activities in exchange for money, with taxi and maxi-taxi drivers and conductors who usually work on the routes to and from their schools (MoSD, n.d.). The government has also confirmed an increase in the occurrence of

Table 9: Perpetrators of Child Sexual Abuse and Incest reported to the Rape Crisis Society (2009)

Perpetrator	Total	Perpetrator	Total
Acquaintance	11	Brother incl. half brother	2
Uncle	9	School friend	2
Stepfather	6	Stranger	2
Father	5	Boyfriend	1
Cousin	5	Driver (male)	1
Neighbour	4	Spiritual Leader	1
Grandfather	3	Sister	1
Mother's Boyfriend	3		

Source: Rape Crisis Society of Trinidad and Tobago (2009).

VOLUNTARY AND HIGH RISK SEXUAL BEHAVIOUR OF CHILDREN

The GSHS conducted in 2007, showed that students are engaging in sexual activity at around the age of puberty; a period when their bodies are still undergoing the process of development. The YMCA along with FPATT have found that children had sexual intercourse for the first time at an average age of 14 years and that 75 per cent of the adolescent population had sex by the age of 16 years. This study indicated that of the 73 per cent of the teenage girls who were sexually active, most of them had a sex partner whose age exceeded theirs by 10 years. In fact, the YMCA (1997) states that there are numerous cases in Trinidad of unmarried girls, under the legal age of sexual consent (16 years) who are sexually active with males who are more than three years their senior.

pornography in secondary schools where students are directly involved in producing such materials. The pornographic material is generally produced on the school compound via the use of students' cell phones, and usually distributed for a small fee to other students from the same school or other schools via Bluetooth technology.

The 2007 GSHS survey for Trinidad and Tobago found that adolescents who have a positive relationship with teachers, and who have positive attitudes towards school are less likely to initiate sexual activity at an early age

(MoH and MoE 2007). Additionally, the WHO (2004) has indicated that school attendance

is inversely related to practising risky sexual behaviours. As such, adolescents who attend school on a frequent and consistent basis are less likely to engage in sexual activity. Furthermore, adolescents who live in a social environment which provides meaningful relationships, encourages self-expression, and provides structure and boundaries, and where parental bonding is present, are less likely to initiate sex at a young age (UNICEF 2006).

It is useful to highlight three interesting observations about adolescents who begin sexual activity at an early age:

- ▶ Firstly, they are more likely to have sex with multiple partners
- ▶ Secondly, they are more likely to have partners who have been at risk for HIV
- ▶ Thirdly, they are less likely to utilise condoms.

ISSUES RESPONSE

- The legislative framework in Trinidad and Tobago for the protection of children distinctly addresses issues of sexual abuse and assaults against children, child prostitution, child pornography and trafficking of children for sexual purposes through the following constitutional frameworks:

- ▶ Trafficking in Persons Act No. 14 of 2011
- ▶ Sexual Offences (Amendment) Act No. 31 of 2000
- ▶ Children's (Amendment) Act
- ▶ Children's Authority Act
- ▶ Evidence (Amendment) Bill of 2010
- ▶ Children Bill of 2010

A recent and notable addition to the protective legislation for children is The Children Bill 2010 which has been developed to replace the Children Act Chapter 46:01. The Bill is more specific in addressing the occurrence of sexual abusive behaviour and includes clauses on child pornography and trafficking of children for sexual purposes which were previously ambiguous or non-existent in previous legislative frameworks on child protection.

The GORTT has also taken measures within the education system to empower children to protect themselves and to ensure equal opportunity of access to education and vocational skills. As pointed out earlier, the Health and Family Life Education (H.F.L.E.) programme has been devised in 2006 for introduction into the primary and secondary schools' curriculum for both male and female students to educate them about sexuality and sexual health. This includes topics such as understanding sexual abuse and sexual exploitation, protection against abuse, relationships, abstinence, HIV/AIDS, dangers of early sex, and reproduction (MoE 2006).

Recommendations

- ✓ Implement or strengthen existing systems to allow for the collection of data/information relative to the sexual exploitation of children
- ✓ Having a computerised immigration database system which would record all persons coming in and going out of the country; it must be made accessible to the Police to identify if any links can be made with reports of missing children.
- ✓ The strengthening of border controls would also prove useful in reducing the number of children being trafficked for sexual purposes or otherwise.
- ✓ Policing is also of paramount importance in curbing the sexual exploitation of children in Trinidad and Tobago. Police Officers must not hesitate to intervene in cases where children are being sexually exploited, even if the perpetrator is a parent or a relative. They must also maintain confidentiality when investigating such cases.
- ✓ The intelligence agencies must also step up their drive to collect and analyse information that will assist in curtailing this problem, especially as it relates to the trafficking of children.
- ✓ Provide children and parents with information about sexual exploitation, trafficking, behaviours which may attract traffickers and tactics used by traffickers. Parents must also be informed of factors such as, child abuse, which may drive children out of their homes and so may increase their vulnerability to sexual exploitation.
- ✓ Children and young adults must also be taught life skills which may help them avoid being trafficked. For example, checking job offers abroad before accepting, how to migrate safely etc. This initiative may be done through the school curriculum.
- ✓ A legislative framework which explicitly prosecutes traffickers, controllers and pimps who sexually exploit children for profit, along with the individuals who actually pay for the sexual services of children is imperative to address the root causes which fuel the demand.
- ✓ A similar monitoring framework should also be used to regulate the employment of young people within the informal sector, to protect them from engaging in commercial sexual exploitation; especially those employed in massage parlours, beauty parlours, and spa centres, etc.
- ✓ A support system is also needed to make provisions for children who have been sexually exploited in terms of immediate care, basic needs of shelter, food and medication and rehabilitation into society. When children are taken out of such cruel environments, it is important to place them into an environment that will foster their rehabilitation and in turn, their development. They should also be cared for by persons who are trained to deal with such situations.
- ✓ Programmes to alleviate poverty may decrease the likelihood of children being sexually exploited.



CHILD LABOUR

The Rapid Assessment Study conducted by the ILO in 2002 confirmed that there are children in Trinidad and Tobago who are currently involved in the worst forms of child labour (WFCL).

Such children may be engaged in agriculture, domestic work, scavenging, or commercial sexual activities such as prostitution and pornography (MoSD 2008; UNICEF Child Protection Section 2006).

However, the International Labour Organisation (ILO) highlights that any work which involves performance by children that affects their schooling by depriving them the opportunity to attend school, by obliging them to leave school prematurely,

or requiring them to combine school attendance with excessively long hours and heavy work, may be classified as child labour.

CULTURAL REASONS FOR CHILD LABOUR

The existence of child labour in the form of work which may interfere with the child's schooling is due to the cultural perception that children are obligated to do some work for their family. As a result, it is believed that any work given to the child by the parents is not considered to be child labour and should not be classified as such. Additionally, the ILO Rapid Assessment Study in 2002 has indicated that poverty, single parent families, poor parental skills, peer pressure, lack of educational facilities, cultural factors and inadequate awareness of children's rights on the part of parents all contribute to the occurrence of child labour in Trinidad and Tobago.

Table 10: Number of Children 15-19 years with Jobs (1998 to 2007)

Industrial Group	Year									
	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
Total all industries	264	275	299	260	244	260	261	267	243	245
Sugar (cultivation and manufacture)	2	3	4	1	3	2	4	1	0	0
Other agriculture, forestry, hunting and fishing	19	24	16	16	17	15	13	10	8	5
Petroleum and gas including production, refining and service contractors	4	5	4	5	4	6	3	6	4	3
Other mining and quarrying	0	0	0	0	0	1	1	0	0	1
Other manufacturing (excluding sugar and oil)	38	38	42	39	30	34	34	35	25	33
Electricity and water	2	0	1	0	0	0	0	1	0	0
Construction	34	47	46	51	40	41	57	60	59	58
Wholesale and retail trade, restaurants and hotels	73	77	92	70	68	77	67	70	73	68
Transport, storage and communication	6	9	11	7	10	9	9	12	11	6
Financing, insurance, real estate and business services	17	13	18	15	16	19	15	10	13	14
Community, social and personal services	69	62	64	53	54	54	56	60	49	57
Not stated	0	1	0	0	1	0	0	1	0	0

Source: Central Statistical Office, Continuous Sample Survey of Population Labour Force Reports various years.

ISSUES RESPONSE

- ▶ According to the Government's National Plan of Action for Children 2006 to 2010, there is currently no formal legislative framework for addressing the presence of child labour within Trinidad and Tobago. However, analysing child labour at the policy level is the explicit responsibility of the Ministry of Labour and Small and Micro-Enterprises Development which has already commenced work in line with the ILO Convention No. 182 and No.183 which Trinidad and Tobago has ratified.
- ▶ The National Steering Committee on the Prevention and Elimination of Child Labour was established in August 2004 in adhering to the ILO Convention No. 182. This committee represents collaboration between representatives from the government, employers and workers' organisations, and non-governmental organisations. Its mandate is to coordinate the approach to prevent and eliminate child labour in Trinidad and Tobago where training sessions on the development of a strategic plan for the prevention and elimination of child labour have been conducted.
- ▶ Upon the ratification of the ILO Convention No, 182, Trinidad and Tobago has declared the minimum age for admission to employment as 16 years, (Pegus 2006). Additionally, there are prohibitions in place on the time during which youth can work. For example, children cannot work within the hours of 10 p.m. and 6 a.m. on any given day. With respect to armed forces, recruitment of children under 18 years is permitted only with the consent of the child's parents, and only if the child is over 16 years.

Recommendations

- ✓ A complete analysis of the situation of child labour in Trinidad and Tobago needs to be conducted. The results from the analysis should allow for the formation of sector specific policies and measures to eliminate child labour within Trinidad and Tobago.
- ✓ Public education and awareness campaigns on child labour should be introduced so that parents and caregivers are aware of the activities and circumstances that are characterised as child labour. The public must also be mindful that in Trinidad and Tobago it is against the law for children to be working before the age of 12 (Children Act, Chap 46:01). The GORTT must ensure that this law is enforced especially in sectors where child labour seems quite prevalent.

MISSING CHILDREN

The phenomenon of missing children is a complicated one with multiple dimensions. Children are reported missing for a number of reasons – they are reported missing when they are abducted by family or non-family members; their parents or guardians file a missing child report when they run away from home or when they are lost²⁰ (NMCS 2001); parents sometimes abduct their children after or during a bitter separation and/or divorce; they kidnap their children because of disrespect for or frustration with the judicial system; fear of losing access to the child, a desire to protect the child, a need to have the child exclusively; and psychological reasons (NMCS, 2001).

Children are abducted by strangers for child labour, sexual abuse and ransom. Some children may actually run away, but usually, these children have a previous history of running away. A circumstance at the home – such as a family breakup or some breakup with boy/girlfriend – may motivate the child to run away.

More than half of all missing people in Trinidad are children.

When a missing child report is filed at the local police stations, the case is immediately transferred to the Anti-Kidnapping Unit (AKU), where an investigation is promptly launched.

If the missing person is a female child under 16 years, and there is reason to believe that she was sexually active during the time she was missing, she is medically examined for sexual activity, with her parents' the permission. According to the law in Trinidad and Tobago, "the state must conduct an investigation for sexual activity, if there is evidence that a missing child under 16 years had sexual intercourse during the period she was missing."

Generally, the AKU takes about one day to a week to solve a missing child case. If a child remains missing for a month, a copy of the file is sent to the Homicide Bureau.

MISSING CHILDREN ARE RUNAWAYS

The vast majority of the missing children in Trinidad and Tobago return home. These runaway missing children are principally girls who run away to be with "male friends" and in several cases those missing children who run away live in single parent households. In fact, some of the missing children who have ran away from home have cited the home situation – where their parents constantly fight each other – as a reason for running away. Children reported missing because parents or strangers have abducted them, or because they have been lost are minority cases in Trinidad and Tobago.

More than 90 per cent of all missing children cases were resolved at the end of each year for the period 2008-2010. The majority of the unaccounted missing children are girls of secondary school age. The data indicates that they are more likely than any other group to remain missing.

MURDERED MISSING CHILDREN

Some missing children do not return home because they have been murdered. Missing children who are killed have been deprived of the right to survival, education and to be protected from all forms of violence. It is always a huge loss to the family, community and country when the life of a child ends prematurely. Data for Trinidad and Tobago shows that three missing children were killed in 2008 and one child in 2009 and 2010, respectively. These figures represent less than one (1) per cent of all missing children cases for each of the years from 2008 to 2010. The victims were between the ages of 7-15 years old.

20 Categories of missing children are not available at the CSO. The CSO does not record such statistics

Recommendations

- ✓ There is a need for more disaggregation in recording data on missing children; at present there is no information on the percentage of missing children who are runaways, abducted by parents and strangers or lost, or a record of those who habitual runaways.
- ✓ It is important to find out the social factors motivating children to run away from home, because this problem can only be solved if we understand the social factors responsible.
- ✓ Children who have been kidnapped may suffer physically and psychologically. They are likely to be injured, tortured, neglected or even killed. Children kidnapped for ransom, will have to live with the horrible memories of being kidnapped for the rest of their lives. To protect children from kidnapping and its consequences, it is imperative that measures are put in place to provide a safe environment for children.

CHILDREN DISADVANTAGED AND AT RISK

CHILDREN IN CONFLICT WITH THE LAW

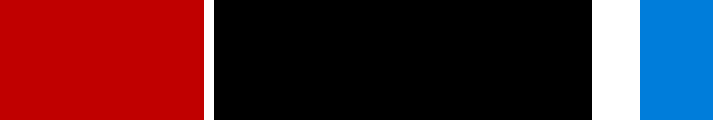
The representation of the youth of Trinidad and Tobago in the population of criminals is worrying. A HEU report on vulnerable and orphaned youth indicated that the juvenile prison intake to the Youth Training Centre (YTC) had increased from 105 in 1983 to 228 in 2001. Phillips (2008) noted alarming increases in youth violence in schools, as young persons were involved in crimes such as murder, attack with a weapon, rape, kidnapping and larceny. Other youth crimes include narcotic offences, property crimes, pick pocketing and crimes against persons (Marshall 2003; HEU 2005).

Regardless of the reality of deviance, children who commit crimes still have rights, according to the Convention on the Rights of the Child.

Article 37 of this Convention states that children who break the law should not be treated cruelly; should be able to make contact with their families; should not be sentenced to death or life imprisonment without possibility of release; and should not generally be treated as adult criminals.

One of the first issues that must be clarified in order to ensure that this right is respected relates to national laws on the age of criminal responsibility. In Trinidad and Tobago, the age of criminal responsibility is seven (7) years.

The treatment of children who come into conflict with the law especially within institutions represents a social as well as a legal issue. According to Lim ah Ken (2007, 9), "Children who have come into conflict



with the law often have the same origins and background situations as those who are in need of care and protection and the prevention of and rehabilitative measures are often the same". It is implicit within the Convention that treatment centres should be rehabilitative rather than overly punitive. This means that a young person's foray into criminal activity may be as a result of neglect, abuse or other exploitation and he or she should therefore be provided with adequate physical and psychological treatment to allow reintegration into society.

The Trinidad and Tobago Coalition on the Rights of the Child (2005) noted that because remanded youth are not placed at the appropriate facility, but instead sent to the YTC, they are not the beneficiaries of rehabilitative or educational programmes. This action violates their right to education (Article 28). Research indicated however, that there have been systematic efforts to incorporate remanded youth at the YTC into the general programmes offered. It was stated that they are currently involved in several programmes, including counselling, life skills, computer literacy and an Adolescent Development Programme. In general the institution does a very good job of providing academic and rehabilitative programmes for young boys within its care. The institution partners with a number of external agencies to ensure that this goal is achieved.

STREET AND WORKING CHILDREN

The existence of street children in any country calls into question the enjoyment of rights under the UN Convention on the Rights of the Child which pertain to all three major areas: provision, protection and participation. Article 27 states that the mental and physical needs should be sufficiently catered for even if this means that governments supplement families and guardians in relation to food, clothing and shelter. Article 24 further states that children should be entitled to "safe drinking water, nutritious food and a clean and safe

environment". The streets do not represent such an environment.

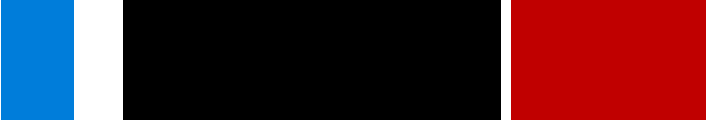
Marshall (2003) argues that in Trinidad there is considerable overlap between street children, working children and delinquent children, though there are conceptual differences. The minimum age for work in Trinidad and Tobago is 16 years, although between 14 and 16 years a child can work along with family members provided that the employment has the approval of the Ministry of Education as vocational or technical. Children under 18 years of age in Trinidad and Tobago are prohibited from working between 10 p.m. and 5 a.m. and children under 16 years cannot be procured for prostitution services. While these laws exist, the population of street children and the full gamut of their street survival practices require that particular attention be paid to the group so as to ensure that their rights are protected. Article 32 of the Convention in fact states that work activities should not compromise the right to education, relaxation or play.

Why Street Children Exist

Street children are the products of fissures in the family system, which deprive them of standard nurturing and care, thus forcing them to assume adult roles and responsibilities at early ages.

Some children also seek refuge in the streets as a result of unhealthy environments related to parental substance abuse, domestic violence or the threat of emotional, physical and sexual abuse in the home

(Marshall 2003; HEU 2005; Teelucksingh 1996) and poverty. It is critical to note that in his study, Marshall (2003) found that most of the mothers of children on the street were unemployed. The relationship between female-headed single parent households, the employment status of such mothers and



the existence of street children therefore needs to be further examined.

Experience of Children on the Streets

It should be noted that the street child population is vulnerable to other forms of street survival activities such as drug use, crime, drug trafficking and commercial sex work. According to Marshall (2003,4), "... once street children embrace the street as their home, their orientation becomes one of survival – stealing, drugs, prostitution". Thus, street children need special attention to ensure they are protected from sexual exploitation. The contradiction between their presence on the streets and their right to a proper education is a further concern and highlights the close linkages between the rights under the Convention.

CHILDREN LIVING IN INSTITUTIONS

The provision of formal institutions for children who may have been abandoned, orphaned, mentally or physically incapacitated, or endangered by their natural home environments is a function of the state and is critical to their survival. Institutional care can be described as "a group living arrangement for children in which care is provided by remunerated adults who would not be regarded as traditional carers within the wider society" (LimahKen 2007,16). Institutions usually fall into the category of Children's Homes or Industrial Schools. There is insufficient data on the number of institutions, which provide care for children in Trinidad and Tobago. Sadly, there is also insufficient data on the number of children requiring care and this impedes the ability of the state to ensure that such care is provided.

Article 20 of the CRC states that such children have the right to adequate care and should be respected in terms of their ethnic group, religion, culture and language. Similar provisions are made in relation to adoption in Article 21. The Trinidad and Tobago Coalition on the Rights of the Child (2005) unfortunately, states that this basic right is in jeopardy due to inadequate funding,

unacceptable child to caretaker ratios, uncomfortable physical accommodations and untrained staff.

Article 39 speaks more specifically to the quality of services provided at institutions. Here it is stated that institutions should provide sufficient rehabilitation so as to restore health, self-respect and dignity of children who may have been abused, neglected or otherwise exploited. The Trinidad and Tobago Coalition on the Rights of the Child stated in 2005 that there was a correlation between children who had come into contact with institutions as a result of abandonment, neglect and abuse and children who were institutionalised as a result of criminal activity. This calls for an evaluation of the types of rehabilitative programmes and other related challenges of the institutions themselves.

This report further states that the curriculum of some of the institutions is questionable. Clarke (2005) noted the absence of trained professionals to deal with youth at the institutions who possessed psychological problems. Research showed that all of the institutions in the sample provided some type of rehabilitative care through the outsourcing of counsellors or psychologists. However, as noted earlier, this often proved to be a challenge given financial constraints.

One of the major challenges expressed by all of the Homes was the lack of transitional programmes, tracer studies or after care.

Current facilities cannot meet the demand for the number of children leaving institutional care. One interviewee noted that, "Sometimes you work with the family and the situation has not improved and if there is no social agency working with the family, the children go back to the home to the same type of setting and fall through the cracks". In some cases there is no family to return to and in other instances there is abuse.

CHILDREN WITH DISABILITIES

Internationally, UNICEF estimates that there are at least 140 million children and adolescents with disabilities. This group tends to be more vulnerable to exploitation and violence, in particular sexual exploitation. There is also preliminary evidence worldwide to support the view that this vulnerability extends to issues surrounding sexual and reproductive health.

In the Caribbean, data on persons with disabilities are generally sparse and as a result, the primary source for data on disability has been census data. However, this report makes an attempt to highlight and make use of available census data in the first instance, as well as data from past studies or reports – some of which are quite dated – for comparability purposes.

As a signatory to the CRC, the Government of the Republic of Trinidad and Tobago has committed to ensuring that "... a mentally or physically disabled child should enjoy a full and decent life, in conditions which ensure dignity, promote self-reliance and facilitate the child's active participation in the community" (CRC Article 23.1). Often cases of severe intellectual or physical disability or syndromes are easily identifiable at birth while other disabilities such as learning disabilities are usually detected in later childhood. Currently, the Ministry of Health executes a National School Health Programme, which provides hearing and vision screening for all first-year Primary School students in both public and private schools.

The Ministry of the People and Social Development has the responsibility for the implementation of the Convention on the Rights of the Child and is the agency under which most state initiatives related to disabled persons are generally executed. The Ministry is the lead executing agency for many related initiatives such as the National Policy on Persons with Disabilities,

which was introduced in 2006 and the National Plan of Action for Children. A Disability Affairs Unit was established within this Ministry in 1999 and provides both technical and financial aid to persons with disabilities and their families, as well as non-governmental institutions. The Unit is also responsible for raising awareness on issues of disability. However, Trinidad and Tobago has signed but not ratified the UN Convention on the Rights of Persons with Disabilities.

Various initiatives have been embarked upon by the Government and by NGOs, including screening and inclusive education system interventions.

There are, however, gaps related to a lack of readily available rehabilitative care in the public health care system, a lack of relevant medical care professionals and related diagnostic issues as well fragmentation in responses to the disabled child population.

In general there is need for more special education teachers, greater access to disability aids and physical infrastructure such as ramps and elevators along with more positive attitudes toward disabled persons to ensure that their rights and especially those of children are not violated.

A HOLISTIC APPROACH TO THE PROTECTION OF THE RIGHTS OF CHILDREN AND WOMEN

The report proposes a holistic approach to treating with the factors which cause the rights of children and women to be violated; the approach is characterised by intervention on four broad levels – resources, research, legislation, culture.



RESOURCES

There is no question that the lack of resources is one of the main constraints facing the NGOs working on behalf of children and women. In these circumstances fiscal support of these organisations could be a cost effective use of resources. Some initial investment might be required in bringing these NGOs up to a creditable standard, but it will be money well spent. One of the by-products of this will be the easing of the administrative burden of the government in delivering a number of social programmes. The lessons learned from the governmental support of ChildLine may add great value here.

RESEARCH

Throughout the report, reference was made to the lack of adequate data to properly analyse particular situations. In Trinidad and Tobago, at this time, there is need for a meaningful research effort looking for causes of some of the problems – why is infant mortality so high in spite of the commendable skill level of the health personnel involved? Why do so many children run away from home? It is now necessary to engage in the development of a first class database on children and women so that responding to areas of need will be quicker and more cost effective. Here the specific recommendation is for key ministries and other public agencies to partner with the relevant research units or centres at UWI and UTT, with support from relevant international agencies such as UNICEF and PAHO. One of the main bonuses of this recommendation would be the availability of appropriate indicators to facilitate monitoring and evaluation of the situation of children and women over time.

LEGISLATION

While great strides have been made in this regard, glaring gaps exist and have been highlighted by the Trinidad and Tobago Coalition on the Rights of the Child (TTCRC). In its Second Periodic Report to UNICEF the TTCRC cites needed amendments to the Sexual Offences Act of 1986, the appointment of a Children's Ombudsman and the proclamation of the amended Children's Act of 2000 as key ingredients in the provision of the appropriate legal support for the protection of children's rights.

CULTURE

As mentioned earlier, if in the treatment of children and women in Trinidad and Tobago the gap between expectations and reality is to be closed, it will be necessary to foster a more caring attitude on the part of the population as a whole. This will require NGOs and government to partner with the media to effect a change in the national psyche with regard to the way citizens normally relate to children and women. The well known comment that children may be one-third of the population but the whole of our future must be reflected in the attitudes of the national community. A way must be found for engendering a passion to be protective and a willingness to shoulder the responsibility of duty bearer whenever the need arises. There is certainly a case for targeted sustained public education campaigns and community programmes which focus on rooting out those factors in the society which create an environment inclined to the violation of the rights of children and women.

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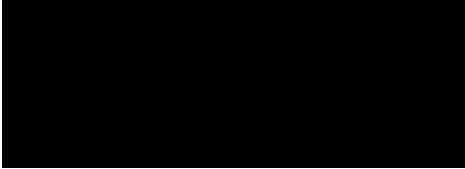
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