



## HIV/AIDS

### Paediatric deaths due to AIDS decrease; adolescents a major risk group

The Ministry of Health reports significant improvements in the incidence of paediatric AIDS cases for 2003. There were 67 new cases reported compared to 81 for the previous year 2002 – a reduction of 17.3%. A 35.5% decline was recorded in pediatric deaths as they fell from 45 in

Table 4: AIDS Cases 2002-2003 and Since 1982

	AIDS CASES			Paediatric Cases (0-10 y.o)		
	Male	Female	Total	Male	Female	Total
2000	515	388	903	--	---	---
2001	511	428	939	39	26	65
2002	580	409	989	44	37	81
2003	611	459	1070	36	31	67
1982-2003	4827	3270	8097	332	294	626

2002 to 29 in 2003. The MOH attributes the decline in part to the improved services provided through the Prevention of Mother To Child Transmission (PMTCT) Programme and improved care and treatment for infected children. All pregnant mothers are offered voluntary and confidential counseling and testing (VCCT) in clinics and in 2003, 16 of every 1,000 pregnant women tested were infected with HIV.

Adolescents, especially females, are a group which is at increasingly high risk of contracting the disease. A Jamaican adolescent girl between 10 and 19 years is two and a half times more likely to become infected with HIV than a boy of the same age. Almost 10% of all reported AIDS cases are among persons under 19 years of age while 20% are in the 20-29 years age group. It is suspected that most of the AIDS cases among 20-29 year olds were contracted during the adolescent years. The rates among adolescents might also be linked to the high rate of forced sex (20%) reported by adolescents and the high rate of sex with older men for financial gains – neither of which is compatible with negotiating condom use.



## VIOLENCE

### More than four (4) persons murdered each day in 2004

In 2004 the number of murders reached an all time high with 1,471 persons murdered; an average of over four (4.03) murders each day. The highest number of murders for a year before this, was 1,039 in 2001. The gun is the weapon used most frequently in murders, accounting for between 68% and 76% of murders in each of the last three years. While access to weapons is a factor, poor conflict resolution skills seem to play a major role. Police reports of motives for murder show that more than half of all murders in the last three years were attributed to reprisals (30%) and domestic violence (24%). MOH data also shows that 80 % of persons treated at hospitals for violence-related injuries in 2003, were injured during a fight or argument. Violence also has a negative impact on the care of patients in the health system: one of three elective general surgeries at the Kingston Public Hospital has had to be cancelled in order to care for violence-related injuries.

Community violence undermines children's access to education and their learning abilities and affects their psychological and social well-being. A recent survey conducted by the Ministry of Health in Kingston and St. Andrew concluded that 25 % of adolescents do not feel 100% safe in their communities. Many report having seen a dead body and having witnessed gang violence.

### 119 children murdered, 430 shot in 2004

Table 5: Children as Victims of Crime (2002-04)

	Murder	Shooting	Rape	Carnal Abuse
2004*	119	430	517	409
2003**	70	98	574	376
2002**	89	96	498	269

\* 0-17 year olds only. \*\*0-18 year olds.  
Source: Statistics Division, JCF

Of the total murders. Of this number, 102 (85.7%) of the victims were boys and 17 were girls. In 2004, the police report that 430 children (398 boys, 32 girls) were shot and injured.

### Children are the major victims of sexual crimes

Children were victims of 70% of sexual crimes reported to the police in 2004 - 959 children were sexually abused: 517

raped; 409 carnally abused (statutory rape); and, 33 were victims of incest. All reports of sexual crimes against children were of girls only – additional attention needs to be paid to reporting sexual assault of boys. Like the Reproductive Health Survey (RHS), data from the Jamaica Injury Surveillance System (Ministry of Health) shows that 86% of the sexual assault cases reported in 2002 and 2003 were committed by a relative, a friend, an acquaintance, or intimate partner. Strangers committed 11.7% of the offences. Violence against children occurred most frequently in homes and in public areas.

The RHS 2002 found that younger adolescents were more likely to be victims of forced sex – often perpetrated by someone with whom they have a close relationship (familial or social). One of every five (20.1%) Jamaican girls in the 15-19 age cohort reported being forced to have sex. The figure stood at 21.3% among 15 year olds and 25.8% (or one of every four) among 16 year olds. Residence in rural Jamaica, where most of the young live, is an additional risk factor for forced sex.

### 203 children arrested for major crimes in 2004

The involvement of children in violent criminal activities is a predictable reflection of the society in which they live. In 2004, a total of 203 children were arrested for major crimes including murder (44), shooting (58), rape (57), and carnal abuse (44). Three children were also arrested for incest.

### Corporal punishment remains dominant form of "discipline"

**Box 1: Disciplinary Methods of Jamaican Parents**  
 • Physical assault (spanking / beating, pinching, tying of hands and shaking) - 46.6%  
 • Psychological methods (stern look, spiting, undressing to underwear scolding, shouting, threatening to hit) - 25.4%  
 • Non-violent methods (talking, explaining or counseling, time-out or isolation, removal of privileges) - 28 %

Sanna-Vaughn, Williams, & Brown (2004). Disciplinary Practices among Jamaican Parents of 6 Y.O.

method of "punishing" children and is widely used at every level of society. The Child Care and Protection Act (2004) forbids the use of corporal punishment in children's homes or places of safety while the Education Regulations of 1980 forbids its use in schools except by the principal's designee. According to anecdotal evidence, most schools allow teachers to hit children as punishment.

## ORPHANS AND OTHER VULNERABLE CHILDREN

### Over 5,100 children orphaned by HIV/AIDS in 2003

In 2003 there were 5,125 children who had lost one or both parents to HIV/AIDS. The number of children made vulnerable by the disease is significantly higher, estimated at between 10,000 and 20,000 children.

### Still too many children in institutional care

The population of children in care was 5,134, inclusive of those in foster care and home on trial. The GOJ commissioned an assessment of children's homes in 2003. The review (see Box 2) presented a disturbing picture of the situation in institutions. The recommendations of the review gave directions for improvement of conditions in children's homes and places of safety - some of them have been implemented.

### Box 2 - Findings: Review of Children's Homes 2003

The Review found, *inter alia*: Sexual activity among children and abuse/molestation by workers; victims and perpetrators of crime being held in the same facilities; and, poor preparation for life after care.

Among the 46 recommendations of the report were: Separation of children based on reason for institutionalization; provision of physical and psychological care for all children and development of a care plan for each; ongoing monitoring of homes; and, development of long term strategies to reduce the number of children in care.

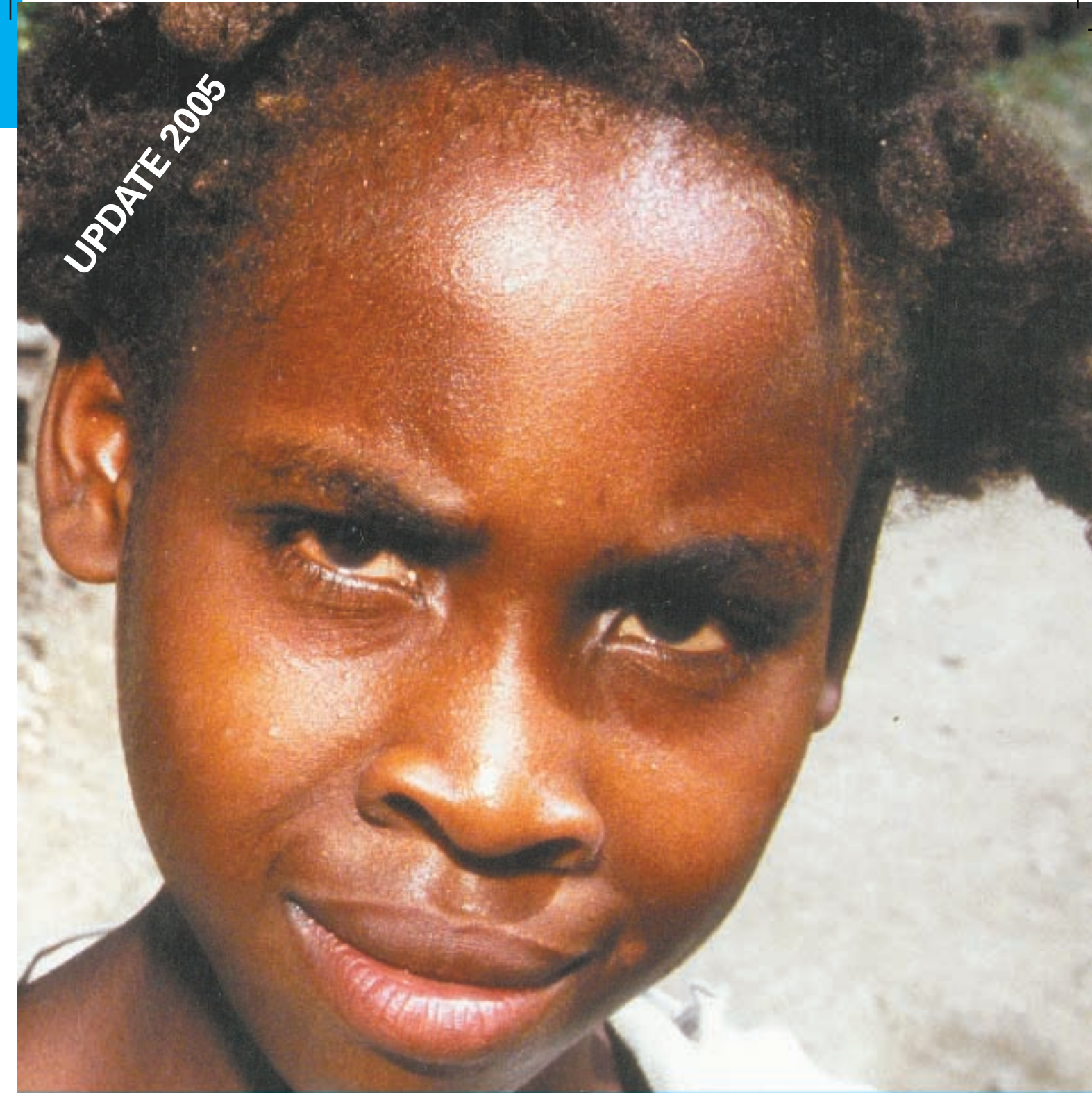
### High rate of migration weakens protective environment

The high rate of migration, partly a response to the social and economic conditions, has contributed to the continuing weakening of families and community support systems. A total of 9,618 persons migrated in 2003, a decline from 17,753 in 2002. Although cash remittances may help ensure the children's access to education and other basic services, they do not compensate for the absence of parents and subsequently love, care, protection and guidance.

Indicator	Data
Total population (2003)*	2,641,579
0 - 17 years	977,334
Girls	485,047
Boys	492,287
Infant Mortality Rate per 1,000 live births (2003)**	19.9
Maternal Mortality Rate (2003)***	106-112/100,000
USMR per 1,000 live births (2001)**	26.6
Immunization 0-11 months****	
OPV	82.15%
DPT	83.07%
BCG	90.2%
MMR	79.32%
Adolescent Fertility Rate per 1,000*****	79
Number of Children living with AIDS*****	559
Number of Children under 15 Orphaned by AIDS*****	5,125
Net School Enrolment Ratio (2003)***	
Early Childhood Education	96.4%
Primary Education	94.0%
Primary School Daily Attendance Rate	80.4%
GDP per capita (2002)***	US\$2,385
% of Budget to Debt Servicing (2004/2005)*****	70%
Social Sector Spending (as percent of 2004/05 budget):*****	
Education	9%
Health	5%
Number of Children Living and Working on the Streets (2002)*****	2,818
Number of Children aged 0-18 murdered (2004)*****	119
Number of Children Shot (2004)*****	430
Number of Children Living in Poverty*****	231,098

Sources:  
 \* Demographic Statistics 2003  
 \*\* Mortality Study 2002, Cited in MOH, Basic Statistics 2000  
 \*\*\* Economic and Social Survey of Jamaica 2000  
 \*\*\*\* MOH/RAHC, 2003  
 \*\*\*\*\* Preliminary Report, Reproductive Health Survey 2002  
 \*\*\*\* MOH/National HIV/AIDS/STI Programme Facts and Figures 2004  
 \*\*\*\*\* MOFP, Estimates of Expenditure 2004/05  
 \*\*\*\*\* MOH, Survey of Street and Working Children, 2004  
 \*\*\*\*\* Jamaica Constabulary Force, Statistics Division Report 2004  
 \*\*\*\*\* Calculated using JSL and Demographic Statistics data

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# SITUATION ANALYSIS OF JAMAICAN CHILDREN

For every child  
 Health, Education, Equality, Protection  
 ADVANCE HUMANITY

# SITUATION ANALYSIS OF JAMAICAN CHILDREN

## CHILDREN IN THE JAMAICAN POPULATION

### Children and adolescents comprise over 40% of the population

Children (0-17 years old) comprised 36.99% (977,334) of the population in 2003. This figure increases to 40.74% (1,076,374) when 18 and 19 year old adolescents are included.

In 2000, over one-fifth of all births were to adolescents, while approximately half (47.4%) of all births were to mothers under 25 years of age.

### Poorest households have more than five times as many children as the wealthiest

The average Jamaican household contains 3.46 persons with almost equal distribution of children (1.14), adult females (1.21) and adult males (1.13). Households in the poorest quintile are usually twice the size of those of the wealthiest with up to six times as many children and a larger number of adult females. Poorest households average almost five (5) persons with more than two children and more adult females than males. The wealthiest households average 2.27 persons with a child per every two households. Geographic location seems to have little bearing on the composition of the household – the most marked difference being the higher number of adult females and lower number of males in KMA households as compared to the other two regions.

By the end of 2002, 45.5% of Jamaican households were headed by females – a trend that persisted for much of the 1990s. Female headed households were more likely to occur in urban areas (50.8%) than other towns (45.6%) or rural areas (40.1%). As Table 1 shows, households that are headed by females are also larger (3.75) than the national average and than those headed by males. According to the 2002 Jamaica Survey of Living Conditions (JSLC), these households have a larger number of children (1.36) and adult females but the per capita consumption of female-headed households was less than that of those headed by males - \$7,795 compared to \$9,962.

Table 1: Household Composition by Gender of Head and Region (2002)

Area	Male Headed Households				Female Headed Households			
	# of children	# adult females	# adult males	Total Size	# of children	# adult females	# adult males	Total Size
KMA	0.81	0.97	1.39	3.18	1.07	1.50	0.69	3.24
Other Towns	0.94	0.89	1.36	3.19	1.48	1.59	0.9	3.87
Rural	1.01	0.87	1.39	3.27	1.54	1.61	0.89	4.04
Jamaica	0.94	0.9	1.39	3.23	1.36	1.6	0.8	3.75

Data source: JSLC 2002

Infant mortality rate (19.9 per 1,000 live births) and maternal mortality rate (106.2 per 100,000 live births) in 2002 improved when compared to 1993 when the last officially sanctioned Infant Mortality Study (MOH/UNICEF) was done.

### Birth registration high but effort needed to close existing gap

Generally, birth registration levels have remained very high with estimates exceeding 94% for every year since 1992. The 2002 data shows that children in rural areas (96.2%) and the KMA (96.9%) are more likely to be

Year	1992	1996	1998	2000	2001	2002
% registered	97.1	97.2	97.1	97.1	94.5	95.9

registered than those in other towns (93.8%). The challenge is to reach the 4-5% that has continuously remained un-registered. A 2002 study in three parishes identified some of the challenges parents say are hampering fulfillment of this essential right of all children. It found that some mothers think registration of births is linked to the payment of hospital fees while others need more information on the registration process, especially late registration, and the role of fathers in registration.

### Reproductive health of adolescents improving but still areas of concern

According to the preliminary report of the 2002 Reproductive Health Survey (RHS), males are waiting longer before having sex. Average age of sexual initiation for males was 14.5 years, more than a year longer than the 13.4 years reported in the 1997 survey. Females' age of sexual initiation remained relatively unchanged at 15.8 years (15.9 in 1997). The fertility rate for adolescents (15-19 years) also improved significantly to 79 compared to 112 in 1997. Boys in the 15-19 age group were less likely to use a condom at first sex (44.9%) compared to 70% of girls who use a condom at first sex.



## EDUCATION

### Over 11,000 children between 12 and 16 years old are not in school

An estimated 6.8% of 12-16 year olds are not enrolled in school. This amounts to approximately 11,342 children – predominantly males, poor, and rural dwellers. The Jamaica Survey of Living Conditions reports that approximately 38% were not in school because they have completed a terminal grade – most likely grade 6 or grade 9. Other major reasons given were money problems (23%), lack of interest in school (20.0%) and pregnancy (12.6%). Primary education is not compulsory and, despite the high enrolment levels, the right to education is not guaranteed to all Jamaican children.

### School enrolment highest among the wealthiest

Enrolment of the 15-16 year old children in the wealthiest

quintile was about 94%. Enrolment of the poorest children in this age bracket was 68%. Not only is this significantly lower than that of the wealthy, it is also more than 16 percentage points below the national average of 85%. The chances of getting a post-secondary education are even more dependent on economic status: compared to the poorest, Jamaica's wealthiest are three times more likely to be enrolled in school at age 18. While 88% of females in the 15-16 age cohort were enrolled, male enrolment was 82%. This gap widens among the 17-18 age cohort, with 40% of females and 32% of males enrolled. Attendance is cause for concern: 80.4% of primary and 77.4% of secondary level attendees are sent to school for all five days.

Despite a pledge to increase the percentage of the budget allocated to education to 15% by 2005, GOJ's actual budgetary allocations have declined. After reaching a high of 14.8% in 1998, the percentage of budget allocated to education declined to 9% in 2003/04.



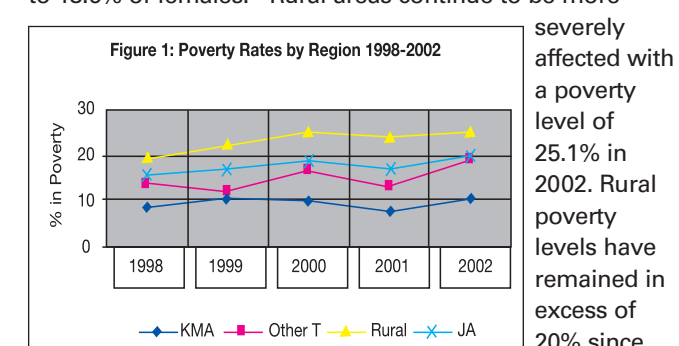
## SOCIAL INVESTMENT AND POVERTY

### Economic constraints endanger child rights

Debt as a percentage of GDP is approximately 150% and this explains the allocation of 65% of the 2003/4 budget and 70% of the 2004/05 budget to debt servicing. Over 90% of the remainder goes to public sector wages.

### Children comprise almost half of Jamaicans in poverty

Over 516,000 Jamaicans (19.7% of the population) live in poverty, almost half (231,098) of whom are children. Approximately one of every four children (23.4%) lives in poverty with the rate highest in rural areas (28.4%) and lowest in the KMA (12.8%). More males live in poverty than females: the poverty rate among males is 20.9% compared to 18.6% of females. Rural areas continue to be more



severely affected with a poverty level of 25.1% in 2002. Rural poverty levels have remained in excess of 20% since 1999. Figure 1 shows the trend by region over a five year period.

According to the 2003 ESSJ, unemployment in 2003 was 13%. There is also a very high rate of unemployment (30.8%) among 14-24 year olds. Unemployment among female youth (39.7%) is significantly higher than that among their male counterparts (23.6%). This is important considering the number of births to this cohort.

The Programme for Advancement through Health and Education (PATH), the consolidated social benefits programme, reached 157,000 of the targeted 236,000 beneficiaries at the end of 2003 and paid out US\$8.25 million in benefits. The 2003 ESSJ reports that 68.6% (107,694) of the beneficiaries were children who received health and education support.



## HEALTH

### Immunization rates declining rapidly

There was further decline in immunization rates in 2003 for all vaccines (see Table 3). The immunization rates for all vaccines remain far below the island's target of 95% coverage. While immunization rates declined, a study found that the public knows the importance of

Table 3: Immunizations Rates for 2000-2003

Vaccines	Year			
	2000	2001	2002	2003
OPV	86.1	91.0	85.8	80.5
DPT	86.4	90.4	86.5	81.4
BCG	93.6	96.4	90.3	87.9
MMR	88.1	84.6	85.7	78.9

Source: Ministry of Health  
OPV= Oral Polio Vaccine  
DPT=Diphtheria, Pertussis and Tetanus  
BCG=Bacille Calmette Guerin (Tuberculosis)  
MMR= Measles, Mumps, Rubella

immunization. From a sample of 517 persons: 96% percent say vaccines are important; and, 62% knew that the vaccines protect children and help to build the immune system. The main reasons for slippage in vaccination coverage include difficulties in accessing health services, inadequate transportation, violence, limited number of health staff for vaccination and financial constraints. In addition, public awareness is fading and misconceptions still prevail in particular communities.

### Children's nutritional status improves; overweight and exclusive breastfeeding cause for concern

The nutritional status of the birth to 59 months cohort as reflected in low birth weight (3.6%), low height for age i.e. stunted (4.8%), and low weight for height i.e. wasted (2.4%) has improved but continues to lag behind international standards. Boys are more adversely affected with rates up to two times higher than those among girls. The percentage of overweight (for height) among under five year olds has increased steadily between 2000 (5.4%) and 2001 (7.1%). Among children of the wealthiest quintile, one of every ten children is overweight. This is especially worrying as the rate has multiplied more than five-fold among these children (1.9% to 10.1%) between 2000 and 2001.

While most mothers breastfed, in 2003 exclusive



breastfeeding at 6 weeks was only 47% and declined further to 36% at three months. This is significantly below the global target of 70% at six months.

### Gastroenteritis affects over 21,000 children in 2003

In 2002, the number of cases of gastroenteritis among 0-8 year olds was 11,215, and in 2003 this increased to 21,314. Major outbreaks related to poor hygiene practices and use of contaminated water were reported in both years.