CRIME NEGATIVITY VIOLENCE ABANDONMENT INDECENCY DISCOURAGEMENT IMMORALITY ABUSE HATE DRUGS

ENCOURAGEMENT POSITIVITY DECENCY LOVE MORALITY ATTENTION CARE

Environmental Foundation of Jamaica

2nd Annual Public Lecture

Social Toxins and Our Children:
Can the Pollution be Stopped?

Professor Elsa Leo-Rhynie

October 2006

Environmental Foundation of Jamaica

2nd Annual Public Lecture
October 2006

Social Toxins and Our Children:
Can the Pollution be Stopped?

Professor Elsa Leo-Rhynie

FOREWORD

Welcome to the 2nd Annual Public Lecture of the Environmental Foundation of Jamaica (EFJ).

The EFJ Public Lecture Series provides us with the opportunity to stimulate dialogue on critical issues affecting the environment and child sectors. Our Inaugural Lecture, held in November last year focused on the environment. This year our lecture targets the child sector.

It is our distinct pleasure therefore to present to you this lecture from Professor Elsa Leo-Rhynie, entitled, "Social Toxins and Our Children: Can the Pollution be Stopped?"

Professor Leo-Rhynie is the Principal of the University of the West Indies, Mona Campus and is an acknowledged expert in the area of child survival and development.

We consider the subject of her lecture to be most timely in light of globalization, changes in the media landscape, the rise of the internet and the increasing accessibility to violent and mature subject matter, by children.

We trust that this lecture will initiate a sustained conversation on the impact of "social toxins", and the steps we can and must take to mitigate them and thereby improve the conditions for the survival and development of our children.

ABOUT THE ENVIRONMENTAL FOUNDATION OF JAMAICA AND ITS CHILD PROGRAMME

The Environmental Foundation of Jamaica (EFJ) began operations in 1993 under the Enterprise for the Americas Initiative (EAI) Debt Reduction Agreement between the Governments of Jamaica and the United States of America.

Under the Agreement, the EFJ provides grant funding for the promotion and implementation of activities designed to conserve and manage the natural resources and environment as well as to encourage the improvement of child survival and child development in Jamaica. During its first ten years, the EFJ supported a wide range of initiatives in the child survival and development sector; some examples include:

- 3D Projects (Mandeville) - Integrated Early Childhood Development Centre
- UWI Centre for Nuclear Sciences - Childhood Screening for lead Poisoning and Lead Mitigation (Islandwide)
- Shrewsbury Basic School (St Elizabeth) - Rehabilitation of Infrastructure and Establishment of new play area

The Foundation adopted a programme based approach to its grant making in 2003 which led to the re-introduction of the Call System and the alignment of programme areas to National Priorities and the United Nations Millennium Development Goals. Within this context, and taking into consideration other resources available at the national and international levels, the EFJ's Child Survival and Development programme has as its priority the following themes:

- Children in Challenging Circumstances;
- Children with Special Needs and Disabilities;
- Early Childhood Interventions

The response to the Programme from the NGO/CBO community has been tremendous and positive and the EFJ looks forward to continuing and strengthening this partnership for Jamaica's benefit.

iii

About the Author

Elsa Leo-Rhynie assumed the post of Pro Vice Chancellor and Principal of the University of the West Indies (UWI) Mona Campus in February 2006 following her tenure as Pro Vice Chancellor and Chair of the Board for Undergraduate Studies since 2002. Prior to this, she served as Deputy Principal of the Mona Campus (1996 – 2002), as Professor and Regional Coordinator of the UWI's Centre for Gender and Development Studies (1992 –1996), as Executive Director of the Institute of Management and Production (1987 – 1992), as Research Fellow then Senior Lecturer in Educational Psychology in the Faculty of Education, UWI (1977 – 1987), and as a secondary school science teacher in Jamaica (1968 –1977) and England (1964 – 1967).

Entering the UWI on a Jamaica Government Teacher's Scholarship, Dr Leo-Rhynie obtained a B.Sc. degree in the Natural Sciences - Botany, Zoology and Chemistry. Postgraduate studies in Education, with a concentration on educational psychology, led to a PhD degree from the same institution in 1978.

Professor Leo-Rhynie's academic interests centre on education and gender particularly at the tertiary and early childhood levels and she has published extensively in these areas. She has also successfully supervised more than 50 students pursuing Masters' and doctoral degrees in the areas of education and gender and development, has directed research and evaluation projects in education for government and international agencies, and has also successfully undertaken consultancy assignments across the Caribbean region.

In 1993, Professor Leo-Rhynie delivered the Grace, Kennedy Foundation Lecture on *The Jamaican Family: Continuity and Change*. She served as a Member of the Jamaica National Task Force on Crime, chaired by Hon. Justice Lensley Wolfe

in 1992-1993, and in 1993 -1994, she was co-chair of the National Preparatory Commission which prepared Jamaica's Report on the Status of Women for the Fourth World Conference on Women in Beijing, China.

Professor Leo-Rhynie has chaired the Dudley Grant Memorial Trust, which advocates on behalf of early childhood education in Jamaica, for the past seventeen years; and she has served as a member of Council of the Caribbean Examinations Council, the University Council of Jamaica, the University of Technology, Jamaica, as well as the governing Boards of the Environmental Foundation of Jamaica, the University Hospital of the West Indies, United Way of Jamaica, the Grace Kennedy Foundation and the ICWI Group Foundation. She also served as a member of the Privy Council of Jamaica from 1996 to 2006, and was awarded the national honour of Officer of Distinction (Commander Class) in 2000.

September 2006

SOCIAL TOXINS AND OUR CHILDREN: CAN THE POLLUTION BE STOPPED?

Table of Contents

The Lecture

SOCIAL TOXINS AND OUR CHILDREN:
CAN THE POLLUTION BE STOPPED?

Elsa Leo-Rhynie

Introduction

"*Activities that promote child survival and other child development activities, especially those that link child survival and child development with sustainable management of natural resources*" Focus Area of the Environmental Foundation of Jamaica (EFJ)

It is a very great honour for me to have been invited to share in this special way in what is a significant event on the calendar of the EFJ. The decision to host an annual lecture on the special focus areas of the EFJ is a commendable one and this first lecture on the Child Sector allows the EFJ to make clear its commitment to its child survival and development mandate.

The Foundation has made considerable gains to date in raising the level of awareness about the protection and preservation of the physical environment. The focus of the environmental movement has been the extent of the threat posed by physical toxins to human well-being and survival. The nature of the physical toxicity is well established and is a matter for public policy and public as well as private concern and action.

We must recognize, however, that there is an enormous build up of equally hazardous elements in the social environment, which undermine the sustainability of our efforts and indeed, our very survival. I am grateful to Mrs. Freda Thomas for having introduced me some years ago to the concept of social toxins, as enunciated by James Garbarino in 1995 and for supplying me with literature on his use of the concept. The concept is a powerful one particularly in light of the EFJ mandate. Garbarino uses the term 'social toxin' to describe any factor in the social environment which endangers the health and well being of children and adolescents. He warns that we need to deal with the social equivalents of lead and

2

smoke in the air, polychlorinated biphenyls (PCBs) in the water, and pesticides in the food chain. I have extended Garbarino's analogy by using the term 'pollution' to describe the implications and impact of these social toxins. Garbarino points out that social toxins operate similarly to other poisons, in that although everyone is vulnerable, our children are most vulnerable.

This lecture addresses the extent to which the development of children is intimately bound up with the environment and also examines how factors which can be classified as social toxins act as powerful influences on their development. Responses are also presented in answer to the question: how can the pollution caused by these social toxins be stopped?

1. The child and the environment: an intimate interrelationship

Almost all theories of child development highlight the interaction of child and environment. Berk (1997) describes a number of these in detail, and the one which I have identified as being most relevant to the topic at hand is the bioecological systems theory of Urie Bronfenbrenner which examines child and adolescent development in terms of the environment within which they live and interact. This environment is depicted in layers representing biological, psychological and social elements which affect the nature and intensity of interaction and influence exerted on the development and well being of the child. The layers are not discrete but dynamic with interactions occurring and exerting an influence within as well as between layers. Cutting across these layers and influencing their impact is the time sequence of normal as well as abnormal significant events in a child's life.

The central layer, the *microsystem* recognizes the important impact of the child's biological make-up as well as the influence of "significant others" such as parents, grandparents and siblings. Each child has a unique genetic makeup which is an important ingredient in determining his/her path of development, as the biological potential of each child interacts with the environment to which that child is exposed. The microsystem is considered to have a strong direct influence on the socialization and development of the child, establishing concepts of right and wrong and influencing the formation of self concept as well as the quality of the cognitive, social and emotional intelligence which the child develops and demonstrates. The *mesosystem*, which is the next layer, represents the networks of relationships engaged in by persons and structures in the microsystem and which have an indirect impact on the child's life. Work demands on parents for example, and involvement in church and other community based activities affect the extent and quality of interactions to which the child is exposed. The larger social system, the *exosystem*, exerts an indirect effect on the child as it represents those forces and influences which affect the persons and structures in the micro- and meso-systems as well as their interaction. Access to education, availability of employment, level of development and expectations of achievement and productivity form part of the exosystem. The outermost layer is called the *macrosystem*, and represents the broad spectrum of cultural values, norms, laws, beliefs, stereotypes and ideologies which permeate the other systems and influence the practices and behaviours of

those who interact with children. These persons govern the socialization process and their beliefs and practices translate into guidelines for the child's behaviour. All four systems are affected by the *chronosystem* which recognizes the importance of the timing of normally occurring events in a child's life as well as that of unexpected events such as traumatic experience, migration or death, which can influence the development and well being of the child.

Figure 1 represents diagrammatically the bioecological systems of Bronfenbrenner.

Figure 1: Diagrammatic Representation of Bronfenbrenner's Bioecological Systems

MICRO SYSTEM

MESO SYSTEM

EXO SYSTEM
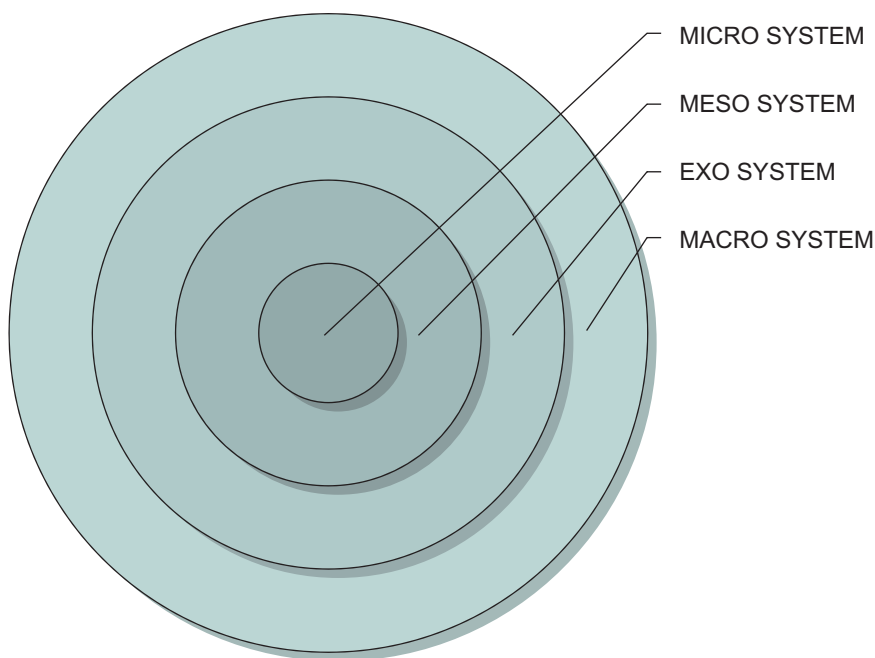
MACRO SYSTEM

The CHRONO SYSTEM cuts across all the other systems.

Garbarino (1995) describes the process of child development as the child drawing a social map - he states:

> Each child sees the world through the lenses of culture, temperament and individual experience. The child proceeds with drawing this map in response to experiences that arise from the social systems of family, school, neighborhood, church, community, society and culture. (page 23)

Garbarino's comment acknowledges the interaction of child and environment, and supports Bronfenbrenner's bioecological systems theory. Garbarino's concerns centre on how the social map which the child develops is affected by the toxins in the child's environment.

2. Social Toxins

We are all very familiar with the long list of highly toxic social elements which exist in our environment and which disrupt, demoralize and destroy families and communities. They originate in various ways, they pollute the systems outlined above and thus the environment of our children and our youths, exerting major and deleterious effects on their growth and development. Four such toxins are identified and their pollution of the child's environment is described.

2.1 The social toxin of poverty and economic pressures

Poverty is a daily experience of an estimated 16% of Jamaicans who are reported to be living below the poverty line (UNDP, 2006). UNICEF (1999) identified unstable homes, shifting caregivers, economic marginalization of women, working children and street children as being characteristic of poverty stricken communities. These persons have difficulty satisfying the fundamental requirements of a favourable microsystem: a stable family situation in which children can be raised and nurtured, as they are unable to provide basic needs such as shelter, adequate levels of nutrition, clothing, medical care and education.

Paulin (2003) writing in the Sunday Observer, June 29, 2003 highlighted a 2002 PIOJ report on The Jamaican Child and noted that poverty among these children was alarming. The data used to support this claim include the following:

- 71% of poor children live in the rural areas; 14% in the Kingston Metropolitan Area (KMA) and 14.5% in other towns.

- Poorer households have larger families, more adult women than men, and more children.

- Women headed nearly 45% of all households in 2001.

- The number of street and working children may be as high as 6,448 across the island.

- More than 9% of live births in 2002 were below the WHO standard weight of 5.2 lbs/2.5 kg.

- 60% of poor children had full school attendance compared to 84% of children who were not poor.

- Children commit nearly 13% of all murders, 13 % of shootings and nearly 16 % of all rapes and carnal abuse crimes.

- Of all visits to accident and emergency units for sexual assault in 2001, nearly 74% were persons 19 years old or younger.

These data force us to pause and consider seriously the pollution which poverty brings to our children's lives. Samms-Vaughan (2005) reported on research which she conducted which shows that poverty exerts an impact on all aspects of the development of 6 year old children; their growth, cognitive function, educational attainment and behavioural outcomes.

Economic factors create different scenarios for families who have to cope in new ways and with different life styles to the changing demands of survival. One of these coping mechanisms is migration of family members in search of a better economic and social base for the development of self and family. There is internal migration to the urban centres, particularly of young men and women looking for work. This migration has resulted in urban overcrowding, environmental damage, housing shortages, reduced employment opportunities, competition for the

available school places, inadequate water supply, waste disposal facilities, transportation and electric power supply. The frustration of not finding employment in the urban areas, coupled with living in overcrowded, insanitary and seemingly hopeless situations, lead many youth to deviant and criminal behaviour. Many persons migrate overseas because of the economic reality of poverty and they work hard and become important financial resources for family members left behind. The UNDP Human Development Report of 1992 records that workers' remittances from abroad accounted for 2.4% of Jamaica's Gross National Product in 1989. In that year remittances totalled US$130.8 million. Ten years later, in 1999, the Social and Economic Survey of Jamaica reported that this sum had more than quadrupled to US$583.6 million. In 2001, data from the Bank of Jamaica (BOJ) revealed that over a four and a half year period, more than US$3.3 billion had been privately transferred to Jamaica through remittance companies, commercial banks and building societies. The Gleaner's web site also reveals that in 2000, the *Financial Gleaner* reported that Jamaica topped the list of more than 160 countries outside the domestic markets of the United States, Mexico and Canada, to which Western Union transfers money.

Remittances provide shelter through rent and mortgage payments, and make the lives of family members more comfortable through provision of household items and consumer goods. The downside of this, however, is that the other factors important in a positively functioning microsystem are often haphazardly available or not provided at all, and the provision of brand name and other consumer articles from abroad has fuelled a materialistic value system which is centred on money and designer items rather than on caring human relationships. These values are considered to be at the root of much of the crime, violence, drug use and drug trading in Jamaican and Caribbean society. The separation of family members also presents serious problems for family stability and the development of family in keeping with the expectations of a properly functioning microsystem.

2.2 The social toxin of family dysfunction

A variety of family structures is a well known and accepted feature of Jamaican life, and in all these family forms there exist examples of dysfunction. Dysfunction, however manifested, is a powerful social toxin polluting the lives of the children of those families. One example of dysfunction is the absence of

parents. Many Jamaican children are part of a microsystem in which they have a number of caregivers. Women who are in many cases, heads of households and breadwinners, depend on their close relatives, neighbours and friends to expand the microsystem and provide a support group or kinship network which helps them to cope with the simultaneous demands of family and work life. One of the coping strategies is the sharing of the task of child rearing and nurturing with other women, so that the mother can be the provider.

Relationships developed within the child's microsystem are of critical importance to the child's healthy development. Children usually develop a sense of security through interaction with their mothers or mother substitute. The mother usually takes the time to instruct the children, and to show them some form of love. The father who is present in the home very often assumes an authoritarian, disciplinary role, and does not seek to establish any emotional closeness with his children. The total absence of a male role model in the home leaves the male child to model the behaviours of men in the community which often means modelling aggressive behaviour, sexual promiscuity and the 'Don' image, while a physically and/or emotionally distant father figure in the home serves as a model of such behaviour for boys, and an expectation of behaviour in that role for girls. Increasingly, however, among younger families, fathers can be observed being active members of the child's microsystem; taking their children to school, to the clinic, and participating in their care and nurture.

A number of women and men, who need to ensure their families' survival because of adverse conditions in the meso- and exo- systems, have had to devise creative strategies to assist them in the task of providing for their children. One of these is trading in goods and services between Jamaica and countries overseas, and the problem of the absent father which has long existed, has now been joined by the phenomenon of the absent mother, leading to absent parent families, sibling families and child alone families. These families are left without the psychological support which is vitally needed for the optimal development of the children, even though in some instances there may be economic support.

Many parents trade or leave to work (often illegally) in the USA, and there may be no kinship network available in Jamaica, so the mother does not have a support group to assist her in caring her children during her absence. Thus we have seen

over the years the emergence of 'barrel children', and more recently 'Western Union children' - a feature of the child alone and sibling families; children whose link with their parent(s) is the barrel of food, clothing, remittances and other items sent to them from overseas. Jamaica's barrel children and street children have already received international attention in a Newsweek article published ten years ago in 1996. Their poor diet, leading to increasing malnutrition and communicable diseases as well as stress and mental illness, their lack of education as they frequently stop going to school, and their exposure to the ills of society led to an interpretation of their plight as being reflective of micro-, meso- and exo-systems in which children are de-valued and left to fend for themselves by uncaring and irresponsible parents, with little support from the macrosystem – the state and the society.

The premature responsibility which young children are expected to assume for their lives disrupts the functioning of the microsystem and disturbs the chronosystem creating insecurity, hostility and low self-esteem, and often leads to decisions which adversely affect the course of their lives. The fifteen year old girl, who is alone with the responsibility of caring her young siblings who may be unruly and unmanageable, is receptive to the support and attention of influences which may lead her into sexual relationships, premature pregnancy, and pornographic or drug related activities. The ever present threat of sexually transmitted infections including HIV/AIDS puts these young people at risk.

Parents often leave their children with someone whom they consider to be responsible to provide the children with the care and nurture the children need in their parents' absence. In a number of instances where children have been brought up in households from which both parents are absent, this has been a positive experience as the home environment is one which is caring and nurturing. In many cases, however, children are shifted from one home to another in their early years; they are therefore constantly adapting to a changing microsystem, they are unable to develop a sense of security, and their social maps register high levels of anxiety as they recognize their marginal status in the household, and also that any ties of love and affection which they may forge in this situation may well be temporary. This pollution of their microsystem affects their emotional development and when such children become adults it is often very difficult for them to establish and maintain long term, caring relationships.

Even worse are situations where children are placed in supposedly 'safe' environments, but then are exposed to physical, sexual and other abuses by the caregiver, or others in this new environment. Institutions managed by the State would be expected to be safe havens for children but the Ministry of Health (MOH) report of 2003 which reviewed Children's Homes and Places of Safety presented evidence of severely polluted environments with disturbed, defiant and aggressive behaviour by some of the children at these institutions. The social toxins generating the pollution included high levels of corporal punishment meted out by caregivers as well as sexual abuse by caregivers and/or older children. Children are usually institutionalized because their parents are unable to cope with them as they are 'out of control', are exhibiting delinquent behaviour, are victims of physical and sexual abuse, neglect, and/or have committed a criminal offence. The expected rehabilitation of such children is nigh impossible when they are exposed to an environment which inflicts further physical and psychological damage. It is also well documented that abused children often become abusive spouses and parents, and the cycle of violence continues, eventually reaching outside of the home and into the wider society.

The abandonment of children, in some cases overseas, has also been highlighted, and this abandonment takes many forms; we read of 'auctions' and 'trade' of young girls (Sunday Gleaner July 6, 2003), parents send their children, mainly boys, onto the streets to 'hustle'; many of these boys have no home, and eke out a living on the streets, and are thus easy prey for the predators who seek accomplices in activities such as prostitution, drug peddling, gun crime and other criminal activity. The 2002 PIOJ report on The Jamaican Child estimated that there are approximately 6,448 street and working children across Jamaica. On September 11, 2006 the Gleaner reported data from the Child Development Agency (CDA) that in 2004, at least 73 of the nation's children were abandoned, and between 2004 and 2005, a total of 361 children were taken into state care. At the same time, many children remain on the streets trying to fend for themselves. The director of programmes at the CDA, noted that

> The children come to us either because they are in need of care and protection or because parents have abused them, abandoned them, neglected them or the parents are unwilling or unable to take care of them.

The article noted that just over 20 per cent of the total number of children in state care had been placed in foster care.

Absent fathers and mothers are also increasingly the result of gun violence and gang warfare in inner city areas. This affects, not only the microsystem, but also the chronosystem which is concerned with the timing of certain events and the effect that these events can have when they occur at certain stages of the child's development. Children who have to cope with the trauma of the loss of close family members at a time when they need these significant persons in their lives to build their self esteem and to help them distinguish between right and wrong, good and bad experience setbacks to their optimal development. Many whose loss is caused by violent means grow up with anger, hostility and thoughts of revenge, resulting in severe psychological damage and emotional scarring. It inhibits the ability of persons to care about, respect and form close relationships with others.

Another example of the toxin of family dysfunction is adolescent and inappropriate parenting. Research reports from Jamaica reveal high levels of adolescent sexual activity, most of it irresponsible and unprotected. Irresponsible sexual behaviour among young people has serious implications for their health, their schooling, their work lives, their parenting and the socialization of the next generation. Fertility rates are also very high, and many young women become mothers while in the 12 to 19 age range. The National Family Planning Board (1999) reported that, in 1997, 30% of all babies born in Jamaica were born to teenage mothers. Young people do not understand the demands which parenting will make on them, and the educational programmes which are designed to prepare them for family life are often taught long after students have become involved in sexual activity, and are at risk of becoming parents. The National Family Planning Board's 1997 Reproductive Health Survey revealed that two thirds of the girls who become pregnant while at school do not return to continue their education. When a young mother is forced to discontinue her education, she is unable to develop fully those skills which she will need in order to provide the basic necessities for herself and her child. Her financial and emotional burden may lead her into a new sexual relationship which provides some short term security but which results in a second or third pregnancy, increased anxiety, irritability and intolerance, and reduced ability to provide the emotional, intellectual and physical stimulation needed to

optimize the children's development and to effectively socialize the next generation.

Many parents do not understand the nature of the commitment they assume when they become parents. Adolescent as well as older parents have assumed this role before they were psychologically ready, and they create a polluted microsystem: a home environment in which resentment, anger, intolerance and impatience abound; a home in which these feelings are expressed in harsh and indecent language which is used to children, where there is no respect for childhood shown by parent, and therefore, no respect for age demonstrated by children. Poor parenting is normally associated with unstable homes, lack of family supervision and guidance, low motivation and self esteem of parents, peer pressure, lack of play materials, and domestic violence (PIOJ/UNICEF, 2000).

Children in such situations are often left unsupervised and without proper guidance. The whole process of socialization is carried out, not by parents, but by the images of television and those seen in the community. Their social maps will be constructed based on these experiences and will determine the paths established for action in the future. Elements in the mesosystem, therefore assume, by default, the roles abdicated by the significant persons in the microsystem, with severe adverse effects.

Instability and insecurity in the microsystem, the inconsistency of care giving, relationships, discipline and routine in the lives of children adversely affect the development of self concept as well as social and emotional intelligence, which starts in the home. Children very often are not provided with the warmth, the love and the positive feedback necessary for them to develop psychologically healthy personalities. It is not uncommon for children to have no verbal contact with adults unless they are being reprimanded, and being told how very worthless they are. We need to consider the social maps that children are constructing when they are unwanted or resented, when their care is haphazard and they are neglected and abused, and their emotional, physical, social and educational development is hindered. At the same time, over-protection and over-indulgence can result in social maps characterized by emotional insecurity and personality disorders. Where their moral and spiritual development is also overlooked, children grow up

rudderless and without a firm foundation from which to make informed, ethical and moral choices.

We also tend to overlook the pollution which threatens children of an increasing number of parents who are relatively comfortable financially, and who are seeking self-fulfillment, social status and social rewards through professional development. In many of these situations, more than adequate provision is made for the satisfaction of children's material needs, but economic and social demands in the lives of parents and grandparents leave little or no place for attention to the emotional, psychological and spiritual needs of the children. These parents have 'migrated' from the microsystem of their children's lives and from the demand that they provide nurture and support for their families; sharing of time and self with children suffers or is lost, and the satisfaction of children's emotional and spiritual needs becomes secondary to the goals of self-fulfillment and advancement in the meso- and exosystems.

Although these children are raised in their parents' homes, the frequent absences of their parents who are seeking career and financial advancement and who regularly leave home before children are awake and return after they are in bed, or after a week, a fortnight or month, mean that their children are reared by domestic helpers whose value systems may differ from those of the parents. The children are exposed to a range of values, sometimes conflicting, which complicate their social maps and which they must eventually resolve.

The socialization of children by adults other than their parents has implications for the values and attitudes that they develop, and the behaviours that they exhibit. The social maps of these children, who are often emotionally insecure with low self esteem, result in their exhibition of mild to severe emotional problems, as needs for healthy living, psychological well-being and optimal development, which ought to be satisfied by the microsystem, are unmet. The potential for attention seeking behaviour, suicide threats and actual suicide among this group is real.

2.3 The social toxin of crime, violence and abuse

Many criminologists make the link between social and economic factors and the

perpetration of crime. Larry Siegel (2005) in his book *Criminology* highlighted the importance of social toxins such as high unemployment, inadequate housing, high school drop out, single parent households and gang activity in generating criminal behaviour. In Jamaica, the 2005 statistics on murders show that more than 1600 persons were killed, and Jamaica has now been dubbed the murder capital of the world. Robbery, extortion, rape and abduction are some of the other crimes which create fear in the population.

Children are both perpetrators and victims of crime. Table 1 presents the statistics relating to child arrests in 2002. Arrests take place for the most serious crimes from age 12, with the majority of arrests being made among young men in their late teen years.

**Table 1. Arrests for violent crime in Jamaica (2002) by age group
            (from Ramkissoon 2003)**

Type of Crime	12 to 15 age group		16 to 20 age group	
	% of total	% males	% of total	% males
Murder	1	83.3	24.4	97.1
Shootings	0.5	33.3	20	94.4
Robbery	1.3	100	21.4	99.5
Breaking & Entering	5.1	92.5	18.3	96.5
Rape	5.1		25.2	
Carnal Abuse	5.7		33.1	

Table 2 sets out the 2002 data indicating the victims, aged 12 to 20, of violent crime. More men than women were victims of murders, shootings and robberies. The percentage of the total number of victims that fall in this age group is large enough to cause concern, a concern which is multiplied when the figures for rape and carnal abuse (68% rape; 99.8% carnal abuse) are considered.

Table 2.   Victims of violent crime in Jamaica (2002) by age group
(from Ramkissoon 2003)

Type of Crime	12 to 15 age group		16 to 20 age group
	% of total	% males	% of total
Murder	3.3	41.2	11.3
Shooting	2.6	63.6	15.7
Robbery	1.1	52.2	8.1
Rapes	37.3		30.7
Carnal Abuse	99.8		

Chambers (1997) determined that it was quite normal for Jamaican children to be exposed to violent behaviour and examined the impact of this violence. She found that 15-16 year old girls in the specific poor inner city community studied were subject to rape, abuse and brutalization at the hands of 'bad men' in other communities, and these cases are seldom reported to the police. Boys aspire to be 'bad men', which in their opinion leads to respect and power in their mesosystem, even though it is against the stated laws of the macrosystem. Samms-Vaughan reported, in 2002, that of the cohort of twelve year old children that she studied, several had witnessed incidents of violent behaviour, viz. fights (93%), stabbings (44%), shootings (26%) gang warfare (26%) and 8% carried a weapon with them to school. She shared the following graphic details in her very comprehensive GraceKennedy Lecture 2006, *Children caught in the Crossfire*:

> Before they leave home, two out of every three (children) hear and see verbal aggression among adults in their homes. The adults insult or say bad words to each other, refuse to speak to each other, storm out of the house or say spiteful things to each other. Before they leave home, one out of every three see adults throw objects at each other or push, slap or grab each other and one out of every five watched adults kick or beat each other with an object, threaten to or actually use a gun or knife to hurt each other.

16

Witnessing these exchanges between adults does not seem strange to the children, as almost all have similar experiences when they have conflicts with adults, as a result of lying, answering back, fighting and doing poor school work. Eight to nine out of every ten experience verbal aggression, with an adult threatening to hit them, insulting or using bad words to them or saying something spiteful. Eight out of every ten get hit with the open hand and with an object. Boys get beaten up some times, but luckily, the adults in the home don't often threaten to or actually use guns or knives to hurt the children. In our adult-child conflict resolution skills, we create history as one of the countries with the highest reported rates of corporal punishment in the world.

Meeks Gardner, Powell, Thomas and Millard, in 2003, reported that of a large random sample of 9-17 year old Kingston students, 50% of them had experienced threats of some form in their schools and communities, and 47% reported that fights observed were over 'turf' or territory. Of the sample, 84% knew another student who carried knives or blades to school and 89% worried about violence at school. The data also revealed reports of threats to teachers from students (39%), actual physical attacks on teachers (21%), and threats or physical attacks on teachers by parents (38%). The three major risk factors for exposure to community violence were identified as being male, being older and coming from a poorer socioeconomic background.

Those children who may not actually see violent acts in person are frequently exposed to violence through media which have become a social toxin with their explicit portrayals of murder, person-on-person violence and violent sex acts. Films, television, video games, and the lyrics of popular songs also convey images of violence as being part of the normal pattern of man-woman interaction and relationships. The social maps which the toxin of violence influences are frightening to contemplate, but such maps are being developed and in many instances they are being used to guide the child and adolescent's behaviour.

National statistics for rape, incest and domestic violence have shown substantial increases over the years, and in many instances such offences are not reported because of the victim's fear of the offender. Only a fraction of all rapes are reported,

and domestic violence is often considered to be a 'private matter' and one in which the police prefer not to become involved. Such offences are therefore not always recorded. Domestic violence resulting in death and maiming of the victim is not uncommon, and women are, overwhelmingly, the victims of this type of abuse, often creating a void in the microsystem of the children they leave behind without the care and guidance they would have been able to provide.

Children, especially girls, are now being featured in the daily newspapers among persons "missing". The bodies of these children are sometimes found and provide evidence of violent sexual abuse, while in other instances they are not found or discovered being exploited by their abductors in illegal ways.

This is part of the troubling issue of child abuse with the sub-categories sexual abuse, violent and non-violent molestation and incest, where children suffer, often silently, as victims of persons who are very often part of their micro- or meso-systems, who are known to them and who violate their trust and innocence. The PIOJ/UNICEF (2000) publication noted that most abused children come from poor families, single parents, inner cities and young mothers, especially those with mental health or drug abuse problems. Abuse occurs across all groups in the exosystem, however, and is not restricted to the lower social class group; those particularly at risk are disabled children, those with difficult temperaments and those passing through challenging developmental stages. Most sexual abusers are male.

Another form of abuse is child labour. Statistics for 1999 – 2000 from the Ministry of Labour estimate that 22,000 children were involved in work. Most of these child labourers were from the poorest 20 percent of families, with approximately 34 percent being between the ages of 12-14 years and 55 percent between 15-16 years. The school achievements of these children were much lower than average. Many of Jamaica's street children between the ages of 6 and 17 years, are also labourers (Ramkissoon, 2003), but Milbourn Lynch (2003) reports that many of these children (11-17 years old) demonstrate resilience and a sense of empowerment.

In 2002, two studies highlighted the issue of child labour on Jamaica. Cooke reported on the National Survey on Street and Working Children (SSWC) and a

National Youth Activity Survey (YAS) was conducted by STATIN. The data focused on economic and household work activities for children 5-17 years old. Ramkissoon (2003), who reviewed these studies, noted that the YAS estimated that 7500 children were engaged in labour activities that were antithetical to their development, whereas the SSWC estimated the figure to be a maximum of 6448 and a minimum of 2818.

Both studies identified the typical working child as male, and involved in a variety of activities, while the female children who were working tended to be involved in household and domestic type work. Economic necessity was identified as the major reason for involvement in child labour. Many of the street children face a harsh environment where they are exposed to bullying from older street children and gunmen. Several have health problems but do not seek help, and most hope to be able to live a normal life with jobs. Only a few did not have such ideals. YAS noted that working children normally have dropped out of school already or failed to secure a place at the secondary level or cannot afford transportation to school.

2.4 The social toxin of HIV/AIDS

Gebre, in 2003, reported that more than 18,000 persons in the 15 – 49 age group in Jamaica were suffering from HIV/AIDS – another major social toxin. A number of children in Jamaica are born already infected with the HIV virus; several others are orphaned through the death of one or more parents to HIV/AIDS. The National AIDS Committee (2002) reported that the Joint United Nations programme of HIV/AIDS, in its AIDS Epidemic update, had estimated the number of Jamaican children orphaned by HIV/AIDS in 2002 to be 5,100. The update also predicted, based on prevalence rates in the 15 to 49 age group, that between 10,000 and 20,000 Jamaican children are at risk of losing one or both parents. HIV positive mothers have an average of 4 children who will need someone to care them when they die, and their fathers are often not prepared to assume this responsibility. Children suffering from HIV/AIDS are stigmatized at school if they are allowed to enroll and attend; many are abandoned and become street children. Their lack of awareness of social services to assist them makes their health status and their plight more severe.

It is a shock to children's microsystems when the person(s) on whom the household is dependent may not be able to work, and they are unable to fulfill their role as manager of the home and as caregiver for their children. The expense of health care and drugs also creates a great deal of stress on the family. When children have to undertake or assist in the care of a parent suffering from AIDS, the time and physical and emotional energy involved in this process, place a very heavy burden on them. It also affects their chronosystems, generating anxiety and stress at a time when they ought to be carefree, but instead have to watch their parents die, knowing that they face a lonely future without the protection and financial as well as psychological support and security which ought to be provided. The misinformation and lack of education about the disease often prevent community members from providing the support which is usually given to families who are dealing with crises of similar magnitude, and the child often endures alone the discrimination, isolation and alienation from those in the mesosystem to whom s/he ought to be able to turn. The psychological and emotional damage which this toxin generates is immense. Children feel and are made to experience guilt and shame because of their parents' or their own infection, and suffer rejection at a time when they need to be accepted and made to feel a sense of belonging.

3. Effects of social toxins

Several of the effects resulting from pollution by the social toxins identified have already been highlighted. Special mention needs to be made, however, of specific effects which may not be as obvious.

3.1 Health and developmental deficits

Health indicators reveal very real effects of social toxins on children. Mortality rates of children under five years of age as well as the incidence of other markers such as perinatal health problems, malnourishment and wasted children are all highly correlated with socioeconomic status (UNICEF, 1999). HIV/AIDS has also been identified as the leading cause of death among children aged 1 – 4 years, while adolescent girls are twice as likely as boys to contract the virus (PIOJ/UNICEF, 2000).

Children with these indicators inhabit a microsystem which is responsible for both cause and continuation of their health deficits. Most of them come from poor families, and the associated mesosystem of low socio-economic status, poor housing, maternal unemployment and failure to take iron during pregnancy (UNICEF, 1999). Their immunization status is often unsatisfactory and they manifest poorer school performance and cognitive functions (UNICEF, 2002), thus making them less able to claim opportunities and function adequately in the exosystem.

The interaction of social toxins in the microsystem also creates mental health problems as children grapple with the pollution which results. These problems often lie dormant for a time and may be overlooked until they erupt in the form of learning problems, anti-social, aggressive or violent behaviour and other forms of affective disorder.

3.2 Education deficits

Jamaica places a great deal of emphasis on education and achieved universal primary education in the 1980s (UNICEF, 1999). Pre-primary enrollment in Jamaica stands at 91.7 percent (ESSJ 2002) and the gross rate of primary level enrollment is at 97.1 percent, a small decline from 99.1 percent in 2001. Attendance rates are usually lower than enrolment rates, and attendance varies according to parish, type of school, and student gender. Boys are more often absent than girls, and attendance is lowest in the all age schools which are perceived as 'dead ends' with no future prospects.

The cognitive deficits which result from the social toxin of poverty, have been documented by Samms-Vaughan (2005) who has reported that, at 6 years and at 11 – 12 years, children from poor homes score significantly lower on cognitive function and academic tests than those from more affluent environments, and the pattern is similar for behaviour problems.

The test results of students at various points of their school careers attest to the level of their cognitive functioning and their scholastic achievement, while the gender disaggregation points to the issues relating to boys' achievement levels in the

school system. Table 3 indicates that the gender disparity already exists at entry to Grade 1, with girls exhibiting greater readiness than boys. Readiness is tested in four areas: visual motor coordination, visual perception, auditory perception and number/letter knowledge. The national rates are poor overall, but boys seem to be less ready than girls to tackle primary education. Data have been extracted from the report of the Jamaica Social Policy Evaluation Project (JASPEV)

Table 3: Grade one readiness assessment by gender for 2000/01 to 2001/02

	2000 / 01	2000 / 02
Proportion of primary, all age, primary and junior high and preparatory school grade one entrants assessed as 'ready to learn' in four areas	National: 29%	National: 26%
	Males: 24%	Males: 22%
	Females: 35%	Females: 31%

Source: JASPEV report on education and skills

Table 4 shows performance in a literacy test administered to students in Grade 4 in 2002. The pattern of poor performance and of girls performing better than boys persists.

Table 4: Gender and 'at risk' status in the Grade 4 Literacy Test, May 2002

	Total Number Sitting	% at Risk	% Uncertain	% Not at Risk
Male	24,472	27	32.9	40.2
Female	22,121	10.6	21.8	67.6
Total	46,593	18.2	27.6	53.2

Source: JASPEV report on education and skills

The results reveal that there were more than twice as many boys categorized as being "at risk" than girls and a much higher percentage of boys than girls in the "uncertain" category. This gender difference was noted for all regions of the Ministry of Education and Youth (MOEY) islandwide.

Table 5 presents similar data for the Grade Six Achievement Test (GSAT)

Table 5: Gender and mean subject scores in the GSAT: 2001-02

Subject		Number of Candidates	National Mean Scores
Mathematics	Male	24,144	47
	Female	24,704	55
	Total	**48,848**	**51**
Science	Male	24,189	50
	Female	24,731	57
	Total	**48,920**	**53**
Social Studies	Male	24,169	50
	Female	24,726	57
	Total	**48,895**	**53**
Language	Male	24,196	49
	Female	24,732	58
	Total	**48,928**	**54**
Communication Tasks	Male	24,166	(out of 8) 6
	Female	24,726	8
	Total	**48,892**	**7**

Source: JASPEV report on education and skills

None of the mean scores reached 60% and in all subjects, girls obtained higher mean scores than boys.

Increasingly, boys consider school and formal education as irrelevant to their lives. Their view is that it is geared towards preparation and qualification for work in the formal sector, for further education and a professional job. Those who continue to attend school do so irregularly as this is not considered a priority. Many also resent

the authoritarian structure and inflexibility of the system. Boys especially, who either are not allowed to sit, or who fail to be placed in a traditional high school as a result of their performance in the Grade Six Achievement Test, very often lack the motivation to try and succeed academically. They often drop out of school before they are due to take the CXC Caribbean Secondary Education Certificate (CSEC), which is the terminal examination for secondary education. Absenteeism is sometimes sanctioned by parents who see little value in education, particularly if the child is not 'bright', and children are frequently kept from school to help on family farms, to prepare for market, to do domestic chores and to mind younger siblings. In a number of instances the children are kept at home to free adults to engage in productive labour (Bailey and Brown, 1995; Parry, 1996; Evans, 1998).

Performance in the 2006 CXC CSEC examination reveals that Jamaica's students (35,428 sitting mathematics and 37,408 sitting English Language) underperformed in relation to the Caribbean average, and that the 2006 performance was not as good as that in 2005. Data from the Gleaner of September 15, 2006 are presented below in Table 6.

Table 6: Performance of Jamaican students in CXC CSEC Mathematics and English Language examinations 2006

Year	Mathematics	English Language
2006	32 percent (3% below the regional average)	46 percent (5% below the regional average)
2005	36 percent	54 percent
2004	25 percent	39 percent

These data are not encouraging as education is seen as the major antidote needed to fight the pollution of the social toxin of poverty. The overall poor performance means that the majority of school graduates have failed to obtain certification in the basic language and mathematics competences needed to function successfully in the meso- and exo-systems, and this has implications also for their ability to recognize the importance of and be able to effectively discharge their roles in the microsystem.

The literacy status of parents also has implications for poverty and employment, for appreciating the value of early stimulation and optimal care of children and for

the provision of an enabling and supportive microsystem. Jamaica's literacy rate in 2002 was 79.9%, with more women being literate than men. This has not translated, however, into higher employment for women. In October 2005, the overall unemployment rate was 10.9 per cent; 7.4 per cent for men and 15.3 per cent for women. Approximately eighty per cent (79.9%) of unemployed women were in the age groups 20-24, 25-34 and 35-44 years, which are the childbearing and rearing years. Among the unemployed men, 57.6 per cent were in the 20-24 and 25-34 years age groups, when they would be expected to be contributing to and/or providing for the maintenance of their children (STATIN, 2005).

High levels of unemployment create among young people a sense of hopelessness as they become aware of the lack of opportunities available to obtain a job in the formal sector of the exo-system. This encourages them to start identifying prospects in the informal sector and to abandon education which they consider irrelevant to their lives as they envisage them, given their perceptions of the opportunities generated by their meso- and exo-systems.

3.3 Social deficits

When children experience pollution of their microsystems their survival mechanisms are triggered and they develop strategies to cope with the adverse, sometimes hostile environment. These strategies may take the form of 'acting out' behaviour such as aggression, anger, delinquency and other anti-social tendencies. In other cases, the children become withdrawn, and go into voluntary isolation resulting in a lack of development of social skills. The pollution and the strategies employed greatly influence the social maps the children develop and the emotional and social intelligence they display. Some endure the pollution and survive, often with serious scars, but others seek solutions to coping with life in the meso- or exo-system. The rigours of life in these environments where they live as street children or as children in state care often result in their alienation from the normal expectations of development and they adopt deviant behaviours in order to sustain themselves. Most street children are very vulnerable, and often are victims of violence, accidents, sexual abuse and drug abuse. Their need for money makes them easy prey for those persons who foster their deviant behaviour by using them to sell drugs, to become involved in pornography and prostitution, or to commit petty crimes.

A recent IPEC evaluation of the National Programme for the Prevention and Elimination of Child Labour in Jamaica and Statistical Information and Monitoring Programme on Child Labour (SIMPOC) Survey (Peart, 2004), reviewed action programmes for street and working children across Jamaica. The stated objectives of all service providers are to withdraw and rehabilitate children from hazardous work and prevent others from such involvement as well as to engage in awareness enhancement activities about the complexity of child labour problems in Jamaica. The National Survey on Street and Working children report recommends that these children need immediate financial support, half-way houses, medical attention and opportunities for education.

4. Social Toxins: Consequences

The consequence, for children, of the pollution originating from the interaction of social toxins is "social exclusion". This is a concept which originated in Canada nearly thirty years ago and which has become important as a mechanism for examining some of the problems which affect persons and groups of persons. It has been defined by the government of the United Kingdom as

> A short hand term for what can happen when people or areas suffer from a combination of linked problems such as unemployment, poor skills, low incomes, poor housing, high crime environment, bad health, and family breakdown.
> Social Exclusion Unit 2001:10

It clearly is an umbrella term for a complex social phenomenon; it provides an explanation for the outcome when micro-, meso-, exo-, and macro- systems do not function as they ought. The life situations and life styles of many children in Jamaica and the Caribbean hinder their healthy development and so force them into social exclusion.

They are socially excluded because of the toxins of poverty: the lack of and poor quality of shelter; crowded and uncomfortable living conditions; migration and their resultant status as barrel children and street children; poor diet; lack of

education leading to pollution resulting in increasing malnutrition and communicable diseases as well as stress and mental illness.

They are socially excluded because of the toxins of breakdown of family life: child abandonment, child shifting, moral decadence, irresponsible adolescent parenting, exposure to and experience of sexual abuse and domestic violence, subcultures of aggression, hostility and gang violence, promiscuity and prostitution, crime and violence, all leading to pollution which is manifested in injury, mental ill health, drug use/abuse and the dangers associated with STIs including HIV/AIDS.

Social toxins exclude our children from an environment of peace, security and stability. The combined effect of these toxins has polluted the lives of our children and threatens their development and the secure, sustainable future that we would vision and wish for them. The manifestation of this pollution is physical, psychological as well as social.

5. Stopping the pollution

Addressing the pollution which leads to social exclusion requires action at macro-, exo-, meso- and micro-system levels, and the action must take account of the chronosystem to ensure that interventions designed to counter or alleviate the pollution take place at appropriate times in the child's life.

5.1 Macrosystem: International initiatives

The turn of the century provided international bodies, bilateral and multilateral agencies and policy makers with a marker for goal setting for the future, and several statements were made, many emanating from conferences and meetings in which there had been significant discussion and consensus building. Among these are the International World Summit Declaration on the Survival, Protection and Development of Children, and The United Nations report on "Emerging issues for children in the 21st Century". Locally the National Plan of Action for Children to 2000 and The Jamaica Coalition on the Rights of the Child ensure adherence to the articles of the Convention on the Rights of the Child which Jamaica ratified in 1991.

The Fifth Ministerial Meeting on Children and Social Policy in the Americas was held in October 2000, establishing the Kingston Consensus of 2000 in which Jamaica has committed itself to having child-centered policies (UNICEF, 2002). Three of its commitments were to:

1. Make every necessary effort so that children and adolescents have opportunities to fully develop their physical, mental, spiritual, moral and social capacities and to guarantee and promote respect for human rights

2. Develop and implement integrated policies and actions aimed at breaking the intergenerational cycles of poverty, and eradicating exclusion, discrimination and lack of respect for human rights.

3. Promote actions and mechanisms to maximize the participation of children and adolescents in decision-making in all matters that directly and indirectly affect them. (UNICEF, 2002)

The starting point of international development strategies that emphasize equitable human development is quite naturally the rights and well-being of children. It is the children whose individual development and social contribution shape the world's future, and it is through children that intergenerational cycles of poverty, exclusion and discrimination can be broken. This view is incorporated in the principles of the Convention on the Rights of the Child, it inspired the World Summit for Children and generated a global principle of **'first call children'** as a guide to policy, programming and allocation of resources.

Jamaica has ratified the Convention and supports both the World Summit Goals and the Say Yes for Children Campaign organized by UNICEF. This campaign used adult and child advocates to disseminate information on children's rights, and the areas of focus have included safe sex, HIV/AIDS awareness, drug abuse and the importance of education.

The international agencies provide a policy platform from which individual nations can plan and develop programmes to counter pollution in the lives of children.

5.2 Macrosystem and Exosystem: Legal and State measures

Jamaica's support for the United Nations and other international initiatives geared towards defending the Rights of the Child has been demonstrated through the development of legislation and other protective mechanisms. Child care and protection legislation seeks to improve the protection currently available to safeguard the rights of children especially those experiencing the severe effects of social toxins. The focus, therefore, is on children living in extreme poverty, street and working children, abused and neglected children, children with disabilities and institutionalized children. Actions to address child health problems are also specified.

Since the 1970s, family legislation has been enacted which has been advantageous to women, children and the operation of the microsystem. The Maternity Leave Act (1979) provided for leave with pay for women who were employed, and who needed time from work to begin the care and nurture of their newborn children. The Minimum Wage Law established a specific rate of pay for women and men in work situations where they were vulnerable to the whims of their employers. Women in domestic service benefitted especially, but although this wage has been increased over the years in an attempt to keep pace with inflation, the current minimum wage has much less purchasing power than the wage which was set when the legislation was first introduced. In the context of currency devaluation, inflation and rising prices, the households headed by women earning the minimum wage, and receiving no help from spouses for the care of their children, are at a serious disadvantage.

The Status of Children Act of 1976 removed all social and legal disadvantages from the children of visiting and common law unions, and this Act was later amended to legally recognize the latter union in terms of maintenance and custody of children. One piece of legislation, The Intestate Estate and Property Charges Act, allows for disposal of property when there is no will. This Act was amended in 1988 to allow the surviving partner in a common law union to be one of the beneficiaries. This partner qualifies as a spouse provided both persons were single, and had lived together for five years prior to the partner's death. The Family Property (Rights of Spouses) Act 2003 makes provision for the division of family

property following separation or divorce, once the couple have co-habited for a minimum of five years.

The Family Court, which was established in 1975 to deal with legal problems related to family matters, provides both judicial and social services, and has been an important source of assistance for women who have experienced difficulties in family life.

Legislation enacted since 2000 provides a legal framework within which children's needs are addressed at the macrosystem level. The instruments are:

- The Early Childhood Commission Act (2003) established a body, the Early Childhood Commission, to set policy and oversee programmes designed to enhance the development of children;
- The Child Care and Protection Act (2004) established laws for the care and protection of children and superseded earlier laws.
- The Early Childhood Act (2005) sets out laws for institutions responsible for the care of children under the age of six years.

Attempts to halt the pollution are also facilitated at the national level by the state's Social Safety Net Reform programme which includes the Programme for Advancement through Health and Education (PATH) which is comprised of poor relief and public assistance for old and incapacitated persons. Children under 17 years are among those specifically targeted, for help with school fees and related expenses. Other agencies such as the Social Development Commission promote self reliance and seek to empower communities in an attempt to combat poverty.

The Child Development Agency (CDA) is an executive agency of the Ministry of Health (MOH). It is a protection and care agency which advocates for children's rights, and is expected to facilitate the best use of resources, improve the welfare of all children who are in need and strengthen the monitoring mechanisms in areas under its management and control. The Agency is in charge of the 58 Children's Homes and Places of Safety islandwide. Its services are provided to the 8 to 18 year old age group who need care and protection, who are child offenders and/or those who are beyond parental control. The MOH website indicates that, in 2003,

there were 5,206 children in the state's care and 13,205 requiring the services of the CDA. Apart from institutional care, the CDA provides intake and counseling services for children still with their families, conducts investigations and makes recommendations to the courts, arranges foster care, provides home supervisions for children who have been returned home from institutionalized care, conducts investigations overseas into the situations of children with migrant parents, and provides some funding and training for day care operators for the birth to 4 age group.

The Child Care and Protection Act of 2004 made provision for the appointment of the Children's Advocate, and Mrs. Mary Clarke assumed that office in 2005. The responsibilities of the Office of the Children's Advocate as set out in the Act, include:

- review of law and practice relating to the best interest of children and services provided for them by the relevant authorities;
- making recommendations to Parliament or any Minister as to the matters concerning the rights of children;
- taking responsible steps to ensure that the island's children are aware of the functions and location of the office of the advocate and the ways in which they may communicate with that office; and
- investigating complaints made by a child that his or her rights have been infringed.

The Advocate may also intervene in legal proceedings involving children, subject to certain stipulations under the Act.

The Child Care and Protection Act has increased awareness of the need for the care and protection of children by educating the populace on their responsibilities as parents and caregivers, while informing them of the rights of the child. The Act also includes others in the child's micro- and meso-systems in the responsibility for the child's safety as it states that persons, who are aware of a situation in which a child is being abused, are required by law to make a report to the appropriate agent or agency, with failure to act attracting a penalty.

Several other community groups and non-governmental organizations, including churches, are active in developing and implementing programmes to counter the effects of social toxins and pollution on our children. Some, for example the Jamaica Coalition on Disability, focus on specific populations which are especially vulnerable. Disabled persons experience discrimination and prejudice with respect to basic human rights and are more susceptible to the effects of social toxins than the non-disabled. Having a disability increases the chances of being abused, neglected or abandoned in Jamaica.

The 2003 Ministry of Health (MOH) Report on the Children's Homes and Places of Safety reported that they had limited capacity to deal adequately with the education and development of children with disabilities and to provide for their special needs for care and protection. The Homes for these children were characterized by poorly trained staff, inadequate financing from government for each disabled child, no diagnosis and assessment systems and inadequate monitoring. The review team recommended that efforts be made to avoid placing disabled children in homes and to provide support to alternatives such as families and clinics.

A comprehensive set of recommendations are made in an Early Childhood Commission report on assessment tools, policies, personnel, facilities and data collection for disabled children. Overall, the recommendations point out that more governmental support is needed, given the estimated prevalence of the problem.

5.3 Mesosystem: Community measures

Several interventions are sited in the mesosystem – this is the site of policy and programme intervention. The early childhood development thrust which includes day care and early childhood education are all geared towards promoting and encouraging the physical, psychological, intellectual and spiritual growth of children. The church has a major role in intervention at the level of the mesosystem. Sunday school, children and youth groups, youth activities are all conduits through which positive values can be transmitted and encouraged. The historical involvement of the church in the betterment of children's lives through their leadership in the development of schools islandwide and their continuing

participation in early childhood education through the Basic Schools many of them sponsor is indicative of their recognition of their important role in this regard. Other organizations such as the YMCA and the YWCA, Girl Guides and Boy Scouts have traditionally been highly significant positive influences in the lives of Jamaican youth.

It is at this system level also that the Environmental Foundation of Jamaica (EFJ), for example, is currently making an impact through projects such as the Resource Centre Upgrading Project. It is being administered by the Dudley Grant Memorial Trust, which is a non-profit, non-governmental organization, and is being conducted alongside a partner project which is being funded by the Bernard Van Leer Foundation, with collaborative inputs from the Early Childhood Unit of the Ministry of Education and Youth, as well as UNICEF.

The goals of the project are to enhance the capacity of the parish resource centres islandwide to deliver integrated programmes and services for the holistic development of children from birth to 8 years. The resource centres are seen as a powerful community mobilizing force which can contribute to child survival and enhance early childhood development. The project includes research to inform the development of programmes and policy on early childhood development, expansion of resource centre programmes to include some income generation, management support including provision of technology, support for training of early childhood caregivers, including training in the care of children with special needs, parenting programmes and home visiting stimulation programmes such as the Roving Caregivers programme.

Individual teachers have often been named as being significant influences in the path taken by individuals, and they and our schools probably have an even more important role to play in the lives of their students today than they ever have before. Lord Puttnam commented in 1999, that in the United Kingdom with the new electronic culture, family has become more virtual than real, and he pointed to the fact that several British children consider their schools to be their major source of security, role models and guidance for life. He stated:

> For some, the school is the only place that takes real interest in their progress… the teacher may well be the only…real (rather than media

concocted) adult role model. The school…a place in which their voice is
heard with some degree of respect. *Newsweek Special Issue Dec 1999 –
Feb 2000*

This is also very applicable to our Jamaican children and youth.

Two very effective programmes designed to reduce adolescent pregnancy are the
Women's Center Foundation of Jamaica and the Rural Family Support
Organization. Both work with adolescent mothers, with the former emphasizing
the reintegration of these mothers into the education system, while the latter
focuses on educating the children of adolescent mothers, who are also probably
facing poverty. The rural family project attempts to build self reliance among the
mothers, reduce unemployment and break the cycle of adolescent motherhood
which exists by reinforcing the relationship between the mother and the child.

Several programmes have been implemented to address the toxin of HIV/AIDS.
There is a National Plan of Action for Orphans and other children made vulnerable
to HIV/AIDS in Jamaica and the Prevention of Mother to Child transmission
programme. The University of the West Indies HIV/AIDS Response Programme
(HARP) develops and delivers educational programmes which seek to inform and
generate understanding and attitudinal as well as behavioural change which will
reduce the incidence of the disease and the negative perceptions about persons
suffering from this disease.

5.4 Microsystem: Family initiatives

The pace of change globally affects all aspects of life and creates an environment of
uncertainty about the future and insecurity about each individual's ability to cope
with that future. A tremendous responsibility rests with the family unit and the
microsystem which are expected to be the source of stability, comfort and
emotional support, especially for the children who are so vital to the nation's
survival and progress. Many social and other toxins are creating upheavals in the
macro-, exo-, and meso- systems, and society needs to depend on the microsystem
for the survival of decency, stability and continuity in the face of change. Yet the
microsystem is not immune to the social toxins of the other systems and is under
severe pressure to prevent the pollution which could generate a sense of

powerlessness and social isolation.

Difficulties exist in the framing of policy and establishing programmes which can transform family life, as it is a very private domain. There is a tendency to relegate the problems of children to a consideration of poverty, which is definitely a highly poisonous social toxin. But many children rise above the limitations of poverty, are able to fight this pollution, and this is usually due to the influence of at least one significant adult in the microsystem or mesosystem of those children's lives, who seeks to empower and develop resilience in the children they influence.

Projects and programmes exist to try to change the microsystem within which children are raised by providing the necessary family life education and interventions to promote the values we would wish to see operating.   Other projects try to assist children in trouble. These projects and programmes tend to be spasmodic and dependent on funding, while a diversity of factors socially exclude many family members from the legislative and social service provisions which exist for child support, child protection and from investigation and prosecution of sexual abuse, carnal abuse and rape.

An area of continuing action to fight the pollution is that of promoting good parenting attitudes and practices. These initiatives fit well with world trends to increase children's participation in decisions affecting them, and to enhance the children's well being. The Coalition for Better Parenting is a collaborative project between UNICEF and the government of Jamaica, which seeks to improve parenting skills and parent-child relationships at the community level. Other groups such as Parenting Partners and projects such as the EFJ and Bernard van Leer Foundation sponsored Resource Centre Upgrading Project concentrate on improving parenting practices and changing the ways in which parents relate to their children.

Many families in Jamaica today are struggling to create a microsystem which is supportive of the positive growth of family members. This involves having a shared philosophy of family life; worshipping together, establishing a moral, ethical framework which provides a basis for decision making and the making of choices which are consistent with responsible practice. The influence of such a

caring family and a facilitating microsystem in the life of a child cannot be over-emphasized; it is vital so that these children can experience healthy psychological growth and the development of a sense of belonging and community as well as independence and autonomy. A number of families who are committed to this task, however, find that when their children leave the microsystem and move into the mesosystem to interact with other children at school, the values developed at home are often very different from those to which several of the other children have been exposed - and frequently the glamour and popularity of children who see every movie, have the latest toys, the trendiest clothes, elaborate parties, the most expensive holidays - on the North Coast and overseas, who seem to have no restrictions in terms of what they can do or say - create pressures within that family to relax the values of the microsystem so that their children do not feel left out of the peer group activities of the mesosystem. Peer pressure is a reality for these parents as well as for their children.

Unfortunately, many parents fall victim to these pressures, as they do not want their children to feel 'different' or 'left out', not recognizing that they are already giving their children what these other parents are, in many instances, trying to buy - the love, the attention, the caring and the respect - which cannot be bought but which has to be nurtured through family communication, through opportunities provided for listening, talking, understanding and sharing opinions, activities, feelings, ideas, problems and solutions. It is when the communication is alive and flourishing that children understand and accept why they are expected to contribute to family life by doing chores in the home; understand why certain things are unaffordable in their household and the need for the establishment of priorities; understand the difference between 'needs' and 'wants', between living within one's means and living in debt. Children have to learn that they must not always have immediate gratification - they appreciate and value those things which they have planned for, saved towards, and then obtained.

These understandings do not just 'happen', they develop over time, and are the result of time set aside by parents to be spent in communication, in commenting on similar, or contradictory practices seen in television shows, and in discussing situations as they present themselves. Children need to have a full appreciation of the value systems which underpin their family life and operate in their

microsystem, and they can only obtain this if the examples set by their parents and caregivers and their everyday family activities communicate and demonstrate values based on principles of honesty, service, justice and industry. Such principles have to be a lived reality if they are to be acquired and practiced.

The pollution produced by the social toxins in our environment hangs like a pall and threatens to envelope our children and destroy the very fabric of life in Jamaica. This is not a melodramatic statement; it highlights the tremendous responsibility which all of us who value the future of Jamaica have to recognize and be prepared to accept. Social isolation is already a reality for too many of our children and their families because of the pollution brought about by the combined effect of the several toxins operating in the macro-, exo-, meso- and micro-systems and which are manifested in health and developmental, educational and social deficits. The interventions of agencies such as EFJ must not only be sustained but must also be well planned and carefully timed to ensure that maximum benefit is derived from the programmes and projects aimed at countering the toxic effects and fighting the ensuing pollution.

Garbarino (1995) in his book, *Raising Children in a Socially Toxic Environment,* emphasizes the importance of intervention to ensure that the social maps our children develop are such that they will not fall victim to the pollution which results from the social toxicity crisis which currently exists. He concludes:

> Policy makers, parents, professionals, spiritual leaders and concerned citizens can make a difference. I cannot believe anything else. (Preface, page xi)

I cannot believe anything else either, and we all have to commit to making that difference.

Elsa Leo-Rhynie
October 2006

REFERENCES

Bailey, Barbara and Brown, Monica (1999) *Schooling and Masculinity: boys' perceptions of the school experience.* Paper presented at the Fifth Biennial Cross Campus Conference on Education, UWI St. Augustine Campus. April 1999

Bank of Jamaica (2001) reported in the Jamaica Gleaner: *Billions in remittances*. http://www.jamaica-gleaner.com/pages/onelove/ billionsremittances.html. Retrieved September 2, 2006

Berk, L. (1997). *Child Development*, 4th edition. Needham Heights: MA: Allyn and Bacon.

Chambers, C. (1997). *Children's Perceptions of Violence: A School-Based Pilot Assessment of the Jamaican Situation*. Report to the National Child Month Committee. Kingston, Jamaica.

Cooke, Ruel (2002) *National Survey on street and working children*. Report prepared by Worker Management Services Ltd. for the Ministry of Health.

Crawford-Brown, Claudette (1994). *Working Children in Jamaica: Towards Problem Definition and Effective Social Service Delivery*. UWI, Mona.

Economic and Social Survey Jamaica (ESSJ) 1999

Economic and Social Survey Jamaica (ESSJ) 2002

Evans, Hyacinth (1998) *Gender differences in participation, opportunities to learn and achievement in education in Jamaica.* Institute of Education, Faculty of Arts and Education, The University of the West Indies, Mona.

Garbarino, James (1995) *Raising children in a socially toxic environment*. Jossey-Bass Inc: California

Gebre, Yitades (2003) Presentation made at the Review of Child and Adolescent Mental Health January 2003.

Jamaica Social Policy Evaluation (JASPEV) Jamaica 2015 project of the Planning Institute of Jamaica

Leo-Rhynie, Elsa (1993) *The Jamaican Family: continuity and change.* Grace, Kennedy Foundation Lecture

Meeks Gardner, Julie; Powell, Christine; Thomas, Joan; Millard, Doreen (2003) *Perceptions and experiences of violence among secondary school students in urban Jamaica*. Report to the National Child Month Committee. Kingston, Jamaica.

Milbourn Lynch, Pauline (2003) *Wellness- a national Challenge*. Grace, Kennedy Foundation Lecture

Ministry of Health (2003) *Report on Children's homes and places of safety.*

National AIDS Committee (2002) *A rapid assessment of the situation of orphans and other children living in households affected by HIV/AIDS in Jamaica.*

National Family Planning Board (NFPB) (1999) *Reproductive Health Survey 1997*. Kingston: NFPB

Observer Newspaper (2006) *Office of the Children's Advocate gets new staff. 09* September, 2006.

Parry, Odette (1996) *The educational underachievement of Caribbean males in Jamaica, Barbados and St. Vincent and the Grenadines: a qualitative study of high school education.* The Institute of Social and Economic Research, UWI, Mona.

Paulin, David (2003) Poverty among children alarming says new PIOJ Report *The Sunday Observer* June 29, 2003 page 5.

Peart, M. (2004) IPEC Final Independent Evaluation Report on the National Program for the Prevention and Elimination of Child Labour in Jamaica and SIMPOC Survey, 2004

Planning Institute of Jamaica (2002) *The Jamaican Child: a Report of the Social Indicators Monitoring System*. Government of Jamaica 2002.

PIOJ/UNICEF, (2000). *Jamaican Children and their Families: a situational assessment and analysis 1999-2000.*

Ramkissoon, Marina (2003) *Jamaican Children: Research Literature Review*. Document prepared for the Children's Issues Coalition, UWI, Mona

Samms-Vaughan, Maureen (2002) *Factors associated with externalizing behaviour in Jamaican children: results from the Cohort Study.* Presentation at Violence Prevention and Control Workshop.

Samms-Vaughan M. E. (2005) *Profiles: the Jamaican pre-school child. The status of early childhood development in Jamaica*. Planning Institute of Jamaica (PIOJ).

Samms-Vaughan, Maureen (2006) *Children caught in the crossfire*. GraceKennedy Foundation Lecture.

Siegel, Larry J. (2005) *Criminology*. Thomson Learning/Wadsworth Publishing Co.

Statistical Institute of Jamaica (STATIN) (2002) *National Youth Activity Survey (YAS)*

Statistical Institute of Jamaica (STATIN) (2005) *The Labour Force 2005*.

The Gleaner newspaper (2006) Children still on the streets.
11 September 2006

The Gleaner newspaper (2006) Poor CXC results. 15 September 2006

The Jamaica Gleaner (2001) *Billions in remittances.* http:// www.jamaica-gleaner.com/pages/onelove/billionsremittances.html. Retrieved September 2, 2006

The Sunday Gleaner (2003) *Thriving rural trade in girls*. July 6, 2003

United Nations Development Programme (1992) *The Human Development Report.* New York: Oxford University Press.

UNDP (2006) Poverty eradication and sustainable livelihoods. http:// www.undp.org/fojam/poverty.htm. Retrieved September 2 2006.

UNICEF, (1999) *Changing the Future for Jamaica's Children.*

UNICEF, (2002). *The State of the World's Children 2002: Leadership*

Mission Statement

The mission of the Environmental Foundation of Jamaica is to serve the public good by promoting and implementing activities designed to conserve and manage the natural resources and environment of Jamaica in the interest of sustainable development and to improve child survival and child development.

Vision

The EFJ will be a national leader in the Child Development and Environment Sectors by the year 2012, with effective partnerships to ensure sustainable development in the programmes, policies and practices of the public sector, private sector and civil society.

Core Values

• Good governance that dictates transparency of process and accountability.
• Supporting partnerships and development initiatives consistent with our mission.
• Respecting the value of initiatives coming from the public and private sectors and channeling this interest into partnerships with community groups and other organizations of civil society.
• Developing and maintaining relationships that are consistently ethical while being effective and efficient in doing the organization's business with members, clients and staff.
• Non-discrimination in relation to gender, race, creed and age.

Notes