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ECONOMIC CRISIS AND UNPAID CARE WORK IN THE PACIFIC

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Economic Crisis and Unpaid Care Work in the Pacific

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1. INTRODUCTION

1.1.1: UNDP reports that while many Pacific Island Countries are already facing the brunt of the global economic and financial crises, the full impact of the crisis is yet to be felt in the Pacific. Sadly, more people are expected to slide into poverty and hardship. According to the Asian Development Bank (ADB), an additional 50,000 people in the region could be living below the poverty line next year – a direct result of the global economic crisis. Inclusive economic growth is a cornerstone for poverty reduction. It is often a priority for countries that want to reduce inequality, make growth more equitable and spread its benefits more fairly among society. In times of crisis, the focus on inclusive economic growth needs to be balanced with government expenditures in social sectors to protect development gains, particularly for the vulnerable.

1.1.2: The United Nations Office of the High Commissioner for Human Rights¹ described a Pacific where some of the most pressing human rights issues in the region “include widespread poverty, violence against women and children, lack of judicial independence and ill treatment in detention. These issues are compounded by political and social instability and weak justice systems. There are also significant instances of racial discrimination. Processes of social reconciliation and peace-building in the Solomon Islands, civil unrest and emergency rule in Tonga, and a political crisis in Fiji all affect those nations’ key institutions.”

1.1.3: This was the environment for Pacific women before the global and economic crisis and weakening world economy presented an even greater challenge for them and their families and communities. In the months prior to the collapse of banks and downward spiral on world markets, Pacific women had already been coping with massive rises in the costs of fuel and imported grains, rice in particular. Many were able to respond by increasing their subsistence food production. For others the crisis had major effects: export commodities dropped in prices with consequent layoffs affecting family incomes. Tourism figures fell markedly, affecting both those women in full time paid work in the industry, and those who were supported by the sale of handicrafts. Remittance figures fell. Negative fiscal balances worsened. Investments from Trust funds diminished. Governments stopped recruitment of public service staff, including in health and education.

1.1.3: Male and female roles in extended family systems in the Pacific’s predominantly semi subsistence societies are very gendered, usually with males in leadership roles, and with differential access to resources. The importance and the enshrinement of gender roles is reinforced by heavily patriarchal church systems. The reinforcement of gendered roles and status in national legal and constitutional instruments supports this patriarchal system. This paper investigates what effect the pre existing conditions, and the impact of the crisis, has had on women’s unpaid caring work in the Pacific.

1.2 Identity and location

1.2.1: The Pacific island nations referred to in this paper are inclusive of three main ethnic groups in Oceania: Polynesia, Melanesia, and Micronesia. The collective population of these nations is currently estimated to be around 10 million, although this figure is greater as census data for some are over a decade old. Individual nation populations vary from

¹ undp.org.fj: accessed February 5 2010

United Nations Development Programme

1200 to 5.2 million. Females make up 49%. Of the collective population, 56% are under 25 years of age, and only 5% are 60 years and over.²

1.2.2: The physical location of the Oceania nations and states, their small populations (only Papua New Guinea (PNG) has over a million people), the natural environment and capability and capacity issues distinguish these nations from their neighbours in the Asia-Pacific region. The Asian nations by comparison are geographically larger, closer to international markets, technologically more advanced, vastly more populous, politically visible and influential internationally, rely more heavily on cash to meet daily needs, and don't have whole nations that are literally sinking under the sea due to climate change like those in the Pacific. All these huge differences are frequently lost in multilateral reviews which group the two regions together, and portray the story of the more populous, as if characteristics were homogenous.

1.2.3: In Oceania, land masses vary from 5 to 463,000 square kilometres. The exclusive economic zones (EEZ) of the collective of Pacific nations and territories cover approximately 28% of the world's EEZ total, covering roughly 30,569,000 km of the Western and Central Pacific Ocean. This is in contrast to the combined landmass of Pacific states of around 552,789 km, of which about 84% is in Papua New Guinea. Kiribati's EEZ alone is approximately 4,890 times its own land area, and equivalent to more than a third the land area of the United States. The EEZ is of enormous significance: economically, in particular for contracts for fishing rights; environmentally, in the care and protection nations afford their environment; self sufficiency, in the provision of food for their own and global communities, and in their identity and sense of connection to the region.

1.2.4: Customary social, economic and political institutions are still strongly observed within most Pacific nations. The majority of land (over 80%) is held in customary tenure³ for use by the extended family. The family is the major unit of economic and social production under the leadership of the family 'head', predominantly male, though there are women chiefs and matrilineal lines throughout the region. Women and men work together to pool resources for the good of the family, and to ensure basic needs are met. The family is the source of identity in these community-based systems. Care giving falls within this context of practice and expectation of serving the family good. As with other informal unpaid reproductive and service activities, care giving of young children, those with disabilities or elders is usually done within this division of family tasks. Daily care giving of members of the household may be shared by women and men, but usually the responsibility overall is seen to be the woman's role. There is no expectation of monetary reward for this work: instead this falls within the framework of relationship nurturing, reciprocity and service to the family and community.

1.2.5: Pacific Island Countries and Territories (PICTs) are semi subsistence economies, but an increasing cash economy and aspirations for modern goods have weakened the traditional family systems and raised expectations of monetary rewards for 'work', including caring work. There is a growing expectation also that the government has a responsibility to provide caring services. However, the economies of the Pacific do not have the capacity and financial means to provide, a large range of paid employment opportunities within the public sector. Hence there are high levels of unemployment and under employment, and significant levels of out migration (often of the most qualified)

² How is the Global Recession going to affect the Pacific and East Timor?
<http://www.ausaid.gov.au/makediff/gecpacific.cfm> (Accessed 5 June 2009) AusAID (2009a)

³ Customary rules are frequently used to deny women from sharing land resources equally. In some countries, patrilineal inheritance has been given legislative status. This is a denial of pre colonial matrilineal inheritance.

and remittance dependence. Levels of dependence on development assistance are also high. Out migration is influencing the numbers available for care giving roles.

1.3 Poverty – Pacific context

1.3.1: Poverty in the Pacific exists in forms of social exclusion, poverty of opportunity to participate; the capability (rights) approach, as well as financial poverty. Poverty in the region is impacted by the lack of access to basic services such as sanitation, water, electricity, natural resources; and the lack of opportunity for women and men to fully participate in the socio-economic life of communities.⁴ Water access rates for rural dwellers are concerning, particularly in those in Kiribati (37%), Papua New Guinea (30%), and Solomon Islands (44%).⁵ Almost 60% of the island nations' populations live in these three countries. Access rates to electricity for rural dwellers are very low in the Federated States of Micronesia (30%), Kiribati (10%), Solomon Islands (6%), and Vanuatu (7%).⁶ Human resource poverty is a growing challenge. PICTs cannot retain medical staff, IT staff, science teachers, and a raft of other specializations. While the export of 'people' may have returns by way of remittances, the remittances cannot replace the professional skills that are lost.

1.3.2: In the Solomon Islands, about 23% of villages are accessible by road, 32% by sea, 40% by walking tracks, and 5% by river. Walking and canoes are not part of the National Transport Plan which caters for the upgrade, maintenance, and building of new infrastructure for wharves, jetties, airports, airstrips and roads. However, seventy per cent of all 'trips' undertaken are by canoe or on foot. Appropriate infrastructure responses to alleviating different forms of poverty, directly relevant to the needs of caregivers and to those being cared for, are rare events in the PICTs. Poor **appropriate** infrastructure - footpaths, footbridges – is a major barrier to women's economic empowerment and adds more burdens on women's unpaid care work. Their inability to access other services also affects opportunities for caregivers, especially women in rural areas, to engage politically and in strategic decision making processes, on issues directly relevant to their needs, responsibilities, and the protection and upholding of their rights.⁷

1.3.3: In the largely collective Pacific cultures, hardship is also visible when one is unable to meet customary responsibilities to other family, villages, the church.⁸ The MDG poverty benchmark of \$1 a day is not a useful indicator of poverty in the region since needs and responsibilities are met through subsistence agriculture and fishing (see Figures 1 & 2) and goods and services are provided without monetary exchange or documentation of financial exchange. The different types and levels of poverty are visible in urban areas where employment is not always available. The increases in the numbers of very poor squatters in Suva and Port Moresby have given rise to the international characteristics of poverty, for example begging and homelessness. Even with employment, wages are often low, making it difficult to sustain basic household needs, including children's education

⁴ Waring in Barlow Bello et al. *The South Pacific and the Antarctica: a region under threat*. Voix rebelles du monde – Rebel voices of the world (pp. 284 – 325). France. % attac-04/HH

⁵ Secretariat of the Pacific Communities (2009b). *Poverty Indicators: Proportion of 'households' with access to improved drinking water source*. <http://www.spc.int/prism/Poverty/poverty.html> (Accessed 29 December 2009)

⁶ Ibid (2009)

⁷ Fairbairn-Dunlop, Mason, Reid & Waring; (2009); Nelson, (2008); Fonseca, (2005). Pacific Gender and Aid Effectiveness Case Study Report. AusAID, NZAID (Unpublished)

⁸ Waring, in Barlow, Bello, Cassen, et al, (2007); Sumeo, (2009)

and health.⁹ The search for employment and better wages remain drivers for women and men to leave the Pacific to seek higher income in more developed nations.

1.3.4: In Fiji, nearly 40% of urban households and 48% of settlement households are below the poverty line for basic needs. Women have a higher risk of poverty linked to labour force discrimination, increasing divorce rates, lack of property rights, and low or non-existent child maintenance payments. Female headed-households are becoming more prevalent and are particularly vulnerable to poverty. Almost half of those receiving wages are not getting enough on which to survive, as a growing category of 'working poor' has become evident. Many of these are women or in female-headed households. In Fiji, only the poorest of the poor actually receive government assistance in the form of cash transfers¹⁰ There has been an increase in prostitution throughout the region as women struggle to cope.¹¹

1.3.5: Accompanying hardship and poverty is a developing sex industry victimising local women, girls and boys, as well as trafficked women from Asia.¹² There is a particular prevalence of sexual exploitation in the logging, fishing and mining industries, where the work forces engaged by foreign contractors are non Pacific. Pornography, sexual abuses of children, teenage pregnancies, and a rise in STDs have also been recorded. However, it should be noted, that small surveys have demonstrated that the greatest use of prostitutes in the cities are local males, for example taxi drivers, and that a great deal of this is transactional sex.¹³

1.3.6: In the absence of formal sector employment, the informal sources of income have become critical source of income. Approximately 35-50% of Fiji's urban population and over 60% of urban ni-Vanuatu¹⁴ work in the informal sector with a large proportion of these workers being women.¹⁵ In the Solomon Islands the main sources of household income are selling betel-nuts, cigarettes, and formal employment. The public service is the largest employer. The average income from informal activities is twice that of the average fortnightly income from formal employment, and 1.5 times more than the national minimum wage. About half the income generators are women.¹⁶

⁹ Connell J, (2009). Pacific Urbanisation and its Discontents: Is There A Way Forward? (Draft). School of Geosciences, University of Sydney, NSW (2006)

¹⁰ Connell, (2009)

¹¹ Nelson. G. (2008, June). Gender profiles of Asian Development Bank's Pacific developing member countries. Asian Development Bank. <http://www.adb.org/Documents/Assessments/Gender/VAN/Gender-Assessment.pdf> (Accessed 24 December 2009)

¹² United Nations, (2009); Pacific Business Online, (2009); Vltchek, (2008); Nelson, (2008); Asian Development Bank, (2008)

¹³ For example, the woman passenger will pay for the ride by having sex with the driver.

¹⁴ People from Vanuatu

¹⁵ Connell, (2009)

¹⁶ Maebuta. H.E, Maebuta. J (2009) *Generating livelihoods: a study of urban squatter settlements in Solomon Islands*. Pacific Economic Bulletin Volume 24 Number (3 October 2009) © The Australian National University http://peb.anu.edu.au/pdf/PEB24_3_Maebuta.pdf (Accessed 2 January 2010)

Table 1: Percentages of fishers by fishery and gender for individual PICTs (all fishers = 100%)

Country	Exclusive finfishers		Exclusive invertebrate fishers		Finfishers & invertebrate fishers	
	Men	Women	Men	Women	Men	Women
Cook Islands	33.71	2.86	0.00	19.43	25.14	18.86
Fiji	12.88	0.61	0.00	9.82	41.72	34.97
French Polynesia	33.90	9.75	0.42	13.98	35.17	6.78
FSM	44.11	1.14	0.38	27.00	23.95	3.42
Kiribati	41.88	0.52	6.28	28.27	20.94	2.09
Marshall Islands	21.50	0.00	0.00	15.50	47.00	16.00
Nauru	35.99	0.65	0.11	17.35	28.66	17.24
New Caledonia	29.58	3.33	2.50	16.25	32.50	15.83
Niue	25.90	2.52	2.16	10.43	29.86	29.14
Palau	53.85	4.20	0.70	9.09	16.08	16.08
Papua New Guinea	9.12	1.89	0.94	0.63	40.57	46.86
Samoa	46.56	2.85	2.14	13.30	25.89	9.26
Solomon Islands	16.98	2.21	0.17	9.00	39.56	32.09
Tonga	42.97	0.00	2.34	32.03	22.66	0.00
Tuvalu	38.33	0.44	0.00	14.10	40.97	6.17
Vanuatu	21.08	3.01	1.20	19.28	32.23	23.19
Wallis and Fortuna	39.00	9.27	1.54	16.22	12.36	21.62

SPC PROCfish programme, Pacific Regional Oceanic and Coastal Fisheries Programme (2009)

Table 2: Objective of finfinishing in percentage of fisherwomen (all fisherwomen per country = 100%) and fishermen (all fishermen per country = 100%)

Country	Fisherwomen			Fishermen		
	Gift	Sale	Subsistence	Gift	Sale	Subsistence
Cook Islands	42	9	49	33	22	45
Fiji	4	14	82	9	55	36
French Polynesia	20	22	58	27	45	29
FSM	5	35	60	14	51	35
Kiribati	33	42	25	7	65	28
Marshall Islands	0	6	94	10	33	57
Nauru	15	6	78	19	12	69
New Caledonia	35	9	56	30	31	40
Niue	17	2	81	27	16	56
Palau	41	22	37	32	44	23
Papua New Guinea	16	53	31	17	67	16
Samoa	11	12	77	11	44	45
Solomon Islands	12	6	82	10	39	52
Tonga				14	65	21
Tuvalu	12	0	88	11	27	62
Vanuatu	28	27	45	22	52	26
Wallis and Fortuna	38	1	61	19	40	42

SPC PROCfish programme, Pacific Regional Oceanic and Coastal Fisheries Programme (2009)

1.3.7: Researchers in Papua New Guinea reported in 1993 that established households in urban centres were increasingly reluctant to continue the tradition of hosting impecunious and unproductive kin and ‘wantoks’ (members of the extended family) from distant rural areas.¹⁷ In Jenrok (Majuro) in the Marshall Islands, a situation where just a couple of household members worked, but supported many more kin, had caused serious tension among family members, and safety nets had become all too problematic.¹⁸ Access to credit is important and for many a necessity but it comes with well documented risks. Women

¹⁷ Monsell-Davis (1993)

¹⁸ Chutaro (2005)

and men's vulnerability to poverty is linked to high levels of household indebtedness from high interest informal lending and low savings. These contribute to individual and family stress.¹⁹

1.3.8: Commentary from Transparency International, and daily newspapers throughout the region, communicate a growing political will from many ordinary people in the Pacific, to see the endemic corruption, nepotism and abuses of power untied from what the abusers claim as 'culture'. The 'family' (wontok) social security network has been used to gain cars, houses, political office, bureaucratic jobs, mining and fishing and forestry rights. Donor funds have been used by Ministers to buy constituents and political terms in office, as well as supporting their extended families. Many Pacific people now see this as criminal activity, and would like to see it end.

2. THE PACIFIC AND THE FINANCIAL AND ECONOMIC CRISIS:

2.1: The global recession is affecting every PICT through slower economic growth, increased economic uncertainty, and worsening household vulnerability. Kiribati, Nauru, Tuvalu, and the northern states have lost value in their investment funds since 2008, funds that provide much needed revenue.²⁰ Pacific nations were struggling economically prior to the world financial crisis with many relying on different forms of external assistance and experiencing lower commodity prices.²¹ All PICTs are expected to experience worsening poverty and other social outcomes in 2010. All countries have experienced declining export incomes, many are experiencing inflationary pressures. There is significant high external indebtedness. Formal government social protection nets are weak or absent. In the bureaucracies, there are weak institutions, weak analytical capacities, weak policy implementation capacity, and negligible capacity at a senior level for gender analysis of any kind.

2.1.2: Many governments have re-assessed options for cutting expenditures or finding additional financing for future budgets, including that from development partners. Samoa's 2009 budget²² indicated significant cuts in funding for health and education, both critical areas for women's employment and equality, basic services, and for the long term health and wealth of the country post recession. In Samoa, and around the world, women pick up the former state responsibilities in their households or communities, adding to already long days in subsistence environments. Fiji's response to the economic crisis – currently compounded by a decrease in tourism due to political instability - involved reducing the retirement age for public servants to 55. This age discrimination has a major effect in an important sector for women's employment, where women would have expected to retain their paid positions for a number of years beyond the age of 55.²³ The Solomon Islands government stopped all new appointments to positions in the public

¹⁹ Nelson (2008)

²⁰ AusAID (2009a) *How is the Global Recession going to affect the Pacific and East Timor?*

²¹ Pareti, S. (2009) *Cooks not so recession free, Samoa loses spark, says ADB*. Island Business

Sablan G.K.C. (2009). *Kilili \$250 Social Security payments coming*. <http://sablan.house.gov/2009/04/> (Accessed 22 December 2009).

Radio New Zealand, (2008) *Te Reo Irirangi o Aotearoa*. (2008). *French Polynesia in recession* <http://www.rnzi.com/pages/news.php?op=read&id=41410> downloaded 21/12/2009,

TVNZ, (2009) *Recession free Cooks broke* <http://tvnz.co.nz/world-news/recession-free-cooks-broke-2906020>

²² Ilalio, M.H. (2009) *Education, health cut in Samoa budget proposal*. Samoan Observer, available at <http://pidp.eastwestcentre.org/pireport/2009/June/06-01-05.htm> (Accessed 15 June 2009)

²³ Young A (2009) *Fiji slashes retirement age in bid to cut costs*. New Zealand Herald. <http://www.nzherald.co.nz/pacific-islands->

United Nations Development Programme

service, the largest employer, in a context where there were hundreds of positions to be filled.

2.1.3: The reliance on finance from development partners also poses risks. In 2009, New Zealand's aid programme to the Pacific shifted its focus from 'poverty reduction' to 'economic sustainability' in order to better align aid with its foreign policy interests, particularly trade and tourism. The strategic priority in the Pacific, and especially for the vast majority of women, is poverty alleviation. The nature of Pacific governance for 20 years has demonstrated that this approach does not trickle down. There is concern from NGOs about the potential detriment of this shift, to progress made in poverty elimination and gender equality initiatives in the Pacific, with aid primarily servicing the interests of the donor instead of the recipient.²⁴

2.1.4: Reducing access to core services may have long term impacts including:

a) the withdrawal of children from school affecting participation and attainment levels. This may pose disadvantages for girls where patriarchal values in certain communities prioritise education for boys and withdraw girls first from school when extra family income is needed.²⁵ This may be a risk when parents see no employment opportunities for young people following education.²⁶ Long term, falling enrolment, retention, and education standards will constrain national development.

b) Potential future higher remittance income may be lost with a deterioration of investment in education and training

c) Any deterioration in infrastructure is likely to further limit economic growth and slow recovery

d) A reduction in health services will result in worsening health outcomes for all. Such services tend to be shifted to the household with further increases in the burden of unpaid care work undertaken mainly by women and girls.

e) At the household level, families most at risk are likely to live in urban areas where people have fewer resources to plant traditional food gardens and limited social support mechanisms. Women and children are particularly vulnerable, without access to subsistence forms of food production, and when the fastest way to survive is to sell sex.²⁷ Rising fuel and food prices for imported goods and, in particular, rice – an introduced staple food in many Pacific communities - has resulted in Pacific leaders and others publicly promoting the growing of local foods like taro, cassava, breadfruit, and yams.²⁸ In Honiara in 2008, as the prices of rice and fuel sky rocketed, the transformation of any spare ground was immediate, as urban women immediately began to plant traditional crops wherever good soil was available.

2.1.5: Beyond the immediate household are traditional responsibilities to members of the extended family (food, housing, land, clothing, expertise, moral support, finance), tribal network, church initiatives and village based projects that cross religious denominations.

²⁴ Radio New Zealand International (2009) Concerns over NZ govt moves to changes focus of NZAID <http://www.rnzi.com/pages/news.php?op=read&id=45236> ; Julian (2009)

²⁵ Pacific Business Online (2009). Poor woman in Fiji forced into prostitution. <http://pacificbusinessonline.com/fiji/story/13811/poor-women-fiji-%E2%80%98forced-prostitution%E2%80%99> (Accessed 5 June 2009)

²⁶ Nemani, I, personal communication; (15 December 2009)

²⁷ AusAid, (2009b) *Surviving the global recession: Strengthening economic growth and resilience in the Pacific*

²⁸ Singh, (2008); SPC, (2008) South Pacific: Food Crisis, An Opportunity For Change?. IPS News, 12 June 2009, available at <http://ipsnews.net/news.asp?idnews=42754> (Accessed 5 June 2009)

Local people through churches provide basic social services such as health and education (formal and informal) based on donations. Decreasing donations as a result of the crisis therefore impact on services that communities informally co-maintain with government.²⁹

2.1.6: Tourism is an important income earner for many Pacific economies and has been affected by the recession. Fiji also experienced a significant drop and had hoped that by devaluing its currency by 20% in 2009 it would assist its tourism industry recover.³⁰ This did not provide the anticipated outcome. French Polynesia experienced a huge decrease with an estimated drop of 30% in arrivals through 2009.³¹ The tsunami that affected Samoa and parts of Tonga in 2009 has further affected a slowdown in tourist numbers. Tourism officials in Palau blamed the global economic recession and the swine flu for continuing declines in tourist arrivals. The Palau Visitors Authority said the total number of visitors in April was 5,329, a decline of almost 20 percent compared to April 2008 when 6,623 tourists visited Palau. Compared to the previous month, tourist arrivals were down almost 12 percent.³² A decline in tourism in the Pacific affects women in a number of ways: in the formal sector they are retrenched from positions in hotels and other service sectors. It also impacts on their earnings their handicrafts and other informal marketing activities associated with the sector.

2.1.7: Remittances are a lifeline to many families in the Pacific. World Bank figures indicate that in 2008, remittances made up 37.7% of Tonga's GDP and 25.8% for Samoa.³³ Tonga in particular has been able to sustain this high level of external income since 2001 when it was the developing nation with the highest level of remittance per GDP.³⁴ While it is accepted that there are significant monetary transfers between remitters and receivers that cannot be collated due to the various mediums of transfers, World Bank figures for countries for which information is available, indicate that between 2007 and 2008, most island nations either sustained or increased the previous levels of income from remittances. The World Bank estimated that in 2009, remittances would decrease in dollar terms by 4.2-7.5 per cent in the Pacific.³⁵ The preliminary 2009 figures indicate slight decreases for Fiji, New Caledonia, Tonga, and Samoa. Actual monies received by Pacific nations in 2009 vary between USD 7 million for Vanuatu to USD 761 million in New Caledonia³⁶. Remittances as a result of emigration now meet the immediate social support needs of many households in the PICTs, but only to a certain level. Remittances cannot buy health specialists. In addition, there is the question of who will remain to do the 'caring' in the Pacific. Australia and New Zealand are looking to the Pacific for the supply of low paid workers in rest homes in those two countries. Migrant Pacific families often recruit a 'house girl' from home and bring them to New Zealand or Australia to care for aging parents. This new class of 'remitters' are those who were expected to perform the unpaid caring roles at home.

2.1.8: Tightening access to overseas labour markets for migrants is likely to affect Pacific women on temporary work visas such as caregivers and nurse aides in the health sector.

²⁹ Asia Development Bank, (2008) Kiribati Social and Economic Report (2008) Managing risk. Philippines Asian Development Bank. Sumeo, (2009)

³⁰ Pareti S. (2009)

³¹ Adams W.L. (2009) The Vacation Recession. <http://time.com/time/printout/0,8816,1905529,00.html>. Radio New Zealand – Te Reo Irirangi o Aotearoa (2008). French Polynesia in recession

³² Sanchez. C. (2009) *Palau tourism takes another deep dive* (Accessed 16 December 2009)

³³ Iuthria, personal communication (14 December 2009)

³⁴ Ratha, (2003)

³⁵ (United Nations, 2009b).

³⁶ (Iuthria, 14/12/2009, e-mail communication)

Australia's and New Zealand's Recognised Seasonal Employment (RSE) scheme is targeted primarily at the horticultural and viticulture sectors, drawing a high number of Pacific men. This raises concerns for equitable opportunities for women.³⁷ The effects of climate change - particularly for women and families in Kiribati, Tokelau, Marshall Islands, and Tuvalu, increases the urgency for people living on impacted islands to seek employment and permanent relocation elsewhere.³⁸ Significant to care-giving, rising sea levels encroach on land and living space, contaminating water sources, drowning gardens, and negatively affecting soil composition. Some root crops can no longer be grown due to rising sea levels.³⁹

3. CONSTRAINTS OF MEASUREMENT

3.1 The Pacific Data Base

2.1.1: Specific timely comprehensive data sets of any kind are rare in the Pacific. There are challenges in the logistics of carrying out reliable and valid surveys. There is a capacity and capability challenge in terms of those experienced and qualified to carry out quantitative research. There are technical capacity problems, which range from the hardware and software requirements needed for data management, to the security and safety, and accommodation and transportation, of enumerators. Much data collection in the Pacific has been done by consultant-led donor-funded programmes. In addition, there are cultures of on-going colonial power practices, of Pacific patriarchy, stigmas, religious belief systems and endemic violence against women, which those males in power in the churches, communities and governments – political and bureaucratic - prefer not to have challenged. Reliable statistical data has regularly undermined these current power dynamics.

3.1.2: The Pacific Regional Information System (PRISM), originally funded by DFID, then by AUSAID, and now supported by the South Pacific Commission (SPC) described this environment at the inception of the PRISM project. "There is a lack of timely, reliable and comparable socio economic data for the Pacific region. Existing regional data bases compiled by outside organisations are of variable quality. They draw on a variety of sources and often contain conflicting core data values. They suffer from a lack of co-operation from the National Statistical Offices (NSOs) in the region, who see them as an additional work burden imposed from outside".⁴⁰ The concept of PRISM was to give NSOs the tools and the skills to develop, publish and maintain their own Internet websites containing key statistical indicators, statistical summaries, reports, concepts definitions and other documentation for the statistical indicators. The information from the NSO Internet websites is then compiled into the SPC PRISM website. See Appendix (no) for further PRISM details.

This practice is fully within the changes anticipated by the Paris Principles, but it would be much better if the Accra amendments, which highlighted gender, were the new benchmark.

³⁷ (Sumeo, 2009).

³⁸ (Asian Development Bank, 2008).

³⁹ (fem'LINKPACIFIC, 2009).

⁴⁰ www.spc.int/prism/About_PRISM/indicators

3.2 National Accounting Framework

3.2.1: To understand the extent of the immediate impoverishment of a woman who must transition to full time caring work, it is vital to understand what activities she no longer has time for. Because of the malpractice in the measurement of subsistence production and service work in national accounting frameworks in the Pacific, and the failure to comply with the international rules on this, this is comprehensively invisible. These issues impact significantly on the question of the economic crisis and unpaid care work in the Pacific. To understand what happens to the rights, opportunities, choices and capabilities of a person who has to transition to the unpaid carer's role, policy makers must understand all the economic and 'non economic' work this person was engaged in, that needs to be replaced. We need to understand this in detail in planning any strategic policy interventions, so that evidence rather than presumption guides those decisions. In most Pacific countries, very few of all these unpaid 'productive' activities are currently captured in gender data bases.

3.2.2: The 1993 revision of the United Nations System of National Accounts (UNSNA), moved the boundary of production to include, for example, subsistence agriculture and fisheries, and their harvesting, processing and preservation, the collection of firewood, the carriage of water and basket making.⁴¹ The 2008 UNSNA revision continued this, and the claim that "The main objective of the SNA is to provide a comprehensive conceptual and accounting framework that can be used to create a macroeconomic database suitable for analysing and evaluating the performance of an economy. The existence of such a database is a prerequisite for informed, rational policymaking and decision-taking."⁴²

3.2.3: Serious questions must be raised about the usefulness of SNA measurements in the Pacific, which would tend to underestimate production by huge amounts. The former Governor of the Reserve Bank in the Solomon Islands, Ricky Hou, advised⁴³, that he believed that the subsistence sector contributed 80% to the GDP of the Solomon Islands, most of which was not counted. In this context, there is no possibility of "informed, rational policymaking and decision taking", as data on which the SNA and decisions are based is not fully reflective of the rules of the SNA, and is not a picture of the reality of economic production. This invisibility in the Pacific affects both women and men engaged in, for example, agriculture, fishing, building, construction and substantial maintenance of dwellings and community buildings, the majority of transportation, (in canoe and on foot) and the carriage of water.

3.2.4: The UNSNA includes some household production inside the boundary of production, whether intended for own final consumption or not:

- a. The production of agricultural products and their subsequent storage; the gathering of berries or other uncultivated crops; forestry; wood-cutting and the collection of firewood; hunting and fishing;
- b. The production of other primary products such as quarrying shingle etc.;
- c. The processing of agricultural products; the production and preservation of meat and fish products; the preservation of fruit by drying, bottling, etc.; the production of beer, wine, spirits (or local brew); the production of baskets or mats; etc.;
- d. Other kinds of processing such as weaving cloth; dress making and tailoring; the production of utensils or durables; making furniture or furnishings; etc.;
- e. The supply of water is also considered a goods producing activity in this context.

⁴¹ United Nations System of National Accounts (1993) para 6.24

⁴² United Nations System of National Accounts (2008) para 1.27

⁴³ Personal communication; 2008

None of this mostly subsistence production appears as a core indicator for the PRISM framework. Only non monetary agriculture, forestry and fishing appear on the non core listing.

3.2.5: There are specific exclusions from the boundary of production in the SNA; that means, that people engaged in these activities are deemed to be economically inactive and not a 'worker'. This has major implications for human rights, which will be discussed in section 4. These activities are: the cleaning, decoration and maintenance of the dwelling occupied by the household, including small repairs of a kind usually carried out by tenants as well as owners; the cleaning, servicing and repair of household durables or other goods, including vehicles used for household purposes; the preparation and serving of meals; the care, training and instruction of children; the care of the sick, disabled and the elderly, and the transportation of members of the household or their goods.⁴⁴ These rules render those who do this work, women or men, girls or boys, invisible as "economically active". There's a simple policy process as a result: those who are invisible as producers in the national economy will be invisible in the distribution of investments, support structures and benefits, which flow to visible producers of goods and services. The effect is a systemic discrimination overwhelmingly against women, but it is also significant for men and children in subsistence work in the Pacific region.

3.2.6: The IMF has verified⁴⁵ that there is plenty of scope to develop robust high quality estimates for the informal sector, and subsistence activities, (and produce environmental measures) for all PICTs. Countries are still way off on implementing the full range of SNA requirements to varying degrees.⁴⁶ Informal and subsistence estimates, especially for *Agriculture and Fisheries* are based on benchmark production/consumption data reported in various household income and expenditure surveys (HIES), fisheries surveys, agriculture censuses and population censuses. The benchmarks are extrapolated using various indicators, such as population, number of operators and subsistence households. The IMF considers that Fiji, Samoa and Vanuatu have reasonable estimates based on this approach.

3.2.7: Estimates of informal/subsistence *building and construction* is based on number of dwellings and characteristics from Population and Housing Censuses, and Household Income and Expenditure Surveys' (HIES) income and expenditure data (including production for own consumption and use). All countries have imputed rents on owner-occupied dwellings estimated from these sources. Estimates for construction output are based on a cost of materials approach based on construction materials reported as expenditure in the HIES. Census housing characteristics provide information on building materials used in own construction. This provides information to develop estimates for informal and own construction. It also enables a proportion of that construction value to be allocated to informal and own account mining of sand and other building materials. It is unlikely that this records the true costs of time and labour engaged in subsistence building and construction. In many situations, in particular in Papua New Guinea, the Solomon Islands and Kiribati for example, the effort of estimation where there has been no expenditure on materials, leads to leaving this production out.

⁴⁴ UNSNA (1993) p.6.20

⁴⁵ Zia Ahmad Abbasi (IMF), e-mail response to Marilyn Waring: 23/12/2009

⁴⁶ (i.e. market prices, accrual timing, sector accounts, and other NAS aggregates besides GDP)

BOX 1:

Invisible work: The building of a traditional fale/house in the Pacific provides an insight into the extent of unpaid and invisible work that occurs in building and construction in Pacific contexts. The situation may be more prevalent in rural and more remote settings where access to 'modern' materials, tools, services, transport and labour are very limited. In more urban areas, building these houses has built the expectation of cash payments or equivalents for many of these 'family' tasks. However, while this may be the situation for the carpentry and roofing for example, it is not clear that the women's work of growing the pandanus and making the mats is now part of the 'market exchange' in home construction.

Construction can take between 2 months to a year, but much is planned in advance. The deliberate planting of trees for this purpose years in advance is practiced. There is deliberate planting of food crops and the rearing and raising of pigs to feed the labourers and for the final celebration. Many forms of goods and services - materials, tools, labour and expertise- are provided by other relatives and community members for the construction.

Preparation of building materials may begin a year before the construction begins. Men cut trees to provide wood and other building materials. The materials are then transported to the building site. The wood is stripped of bark, and laid out to dry. Women weave the furnishings (walls, roofing, mats for sitting) guided by a female expert. Women also prepare the coconut husks from which the old men make tough string to hold building materials together. To prepare the floor and the surrounding ground space for the house, young men and women go to the beach and elsewhere to collect coral, pebbles and stones then transport them to the site. This requires several trips and is physical work.

In many cases there is little or no financial payment for work but remuneration 'in kind' such as food, pigs, mats. In the end the 'formal' payment (financial, goods, animals, fine mats) for the head builder is handed to his wife- in respect for her allowing her husband to be absent from their own family over the duration of the project. It is not uncommon for the head builder to live with the family for whom he is working.

Meals are provided during the building and construction as part of the customary practise of taking care of the workers and maintaining relationships with all involved. Food preparation involves the transport also of water, cooking facilities, food and fuel. Some fuel (wood) and food is purchased others may be collected from the bush (vegetables, animals) which requires searching, selection, collection, and preparation. All this work is done by women.

Telephone communication with Albert Refiti 29 December 2009. Head of Spatial Design Department at the School of Art and Design and also with Professor Peggy Fairbairn-Dunlop, Auckland University of Technology, New Zealand

3.2.8: The IMF advises that informal sector *transportation* is also based on HIES income data, HIES and Census data on economic activity/type of work, and indicator data on bus, van and taxi registration. In many parts of the Pacific the majority of economic 'trips' are taken by canoe or on foot. There does not seem to be any capture of this in any Pacific SNA.

3.3 Time Use Surveys

3.3.1: There are no significant recent time use studies in the Pacific, and none on unpaid caring work in the region.⁴⁷ While there were a series of earlier time use studies, which contained some useful data for policy makers, no studies were repeated, and government officials lack the capacity to use the data effectively. Ironmonger and Hill conducted a detailed and full study in 1998 which addressed the issue of how to measure more accurately the contribution of women to economic activity in Fiji, Samoa, Solomon Islands, Tonga and Vanuatu. Their report pulled together data from the census to include village work, household work, and education as part of economic activity, showing that 91% of women and 93% of men were economically active.

They noted Fairbairn-Dunlop's survey of two **Samoa** villages in 1991 using a 24-hour recall method. She commented that:... *measurement of time was particularly difficult in a society such as Samoa where 'time' is not a culturally relevant variable*. There are few clocks, and radios are only turned on at certain times.....⁴⁸ Twenty years later in Samoa this is unlikely to be the case, but it would remain a relevant consideration for many other parts of the region. The report recommended time use studies of significant sophistication and expense for the Pacific context.⁴⁹

3.3.2: There is no doubting the usefulness of time use studies for strategic policy purposes in all countries. The problem arises when academics and technocrats are invited to determine the parameters of such work. The UN Guide on the conduct of Time Use surveys⁵⁰ says "there is a consensus among time use experts that primary activities must add up to 1,440 minutes per day". This problem has emerged driven by non policy makers, who have difficulties determining how much time is devoted to caring, and whether supervision and 'on call' time, where there is not direct interaction with the ill family member, should 'count'. They debate the 'conceptual dilemma' about how to count the 'in your care' time. They note that leaving the hours that an ill person is 'in your care' in the 24 hour cycle can lead to double counting of unpaid work, since considerable housework is performed simultaneously with it'. The policy maker needs to see all the work and where that work is and who with and why? It is not helpful to a policy planner if the figures are constructed to assist estimation of a market figure, or to ensure the minutes fit into a neat and tidy 24 hours day, or are confined to a primary activity measurement, for that is simply not how women live their days. The policy maker needs the unadulterated time data which is very clear about simultaneity. It is not useful to a policy maker to have hours omitted when people do have to be available – for example when patients are asleep.

3.3.3: In a period of global recession claims have been made about losses in service production, when the reality is a surge of massive transfers from the market to the unpaid household economy. Most international documents concerned with women's unpaid work contain a call for market valuations of this work to be produced, for example to 'devise suitable statistical means to recognize and make visible ... (women's) contributions' ... and to develop 'methods, in the appropriate forums, for assessing the value in quantitative terms of unremunerated work that is outside national accounts, such as caring for dependants

⁴⁷ UNDP Pacific Center (2008) Making invisible work more visible: Gender and Time use surveys with a focus on the Pacific and Unpaid care work. United Nations Development Programme. Fiji.

⁴⁸ Fairbairn-Dunlop (1991), E au le inailau a tamaitai: Women Education and Development, Western Samoa.

⁴⁹ It is not necessary to conduct studies of this magnitude to ensure data for strategic policy responses: see Waring (2008). La economía invisible y las desigualdades de género, Organización Panamericana de la Salud, Washington.

⁵⁰ The Guide to Producing Statistics on Time Use: Measuring Paid and Unpaid Work. Department of Economic and Social Affairs, Statistics Division, United Nations, New York (2005) P.26, Para 110

and preparing food'. But imputation or estimation is not a necessary step for the most effective use of the time use data. Imputation has the effect of removing the value of the raw data and converting it to an abstract in which the most important details for strategic policy interventions have been lost. Abstracted imputations for this unpaid work do not help a policy maker to get any closer to determining what the policy response should be. It may help convince a Minister that there should be a response, because the cost benefit analysis shows, even with trade-offs, that an intervention is 'worth it'. But it is the cross tabulations of the time use data, supplemented with other material, which provide the comprehensive foundation for a strategic policy response, and for the monitoring and evaluation of any implementation.

3.3.4: In the Pacific, the nature of the work that would otherwise have been done in the time replacement required to carry out the care is far more important in a strategic policy sense. Women experience time poverty and overwork due to responsibilities for fuel wood and water collection, subsistence agriculture, fishing, building and construction and provision of services to large families, community and the church.⁵¹ How is the carer to replace the time that would otherwise be spent, for example, in rural livelihoods, food security, the subsistence and informal economy, the health of the wider family and population? Making strategic public policy and programmes requires textured, reliable, gender data sets that have analytical and explanatory value. It is very difficult to make responsive public policy and to implement programmes in respect of unpaid work activities, if those workers don't count and are invisible. Tere's story, see Box 2, demonstrates what happens in the transition to full time caring, and the range of immediate impacts across a policy sectors.

4. RIGHTS AND ENTITLEMENTS OF CARE GIVERS

4.1: Four UNSNA institutional units provide care – the private sector (financial corporations), government units (public health provision), non profit institutions (e.g. Medecins sans Frontieres, OXFAM), and households. Regardless of the unit providing care, all of these services are consumed as they are produced. Unpaid community volunteers are at work; caring for someone in a neighbour's household – even unpaid – is work. However, in the specific situation of caring for a member of their household, a caregiver is not a worker, and no international human rights framework offers this worker any protection. They cannot claim just and favourable conditions of work, remuneration, safe and healthy working conditions, the right to free choice of profession or employment, or rest, leisure and a reasonable limitation of working hours. In the Pacific there is no access to or entitlement from central or local government social support resources for those involved in full time unpaid care.

4.2: Unpaid care workers in the Pacific have no human rights protections. What is the context in which these women can be seen as having no human rights, because their situation in the current policies *constitutes a justified limitation on the right to be free from discrimination?* Unpaid care giving of the sick is a critical part of the health care system which compromises the well being of the carer – who is then further penalised by the system in terms of loss of earnings, or time to do subsistence and other caring work, or with no recognition at all. In terms of a rights based approach to those in the unpaid workforce, and for example for those in the 'unpaid' or underpaid or differently paid full time care giving role we have to ask: to what extent does the discrimination and different treatment of girls and women in long term care giving, compromise or inhibit their

⁵¹ Nelson Gayle: Gender Profiles of ADB's Pacific Developing Member Countries

United Nations Development Programme

capacity to participate effectively in political or community life, in the formal, informal or subsistence economy, to attain the highest possible standard of physical and mental health, to exercise their right to opportunities of lifelong education, and every other human right which is foregone in the life they are forced to live as a caregiver?

4.3: The extent of this exploitation is a major human rights issue. The 'justified limitations' on the right to be free from discrimination were not supposed to extend to the servitude situations of the women and girls who care for members of the family without recompense, twenty four hours a day and seven days a week. The situation has arisen directly from the gender discriminations of the definitions of work, and the drawing of the production boundaries around what is and is not economic activity. Forthcoming work from the Commonwealth Secretariat will label this phenomena 'servitude'.⁵²

4.4: The household experiences increased costs related to unpaid caring work. Financial costs include increased costs of food, medications, and commodities needed for caring. Opportunity costs include loss of income, loss of subsistence production, and loss of children's education. Invisibles include deteriorating physical and mental health of the carer, plummeting nutrition levels of the household, deteriorating conditions and sometimes complete loss of shelter, loss of educational opportunities, loss of community participation and personal safety. Tere's is a typical Pacific story, which will occur far more frequently as the economic crisis reaches the grass roots communities.

BOX 2

Tere's Story: I am 46 years old. I only went up to grade 6 as my parents could not afford to pay school fees. I stayed home and helped my mother with household duties until I got married. We had four children, they were still young when my husband got a growth in his throat and died. I have been a widow for over 10 years now.

I cared for my eldest child until she died. She was 24 years old. My daughter was living at home with me when she got sick. I took her to the Barracks clinic which is about a mile from our house. They said she had malaria and pneumonia. Later I heard from others that she had HIV Aids. I took her to the Aids clinic. I was not scared, my heart did not fear, nor did I turn away from her. I would take her where she needed to go. Whatever she wanted me to do I would do for her if I could. My daughter was scared and angry. She felt that people were just labeling her for nothing.

I could not buy her the foods she wanted to eat because I didn't have money. Our ways of getting food was difficult. My sons were little boys when I took them out of school to help me. "You have to fish, go to the market and sell the fish, buy whatever food you can, buy what she would like, whatever she wants".

My young sons, her younger brothers, would go out fishing and sell the fish to buy food. If no fish, no food and we stayed hungry. They were only young but they were trying to do the job of a man. Her brothers and sister were scared and at times they hated her. I told them "Don't hate her. If you hate her she won't stay good and will get angry unnecessarily and she won't sleep well at night".

I would give her hot water to drink, she really wanted hot water or sometimes cold and then I would ask around and try to find some cold water for her.

I alone washed her as no one was there to help me wash her or do anything else for her.

⁵² The Economics of Dignity, Commonwealth Secretariat (forthcoming, June 2010).

My own family turned away from us, no one came to help me with her. With three little children to look after as well, I could not afford to get sick.

It was very hard to look after her. My water fetching, and means of earning an income through selling shell-fish and bead or shell necklaces stopped. My gardening stopped. My time was taken up with her – washing her, feeding her, washing her again and putting her to sleep. If I was not near her she would be scared because she knew she was very sick and her heart was filled with fear.

When my sons brought food or money into the house I would go to the barracks clinic and ask for medicine. If they had none, I'd have to find money and go to the pharmacy to try and buy medicine. Medicine was expensive. When I didn't have enough money I would try to get the K30 packet.

In caring for her I would help her around, wash her and rub her back and brush her hair. I would dress her, lie her down, help her up. If she wanted to go to the toilet I would dig a hole beside the house and take her and help her to do her business and then I would bury it. I would take her outside and place a mat on the ground for her to sit on and then I would wash her. I would wash and dress her in the morning and then again at 10am, then in the afternoon. At night I would wash her again then dress her ready for her to sleep. She washed constantly so that her body was cool and clean.

I didn't only wash her in fresh water; sometimes I would take her down to the sea, wash her and then bring her to the house and wash her again in warm water. I would heat the water and massage her body then dress her in clean clothes. She was very weak. At that time I bought so many clothes from the second hand because she was soiling them and I wouldn't have enough time to wash them and no one wanted to touch her clothes. They thought they would get sick.

We also had to collect water in containers from the barracks and that is a long way to walk. If we were lucky someone would be driving along the road and we would get a lift, if not we would walk the 1 mile or so. No-one helped me through this difficult time. I did it alone. Our traditional ways are that we help each other out during times of sickness but for some reason this time no one came. I did it alone, whatever she wanted I did it.

I realized that during this time I was hungry all the time. Where would we get money to buy nice things for her? When her brothers sold fish they would buy her juice but she wouldn't finish it. She only wanted to drink warm water. I would serve her rice but she didn't want to eat.

My anger was with my own family because they would not come and visit us or bring food for her like what is normally done when someone is sick. It was like I had no family. I was hurt. If ever I spoke of my anger she would say she was going to overdose so I tried to keep anger out of the house.

We would eat in the morning, at lunch time we would not eat. We would get noodles for her to eat but for us we would go without if there was not enough. We would cook again at night, if we found some rice, we would eat that with tin fish or fresh fish. She would have a cup of soup. Fish soup was good. Then we would sleep. We have a little lamp which gives us meagre light at night. It made it hard for us to care for the sick one. I would ask for help but no one would help us. We didn't see any counselors or anyone. I asked around but nothing came our way.

Some people who work with HIV patients came and told me that the best thing would be for me to take her and leave her with them at the Aids Clinic at 6 Mile, but I heard that

they mistreat them, they shout and swear at them and treat them badly. I heard that they push them in the showers so they fall down! Because of these stories I said no to them. The sisters at Taurama Barracks clinic also advised me to take her to the Aids hospital. I don't treat my child badly, why should I send her to where strangers might? When she cried and got angry I sat with her, telling her stories to take her mind of things. She would get really angry. You know sick people, lots of things in their mind so they take it out on others. Dementia was setting in. At times people get sick of looking after sick people, but I wouldn't. This was my child, my heart, and we do it out of love.

When she got really sick we paid for the ambulance from fish money and took her to the hospital. After we went back to the village we didn't see anyone from the hospital again. No one came to help us. The night before she died I went across and asked the church if they could put a line to our house and provide us some light. I could see that she was in a bad way. Her time had come. I didn't want to be in the dark when it happened. This was the only time I got any help from the church.

The day she died Buri came and measured her with a piece of rope and Auntie Lady bought the coffin. It was a small coffin; it looked like it was for a young child, not for a young woman. When she died I sent message to my family to ask them to come and help me. I wanted to know whether we would prepare her for burial in one of their houses or here in our house. Nobody came. I washed her and dressed her on my own and waited a solitary figure beside her body. I found this really hard as normally there would be the support of family during times of grief and mourning. I was asking "God you have taken her and I have nothing, will there be someone to help me bury my child?" My other children joined me and we mourned together.

At about 12 midnight someone came and said it was time to bring the body outside. I asked for help, for someone to help me put her body into the coffin. No one wanted to touch her. Only one lady came forward and with her help I lifted her body into the coffin. She was light, like a baby. They closed and nailed shut the lid on the coffin and carried her down to the ground. She was buried under cover of darkness. A burial shrouded by shame.

After she died people from the Aids clinic came and did a workshop here and they asked me all sorts of questions about how I looked after her. Where were they when she was alive? Now that she was dead, they want to know everything!

I never found any kind of support in the way of counseling, nothing. I didn't know where to go. Maybe the people living in the town area, the working ones know. I didn't.

Normally family would be there for support, people to bring food, help care for her. This is what we do when people are sick and or dying. Why was this different? Why was I left to care for her on my own? I am not complaining, but I was angry at how my family was not there for us in our time of need. We have to learn to help each other, support each other (henari heni) during this bad sickness. This way we share the load, like what is normally done. Not just one person struggling on their own.

5 PACIFIC HEALTH ISSUES

5.1 Infant and Child Mortality

5.1.1 Children continue to die annually due to neonatal causes, diarrhoeal diseases, pneumonia and measles. Marshall Islands, Tuvalu, Kiribati, PNG and Solomon Islands have high prevalence of tuberculosis while PNG, Solomon Islands and Vanuatu are the three Malaria prone countries. PNG, Kiribati, Marshall Islands, and Micronesia have high infant mortality and child mortality rates. A baby born in PNG is 3.5 times more likely to die than a baby born in Fiji. Nutritional deficiencies are thought to be one of the contributors to under 5 mortality. The effects of malnutrition are worse when undernourished women give birth to underweight children. These figures can be expected to rise as a result of the economic crisis, as women's access to food is limited. Also at play in this context is the practice of women feeding their children in preference to feeding themselves. And if she does not feed her husband, violence is often the outcome. Fiji, Marshall Islands, Micronesia, PNG and Solomon Islands have more than 10% of newborns with low birth weights.⁵³

5.2 Non Communicable Diseases

5.2.1 Cardiovascular disease (CVD) is the leading cause of mortality in several countries, higher than cancer and injuries in all Pacific nations. Nauru has leading mortality followed by Tuvalu, the Marshalls, and Fiji. The incidence of CVD has the potential to constrain several PI countries health care services, because it will consume resources that might have been used in other priority health areas. In terms of obesity, more than 60% of the populations of Cooks Islands, Micronesia, Nauru, Niue, Palau, Samoa and Tonga are obese, and this is particularly high among females.⁵⁴

5.2.2 In most islands, the transition towards lifestyle or non-communicable diseases (NCDs), such as cardiovascular diseases and cancer, has imposed significant demands on resources, particularly on urban health care services. Lifestyle factors such as physical inactivity, a salt rich diet with processed fatty foods, alcohol and tobacco use are the main factors behind hypertension. Fiji and the Solomons are the only two low risk countries. Other than in PNG, males in all other countries have higher blood pressure levels than females.⁵⁵ Diabetes is prevalent in all countries and Nauru has the highest percentage of prevalence of diabetes while in Fiji, Kiribati, Marshall Islands and Micronesia, approximately 8% of people aged 20 and above suffers from diabetes. Diabetes is a leading cause of blindness and most common cause of end-stage renal disease in developed countries, and an important cause of cardiovascular complications.⁵⁶ Cultural expectations mean that women again are expected to undertake the caring, but many of these women carers have advanced diabetes, and when they go blind or lose a limb, there are few available to care for them

5.2.4 Some Pacific cities face periodic threats of cholera and other water-borne diseases especially where is limited access to clean water and limited understanding of mechanisms for the spread of cholera. The crisis may mean a further lack of infrastructure investment, as well as political efforts to privatise the provision of water, which would severely affect those in full time caring work.

⁵³ Gani, A. (2008). Some Aspects of Communicable and Non-communicable Diseases in Pacific Island countries. Social Indicators Research An International and Interdisciplinary Journal for Quality-of-Life Measurement

⁵⁴ Ibid. p1

⁵⁵ Ibid. p11

⁵⁶ Ibid. p13

5.2.5 Smoking is one of the leading contributors to non communicable diseases in the Pacific. Fiji, Nauru, PNG, Samoa, Tonga and Vanuatu have high levels of smoking with more than 40% of those aged 18 and over smoking. The majority of smokers are male. Fiji, Nauru, PNG, Samoa, Tonga and Vanuatu reveal high incidences of cigarette smokers while the consumption of alcohol is high in Niue and in the Cook Islands.⁵⁷ The crisis does not change this behaviour: having little or nothing to do increases the consumption of alcohol, betel nut and cigarettes. People buy one cigarette at a time instead of a packet.

5.3 HIV/AIDS

5.3.1 Where poverty is relatively high and health services are less available there are greater risks of HIV vulnerability. The lack of formal employment opportunities for males and women has influenced the growth in the sex industry in the Pacific where there is logging, mining and places where transactional sex occurs.⁵⁸ The rise of prostitution is symptomatic of the problems of limited economic growth, unemployment, the social costs of urbanisation, the decline of traditional social control mechanisms and also the potentially high earnings.⁵⁹

5.3.2 Sexual violence also occurs within communities where sexual predatory behaviour by males is expected and admired by other males and linked to their social esteem. Combined with inadequate sexual health services, limited sexual safety awareness, and low tolerance for contraception use, Pacific households are highly vulnerable to the spread of HIV⁶⁰ and the obvious implications for those caring for HIV sufferers as well as victims.

5.3.2 UNAIDS estimated that at the end of 2007, close to 74,000 were living with HIV in Oceania, including Australia and New Zealand; 70% of them in PNG. HIV data is usually gathered only from people attending clinics for sexually transmitted infection, and from women giving birth. Existing estimates are likely therefore to under-represent the extent of the disease in the region. Regional data suggests in Melanesia, there are near equal proportions of infected women and men. In Micronesian and Polynesia it is dominated by male to male transmission.⁶¹

5.3.3 In 2007 there were 200 reported cases of AIDS?, 83 of which were women.⁶² There are a growing number of HIV/AIDS cases in Kiribati with 46 reported as of 2007. The high number of i-Kiribati⁶³ seafarers, (a key demographic vector for the disease), poverty and prostitution in Tarawa are contributing to the increase.⁶⁴

5.3.4 In Palau, the combination of in and out-migration and reports of increasingly high risk sexual behaviour among youth indicate a need to maintain a preventative focus on sexual health, sexually transmitted infections and HIV/AIDS. Female 'guest workers' across different industries, including sex workers trafficked in from Asia, face high risks of sexual harassment,

⁵⁷ Ibid. p14

⁵⁸ Vltchek, A. (2008) "Paradise lost - Logging and the environmental and social destruction of the Solomon Islands". The Asia Pacific Journal: Japan Focus available at <http://www.japanfocus.org/-Andre-Vltchek/2770> Accessed 19 June 2009. UNDP Pacific Center, UNIFEM, Secretariat of the Pacific Communities. (2009). Gender and HIV in the Pacific Islands Region. Fiji. p28

⁵⁹ Connell, J. (2009). Pacific Urbanisation and its Discontents: Is There A Way Forward? (Draft). School of Geosciences, University of Sydney, NSW 2006. Unpublished

⁶⁰ UNDP Pacific Center, UNIFEM, Secretariat of the Pacific Communities. (2009). Gender and HIV in the Pacific Islands Region. Fiji. P.20-30

⁶¹ Ibid. p5

⁶² Nelson. G. (2008, June). Gender profiles of Asian Development Bank's Pacific developing member countries. Asian Development Bank. p 15. <http://www.adb.org/Documents/Assessments/Gender/VAN/Gender-Assessment.pdf> (Accessed 24 December 2009)

⁶³ People from Kiribati

⁶⁴ Ibid. p19

exploitation, violence, and risk contracting HIV/AIDS. Their vulnerable immigration status and lack of citizen's rights make them easy victims of intimidation and coercion. This in turn prevents them from coming forward to seek support services. They are a largely invisible exploited population that needs to be considered in statistical analysis and service delivery. Palau has had 8 reported cases of HIV/AIDS, 3 of which were women. This is a ratio of 40/100,000 and due to limited surveillance, these figures are considered to be an under-count, particularly since non-Palauans do not have access to the formal health system.⁶⁵

5.3.5 The Guam International agreement between the US and the Japan may result in the relocation of 8000 marines, plus their dependents, from Okinawa to Guam. This is an increase of about 10% to the usual population. This agreement has significant general health and sexual health considerations for the small nation, as significant numbers of military usually means an increase in sexually transmitted diseases and a thriving sex industry.⁶⁶

5.4 Food

5.4.1 Food security, supply and quality are directly linked to the prevalence of non communicable diseases in the Pacific due to high obesity rates and cardiovascular diseases. Socio-economic inequality is reflected in different patterns of purchase and ownership of goods (housing, vehicles) and food consumption. In many urban centres, and in settlements, rice has become the dietary staple even to the point of being psychologically important as a measure of earnings and self-worth.⁶⁷

5.4.2 Urban nutrition is a serious problem in many cities because of the limited access to garden land, low incomes, and the rapidly rising cost of imported foods. There is an increasing dependent on the money and imported food.⁶⁸ The aftermath of mining in Nauru is the now very limited arable land for people to grow food, in addition to the contamination of water sources and marine food resources.⁶⁹

Imported foods pose nutritional problems and have enhanced extremely high levels of NCDs, alongside greater sedentarism, and higher levels of alcohol, soft drink and cigarette consumption.⁷⁰ The high incidence of lifestyle diseases such as obesity and diabetes result from over consumption of low nutrient, highly processed food. Nauru has the highest rate of obesity in the Pacific at 80% of the population. The average obesity rate across the Pacific is 40%.⁷¹

5.5 Service Provision

5.5.1 Infrastructure to provide good sanitation is a significant deficiency across the Pacific, especially in urban centres that are over populated without the infrastructure to cope. Lack of sanitation and overcrowding facilitates the spread of diseases between people, illness collected from infected water supplies (wells, streams, rivers, rainwater) and sewage. Pollution, sewage

⁶⁵ Op.cit. Nelson p28, 30

⁶⁶ First Hawaiian Bank (2009). 2009 Guam- CNMI economic forecast https://www.fhb.com/hm_news042709.htm (Accessed 26 January 2009)

⁶⁷ Op.cit; Connell

⁶⁸ Ibid. Connell

⁶⁹ Op.cit. Nelson p.24

⁷⁰ Op.cit. Connell

⁷¹ Op.cit. Gani p.12

flows, and coastal erosion into the sea also affects fish and seafood upon which local communities live on and earn incomes from.⁷²

5.5.2 In most urban centres services are inadequately supplied and do not always extend beyond the formal housing sector. Rural and remote areas have sometimes suffered in service delivery and skilled workers, especially in PNG, where rural services (whether in health, education or transport) tend to be worsening rather than improving. Public funding for health services has not caught up with demand, in part because of inadequate numbers of health workers, especially in Melanesia. Inadequate rural service provision has stimulated rural-urban migration.⁷³

5.5.3 Small islands are being depopulated as people move to large islands; mountain populations are moving to lowlands, usually along the coast; and urban populations are continuing to grow. While some of the worst health and mortality problems are experienced in the growing urban settlements, the health needs are also very significant in rural areas and in the outer islands where there are high mortality rates. It is difficult to replace skilled migrants because of the duration of training that is required, and the lure of higher incomes overseas for health professionals. Wards are closed, waiting lists and times lengthen, examinations are more cursory, or complicated by new cultural differences.⁷⁴

5.5.4: The consultant reviewed over 40 recent international papers which related to the outcomes in households which had a full time unpaid caregiver for an HIV/AIDS patient. These outcomes, with relevance for the Pacific environment, included the following: no access to and ability to utilise information, interruption of schooling, income generating and subsistence activities diminished or lost, less food especially for children, women are invisible carers but young carers are even more invisible - even when not the primary care giver their work burden is increased, loan repayments threatened or cease, damaging extended family and community relationships, everything is worse if you live in rural areas – and it was bad before the energy, food and financial crises, spread is more likely in violent households, no provision of disinfectant, gloves, soap, bandages, or painkillers, no access to clean water, the burden of care creates time poverty, no access to and use of condoms, no sanitation, no hygienic living conditions, no respite for carers, traditional safety nets are destroyed, no transport, little or no food, no counselling, hopelessly inadequate infrastructure, no labour saving technology of the simple grating, threshing, milling, pounding, drying, cooking kind, no fuel whether wood, dung, gas, kerosene, paraffin, charcoal, caregiver's deteriorating health, female abandonment by males in the household, wives and daughters sent to care for HIV positive relatives of the male in the household who live elsewhere, male carers seen as deviant and unmanly, and children are orphaned. As seen in Tere's case, most of these conditions were her experience of caring.⁷⁵

5.6 Domestic Violence

5.6.1 Violence is a significant mental and physical health issue for Pacific nations. In Palau, 50% of reported attempted suicides are related to domestic violence.⁷⁶ In PNG, around two thirds of wives had been hit by their husbands.⁷⁷ In the Solomon Islands, the Family and

⁷² Op.cit. Connell

⁷³ Ibid. Connell

⁷⁴ Ibid. Connell

⁷⁵ A Bibliography of these papers is available from the consultant on request: Marilyn.Waring@aut.ac.nz

⁷⁶ Op.cit. Nelson p30

⁷⁷ TVNZ. (2003). Domestic violence is rampant. http://tvnz.co.nz/view/tvnz_smartphone_story_skin/170004

Health and Safety study released in 2009 showed that 64% of women aged 15 to 49 who have ever been in a relationship reported experiencing physical or sexual violence, or both, from an intimate partner. This prevalence rate is the highest reported for countries that have undertaken similar research using the World Health Organization's methodology.⁷⁸ A similar study conducted in Samoa found that 41% of ever-partnered women had experienced physical violence at the hands of an intimate partner. Those who had experienced partner violence more frequently contemplated suicide. Eighty five percent of women physically abused by their partner had never asked any formal agency for help. The main reasons given for seeking formal help were that women could no longer endure the violence (65% who sought help), had been badly injured (27%), their partner had threatened to kill them (7%), or the children were suffering (7%). Eighty six percent of physically abused women who did not seek help thought such abuse was "normal", or not serious enough to seek help.⁷⁹ International data suggests that at times of economic crises domestic violence increases.

6: RECOMMENDATIONS

6.1: To make caregiver's lives easier: – programmes to access information, to access potable water, to access improved sanitation, medical advice, provision of disinfectant, gloves, soap, bandages, or painkillers, labour saving technology of the simple grating, threshing, milling, pounding, drying, cooking kind, supply of fuel whether wood, dung, gas, kerosene, paraffin, charcoal, or electricity.

6.2: Caregivers to be free from violence and to have access to health care, food, and support from support networks, be these traditional, church, NGO or government.

6.3: Carers and those being cared for – in particular those with disabilities and those with HIV/AIDS - need champions. The culture of dishonesty around stigma needs an immediate change. Prime Ministers and politicians, church leaders and chiefs, must show as much leadership around these issues as they do around sporting matters.

6.4: To make clients more independent to provide some respite for carers: - Assessment services to provide realistic guidance for employment for income earning and employment opportunities for those who are being cared for, backed by cooperative or community outlets; access to leisure or recreation activities in a community setting; transport to medical appointments.

6.5: Full access: - to education for all children with disabilities, access to adult education for adults with disabilities, focussed on those who missed an education because of stigma in earlier years; access to avenues to social and political participation; and in particular, the dignity of being treated as experts in terms of what their needs are.

6.6: Donors and multi laterals: training for caregivers, assessment of projected needs and levels of caregiving for each of the PICTs; active leaders in the recognition and counting of the subsistence work of both men and women in the Pacific to provide the possibility of "informed, rational policymaking and decision-taking."

6.7: NGOs: - to focus on respite – often provided by other relatives or a network of caregivers beyond one household.

⁷⁸ Secretariat of the Pacific Communities. (2009). Solomon Islands Family Health and Safety Study: A study on violence against women and children http://www.spc.int/hdp/index2.php?option=com_docman&task=doc_view&gid=49&Itemid=44. Accessed 4 January 2010.

⁷⁹ World Health Organisation. (2005). Multi-country study on family violence and domestic violence against women. Geneva. http://www.who.int/gender/violence/who_multicountry_study/fact_sheets/Samoa2.pdf. Accessed 5 January 2010

United Nations Development Programme

6.8: Governments: - Encouragement of consumption of healthy oils which leads to rapid decrease in population levels of blood cholesterol. Consumption of fresh fruit and vegetables are associated with declines in CVDs. National agricultural ministries should see this as a priority investment. Introduce or increase tax on tobacco and alcohol for disease prevention, as tied funds to the Health portfolio. The identification and management of diabetes and cost effective interventions such as use of aspirin in people with symptoms of chest pain, to prevent a quarter of the deaths associated with heart attacks.

6.9: The paucity of timely textured and relevant data in the Pacific is a major problem for strategic response to the current crisis, and for planning responses which consider women's lives, as informal and subsistence producers, and as full time care givers. All those engaged in policy planning and delivery – governments, donors, NGOs – must acknowledge when data is not available, and use well designed and well tested development research instruments to fill this space. These are not expensive, and have the added value of acknowledging that the women living these lives are the experts in what response they most need, and in capacity building for all elements in the planning process.

APPENDIX 1

The Prism System

1. In 2003 the PRISM project steering committee developed the 'final' list of core and noncore statistical indicators. The indicators were selected based on three main criteria:

- (a) The technical expertise required to compile the indicator
- (b) The relevance of the indicator to Pacific countries and territories
- (c) The perceived 'sensitivity' of the indicator in the wider community context

The finalised PRISM indicators were grouped as: economic, social, environmental, communications and utilities, and tourism. The focus is on economic indicators desired by the IMF and World Bank, for loan and monitoring purposes, most of which have a series constructed for comparability over time. From time to time, the focus of the *latest* international initiative –in 2010 the Millennium Development Goals (MDGs) - will occupy resources and time commitment to a determined international priority. While these are important, it is possible that PI nations may well have preferred investment in climate change variables and monitoring. It is also possible that the moment the MDG programme comes to an end in 2015, that these donor funded data series will be discontinued.

2. While some PICTs - for example, Cook Islands, Kiribati, Marshall Islands, New Caledonia, Tonga and Samoa have the capacity to measure key macro economic variables and release regular data on trade, CPI, GDP, tax, banking, tourist figures and building consents, there are no data bases in any country in the region, which can be used to assess the specific impact of the 2008 and ongoing international economic and financial crisis, on gender equality and women's empowerment. For example, the 'latest' data on % of births attended by health personnel is 1994 Solomon Islands, 1998 Samoa, 1999 Vanuatu; for population with access to health services the latest data for FSM, and Nuie is 2000, with no data at all for Fiji, Kiribati, Marshall Islands, Palau, PNG, Solomon Islands and Vanuata. Most data sets, except those economic data required by multilaterals, new sets required by the MDGs, or more easily measured as such as arrivals and departures, or the numbers of women in political office, are in this situation.

APPENDIX 2

CASE STUDIES

A.1: As section 5 has illustrated, there is a wide variation in particular local circumstances of health priorities in the Pacific. It should not be presumed that a ‘one size fits all’ approach to unpaid care work in the region is possible. Community-led situational analyses are needed to ensure the appropriateness of home and community based care to the local setting and to define specific support needs.⁸⁰ The following case studies are illustrative of the very different potential effects on women and care giving, which might be expected in different Pacific countries. The case studies are of the Federated States of Micronesia, Kiribati, Papua New Guinea, and Tonga.

TABLE 3:

Federated States of Micronesia		
Access to improved water supply ⁸¹ :	urban 94%, rural 92%	not always safe
Access to improved sanitation ⁸² :	45% (rural 15%)	poor infrastructure
Access to electricity:	urban 81%, rural 30%	
Reported HIV/AIDS cases:	35	(23 males, 12 females) all but 2 have died
Prevention and awareness programme:	N/A	donor and NGO funded programmes for youth
Population 15-24 with comprehensive correct info re HIV/AIDS:	N/A	
Staff and facilities to provide treatment:	N/A	Chuuk and Pohnpei have clear policies
High communicable disease rates:	no	TB prevalence rate: 109*
High non-communicable disease rates:	Obesity	(higher in women)
Diabetes		
Access to land:	No	Pohnpei State has law on equal access to land and property.
Access to credit:	No	
Women’s labour force participation rate (2000):	39.9%	
Women subsistence workers (2000):	47.6%	

A.2: Women have influence on decision-making at the household and clan level. However men make most land use decisions related to resource extraction and development and benefits are not equally shared. The geography of Federated States of Micronesia combined with land tenure constraints and high transportation costs, inhibit women’s ability to access credit, to take advantage of centralized services and to engage in entrepreneurship and marketing.

⁸⁰ De Guzman, A. (2001). Reducing social vulnerability to HIV/AIDS: Models of care and their impact in resource-poor settings. *AIDS Care - Psychological and Socio-Medical Aspects of AIDS/HIV*, 13(5), 663-675

⁸¹ Improved water supply technologies are: household connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection.

⁸² Improved sanitation technologies are: connected to a public sewer, connection to septic system, pour flush latrine, simple pit latrine, ventilated improved pit latrine

A.3: Women spend disproportionate amounts of time on household management and provision of health care. In 2005 36.7% of households had incomes below the basic needs poverty line, an increase from 30% in 1998. Women face health challenges in their unpaid caring work due to weakening service delivery, especially poor water supply. While PRISM reports in excess of 90% of households with improved water supply, this conflicts with ADB's report that only 41% of the population has access to improved water sources⁸³, which are not always safe – and there is only 45% availability of improved sanitation. The maintenance of the infrastructure of most importance to women, or investment in its improvement, has not been a priority for governments in their responses to the recession. They have certainly invested in infrastructure, in roads for example, but not in the infrastructure which most effects health and household caring work. This is a typical policy response in a context of the invisibility of subsistence and household work. This approach endangers health, adds a great time burden to women's lives, and increases health risks. There is a need to focus on the 'infrastructure' of social investment, as opposed to the pretence that only market exchanges are 'productive'.

A.4: Just as there are conflicting data reports about "improved water sources", there is also confusion about which sets of figures to use for determining the labour burden – paid and unpaid – of women in FSM. FSM has yet to "officially" publish GDP estimates, including informal and subsistence activities. The estimates are made available to ADB and IMF surveillance missions but not disseminated more widely due to concerns about grant entitlements, a particular problem for the countries receiving US Compact Grants.⁸⁴ The official estimates prepared for the grant reports exclude most informal sector and subsistence activities. The figures referenced here are from an ADB report, but it is not clear if they are 'official'.

A.5: While women have privilege and respect in certain forums in FSM due to the matrilineal nature of Chuuk, Pohnpei and Kosrae they have not been able to translate that influence into the public political arena. There are no elected female representatives at the national level in FSM. In the traditional system, women are not prohibited from being traditional leaders but are rarely given such positions. This makes it difficult for them to leverage political power in the western system of government. Women's low representation in politics undoubtedly contributes to the poor record of FSM to legislate equal rights and protections for women in the home, labour force and public life. Women in FSM have very limited opportunity to communicate directly with service providers and government to influence policy and programs.⁸⁵

⁸³ Nelson, Gayle: Gender Profiles of Asian Development Bank's Pacific Developing Member Countries Asian Development Bank June 2008 <http://www.adb.org/Documents/Assessments/Gender/VAN/Gender-Assessment.pdf>

⁸⁴ The Compact Trust Funds were set up with FSM, RMI and Palau, to replace US financial aid following independence.

⁸⁵ Nelson; op cit: p. 12

TABLE 4:

Kiribati		
Access to improved water supply ⁸⁶ :	Urban 70%, rural 37%	
Access to improved sanitation ⁸⁷ :	Urban 61%, rural 24%	
Access to electricity:	Urban 88%, rural 10%	
Reported HIV/AIDS cases:	46	30 men, 16 women
Prevention and awareness programme:	Yes	But low rates of contraception
Population 15-24 with comprehensive correct info re HIV/AIDS:	23%	
Staff and facilities to provide treatment:	No	
High communicable disease rates:	Tuberculosis	Prevalence rate: 402
High non-communicable disease rates:	Diabetes	
Access to land:	No	
Access to credit:	No	
Women's labour force participation rate (2000):	56.3%	
Women subsistence workers (2000):	68.2%	

A.6: Poor infrastructure contributes significantly to women's time poverty in Kiribati. Women are primarily responsible for household management and caring for sick family members. Poor water supply, overcrowding, low quality housing, and poor sanitation systems mean women have to cope with environment-related contamination and illnesses and take extra steps to ensure infants and children are safe from water-borne disease and food poisoning. The protection of water sources from pollution, mainly from nearby sanitation systems, is a constant public health concern. The 2005 Census indicated that 2000 buildings were ostensibly connected to a sewage system in South Tarawa, but most of the population reported using the beach, sea or bush for toileting facilities. Groundwater is being depleted in Tarawa due to population pressure and there is a high level of terrestrial and marine contamination from human and solid waste.

A.7: The Kiribati Government wants people to eat healthy, traditional food, but their gardens are being ruined by salt water. Much of Kiribati is no higher than five meters above sea level and the ocean around its 21 inhabited islands have been rising around five millimetres a year since 1991, with higher tides and coastal flooding, less rainfall and diminishing freshwater supplies, as well as bleaching of some coral reefs. Increased flooding has forced some villagers to move inland. Salt water is mixing with the groundwater and contaminating wells. Soon vital food providing plants and trees are going to die.⁸⁸

A.8: The public sector dominates the economy amounting to more than half the GDP. Half of Government's recurrent budget is funded by access license fees paid by foreign fishing vessels to catch tuna in Kiribati's exclusive economic zones and by earnings of Kiribati's

⁸⁶ Improved water supply technologies are: household connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection.

⁸⁷ Improved sanitation technologies are: connected to a public sewer, connection to septic system, pour flush latrine, simple pit latrine, ventilated improved pit latrine

⁸⁸ <http://www.nzherald.co.nz/news/print.cfm?objectid=10592705>

reserve fund invested in overseas financial market.⁸⁹ In the recession, there has been a significant fall in the returns on investment in these funds. Due to government reserves and large volumes of remittance payments from i-Kiribati seafarers and migrants, extreme poverty has been low, but there have been job losses in the fishing industry, and a decrease in the remittances flowing into the country. The 2005 Census found that 64% of people above the age of 15 were “economically active”, but only 23% had regular paid employment; 53% of those employed were in public administration, the remainder were employed mainly as subsistence farmers or fishermen. But unemployment and alcoholism create a series of hardships, particularly for women.⁹⁰

A.9: There are growing numbers of HIV/AIDS cases in Kiribati with 46 reported as of 2007. The high number of i-Kiribati seafarers, (a key demographic vector for the disease), poverty and prostitution in Tarawa are contributing to the increase. There are a number of targeted awareness programs, but with contraception prevalence at a low rate it is expected that the problem will worsen. Women caregivers face stigma and exclusion by virtue of being in contact with HIV positive people and AIDS sufferers.

A.10: Traditionally women were able to inherit and ‘own’ land within the collective family-based tenure system but their rights were secondary to men’s rights. The contemporary legal system stipulates that in distributing land and fishpond assets in the absence of a will that ‘the shares of sons shall exceed the shares of daughters.’

A.11: Women have consistently been poorly represented in political decision-making in Kiribati. There are currently only 2 women in the 46-seat legislature. As in other Pacific countries, women face entrenched discrimination of chiefs, a lack of trust from the general population, and lack of support from mainstream parties. In addition it is difficult for women without mentors and role models to navigate the political system, raise funds and analyze issues for campaigning. There continues to be a need for voter education and for training candidates in gender analysis of development issues and government policies and plans.⁹¹

⁸⁹ <http://www.fco.gov.uk/en/travel-and-living-abroad/travel-advice-by-country/country-profile/asia-oceania/kiribati/?profile=economy>

⁹⁰ Nelson; op cit, 19

⁹¹ Nelson, op cit

TABLE 5:

Papua New Guinea		
Access to improved water supply ⁹² :	Urban 70%, rural 30%	
Access to improved sanitation ⁹³ :	Urban 90%, rural 78%	Also reported as 38%
Access to electricity:	N/A	
Reported HIV/AIDS cases:	46	30 men, 16 women
Prevention and awareness programme:	Limited	
Population 15-24 with comprehensive correct info re HIV/AIDS:	N/A	
Staff and facilities to provide treatment:	No	
High communicable disease rates:	Tuberculosis	Prevalence rate 513
	Malaria	Incidence rate 1,430
High non-communicable disease rates:	High rates of tobacco consumption	
Access to land:	No	
Access to credit:	No	A few donor and NGO micro-credit programmes
Women's labour force participation rate (2000):	71.8%	
Women subsistence workers (2000):	74.3%	

A.12: PNG has 600 islands and 800 distinct languages. Half the population is under 20 years of age, and population size is predicted to double in 25 years.

A.13: Cash poverty is significant as 40% of the population live on less than \$1 a day. However 85% of population live in rural areas and depend on subsistence agriculture.⁹⁴ The poor quality of existing roads, and a shortage of feeder roads into dispersed rural communities, means that 35% of the population live at least 10 km from a national road. To put this in Pacific perspective, this is at least 1.8 million people, greater than the populations of all other PICTs combined. The percentage of the population using improved sanitation (39%) and improved water sources (44%) in PNG did not change between 1999 and 2005.⁹⁵ The recession is expected to see a fall in these access figures, as maintenance is deferred, and new starts on projects are postponed.

A.14: Women experience time poverty and overwork due to responsibilities for fuel wood and water collection, the walk to the river to wash laundry and dishes, subsistence agriculture, provision of services to large families, community and the church, and care for ill members of the family from frequent reactions to poor sanitation and poor water resources. PNG has 90% of the HIV/AIDS cases in the Pacific and it is considered to have a full blown epidemic with case numbers increasing by 30%/year.

⁹² Improved water supply technologies are: household connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection.

⁹³ Improved sanitation technologies are: connected to a public sewer, connection to septic system, pour flush latrine, simple pit latrine, ventilated improved pit latrine

⁹⁴ NZAID. Oct 2007. <http://www.nzaid.govt.nz/library/publications/factsheets.html>

⁹⁵ UNDP. 2007/2008. Human Development Report. New York. <http://hdrstats.undp.org/countries/>

A.15: The combination of poverty, overwork, and the high-risk security situation in PNG is a severe constraint to women's development. There is a high level of normalized violence in the country. There is widespread disregard for women's rights and dignity particularly in the police and military systems. Sexual violence is rampant in PNG and includes high incidences of gang rape, rape in marriage and child sexual abuse.⁹⁶ Military barracks and police stations are known locations for gang rape, and hence the ability of women to report or seek protection from the legal system is almost non-existent. Abortion is illegal, while rape in marriage is not illegal.⁹⁷ All these factors severely limit women's safety, mobility and opportunity to participate in economic and political systems in every day life, let alone with the burden of full time care.

A.16: Girls' share of secondary school enrolments in PNG was just 23% in 2005, and only 1% of those who entered Grade 1 will enter a tertiary institution. In rural situations high schools are often residential and the number of dormitory spaces limits girls' educational opportunity. Security for girls is also a constraint as violence against women and rape exists even in school settings. The female adult literacy rate is only 51% and women's ability to function effectively, access services and provide support to their families is further constrained by the multilingual nature of the country.

A.17: Women's low level of education and poor access to adequate health care are closely linked to high fertility rates of 4.3 live births/woman, maternal mortality of 470/100,000 live births, infant mortality rates of 55/1,000 live births, 35% malnutrition of children under-5 (underweight), and a relatively low life expectancy of 55.7 years for women.⁹⁸ International experience suggests that all these figures will worsen as a result of the recession.

⁹⁶ UN. 2007. United Nations Country Program Papua New Guinea. Pt Moresby

⁹⁷ UNDP and UNIFEM:

⁹⁸ UNDP. 2007/2008. Human Development Report. New York. <http://hdrstats.undp.org/countries/>

TABLE 6:

Tonga		
Access to improved water supply ⁹⁹ :	99%	
Access to improved sanitation ¹⁰⁰ :	99%	
Access to electricity:	Urban 97%, rural 88%	
Reported HIV/AIDS cases:	15	8 men, 7 women
Prevention and awareness programme:	Yes	
Population 15-24 with comprehensive correct info re HIV/AIDS:	33%	
Staff and facilities to provide treatment:	?	
High communicable disease rates:	Tuberculosis	Prevalence rate 34
High non-communicable disease rates:	Obesity High levels of tobacco consumption	Especially of females
Access to land:	Limited	
Access to credit:	Limited	Mitigated by access to remittances
Women's labour force participation rate (2000):	49%	
Women subsistence workers (2000):	39.1%%	

A.18: Tonga is comprised of three major island groups with approximately 36 inhabited islands. There are high levels of out migration. Almost the same number of Tongans lives inside the country as overseas.¹⁰¹ Women on outer islands are limited in accessing markets due to limited and costly maritime shipping services and air service. Services for water and sanitation are good in Tonga as there is 100% access to improved water and 96% of households are reported to have access to improved sanitation.¹⁰²

A.19: Tonga's is a large remittance economy that significantly reduces poverty. The majority of in-country Tongans (66%) lives in rural areas where agriculture and fishing supplement incomes and provide food security. Remittances are one of the largest income sources in the economy, reinforcing social safety nets and providing a source of funds for micro and small business start up. There has been a immediate fall in remittance payments to Tonga in the recession. Individuals without supportive extended families and remittances are vulnerable to poverty and hardship. The government social safety net system is weak and outside the public service, only churches and non-government organisations provide support those in need. As of 2005 there were 14 reported cases of HIV/AIDS, half of which were women.

A.20: There are strong norms for women to be the primary care giver in the home and, within that role, to provide unpaid reproductive services. This expectation, perpetuated through family work patterns and social messaging, inhibits women from exploring options for work

⁹⁹ Improved water supply technologies are: household connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection.

¹⁰⁰ Improved sanitation technologies are: connected to a public sewer, connection to septic system, pour flush latrine, simple pit latrine, ventilated improved pit latrine

¹⁰¹ ADB 2007. Country Partnership Strategy: Tonga. Manila

¹⁰² UNDP 2007/2008. Op cit

outside the home and creates double labour and time burdens for those who do work. In addition, many of the women who traditionally provide care, are suffering with NCDs, and often with blindness or with the loss of limbs from advanced diabetes. Who is to care for the carers?

A.21: Violence against women is underreported in Tonga and although Tongan women have spoken out on the issue and advocated for government support for many years, little progress has been made. The Centre for Women and Children was the only agency working specifically on the issue of domestic violence and providing shelter for victims. In October 2009 all staff walked out of this because of interference by government and began a new Women and Children Crisis Centre.¹⁰³ Ofa Guttenbeil-Likiliki, executive director for the Tongan national centre for women and children, says the Prime Minister's assertion that Tongan women are highly cherished does not reflect what she is seeing. "If that statement was true, why on earth are we seeing battered women on a daily basis? Why on earth are we dealing with rape cases? Why on earth have we had four homicides out of six homicides in the first six months of this year, are directly husbands murdering their wives?"

A.22: Tongan Prime Minister Fred Sevele told the UN General Assembly in New York in 2009 that Tonga's culture emphasises communal and family responsibilities rather than individual rights. The Tongan parliament had voted not to ratify CEDAW. Women's groups in Tonga are refusing to accept the decision, and are launching a nationwide petition aimed at getting the government to reverse its position. Land ownership is exclusively for males in Tonga, and it is the fear from men that women may be able to use CEDAW to fight for land ownership which seems to be the hidden male parliamentary agenda.

A.23: There is shortage of information on gender issues and not all statistics are gender disaggregated. Both these facts reflect a lack of accountability and responsibility for women's rights as well as a lack of analytical and technical capacity. The fact that most major donors have gender policies and yet don't integrate gender issues into high-level policy discussions, across all sectors, demonstrates that donors are also culpable of ignoring women's human rights to development.

A.24: The 2006 National Disability Identification Survey aimed at identifying the prevalence of disability, major causes of disability, the level of involvement of people with disabilities in the community, educational and employment sectors, and the needs of people with disabilities in Tonga. survey has identified 2782 people with disabilities in Tonga, which represents approximately 2.8% of the total population. This is significantly lower due to the social stigma attached to having a disability in Tonga, and is interpreted as a conservative estimate of the actual number.

A.25: The most common types of disabilities identified in the survey were physical disabilities (36% of disabilities) followed by visual impairments (24%), and intellectual and learning disabilities (11% combined). More than half (53%) of people with disabilities experienced more than one disability (eg: physical disability and visual impairment), which has a compounding effect on the type of support they require and social stigma they experience.

A.26: The prevalence of disability was shown to increase dramatically with increasing age, 52% of people with disabilities were over the age of 61 years. The most significant cause of disability is the non-communicable diseases of diabetes, heart disease and high blood pressure (810 disabilities combined), and 95% of these people were over 40. These conditions often

¹⁰³ <http://pacific.scoop.co.nz/2009/11/tonga-helping-women-children-escape-violence/>

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result in physical disabilities (80%) such as strokes (20%) and amputations (12%), as well as vision impairments (63%).

A.28: An early age of disability onset (15 years or below) was shown to dramatically reduce a persons access to educational opportunities, marriage prospects and increased the likelihood of the person being a single parent. Many children with disabilities do not receive compulsory primary education, do not attend school at all (76 children), and are not given the support they require at school.

A.29: Of the 2460 people with disabilities over the age of 15 years there are few in formal employment (3%). While 37% of these people are independent in self-care, mobility and communication, the remaining number obviously require carer's on standby for simple routine household mobility. People with disabilities have a great need for technical aids such as wheelchairs (813 people) and other mobility aids (587 people), and glasses (718 people). There is a great identified need for health care such as medical advice (1133 people), and access to therapy services (745 people). There is also a great need for wheelchair access to public built environments (671 people) as well as in people's private homes(583)people).

A.30: People with disabilities are up to twenty three times more likely to be living below recognised poverty indicators, as compared to the rest of the Tongan population. The greatest identified need was for improvements in attitudes towards and the inclusion of people with disabilities in to mainstream society (1608 people).

A.31: Policy responses to this new data are expensive, and with the attached stigmas associated with disabilities, are unlikely candidates as priorities for expenditure in a recessionary period. Continued diminution of remittance payments can also be expected to produce increasing hardship for those with disabilities, and those caring for them.

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GLOSSARY

ADB	Asian Development Bank
CPI	Consumer Price Index
DFID	Department For International Development
EEZ	Exclusive Economic Zone
FIC	Financial Intelligence Centre
FSM	Federated States of Micronesia
GDP	Gross Domestic Product
HIES	Household Income and Expenditure Surveys
IMF	International Monetary Fund
MDGs	Millennium Development Goals
NGOs	Non Government Organisations
NSOs	National Statistical Offices
PICTs	Pacific Island Countries and Territories
PNG	Papua New Guinea
PRISM	Pacific Regional Information System
RSE	Recognised Seasonal Employment
SNA	System of National Accounts
SPC	South Pacific Commission
STDs	Sexually Transmitted Diseases
UNSNA	United Nations System of National Accounts