

Poverty and Pacific children: some data questions

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Abstract

There are a growing number of Pacific children affected by increasing inequalities, growing relative and absolute poverty, deteriorating environments and even the impacts of war. Poverty is not measured only by assessing access to cash income. People may be poor in cash, but rich in land, or poor in access to education, but rich in life experience. Whether or not people are genuinely lacking in basic needs is a question which frequently exercises the minds of development planners. Whether people really feel poor is another. And if so, do they attribute their perception to their own deficiencies, to the will of a God, or to the way society is constructed.

The nature and measurement of poverty in any context are therefore always problematic, including the Pacific, with its emphasis on the strength and importance of extended families, and deficiencies in statistical data bases. No matter what definition of poverty is given, it clearly does exist and is increasing in Pacific island countries. If we wish to extend our knowledge about the growing incidences of poverty in the region, and do something to lessen the inevitable burden for future generations, we need to review the data we have, and the deficiencies in those data. We know that in general terms, health, education and income levels have improved in most countries, so where is the evidence that these improvements do not affect all sections of society? If we cannot provide proof, then governments and development agencies do not have to act.

This paper will therefore examine some of the available data which can provide indicators of poverty, but it will concentrate on the gaps in the data, and the need for more collection and analysis. Urgent needs which can be relatively easily fulfilled, given political and humanitarian motivation will be noted.

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Introduction

The 1990 World Summit for Children which brought together heads of government led to a consensus on a set of principles and strategies which, if achieved, should overcome the worst aspects of poverty for children. Goals targetting issues of health, nutrition, education and gender were all addressed in the action plan, which recognises that childrens rights are inseparable from population growth, environmental stress, economic growth and the status of women. In many small countries, including those in the Pacific, growing urbanisation due largely to rural-urban migration, declining living conditions for some, with inadequate access to water, sanitation and basic health services, are taking their toll on childrens health, and therefore on their opportunity to participate in the future development of their nations. Both infant and child mortality rates, as well as maternal mortality, are significantly higher in developing nations than in developed countries. In the Pacific, some countries have mortality rates which should be of serious concern. The main causes of death of children are acute respiratory infections, diarrhoea, and malnutrition. In some parts of the Pacific, food insecurity and endemic diseases such as malaria, are also contributing to the problems facing our children (Tables 1 and 2).

Despite the dramatic figures, Table 2 has a number of deficiencies. Firstly, the data are for entire countries and are therefore unable to give any picture of the variation between provinces, or within urban areas. The maternal

Table 1. Main causes of deaths in children
0 - 4 years (excluding perinatal)

Vanuatu	ARI *	Malaria	Diarrhoea
Solomon Islands	Malaria	Tuberculosis	Diarrhoea
PNG	Pneumonia	Meningitis	Intestinal
Kiribati	Intestinal	Pneumonia	Malnutrition
Tuvalu	ARI	Meningitis	Asthma **
Fiji	ARI	Diarrhoea ***	

* Acute Respiratory Infection

** The figures for Tuvalu are so small as to be insignificant.

*** The figures for Fiji, although available in vast detail, are difficult to adequately disaggregate.

Sources: Vanuatu Government, 1991; Solomon Is. Government, 1991; UNDP/UNIFEM, 1991; Kiribati Government, 1991; Parliament of Fiji, 1990.

Table 2. Basic indicators - Pacific children 1992

Country	Total Population	Population Growth Rate	% under 15 years	Life Expectancy at birth, 1990	Infant Mortality Rate	Under 5 Mortality	% of 1-yr olds immunized against measles	% under 5-yr olds under weight	Gross Primary Enrolment	Maternal Mortality Rate
A. Samoa	50,900	3.7	38	70.3	11	16	n/a *	n/a	100	n/a
Cook Is.	19,500	1.0	37	69.8	26	32	87.2	1	98	46
CNMI	54,000	9.5	24	66.8	19	n/a	n/a	n/a	99	n/a
FSM	114,800	3.6	47	64.1	52	72	88.0	13	100	83
Fiji	752,700	2.0	38	63.1	22	41	91.0	15	94	68
Fr. Polynesia	205,800	2.5	36	69.0	11	14	57.0	n/a	98	13
Guam	140,100	2.3	30	72.1	12	15	n/a	n/a	101	10
Kiribati	76,000	2.3	40	60.2	65	88	76.9	15	100	10
Marshall Is.	50,000	4.2	51	61.1	63	92	86.0	20	95	109
Nauru	9,800	1.6	47	55.5	31	n/a	n/a	n/a	88	n/a
Niue	2,200	-2.5	37	66.0	12	12	100.0	2	100	n/a
New Caledonia	176,900	2.0	33	69.1	11	14	n/a	6	126	68
Palau	21,600	2.2	30	67.0	26	35	93.9	n/a	103	n/a
PNG	4,506,000	2.3	42	49.6	72	114	61.0	38	73	700
Solomon Is.	337,000	3.5	47	60.7	43	65	73.3	23	66	600-700
Tokelau	1,600	0.0	43	68.0	30	30	100.0	n/a	99	n/a
Tonga	97,400	0.5	41	69.0	26	31	90.0	2	98	70-80
Tuvalu	9,100	1.7	35	67.2	40	56	63.0	n/a	101	191
Vanuatu	156,500	2.5	44	62.8	45	58	73.7	23	103	92-138
Wallis & Futuna	14,100	1.3	42	68.0	13	n/a	n/a	n/a	n/a	n/a
W. Samoa	163,000	0.2	41	63.1	28	35	91.0	17	100	50

* n/a: data not available

Sources: UNDP, 1993; UNICEF, 1994

mortality figures, for example, demonstrate enormous variation from 700 per 100,000 live births for Papua New Guinea and Solomon Islands, to ten for Kiribati. It is quite likely that none of these figures is correct. One authority claims that the figures for Papua New Guinea have merely been projected from a small survey carried out in Chimbu province at a particular point in time (Bakker, personal communication 1994), and the figure for Kiribati could be due to lack of adequate recording of reasons for maternal deaths (e.g. on outer islands), or alternatively indicate that there is little likelihood of a mother dying during childbirth, or later from pregnancy related illnesses in Kiribati.

When dealing with very small populations, such as in Tuvalu, the data becomes even more complicated. The

population of Tuvalu numbers little over 9,000 people. A maternal mortality rate of 191 per 100,000 live births is high in global terms, but in Tuvalu it indicates that the death of a mother is an extremely rare event. The figures for child and infant mortality are similarly flawed, although the recording of infant deaths is generally reasonably accurate where there are health clinics.

Weaknesses in health data in the Pacific include under-reporting, such as in Vanuatu where only one-quarter to one-third of the estimated number of deaths of children are reported, and where they are, the details are not sufficient¹. In addition, the Infant Mortality Rate (IMR) is sometimes estimated from life tables derived from adult mortality which leads to overestimates of IMR throughout the Pacific.

Similar problems exist with information on education and income. Far more difficult are the more intangible indicators of poverty, social breakdown and cultural change. If access to schooling, vaccinations, and cash incomes for example, are taken as broad indicators of the level of human development, as with the Human Development Index, then there are obvious problems in data collection, and therefore in how those data may be utilised.

The adult literacy rate, defined as completing four years of primary schooling, is given by UNICEF² as 87 per cent for Fiji, 93 per cent for Kiribati, and 99 per cent for Tuvalu. These figures cannot yet be compared with current statistics on primary school enrolment (Fiji claims a 94 per cent enrolment ratio and Kiribati 100 per cent), but the question arises as to whether or not four years of primary schooling is adequate to define literacy, and more importantly, whether or not children in fact attend school often enough during those four years, and may therefore be classed as literate. In 1991 the Government of Fiji claimed that 50,000 children of school age were not attending school³.

While these may largely be the older children, dropping out at the end of primary school (and no further details were given), there is nevertheless a growing number of young children not attending school in Fiji. In the main towns on any day (and night) may be seen children as young as seven, begging for money, selling rag mats, or collecting bottles. A number of these children are homeless in the sense that they are unwanted, or unnoticed at home, and a few find shelter with relatives or friends, or institutions such as the Chevalier Hostel. Some sleep in the parks and under bridges. The numbers are unknown, but they are growing. There are as many, if not more, young girls who also do not attend school, and who carry out housework and gardening instead. Fiji is not the only country in this situation. The trends are obvious in Papua New Guinea, Vanuatu, Kiribati and Marshall Islands to name only a few.

There has been a series of studies conducted by Unicef on the status of children in the Pacific. The situation analysis of women and children reports carried out in eight Pacific countries between 1991 to 1992,^{1,4,5,6} produced data on health, nutrition and food security, education, environment, shelter, water and sanitation, social welfare and demographic trends, as well as the impacts of land tenure, urban growth and social, economic and political change upon the situation of women and children.

Although these reports do not explicitly refer to poverty and rarely broach the issue of inequality in Pacific societies, the data they present highlight issues such as declining economic status of many urban families, the fact that girls are not receiving as much formal education as boys, the need for basic infrastructural improvements if infant mortality is to be reduced, and appalling lack of provision for children with disabilities in almost all rural areas, and a number of urban areas of the Pacific.

In short the reports are presenting data more recently dubbed by Unicef as the three lenses of development - population, poverty and environment⁷. Several of the reports present their data for the countries as a whole, but where statistics are available, there is some valuable material on childhood diseases, school enrolments, access to land, and formal and informal income. The Kiribati and Vanuatu reports are particularly valuable with data recorded by island. The overview report, which summarised the results of the eight country papers, and provided an analysis of the current situation and likely future of the Pacific's women and children, did recognise the new social, economic and environmental demands being placed on our societies and warned of possible serious impacts for our children.

Recently, Unicef in cooperation with the South Pacific Commission, has produced *The State of Pacific Children 1993* report², which provided the basis for discussion at the 1993 South Pacific Conference. The theme of this report is that Pacific children are not receiving "first call" on resources, and that there are a number of challenges which need urgently to be addressed - population growth, environmental degradation, low levels of economic growth, rapid social change, urbanization, the spectre of AIDS, and increasing family stress. The report is of necessity a general overview of the Pacific situation.

Unfortunately, although most of the sentiments of the report are excellent, and should be of concern to all involved with policy and analysis concerning growing inequalities and poverty, figures on maternal mortality and child education remain problematic. As stated above, maternal mortality data are almost irrelevant when used with small populations, and data on school enrolments are rarely accurate in larger, urban societies. These two examples point to areas where there needs to be a concerted effort at data collection. There are others, equally important.

Data needed in order to identify the extent and nature of child poverty

The data needed are extensive, but much may be available if only researchers would dig more deeply into records, not rely on generalised reporting such as that provided in annual reports, and collate what already exists. Firstly, there needs to be more emphasis on geographical, or spatial variations in indicators of poverty and inequality. Who gets what, where and how are basic themes in any analysis of basic needs and human welfare, yet there has been little recognition of the vast variations which exist between islands, rural and urban areas, and different suburbs in the Pacific towns. Some spatial data are available, for example on Solomon Islands⁸, which lists education, malnutrition and cash income by island. More of this kind of data, and at a greater level of detail need to be collected and mapped.

Spatial variations are of course overlaid by differences between social groups (class, race and gender). There is some avoidance in the analysis of ethnic differences in countries such as Fiji, because of political concerns which may emerge, but there are clear variations between groups in some countries, for example in terms of income, such as those demonstrated in Vanuatu in its analysis of expatriate and ni-Vanuatu income¹. Again, income variations also exist within groups, often related to the amount of land and/or power they possess.

Gender differentials are being examined in some detail in the Pacific but there is very limited detailed data on, for example, the status of poor female headed households, their income levels, access to land, credit, employment, education and training and health services. What has been gathered is either small scale, presenting a case study of a limited number of households, or is again a general overview of the situation of women in a country.

The excellent Statistical Profiles of Men and Women carried out by Booth as part of the Pacific Mainstreaming Project^{9,10,11}, and the recent report on women in Fiji¹² are important bases for ongoing detailed studies. It is now urgent, not only to obtain spatial data on what is happening to children, but also on what is happening to them by gender, race and relative social position. These data are difficult to collect, but they must be obtained if meaningful comment may be made on children in poverty.

Other areas which require more coordination of data, are living conditions, combined with socio-economic indicators. Information on IMR, water and sanitation, air and water pollution, malnutrition/calories, diarrhoea, respiratory diseases, psychological problems, adoption and child care, domestic accidents, deaths and injuries (including those resulting from child labour such as gardening and housework), food safety (poisoning, spoilage and lack of hygiene) and the location and overcrowding of housing for poorer groups are only partially collected and not always correlated with the overall socio-economic conditions of households.

An accurate assessment of children in poverty would have to examine the vulnerability of a child to a combination of the above problems. Of course it is not only poor children who face unhygienic living conditions or domestic accidents, and frequently very poor children never face these problems because they are well cared for despite a shortage of cash, but children who are poor can be vulnerable to environmental and social risks. It is possible to at least partially predict children at risk. What we do not know is how many children are at risk in Pacific societies.

Conclusion

Throughout the world, concern for children is frequently limited to those facing wars, famines and unprecedented

disasters. The concern is less frequently extended to the silent emergencies identified by Unicef as mass malnutrition, disease and illiteracy which will inflict not only immediate suffering, but also lifelong consequences on large numbers of people⁷. Although most children in the Pacific are currently living in a far better world than millions of children in Africa, Asia, Europe and South America, we cannot afford to be complacent. The signs are there, identified by other writers in this volume and in a large collection of reports produced by aid agencies, charities, governments and independent researchers.

The challenge is now to identify exactly not only what problems exist, but where they exist, and then make specific plans for dealing with them. A great deal of the data are available, if a little difficult to find. The establishment of a database on children, which correlates health, income, education and other indicators which demonstrate poverty and inequality would appear to be an urgent priority in assessing the extent, not only of child poverty in the Pacific, but also also of children at risk.

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