

The value of Pacific children: perspectives for a way forward

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Abstract

Children are more than the object of their parent's attention and love; they are also a biological and social necessity. Children are human investments to perpetuate the Pacific: cultural, religious and national groups transmit their values through children; families maintain their lineage through children; individuals pass their genetic and social heritage through children. Ultimately, children are our hope for the continuity of humanity.

However, societies, policies and families have made children vulnerable and powerless. These may be through intent, negligence or mere mindless oversight. The available data from Pacific countries have demonstrated this vulnerability and powerlessness. The onus is on the Pacific governments and peoples to ensure the continuity of Pacificity by Pacificans. We must ensure that children (from birth to 15 years) more than just survive for the Pacific's sake.

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No amount of empowerment of children will enable them to be independent. Under the present circumstances, they cannot vote and find paid employment to appropriately support themselves. They cannot become prime ministers, UN/SPC representatives, or ministers of children's affairs. Therefore, we need to empower the unit in which children are born, raised and protected.

Much research has shown that the mothers, families and households provide the major and immediate effect on children. That is, the future of the Pacific is determined and moulded at home. The Pacific unit for interaction is the family, however it is defined. Therefore, it is mandatory to

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empower families for the sake of the children and women. Regional programmes like South Pacific Commission (SPC) must create family programme units. The only acceptable measure of their activity is the welfare of an empowered Pacific family.

Introduction

Children are more than the object of their parent's love and attention; they are also a biological, social and economic necessity. The Pacific can only perpetuate itself through children. The cultural, religious and traditional values of various groups are transmitted through children; families maintain lineage through children; and individuals pass on their genetic and social heritage through children. The skills of survival and living the Pacific Way must be through children. Therefore the ultimate value of children is the continuity of Pacific societies.

The tendency has been to view children as beneficiaries rather than benefactors of the societies that produced them. At worst, they have been viewed as consumers of limited resources that can be better spent on economic development, and a menace to parent's search for gratification. The process of dual liberation, of children, freed from labour, and parents, freed from the burden of children and claiming personal fulfilment as a right, has both affected the value of children and Pacific heritage. This paper reviews the value of children in an attempt to address these questions: What can the Pacific do for children? What can children do for the Pacific? How can this be facilitated?

The trends in the Pacific are examined in the light of the value of children. An understanding of this will provide the necessary medium for the restoration of investment on children, the provision of an appropriate context for Pacific sustainable development, and a guarantee of the continuity of Pacificity. More importantly there will be strength in knowing that the Pacific children will 'step forward confidently in a path cast by their ancestors, having an identity as one of a kind, of continuing however small a way, one of the great cultural traditions of the world's history'.

The Pacific Child

Demographically, childhood is defined as the period from birth until 15 years of age. In many Pacific Islands, a child may be anyone still attending school, dependent and still

under the care and guidance of parents or parent figures. From a religious viewpoint, one is a child forever with a super parent. Some have advocated that a child begins at conception. There are many other definitions relating to societal, reproductive, productive and developmental functions. But we must not waste time on definition but develop programmes for specific age groups with identifiable common needs e.g. infants, pregnant women, 1–4 and 5–15 year old children.

The important factor in defining a child in the Pacific is the presence or absence of a relationship with parents or parent figures. Therefore, a child is a person whose mother, father, or an older person provides the authority figure needed by the child for decision-making. The number of these persons vary with the definition of the child's family. This definition persists both in the patrilineal and matrilineal society. It is derived from the structures of the extended family where the elderly provides the leadership, and the rest of the family perform functions appropriate to their age, gender and status. It is in this context of the family environment that children learn of the limits through discipline.

Within the family, a child is not merely a recipient of care but an active contributing member and an object of others endeavours. At an early age, the child learns psychomotor skills for tasks that grow in sophistication and degree of responsibility befitting the developmental stage. This varies from picking up rubbish, collecting firewood, washing dishes, and child minding to assistance with food gathering and other complicated chores (e.g. carpentry and cooking). This opportunity offers an apprenticeship to develop life skills necessary for extended family relationships and survival in a Pacific environment. This process also integrates children into society as essential functional members rather than just users of resources.

The persons responsible for a contributing child become obligated to reciprocate and develop social links regardless of biological relationship. The parental relationship may be permanent or temporary depending on the social situation. Therefore an adult person is always a parent when taking care of the young and with this come the accompanying prestige and responsibilities expected of parenthood. Both parent and child need to develop the necessary social literacy to understand the unwritten and non-verbal signals necessary to the maintenance of relationships and identity of a society. These social definitions of parents and children allow for a complete transfer of responsibility, development of reciprocal obligations and formation new parent-child allegiances within the extended families. It ensures that prospective parents do not become socially childless or that child will go without parents. The institution of traditional adoption is maintained through this flexible system of relationships.

The appearance of orphans and street kids in the system is a gross indication of Pacific familial breakdown. The

members have failed to develop reciprocal relationships and parent figures. The Pacific must have now reached a state where parenting needs to be formally taught. The system no longer provides the medium for the development of parenting skill and responsibilities. The family should have provided the context and home for such a development.

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Responsibilities in parenting

The basic responsibilities of all parents are common to all societies. The difference lies in the cultural approach to parenthood (parenting). Parenting is the art and science of producing, caring and raising a child or children. It is an art because of the personal variations among people and situations requiring the experience and subjective judgement of the parents e.g. discipline. It is a science in that certain objective tasks are unchanged regardless of the person and situation e.g. reproductive process and child development.

The main responsibilities in parenting may be divided into:

- **Producing the child:** This is the determination of genetic and biological parents. To whom parents are responsible for this process is not quite clear and is still a topic of much debate. Should children be planned or just produced? Are children produced for the parents, families or society?
- **Care of the child:** An important role of parents is to cater for the basic needs of the child and ensure life. The child must be provided for with food, shelter, clothes, protection, and companionship until such time the person can provide for themselves.
- **Raising the child:** This is ensuring that the child develops appropriately according to its environment. The provision of appropriate education, support organisation and love (intimacy) are important components of raising the child. It is these components that will give the child's life purpose and direction.
- **Maintaining an environment and the heritage for future generations:** This applies both to physical and social environment. The parents must conserve traditional practices and physical resources to allow children to make choices about their future.

It is essential to ask how parents or families are meeting their responsibilities in an era where members seek employment and self gratification. There must be a parent figure to mould and protect children. The alternative choice is to

institutionalise children in schools, day care centres and even prisons. The Pacific must address these questions and delegate responsibility for children to an empowered family not institutions. The experience of developed countries and nuclear families should be a warning to the Pacific.

The value of children

There is much discussion on whether children have responsibilities or are merely passive recipients of care. This stems from the consideration that children are products of adult functions and pleasures. However, children actively change the balance of social and physical environment by their presence and utilisation of resources. Therefore they must be responsible to the world around them as a means of self-preservation and compensation for their effect on their environment.

It is the responsibilities of children and parents from which the former derive their values. It is the value of children that determines the reaction of families and societies to these responsibilities. Therefore both the positive and negative values need to be examined. The value-of-children dimensions are as follows:

Positive general values

- **Emotional benefits:** Happiness, love, companionship, fun; also viewed in reverse as relief from strain and avoidance of boredom or loneliness.
- **Economic benefits and security:** Benefits from children's help in the house, business, or farm, from care of siblings, and from sharing of income; old-age security for the parents, including economic support, physical care, and psychological security.
- **Self-enrichment and development:** Learning from the experience of childrearing; becoming more responsible and mature; incentive and goals in life; being viewed as an adult, a grown woman or man; self-fulfilment; feeling of competence as a parent.
- **Identification with children:** Pleasure from watching growth and development of children; pride in children's accomplishments; reflection of self in children.
- **Family cohesiveness and continuity:** Children as a bond between husband and wife; fulfilment of marriage; completeness of family life; continuity of family name and traditions; producing heirs; having future grandchildren.

Negative general values

- **Emotional costs:** General emotional strain; concern about discipline and moral behaviour of children; worry over health; noise and disorder in household; children as nuisance.
- **Economic costs:** Expenses of childrearing; educational costs.

- **Opportunity costs:** Lack of flexibility and freedom; restrictions on social life, recreation, travel, and lack of privacy; restrictions on career or occupational mobility; no time for personal needs and desires.
- **Physical demands:** Extra housework, caring for children, loss of sleep; general weariness.
- **Family costs:** Less time with spouse; disagreements over rearing of children; loss of spouse's affection.

Within the family context, children may take on different values. These vary in relation to family sizes more than any other variable. These values stem from parental concerns and perceived needs which vary with family size.

Large family values

- **Sibling relationships:** Desire for another child to provide companionship for existing children; enriching the lives of children; avoiding an only child.
- **Sex preferences:** Specific desire for a son or daughter; desire for a certain combination of sexes among children.
- **Child survival:** Concern that existing children may die; need for more children to ensure enough survive to adulthood.

Small family values

- **Maternal health:** Concern that too many pregnancies, or pregnancy when the mother is beyond a certain age, is bad for the mother's health.
- **Societal costs:** Concern about overpopulation, belief that another child would be a burden to society.

This list is by no means exhaustive. It must be noted that these contribute to motivations for and against child bearing. Biological drives or maternal needs and other deeper, less readily verbalised motivations, like proof of sexual potency and the need to dominate others, have not been expressed but have been stressed by psychoanalysts. However this list has a number of implications for family size and population policy. The fertility implications of different dimensions of the value of children could equally well be used to suggest policies to increase or decrease population, whichever may be determined to be a desirable social goal.

Situation of Pacific children

This has been dealt with extensively by various recent publications including *The State of Pacific Children 1993* and *First Call for Pacific Children* (Unicef/SPC). The quality of the regional data have been debatable and variable but certain trends can be established. So a very brief summary only will be given.

Over fifty Pacific Island children under five years of age die every day. This represents 19,000 deaths a year. Recent estimates of rates of infant and child mortality suggest that

Table 1: Background variables: demographic and service

Country	Total population 1992	Annual growth rate %	Population <15 years %	Crude birth rate %	Life expectancy at birth years	Access to safe water %	Access to adequate sanitation %	Access to health services %	Access to electricity %	Persons per room
American Samoa	50900	3.7	38.1	39.3	70.3	99	97	—	94	1.6
Cook Islands	19500	1.0	37.0	27.0	69.8	99	96	100	87	1.1
Federated States Micronesia	114800	3.6	46.8	37.9	64.1	30	61	75-80	—	—
Fiji	752700	0.6	38.2	24.4	63.1	92	99	98	48	0.2
French Polynesia	205800	2.5	36.0	27.5	69.0	98	98	—	91	1.3
Guam	140100	2.3	30.0	27.2	72.1	100	99	100	98	0.8
Kiribati	76000	2.3	40.3	29.4	60.2	65	53	85	—	—
Marshall Islands	50000	4.2	51.0	49.2	61.1	50	74	95	59	—
Nauru	9800	1.6	46.6	41.0	55.5	90	97	100	99	1.6
New Caledonia	176900	2.0	32.6	25.3	69.1	90	88	—	85	1.2
Niue	2200	2.5	36.7	22.8	66.0	100	100	100	98	1.3
Northern Mariana Islands	54000	9.5	23.8	38.0	66.8	99	96	—	91	1.1
Palau	15900	2.2	30.1	22.0	67.0	88	98	75	97	1.3
Papua New Guinea	4056000	2.3	41.8	34.2	49.6	23	—	88	39	—
Pitcairn	100	—	31.8	—	—	—	—	—	—	—
Solomon Islands	337000	3.5	47.3	38.3	60.7	61	12	80	61	—
Tokelau	1600	0.0	42.6	32.0	68.0	100	65	100	100	—
Tonga	97400	0.5	40.6	34.2	69.0	100	72	100	93	—
Tuvalu	9100	1.7	34.7	31.0	67.2	100	78	100	39	—
Vanuatu	156500	2.5	44.1	38.0	62.8	87	91	—	14	2.5
Wallis & Futuna	14100	1.3	41.9	28.1	68.0	96	55	—	77	2.3
Western Samoa	163000	0.2	41.1	28.7	63.1	70	100	100	38	—

Source: Booth Unicef/SPC Review, 1993

Pacific Island countries are better placed than other developing countries of the world. However, they do not belong to the low mortality category. Hence, there is no place for complacency as two-thirds of these deaths could be prevented by simple, cost-effective interventions such as immunisation, use of oral rehydration therapy, prevention and control of acute respiratory infections, use of growth monitoring and birth-spacing, etc. Table 1 shows demographic and service variables for Pacific countries for varying years.

Four out of five one year old are fully immunised. Most countries have over 90% immunisation coverage with

only two that are less than 70%. However, immunisation coverage for measles is lower and hepatitis B is much lower. Access to oral rehydration salts is nearly universal in the Pacific with 40 to 70% of children with diarrhoea correctly treated. Similarly, acute respiratory infection programmes are established in most countries with 60 to 100% of cases correctly treated. However, programmes on vector control have only had a limited effect on reducing the incidence of malaria and dengue. Table 2 shows immunisation coverage and cases of immunisable diseases.

Nearly 800,000 Pacific children under age five are malnourished and poor nutrition is a major contributor to the

Table 2: Variables on child health: Immunisation and cases of measles, polio, pertussis and tuberculosis

Country	% Fully immunised at 1 year against:				Number of cases in total population of:			
	Measles	Polio	DPT	TB	Measles	Polio	Pertussis	TB
American Samoa	—	—	—	—	498	0	0	9
Cook Islands	67	93	93	100	691	—	0	11
Federated States Micronesia	94	93	95	0	3	0	0	83
Fiji	91	97	97	98	385	0	0	199
French Polynesia	89	89	89	97	30	0	13	59
Guam	—	—	—	—	—	—	—	—
Kiribati	66	80	86	82	250	—	—	209
Marshall Islands	47	56	58	62	—	—	—	—
Nauru	—	—	—	—	—	—	—	97
New Caledonia	0	92	92	98	5	0	1	184
Niue	100	100	100	100	0	0	0	0
Northern Mariana Islands	—	9.5	23.8	38.0	66.8	99	—	96
Palau	100	100	100	100	0	—	—	16
Papua New Guinea	52	52	53	82	9799	26	2380	3396
Pitcairn	—	—	31.8	—	—	—	—	—
Solomon Islands	59	72	79	93	13779	—	766	496
Tokelau	99	99	99	99	0	0	0	1
Tonga	86	93	94	98	25	0	1	2
Tuvalu	82	100	100	96	0	0	20	35
Vanuatu	63	82	83	100	221	—	108	131
Wallis & Futuna	—	—	—	—	—	—	—	—
Western Samoa	95	92	92	96	0	0	0	45

Source: Booth Unicef/SPC Review, 1993

sickness and deaths of children and adults. Bottle-fed babies are three times more likely to have diarrhoea and malnutrition than the breast fed babies. Nutritional status determines the infant's level of resistance to infection and partly determines the rate of recovery. Malnourished children are 2.5 times more likely to die than well-nourished children. Many children suffer from Vitamin A deficiency, anaemia or protein energy malnutrition. Vitamin A deficiency is a problem in Chuuk State, Federated States of Micronesia (32% of children); Marshall Islands (4%); Kiribati (17%); some parts of Solomon Islands (1%). Table 3 shows mortality and nutrition status in Pacific Islands.

Nearly 1100 Pacific Island women die each year from pregnancy related conditions (maternal mortality rate of 525 per 100,000 live births). Also, the mother's health and nutritional status as well as her productive patterns influence the health and survival of the child. In addition the educational status of women is reflected in the health of children. Table 4 shows the education variables for children and women by country.

Maternal diet and nutrition during pregnancy affect birth weight, and during lactation influence the quantity and quality of breast feeding. Maternal malnutrition in combination with malarial infection causes low birth weight in Papua New Guinea, Solomon Islands and Vanuatu. It is also

Table 3: Variables on child health: mortality and nutrition

Country	Infant mortality rate /1000 live births		Under five mortality rate /1000 live births		% Breast feeding at:		Weight for age % of 0-4 yrs, < 80%	Height for age % of 0-4 yrs, < 90%	Weight for height % of 0-4 yrs, < 80%
	c. 1980	latest	c. 1980	latest	4 months	12 months			
American Samoa	18	11	—	16	—	—	—	—	—
Cook Islands	28	26	—	32	—	—	1	1	1
Federated States Micronesia	—	52	—	72	90	59	13	10	1
Fiji	41	22	86	41	—	—	15	—	15
French Polynesia	23	11	—	14	<31	10	—	2	1
Guam	12	12	15	15	—	—	—	—	—
Kiribati	82	65	132	88	—	—	15	2	8
Marshall Islands	60	63	—	92	89	62	20	7	24
Nauru	31	—	42	—	—	—	—	—	—
New Caledonia	21	11	—	14	55	23	6	9	2
Niue	12	12	—	12	80	17	2	2	1
Northern Mariana Islands	21	19	33	—	—	—	—	—	—
Palau	27	25	39	35	—	53	—	—	—
Papua New Guinea	72	—	114	—	—	95	38	—	6
Pitcairn	—	—	—	—	—	—	—	—	—
Solomon Islands	46	38	86	65	99	91	23	12	3
Tokelau	—	30	—	30	—	—	—	—	—
Tonga	40	26	44	31	85	53	2	2	1
Tuvalu	42	40	77	56	—	66	—	—	—
Vanuatu	94	45	—	58	98	77	23	7	13
Wallis & Futuna	49	13	74	—	—	—	—	—	—
Western Samoa	33	28	51	35	—	53	17	—	—

Source: Booth Unicef /SPC Review, 1993

associated with high perinatal, neonatal and infant mortality rates in developing countries. Moreover surviving low-birth-weight infants have a high morbidity rate, impaired postnatal growth and high risk of sub-optimal mental development. Table 5 shows maternal health variables by country.

In some Pacific countries such as the Cook Islands, Federated States of Micronesia, Guam, Marshall Islands, Niue, Northern Mariana Islands, Papua New Guinea, Solomon Islands and Vanuatu, there is a high level of adolescent childbearing. A consequence of early childbearing is the high risk of mortality and morbidity for both mother and child. Children of adolescent mothers are more likely to

have low birth weight. Moreover, young girls are ill prepared for child care. Data from Fiji and the Marshalls show the high level of infant mortality among women under 20 years old.

Sexually transmitted diseases (STDs) cause pelvic inflammatory disease which is associated with pre-term delivery, neonatal death and disabilities in children. STDs through inflammation of the pelvis is associated with ectopic pregnancies which are a major cause of maternal deaths in Papua New Guinea. In 1984, 50 per cent of maternity cases at a hospital in Papua New Guinea had unsuspected gonorrhoea. Further, in nearly all cases of pre-term births in

Table 4: Educational variables for children and women

Country	Primary enrolment ratio	% Completing primary level	Primary pupil/teacher ratio	Secondary enrolment ratio	Adult (15+) Literacy Rate		Mean years of schooling	
					Total	Females	Total	Females
American Samoa	100	—	—	56	99	99	10.4	10.3
Cook Islands	98	91	—	59	99	99	8.4	8.3
Federated States Micronesia	100	—	17	57	81	79	7.6	6.3
Fiji	94	80	31	57	87	84	6.8	6.3
French Polynesia	98	—	18	60	>87	>88	—	—
Guam	101	86	18	100	99	99	10.8	10.7
Kiribati	100	85	29	32	93	92	6.1	5.7
Marshall Islands	95	75	24	53	91	90	8.5	8.0
Nauru	88	—	—	71	90	89	7.3	7.4
New Caledonia	126	—	20	82	>94	>93	—	—
Niue	100	100	16	87	99	99	8.3	—
Northern Mariana Islands	99	—	—	52	99	99	10.6	10.4
Palau	103	87	14	77	98	97	9.6	10.1
Papua New Guinea	73	61	32	11	52	—	2.1	1.5
Pitcairn	—	—	—	—	—	—	—	—
Solomon Islands	93	77	26	14	62	56	2.8	2.1
Tokelau	100	100	9	—	99	99	—	—
Tonga	98	—	24	84	99	99	7.1	6.9
Tuvalu	101	100	19	89	99	99	6.8	6.7
Vanuatu	103	89	27	18	64	60	4.0	3.5
Wallis & Futuna	—	—	—	—	>71	>71	—	—
Western Samoa	100	84	27	—	98	98	9.1	9.0

Source: Booth Unicef/SPC Review, 1993

Papua New Guinea the mothers had gonorrhoea. There is an increase in prevalence of STDs among women in Fiji and the Marshall Islands.

While Pacific children may face many problems, at the same time, the islands have resources which can be mobilised on behalf of children. Chief among these resources are: the traditional love islanders have for their children; the tradition of the extended family based on caring and sharing; the relative peace and tranquillity in the region; and the relatively high per capita national incomes in comparison with other regions of the world. In short, the Pacific situation shows that: children are valuable, vulnerable and powerless.

Children need education, food, care and health service;

adults (families) to advocate and protect them; and that society, government and families can do it now with existing resources. It is obvious that children, and subsequently human resources, are the Pacific's most important commodity and best investment. Through an appropriate development of this resource a valuable export may emerge to create markets for other Pacific commodities, thus ensuring continuous remittances and global reversal of imperialism.

Alternative analysis of the situation of Pacific children

Many of the policies and activities in the Pacific have ignored the value of children. It seems that Pacific govern-

Table 5: Variables on maternal health

Country	Fertility rate			Contraceptive use rate %	Attendance at prenatal care %	Births attended by trained personnel %	Maternal mortality Rate/100,00	Tetanus immunisation of pregnant women %	Low birth weight %
	Total	Teenage	40+						
American Samoa	4.5	0.29	0.10	—	—	—	—	—	3
Cook Islands	3.5	0.45	0.17	50	—	99	46	—	3
Federated States Micronesia	5.6	—	—	—	78	90	83	—	9
Fiji	3.2	0.31	0.16	32	100	98	68	—	18
French Polynesia	3.9	—	—	56	97	99	13	0	6
Guam	3.1	0.43	0.04	—	100	100	10	—	8
Kiribati	3.8	—	—	28	—	59	10	—	6
Marshall Islands	7.2	0.81	0.59	25-28	—	—	109	—	15
Nauru	7.5	0.51	1.03	—	—	99	—	—	—
New Caledonia	3.5	0.21	0.09	25	90	90	68	—	5
Niue	4.2	—	—	24	—	99	—	—	3
Northern Mariana Islands	4.6	—	—	—	—	—	—	—	—
Palau	4.2	0.37	0.27	38	100	99	—	—	8
Papua New Guinea	5.4	0.43	0.65	18	67	23	700	60	17
Pitcairn	—	—	—	—	—	—	—	—	—
Solomon Islands	5.8	0.51	0.57	25	94	87	600-700	57	9
Tokelau	3.6	—	—	—	—	100	—	—	5
Tonga	5.2	0.14	0.44	39	95	92	70-80	59	—
Tuvalu	3.3	0.21	0.22	45	100	100	191	32	2
Vanuatu	5.3	0.41	0.48	15	93	75	92-138	>16	10-15
Wallis & Futuna	4.6	—	—	—	—	—	—	—	—
Western Samoa	4.7	—	—	21	97	76	50	—	—

Source: Booth Unicef /SPC Review, 1993

ments subscribe to the extreme neo-Malthusian view that people (population) in the Pacific and, therefore, the production and care of children, have and will overrun the ecological and biological carrying capacities of our islands. This view has been largely discredited but still pedalled, albeit a softer version, posing people against resources as the essential problem. For example, increasing population growth has been advanced as the root cause of hunger and malnutrition. The illogic of such thinking has been demonstrated in China, Sri Lanka and other countries.

Food production in the Pacific exceeds national consumption requirement but malnutrition still persists. The lack of a relationship between population density and hunger is a

strong rebuttal to the people versus resources conception of the problem. This same simplistic formulation must also be rejected in relation to environmental destruction. The logging and mining interests destroying the natural resources of the Pacific reflect not population pressure but market demand by better-off consumers, largely in the industrialised countries. Conventional wisdom holds that poor women have more children, but this no longer holds true as experienced by migrants in developed countries with social welfare programmes.

Such discrepancies in interpretation necessitates a re-examination of firmly held beliefs which dominate government policies. It is important to decipher the meaning of the

present situation of Pacific children and how these were derived in order to see a clear way forward. For example, fertility has decreased in some Pacific countries but not in others. In an international context, most fertility levels in the Pacific are relatively high. An understanding about why fertility decline in some countries, and not in others, is patchy. The review of investments in family planning do not quite support this situation. It has been suggested that much of the explanation maybe in social cultural determinants of fertility. Seven basic explanations for the fertility decline have been: increased contraceptives availability and efficiency; delayed marriage; mortality reduction; change in the people's aspiration e.g. feminist traits; decrease of children's economic role; emergence of nuclear family; relatively generous social welfare programmes; and weakening cultural props for high fertility e.g. role of women, breast-feeding, etc.

It is obvious that fertility decline relates to the change in perceptions of the value of children in the Pacific. The decreasing expenditure on children services and the decline of familial care, support this notion. The expenditures on the sectors that provide most of the children services have declined (see Table 6 for recurrent health expenditure). Education and health are the most important sectors for child survival and development. The expenditures of both have decreased in real terms. Within these sectors, the quantity and the quality of service for children have also declined. Many have argued that insufficient resources is the root cause. The illogic of this arguments follows a line that if there were fewer children the need will be less and therefore more affordable. However, the logical response is that the problem is a maldistribution of resources. Resources are allocated to meet the needs of politicians and government bureaucracy but not those of children. That is, the illogical stance is an explanation and an afterthought to justify the deprivation of children.

The changing role of women and gender advocacy have diverted attention from children. The mothers, the strongest advocates of children, now expend energy and resources on self-promotion. In the Pacific, this and the focus on youth have diverted attention from the need of more vulnerable offspring. The western feminists traits, and an upsurge in individualistic groups may help fertility decline but increase the vulnerability children and usurp the institution that has traditionally protected Pacific children - the family. Therefore it may be logical to focus on

Country	Percent (%)
Fiji	-55.2
Kiribati	-28.7
Marshall Is.	-24.0
Tonga	-31.1
Vanuatu	-50.4
Western Samoa	-62.3
Source: World Bank Report No. 11620-EAP; 1993	

the family as a means to promote holistically the needs of family members - women, children, youth, men and grand persons. After all the unit of interaction in the Pacific is the family, not the individual members. A persistence on the promotion of individual members will undermine the very core of Pacific societies. The holistic promotion and strengthening of the family is essential and urgent because both economic and social degradation in the Pacific islands have a close association with the breakdown of the Pacific family. The resurgence of appropriate parenting and child care must be based on the salvage of Pacific values and relationships within the family.

The changes in parenting the Pacific child are functions of the changes in the parents and the child. Both are changed by the social and physical environment. The participation of the Pacific countries in the global economy has brought about the most important contributing factors to these changes. Migration, westernisation, monetisation, and technology transfer have changed knowledge, attitudes and practices in the Pacific to such an extent that there is social dislocation, confusion of identity, change of roles and environmental degradation.

All these have lead to the following change of responsibilities in parenting:

- **Shift of educational responsibilities:** The perceived importance of a western education have lead to a transfer of educational responsibilities to the schools. This has eroded parental authority, traditional rules, and the status of the elderly as a store of knowledge.
- **Development of nuclear family:** This has developed due to migration as well as in response to economic necessity. In many countries, traditional obligations are perceived to be expensive. The nuclear family has decreased the number of potential parents. This has resulted in "orphaned" children without parent figures. Lack of participation in traditional activities also decrease their central role in giving children a sense of belonging. Therefore, parenting depends on fewer adults who may well be too busy to do the job well.
- **Economic pressures:** The monetisation of society have lead to parents working without a replacement to take care of the domestic responsibilities. Traditionally the home has been the place for education and discipline, however, the working parents are often too busy to appropriately fill this role. Early employment or unemployment of a child means a change in parenting responsibilities, with usually the child listening less to the parents.
- **Emphasis on individuals:** In the Pacific the family have always been the unit of interaction. The emphasis on individualism is developing a selfish, "me-myself-and-I" society that may not be sustainable in the vulnerable Pacific environment where many survival tasks need a communal effort. Parents now have to deal with children who insist on "finding themselves", usually away from the family.

- **Dependency on technology:** This fosters the idea of individual freedom and independence. With technology, many tasks can be performed without the need for other family members. This focus on task rather than on the people and their relationships, introduction of contraceptive technology and the liberalising of abortion are also changing parent-child relationships.
- **Exposure to media:** This exposes both parent and children to many definitions of "normal" relationships and language. Each have a tendency to support those definitions that suit their purposes. Raising expectations without an equivalent increase in productivity complicates these "normals" of convenience. This may lead to a divergence of purpose, potential for confrontation and development of a generation gap.

Children exert pressure on parents through different stages of their development. These include needs for: intimacy and love; sexuality and sexual expression; career development; dependence and independence; and adjustments to life crises e.g. marriage, illness, death, school, divorce etc. The specific changes to parenting responsibilities are symptomatic of the general changes discussed so far. Most permanent is the confusion of parents and children over what is culture and what is merely fashion. This is a result of a flexible definition of normal without an authoritative traditional standard. This situation leads to cultures of convenience where what is allowable and acceptable depends on power rather than consensus. In the small Pacific countries this not difficult because everyone is closely associated with any one of the politicians. The latter being the modern day power broker. This undermines the social and economic structures, and accelerates social degradation and disintegration.

Many of the specific changes can be considered under each of the parenting responsibilities. These are as follows:

- **Production of children:** This should start with the potential parents deciding on a partner based on the abilities to provide the basic needs of a child. However, as indicated by increasing illegitimacy, teenage pregnancy, demand for abortion, use of contraception and unwanted pregnancy, the production of a child is becoming incidental to the pleasures of the partners. In addition, the gradual acceptance of homosexuality indicates that production of children is becoming secondary to sexual pleasures. The process of preparation for parenthood started at home but that is becoming less important with much of the educational responsibility moved to the schools and peer groups in the streets. The threat of AIDS/STD is reopening the discussions on sex and sexuality. Pregnancy, delivery and their management are other parenting responsibilities. The welfare of the mother and child depends on the social and economic environment of the parents. The pressures on the working and/or single mother is detrimental to child development. It is important therefore to consider who

should be responsible - the parents, family, community or governments.

- **Caring for the child:** The process of child care is changing. Breast feeding is decreasing and early weaning common. These are results of social and economic pressures. The process of care seemed to have been transferred to the health services with parents taking less responsibility. There has been improvement in infant mortality in many communities but morbidity has been

“The changing role of women and gender advocacy have diverted attention from children ... it may be logical to focus on the family as a means to promote holistically the needs of all family members.”

increasing. It is possible that health services are able to reduce the death of children but leave society with sickly members who consumes resources without the productive capacity to contribute to the common good. Therefore, the challenge is to parents and the health services to not only decrease death but also morbidity and improve productive capacity.

- **Raising of children:** As discussed, schools have almost entirely taken over this function. Unfortunately, very little traditional or locally relevant life skills are taught. This leaves children unprepared to live in the Pacific and yearning for foreign ideals. The raising of children is becoming a nuclear affair in many homes in contrast to a wide exposure to different individuals in an extended family situation. The latter provided for a more rounded education and less demands on parents.
- **Maintaining the environment:** The same forces as above are bearing down on the efforts to conserve heritage. As a result of money focused living, much short sightedness is practised. The short term gains have been a gross miscalculation for future generations (e.g. importation of garbage).

Discussion

The above analysis has suggested that the salvation of the Pacific lies in the valuation or perception of the value of the children. There are enough resources to increase the value of children but these may worsen some of the usual indicators of progress e.g. fertility, economic involvement of women, economic growth, etc. Therefore a brief outline of the main school of thought concerning nature of population and production of children may contribute to rational revaluing of children. The most fundamental question is "Has the Pacific got enough children?"

- **More people – no problem perspective:** Some have advocated that population growth is no threat. To the contrary, population growth may actually contribute to economic development and higher living standards. This view has ignored our responsibility towards the integrity of our environment. It poses however an important proposition for the Pacific in that whether our people have infinite ingenuity to discover replacements for any depleted resource. The decreasing investment in health and education and increasing “street kids” do not suggest a future for such infinite ingenuity.

“ There are enough resources to increase the value of children but these may worsen the usual indicators of progress ”

- **People-versus-resources perspective:** This is the most widely held view, that humanity will simply run out of resources and people will die from hunger and environmental degradation. However, data from some countries have shown a lack of linkage between population and these doomsday hypotheses. Data from the Pacific failed to show correlations between population density, and percentage population under 15 years old and the causes of mortality, mortality rates and life expectancy.
- **The social perspective:** This perspective looks beneath the threat of population overrunning resources to ask why populations are growing so fast in areas similar to the Pacific, pointing to the complex interaction of economic, social, and cultural factors that keep children deprived. These include the low status of women, high death rate of children, value of children, and old age security. The people-versus-resources perspective suggests that growing populations deplete resources leading to hunger and environmental degradation. In the social perspective it is the realities of poverty that leads to rapid population growth and hunger. High fertility is an effect more than a cause of poverty and hunger. Current experience of migrants to developing countries have shown poorer indigenous counterparts to have lower fertility rates.
- **The power-structure perspective:** This pushes the analysis of the social perspective further to look at the underlying causes of poverty and insecurity keeping birth rates high. The critical dimension that emerges is the relative ability of people to have a say in decisions that shape their lives, from decisions at family level to those at international level. That is, we are talking about the distribution of power which determines which human rights to acknowledge and protect. In this context, the Pacific has not sufficiently demonstrated a willingness to empower children through addressing family problems but instead has attempted

to focus on adults, e.g. women, as an end. Ignoring the social roots of child malnutrition while trying to reduce birth rates leads most inexorably to coercive birth control programmes that will further erode people’s health and self-determination.

The power-structure perspective emphasises that children are the poor’s source of power. Children become direct contributors to family income, old age pension, and a lottery ticket to a better life. Therefore empowering families will enhance child survival and decrease birth-rate. It is through this empowerment that will enable women within families to prolong breast feeding, improve child care processes and strengthen the home situation. The latter is important to keep members of the family within an appropriate home environment for socialisation of Pacific values.

It is interesting to note various societal responses to children and family problems. The problem is the disintegration of the Pacific family which leads to child neglect. The bureaucratic response has been to hire a consultant, develop a policy and write a plan. If the rhetoric of concern had been real, the logical answer would have been to empower the caretakers of children to take care of their charges. The policy formulation response seems to be a process to make statements to court donors’ foreign policy cheques. This red-herring consumes limited resources that could have addressed family and thus children’s needs. It has been said that many Pacific problems will take at least 40 years and one day to solve. Twenty years to find the appropriate consultant, policy and plans; twenty years to get rid of the consultant; and one day to do it ourselves! We already know the problem and the solution, the Pacific needs only the resources to be diverted to the straight and young!

Conclusion

Parenting and being a Pacific child is difficult in a rapidly changing environment. This is especially so when the change is not understood by either the parents nor the children. The effects of the changes can be mitigated through a strengthening of the family unit, in improved communication, and the encouragement of community participation in economic development and social services.

In order for parenting to be dynamic and to appropriately address the future of the Pacific child, may I suggest that:

- *traditional educational systems be strengthened and incorporate the teaching of local cultural and language skills for children. A programme of social literacy must be a component of any Pacific education system.*
- *parents take more responsibility in the education of their children especially in cultural values and customs.*
- *government economic policies be adjusted to allow for more parental involvement in raising of children and to strengthen family support.*

