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Office of the High Commissioner for Human Rights  
Palais Des Nations  
1211 Geneva 10, Switzerland

**RE: OHCHR Study on Children’s Right to Health—Civil Society Consultations**

**Franciscan International’s contribution for the OHCHR’s forthcoming report on the right of the child to the enjoyment of the highest attainable standard of health**

Franciscans International (FI) was founded as an international NGO in 1989 and has had General Consultative Status with ECOSOC since 1995. With offices in New York, Geneva, and Bangkok, FI supports Franciscans and partners working at the local and national levels and assists in bringing their concerns and expertise to the UN. Through international advocacy, FI seeks to address the structural causes of human-rights violations.

FI welcomes the invitation by the Office of the High Commissioner for Human Rights to contribute to its report on the right of the child to the enjoyment of the highest attainable standard of health. In response to this invitation we have collected the input of Franciscans and partners working with children’s rights and development in rural communities in Jamaica to comment on the main health challenges related to children and the main barriers for guaranteeing full enjoyment of the right to health.

These consultations reaffirmed the crucial role of the family unit and the educational system as agents in implementing the children’s right to health and how structural threats and deficiencies found in these areas negatively impact children. This written submission will focus on two main barriers—violence and malnourishment. Based on these consultations and analysis, FI would like to respectfully request that in its report to the Human Rights Council the OHCHR prioritize urging States to take into consideration policies that would empower parents and educators to fulfill their roles in the promotion of children’s health.

**I. Key Agents for Implementing the Child’s Right to Health**

**A. Threats to the Stability of Family Units Undermine Child’s Right to Health**

Efforts to promote the full enjoyment of the child’s right to health should include ensuring adequate support to families and parents. “[T]he family, as the fundamental group of society and the natural environment for the growth and well-being of all its members and particularly

children, should be afforded the necessary protection and assistance so that it can fully assume its responsibilities within the community.”<sup>1</sup>

A major concern that emerged from our consultations in Jamaica is that the family structure in rural communities is undermined by several socio-economic factors that weaken its ability to serve as an agent in the promotion of children’s health to the highest attainable standard.

A majority of the children in Jamaica are born to parents that are in a common-law or “visiting” relationship, and nearly half of these will have parental separation by the time the child is six years old.<sup>2</sup> One fifth of children are born to adolescent mothers, and half of all children are born to mothers under 25.<sup>3</sup> Particularly for separated parents in the poorest areas, there are challenges for women to obtain assistance from the state to ensure that the father fulfills parental obligations. Our partners also highlighted that migration by one or both parents as a result of the lack of employment opportunities is also a major factor in disrupting the family structure. Flux in the family structure magnifies other difficulties in child rearing that arise due to poverty, unemployment, or adolescent motherhood observed in the Jamaican context. These factors are barriers to supporting the family unit so it can fully assume its responsibilities to promote the highest possible standard of health for their children.

To truly elevate the standards of health for children in a society, all important actors must be engaged, and in this families must be prioritized. There must be a greater recognition of the need to support individuals in their efforts to preserve the integrity of the family unit as necessary condition for advancing a child’s right to health. Without a focus on this fundamental point, other initiatives to promote children’s health will be undermined and less effective. States should analyze the major threats disrupting family stability for different regions and populations and make concerted efforts to address them as part of their obligations to protect and respect the family as well as the obligations to guarantee the rights of the child to highest attainable standards of health.

## **B. Educational Systems as Instrumental for States’ Implementation of a Child’s Right to Health**

The educational system serves as a proxy of society and the state and has tremendous responsibility in promoting children’s health. The schools are often the setting and vehicle for States’ most direct influence over the well-being of children. Therefore, the role of school system should be emphasized to encourage a sensible allocation of attention and resources to advance children’s right to health.

For schools and the educational system to contribute to the implementation of the child’s right to health, efforts must be intensified to ensure that the maximum number of children is reached by the educational system. State efforts to expand public schools should concentrate on sectors of the population that are most marginalized by socio-economic factors. A best practice that emerged in our consultations is the incorporation of health standards into funding and accreditation of schools. However, it is absolutely essential that these criteria be implemented so

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<sup>1</sup> Preamble to the Convention on the Rights of the Child.

<sup>2</sup> UNICEF, *Jamaican Children and Their Families: A Situation Assessment and Analysis, 1999-2000*.

<sup>3</sup> UNICEF, *Situation Assessment of Jamaica Children (Update 2005)*.

as to promote the overall health standards of children and not simply as bureaucratic benchmarks.

For example, one partner consulted illustrated the type of dysfunction seen in rural areas of Jamaica. She noted that the requirements for Basic School accreditation had very little to do with child growth and development and were instead formalities that promote arbitrariness. She mentioned receiving evaluations about the school where the inspector said: “The temperature in your building was ninety-eight degrees and the legal limit is ninety-five,” or “You only have two bathroom stalls and you are required to have three.” At the same time the school had absolutely no water because of territorial problems between local governmental entities.

The opportunity presented to States to implement and attain higher standards in children’s health through responsive public policies aimed at the educational system should be emphasized. States should consult educators as to the major needs, challenges, and possibilities for promoting children’s physical and mental health for both their expertise on the reality of children in different sectors of the population and to empower them in their role as agents in implementing health-policy initiatives through the schools.

## **II. Key Health Challenges and Barriers**

### **A. Threat of Violence as a Barrier**

The many manifestations of violence constitute tremendous barriers to children’s health. Franciscans in Jamaica, for example, have observed the detriment to children from growing up in a society deeply penetrated by violence. Much has been done in international policy and law to highlight violence against children. Violence in the home and in the educational system should be given additional emphasis because of the direct negative impact it has on children’s health and because such initiatives could serve as a catalyst for addressing violence in the culture more generally.

Our consultations revealed and emphasized the fear suffered by individuals in rural Jamaica because of the constant threat of interpersonal violence. A generalized atmosphere of violence and insecurity has a particular impact on children; the freedom that is taken from a child when immersed in such violence is detrimental to his or her emotional and psychological health. Our partners also noted that this environment has the tendency to make children more violent themselves and consolidates in the society that violence is the predominant currency of discipline and order.

This dynamic is seen at home in many countries where corporal punishment is the norm. In Jamaica, for example, studies have demonstrated that forty-six percent of parents use physical violence and twenty-five use psychological methods that include that the threat of violence to discipline their children.<sup>4</sup> A sister working in Jamaica noted she regularly has to advise parents against hitting their children in the head.

The second major locale for children in Jamaica—the school—has seen corporal punishment formally outlawed. However, in practice, because of deep-seated notions of violence and

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<sup>4</sup> Samms-Vaughn, Williams & Brown (2004), “Disciplinary Practices Among Jamaican Parents of Six Year Olds.”

discipline, corporal punishment is still practiced in many schools. Any state that seeks to implement formal legal prohibitions against corporal punishment must accompany the ban with concerted policies to change mentalities about violence and discipline. States must consider the depth to which violence can directly and indirectly affect a child's right to health. Legislation should serve to limit a child's exposure to violence in society and provide counseling and therapy where there has been its impact on a child's development.

## **B. Malnutrition as Barrier to an Attainable Health Standard**

In response to the fact that schools serve as a tremendous opportunity to elevate standards of children's health, Franciscans and their partners in rural Jamaica have identified malnutrition as a specific, priority health issue facing children. These consultations were especially fruitful because Franciscans have been working to fight malnutrition through the schools for more than six years in rural Jamaica.

A Franciscan nurse practitioner noted that a lack of protein is especially serious in early childhood and he estimates that as much as a third of the area's students would come to school hungry. A sister working in the same part of the country emphasizes the misconceptions about nutritional needs: "There was an incorrect belief that the high school students should get the meat and have extra portions because they needed to study more and the small children got half portions and gravy but no meat—when they in fact should have the better nutrition for their brain development." Much like the education system in general, she found nutrition distribution to have a focus on the higher grade levels at the expense of the youngest children.

An additional concern with regard to nutrition is the tendency for families of limited economic resources to spend money on unhealthy foods as opposed to healthier options available through the schools. Poor diet in Jamaica often stems from a lack of education on good nutrition. This not only contributes to malnourishment, particularly at the early childhood level, but also contributes to the prevalence of dietary illness in Jamaica, namely hypertension, diabetes, and obesity. Better nutrition education is needed to create sustainable change in its impact on children's health.

A discussion of the child's right to health must not overlook the importance of adequate nourishment and the role that school systems can play in educating the population and increasing access to quality meals, especially among the most vulnerable sectors of society.

## **Conclusion**

For the Franciscan family in Jamaica, acknowledging the role of the family unit and the education system as agents in the improvement or regression of children's health standards, as well as the threats posed to these standards by violence and malnourishment, is key to promoting children's health to the highest attainable. The child needs the foundation of a stable family unit to attain these standards. Likewise, the state need recognize the opportunity for advancing these standards through investment in and commitment to the education system. We must address the emotional and psychological barriers created by the threat of violence in many spheres of life and the detriment these have on the child's ability to enjoy healthy living. Moreover, malnourishment must be confronted with concentrated public policies that include the empowerment of parents and educators to make sustainable changes in promoting healthy diets.