



**G . e . n . d . e . e . r .**  
**A DIALOGUE**

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This paper addresses how and why domestic workers in Jamaica are disenfranchised, with particular emphasis on the law's inability to combat their exploitation in the labour force. My starting point is an online newspaper article entitled "Coping as a Domestic Helper", which was based on a study investigating the living standard and coping strategies of minimum wage earners. In Jamaica domestic workers fall into three main categories - the residential worker, the non-residential weekly worker and the daily worker. Domestic workers are undervalued and their plight is especially grievous because they are characterized by a number of features that combine to have an exponentially negative effect on their social worth.

At the head of the list of features is the poverty that plagues domestic workers. This renders them incapable of meeting their basic needs and that of their families. Hunger and malnutrition are common to domestic life. This is not surprising since the minimum wage in Jamaica is a paltry JM\$1,800 JA a week. Domestic workers also usually work extremely long hours and for more than five days a week, especially if they reside with their employer.

The law in general has proved incapable of improving the wage situation for domestic workers because of several underlying conceptions about domestic work. The first is that women's work is not real work. Therefore domestic chores, which are almost exclusively the responsibility of women, are considered to be of less value. Additionally domestic work is labeled as "unskilled" and therefore not requiring anything more than a rudimentary educational background to perform it. The legal system does not actively seek to address the problems of domestic workers because it does not see this as the law's responsibility. This is attributable to the age-old public/private divide which dictates that matters of a "domestic" nature are private, and not within the purview of legal remedies.

## Equal pay legislation

The CARICOM Secretariat has passed Model Legislation on Equal Pay, which appears to be a refinement of the Jamaican Equal Pay Act. Unfortunately legislating for equal pay is a notoriously difficult endeavor and although the CARICOM project highlights the need for such legislation the document itself, like its Jamaican predecessor, is grossly inadequate.

Central to this, is the rather unsophisticated provision in the model for “equal pay for equal work”, and the limitations inherent in it. At a bare minimum the ILO standard of “equal remuneration for work of equal value” should have been adopted. Section 3(1) of the model says that an “employer” must not discriminate between male and female “employees” employed by his “establishment” by failing to pay “equal pay” for “equal work”. I would submit that the definitions of these words in the interpretation section severely constrict the pool of potential comparator employees. It is limited to men and women with contracts of service or apprenticeship with the same employer and who work in the same establishment. Therefore section three will not allow cross industry comparisons. Some jurists have argued strenuously that wider pay comparisons need to be drawn between both similar and dissimilar industries. Also persons who do “home work”, whereby they work from their home instead of from an “establishment”, are also completely excluded.

The biggest drawback in this model, however, is the definition of equal work, which uses the test of substantial similarity. This is just wider than saying that the work must be identical, but far short of saying that it can be of equal value. The standard did little to achieve a positive enforcement mechanism in the United Kingdom and the United States primarily because of sex segregation in the labour market. This type of segregation exists not only in the jobs performed, but also in the industries and firms in which men and women work. Occupational segregation describes the situation where certain categories of occupations that can be described as being predominantly female attract less pay than occupations that are predominantly male. The result of this is the underpayment of women’s work and the rare usage of the “like work” standard by women because most of them will be unable to find a particular man who is paid more money for a substantially similar job. The CARICOM Model explicitly places the burden of finding a comparator on the applicant. In the case of domestic workers, the Equal Pay Act would be entirely unhelpful because its requirement for a male comparator is an impossible obligation to fulfil. The vast majority of domestics work alone

and, without question, virtually none will have a man doing work substantially similar to theirs. Domestic work is a prime example of gender segregation and, as said before, the Jamaican Act and the CARICOM Model do nothing to address this common phenomenon.

The inherent limitations in the 'equal pay for equal work' standard only provides equal treatment where jobs are identical in content but have different titles. It would therefore only eliminate flagrant discrimination but would be totally inept at reaching the deeper inequalities that impact on how women are paid. What the Secretariat has drafted is a remedy which will paradoxically reinforce women's low social status (by contributing to their earning lower wages) because it refuses to acknowledge that women's low social status restricts them to the lower paying arenas of the marketplace.

In other regions, legal developments in discrimination law have challenged this limitation by mandating the assessment of the real value of work. In this way substantive examples can be provided to exemplify work of equal value. Internationally Article 3 of the ILO Equal Remuneration Convention makes special provision for the objective appraisal of jobs on the basis of the work to be performed but not on the basis of the bare productive output of the employees as some employers are inclined to do. Equal pay should therefore only depend on the similar nature of the work performed.

Another area of critique is concerned with the procedures that the model provides. Paramount to this is the strict requirement for mediation before a complaint can be brought. This remnant of the "voluntarist" approach to labour law undercuts the need to publicize the political discussion of women's issues. Additionally mediation introduces a substantial delay for an applicant seeking immediate relief. Finally mediation presupposes that the employee and the employer have the same amount of bargaining power, and can be used to hide exploitation under the guise of facilitating autonomy, privacy and neutrality.

There is also an incongruity in utilizing a complaint-based approach to something as pervasive and structurally engrained as pay discrimination. Why adopt legislation that uses a comparator at all? To attempt to redress the collective underpayment of women by (1) requiring improbable feats of legal analysis from them, and (2) failing to ensure the extension of any wage increase received by one claimant to other women performing comparable work, is to condemn the entire exercise to failure. Why not instead place a positive obligation on the employer to rid his establishment of discrimination as is done in Ontario's Pay Equity

Act?

This raises the additional question of whether any job's value is *capable* of being assessed objectively. The truth is that in the real world "pay" is determined not by the employee's worth but by her power to demand wages. This would support the need for a regime that encourages the unionization of women, and which prods all unions to put pay equity on their bargaining agendas. This approach, coupled with sophisticated legislative drafting delimiting the equal value standard could be the only viable solution to pay discrimination. The potentially inflationary effects of equalizing men and women's pay are enormous, and the employers' main concern will always be 'the bottom line'. Employers are more likely to capitulate to costly union demands if there is strong legislative backing.

Finally it is my proposition that the remedies available in the legislation are not far-reaching enough. Although the provisions for arrears of remuneration are good they do not allow for any additional amount, as liquidated damages, to cover any other losses that an employee that was discriminated against might have incurred. The model also does not award attorney's fees or costs, or the possibility of "front pay" to women who prove discrimination in promotion. In addition, arrears will not extend to the period before the commencement of the Act. These are remedies that have been provided for in other jurisdictions. Feminist writers have pointed out that certain remedies, such as those compelling an employer to provide a successful plaintiff employee with a job, or to promote a woman who was passed over, are not available anywhere. Ultimately the broader goal of the CARICOM Women's Desk should have been to develop and encourage a legislative framework that would relieve Caribbean women of their overwhelmingly subordinate position in society generally, as this is the only way that women will obtain true equality in the economy and elsewhere. Policies that embraced affirmative action programmes, class action suits, and unionization should have been promulgated.

#### Other problems faced by domestic workers

Domestic workers are also invariably denied maternity leave. This is because Jamaica's Maternity Leave Act expressly excludes them from its definition of "qualified worker". The alternative is through the National Insurance Scheme (N.I.S.) on Maternity Allowances for Domestic Workers, which allows for paid leave at minimum wage for eight weeks, but only if the necessary contributions to the N.I.S. have been made. This would entail making deductions from already insufficient wages so few workers agree to it. Jamaica's Worker's Compensation

provisions also exclude household workers generally, which means that they are also expected to use their minimal wages to bear the cost of any injury or illness incurred on the job.

Another common problem domestics face is sexual harassment, but because they are not classed as workers they cannot use employment laws to redress this. Even if they did have the backing of the law; domestics are not usually empowered enough to negotiate work conditions with their employers. So great is their need for employment that they are usually forced to tolerate the harassment.

However, the limitation that could have the most marked positive effect in improving the conditions of household employees is also perhaps the easiest to fix. It is the lack of unionization. Attempts to organize domestic workers in Jamaica into trade unions have been largely unsuccessful, but recently the Household Workers' Association (HWA) was formed. Unfortunately, according to its president, Evelyn Scott, there are only 500 members and the organization has been limited by lack of funds. Nevertheless HWA's formation is an encouraging sign because other countries have proved that a vociferous union can succeed where legislation has failed.

It is important that the HWA and organizations like it continue to champion the cause of domestic workers in Jamaica and by doing so draw attention to the many ways that the legal system has ignored them.

### Endnotes

1. *Indi McIyclmont, Coping as a Domestic Helper* [http://www.jamaicaobserver.com/20010729t210000-500\\_11970\\_obs\\_coping\\_as\\_a\\_domestic\\_helper.as](http://www.jamaicaobserver.com/20010729t210000-500_11970_obs_coping_as_a_domestic_helper.as) (last visited 9 October 2002).

2. *The study was conducted by Dr. Aldrie Henry-Lee and Dr. Barry Chevannes at the University of the West Indies (Mona); Mary Clarke, Manager of the Social Planning Unit at the PIOJ; and Sybil Ricketts, Assistant Director of the National Poverty Eradication Programme in the Office of the Prime Minister. The study also looked at security guards and free zone workers.*

3. *This phenomenon has been termed "intersectionality". See generally; Patricia H. Collins, Black Feminist Thought: Knowledge Consciousness, and the Politics of Empowerment (1993) 46-58. Strictly for the purposes of this piece I would be concerned with the effect that being female, black, poor, uneducated and "lower class" has on the experience of the typical Jamaican domestic worker. Assuming that the gravity of marginalization is due to a combination of all these factors, this paper will neglect the racial issues. The majority of attention will be devoted to the gender issues.*

4. *The CARICOM Model Legislation on Equal Pay (hereinafter referred to as 'the model')* is the product of the CARICOM Women's Desk and the result of a collaboration beginning in 1980 between the Women Affairs Division and the Legal Affairs Division of the CARICOM Secretariat. Ms. Hyacinth Lindsay, the Chief Parliamentary Counsel of Jamaica, drafted the legislation between 1989 and 1991.

5. *The International Labour Organisation made this pronouncement in the Equal Remuneration Convention (ILO No. 100), 165 U.N.T.S. 303, entered into force 23 May 1953. It is unclear whether any CARICOM member States have yet ratified this Convention. Although there is evidence that up until 1973 none had.*

6. *The theory is that expanded comparisons will make claims more effective. See C. McCrudden, "Comparable Worth: A Common Dilemma" (1986) 11 Yale J. Int'l L. 396, 420.*

7. *The requirements for comparators are that they must be actual people. A hypothetical male or female is not allowed. More than one person can be used, and if one comparison fails it will not preclude another from being successful. Finally, the applicant and the comparator/s do not need to be employed contemporaneously. An applicant could choose someone who was employed before or after her.*

8. *Only legislation that seeks to ask, and answer affirmatively, the question whether dissimilar jobs can have the same worth, could keep the comparator requirement while giving domestics a spectre of relief. Patricia Mohammed debunks the popular belief that housework is the natural domain of women by pointing out that it is a cultural assignment that women are prepared for from early childhood. See Patricia Mohammed, "Domestic Workers", in *Women in the Caribbean* ed. Pat Ellis (1993) 41-46.*

9. *Note also the prohibition against class actions suits which is imputed from the fact that the Schedule provides at paragraph one that "Any person ... may make a complaint to the Minister." (Emphasis mine). This is highly restrictive since the class action suit is a procedural development particularly well adapted to cases of indirect discrimination.*

10. *Maternity Leave Act, No. 45 of 1979 (Jamaica).*

11. *See P. Mohammed, above, n.8, p.46.*

*"...there is every need for domestic workers in all Caribbean territories to become organized. ... So far, we have seen that the gains won amongst domestic workers were made through the efforts of working women themselves. This suggests that any organization among domestic employees has to be spearheaded by the women themselves, especially women of the working class; they can best articulate their grievances and propose solutions in their own interests."*



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## Changing Culture, Advancing Rights: The Need for a Mainstreaming Approach to Domestic Violence; The Need for an Integrated Response

By Roberta Clarke, Social Affairs Officer, ECLAC/CDC secretariat

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The development of a comprehensive and integrated multi-sectoral approach to domestic violence in the Caribbean is impeded by a less than full appreciation of the root causes and consequences of this form of gender-based violence. What is striking is that the research, such as exists, has not been undertaken, in the main, by research institutions within or outside of government, but rather, mostly by women's organizations, on small budgets, wishing to get a handle on the incidence of and attitudes towards violence as one component in their advocacy strategy to increase State services devoted to domestic violence.

What is known about domestic violence is still largely anecdotal. For all the legislative emphasis, the incidence and prevalence of this form of abuse is generally unknown. There are a number of well recognized reasons for this. Primarily,

women who are abused tend not to make reports to State institutions that are mandated to keep records on crime and violence. For instance, in a Jamaican study it was found that over two thirds of women who had been physically injured by their partners (71%) did not report the incidence to the police. Such women were afraid for their safety or did not want to get the offender into trouble. This reluctance to go to police has also been noted in a number of other studies. Abused women seek assistance from family members, friends and from church leaders, treating the police as a place of last resort. More fundamentally, underreporting has been related to an ideology that views domestic violence as isolated acts and not as a social problem. Because it occurs in the private realm, there is an intense privatization of this form of abuse that prevents it from getting the policy and programmatic response necessary to strengthen individual women's capacities to resist and to bring about change in cultural attitudes to domestic violence.

A fuller understanding of the incidence of domestic violence is also hampered by inadequate data collection approaches by agencies that have a responsibility for responding to this type of abuse. In practically all countries, with the exception of Belize, there are either inadequate or no protocols in place to guide data collection or compilation within police services. Most of the data on assaults are not disaggregated according to the relationship between perpetrator and victim. In addition, a significant proportion of all complaints of abuse made by women are not recorded by police. This is consistent with the fact that police generally do not arrest or prosecute persons accused of perpetrating abuse against their partners. The absence of data on reports of abuse therefore manifests not only inadequate data collection protocols, but more seriously, it signifies that the police continue to treat



this kind of abuse differently from assaults among strangers.

If partner assault is underreported, so too is child abuse. Police-recorded reports of incest, for example, are negligible even though there is a widely held perception that incest is a major problem in the Caribbean. The ECLAC study reveals inadequate surveillance systems and detection and investigative procedures limit the likelihood of successful intervention to secure the protection of a child victim. Apart from a few countries such as Trinidad and Tobago and St. Kitts and Nevis, reporting of child abuse on the part of health care professionals and educators is not mandatory. Even where such persons make a report of suspected child abuse, social services in the region are generally inadequate to the task of removing children out of danger and placing them in protective care.

Beyond the police, among whom there is at least a formal understanding of the need to collect and compile statistics on domestic violence, there are no protocols for the reporting of suspected cases of domestic abuse by health care workers. Non-governmental organizations such as shelters, hotlines and women's advocacy groups, while appreciating the need to keep records, are hamstrung by inadequate technical and financial resources. And there is the problem of the current inability to harmonise data sources because of the different methodologies being used by the various agencies and the absence of coordination needed to avoid record duplication.

The lack of consistent information about the number of persons affected by domestic violence (mostly women and children) limits the ability to respond to the problem in a number of ways. Most significantly, the absence of longitudinal data limits the ability to monitor changes in the incidence and prevalence of this form of abuse over time. Inadequate data



collection is also related to the inability to engage in impact assessments of existing policies and programmes. Finally, it can also be argued that the lack of appreciation of the prevalence of this form of abuse has led to the sporadic and disconnected State responses that are evident across the Caribbean.

Undoubtedly, the justice system forms a major component of initiatives to end violence against women. The justice system, however, has a number of critical components: the substantive, the procedural and the cultural. The work in the Caribbean has focused on the substantive, that is, the reform of the law. More than a decade after the first domestic violence act was passed in the English-speaking Caribbean, there is little sense of abatement in the incidence of domestic violence.

A review of the State responses reveals that in large measure, domestic violence is conceived of as indicative of pathological behaviour by individual men. Despite women's rights advocacy that seeks to draw the relationship between violence and unequal power relations, State responses have focused mostly on providing protective services to women. An appreciation of the widespread nature of domestic violence and indeed all forms of gender-based violence, should lead to a formulation of responses that are not only reactive but also seek to generate cultural change consistent with the goal of gender equality.

The experience of the 1990s shows very clearly now that gender socialization practices have to be at the heart of policies to eradicate domestic violence. Studies in the Caribbean around gender socialization hint at the centrality of power and control to hegemonic notions of masculinity. This is in keeping with recent writings on masculinity which note that men often view violence as a resource to reinstate order and control.

Increasingly there is recognition of the need for an integrated response that weaves together a number of sectors—law enforcement, health, judicial, education, housing and community advocacy. An analysis of national programmes on violence against women in 10 Caribbean countries undertaken by Inter-American Commission on Women/Organization of American States (CIM/OAS) underscores that there are strong cultural, social and economic obstacles blocking the attainment by women of their right to a life without violence. National responses, therefore, must meet head on with these obstacles.

The time has come for the development of an integrated, multifaceted approach to domestic violence. Domestic violence programming, like gender equality, must be mainstreamed so that the responsibility for its eradication would lie with all relevant governmental agencies and not just with the national machineries for women and the police. Programming around domestic violence must address root causes, catalytic causes and all its consequences for affected women, children and communities. Violence against women must therefore be pitched consciously and consistently as central to the attainment of women's rights and gender equality.

All countries should develop national plans of action that can take as their starting point the obligations set out in the Inter-American Convention on the Prevention, Punishment and Eradication of Violence against Women. These obligations include:

- Due diligence in preventing, investigating and punishing violence against women and children, including consideration of mandatory arrest and/or prosecution of allegations of physical abuse;

- Particular attention to investigation and prosecution of child sexual abuse;
- Adoption of measures to modify legal and cultural practices tolerating or allowing the persistence of domestic violence;
- Access to justice for victims including programmes to promote the education and training of those involved in the administration of justice;
- Programmes to promote awareness and respect of the right of women to be free from violence;
- Programmes to modify social and cultural practices and patterns of behaviour;
- Programmes to provide appropriate specialized services for victims of violence against women, including counseling, crisis housing, legal aid and social services;
- Programmes to provide services for perpetrators including consideration of appropriate options to incarceration. Batterer intervention programmes should be informed by principles of accountability and victim protection; and
- Research and statistical programmes on the causes, consequences and prevalence of domestic violence.

Like the gender mainstreaming

mandate, mainstreaming cross-sectoral responsibility for the eradication of domestic violence will require the articulation of sectoral goals, benchmarks, identification and allocation of necessary resources and performance indicators.

The non-governmental sector which has been central in service provision and advocacy must be partners in the development and execution of national action plans. These organizations have been in the frontline of agencies responding to women and their families in crisis. They have done so on severely limited budgets. An approach which builds this partnership should also result in increased resource flows to the NGO sector particularly if it is to continue to provide such services as counselling and shelter.

In the 1990s, the Caribbean region prioritised the expansion of legal remedies for victims of domestic violence. It did so based on an understanding that although domestic violence is a crime, it is not a crime just like any other. The criminal law treatment of domestic violence is severely complicated by webs of emotional and economic connections that exist within familial relationships. However the experience of the decade has shown that while the possibility of seeking protection orders has been enormously empowering, by itself, this has not been a response sufficient to meet the social phenomenon that is domestic violence. The challenge now is to chart policy responses that speak directly to the cause of domestic violence, that of unequal power relations based on gender and on age. The reduction and elimination of this form of abuse will not be accomplished without conscious, deliberate and sustained action aimed at changing gender stereotypes about acceptable manifestations of masculinity and femininity. Connections will also need to be made to the normative human rights

framework in which women's personal autonomy and security is accepted as both instrumental and constitutive of social development.

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1. Arscott-Mills, Sharon: Intimate Partner Violence in Jamaica: A descriptive study of women who access services of the Women's Crisis Centre in Kingston

2. Chin, Vivienne and Dandurand, Yvon: National programs to prevent, punish and eradicate violence against women in ten Caribbean countries. CIM/OAS 2001.



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## EMIGRATION OF NURSES FROM THE CARIBBEAN: – A SUMMARY

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Migration in the Caribbean has traditionally been a male-dominated phenomenon, with mostly men looking for employment or better working conditions in the neighbouring islands. This has changed over the last decades with many women with qualifications in traditionally female-dominated professions, such as teaching and nursing, increasingly being absorbed by the labour markets in North America and the United Kingdom.

The growing demand for such skills in the developed world combined with eased immigration procedures for the qualified, provides more and more women with opportunities to gain legal access to attractive, and quite often, well-paid jobs abroad. To analyse this phenomenon this office has recently conducted a study on the emigration of nurses from Trinidad and Tobago since the early 1960s.

This paper assesses the scope of outflows as well as the various push and pull factors that influence women's decision to migrate. The results show that over the last 40 years considerable numbers of qualified nurses have been leaving the country to seek their fortune abroad. Apart from the impact of this brain-drain on the public health system and the national economy, the consequences of the departure of more and more women, for the entire society as well as for the immediate family network, need to be further considered.

A general weakness in the Caribbean is the lack of timely and reliable data. Particularly difficult has been the task of gathering information on migrating nurses from various sources in the home and destination country. Data collection systems are weak and the available data do not allow for further in-depth analysis of

the current nursing crises. No systematic monitoring of the in- and outflow of migrants has been established and only scattered information is available on emigration of nurses. No data are available on return migration, which would be essential to better understand the driving mechanisms for leaving and for returning. Also no data collection nor any study has been initiated to analyze the outflow of nurses in the last 20 years. The lack of a monitoring tool is a significant weakness for human resources planners, since, without knowledge of the qualifications lost, sound human resources planning is almost an impossible task to accomplish.

Data from the early 1970s already point at the main weaknesses of the public health system, which would have needed immediate coherent policy responses and critical political commitment to avert the future crisis. Over the years some efforts were initiated to improve the situation. It is assumed that the implementation of selected policies along with the worldwide economic recession in the 1980s seems to have slowed down global international recruitment. The world-wide economic boom in the 1990s, with growing funds available to public administrations in the North, along with the growing awareness of the growing shortage of nurses in the developed countries possibly created an increasingly favorable environment for enhanced international recruitment of nurses. International initiatives to control recruitment from already drained countries seem to have had only a temporary impact, since international recruitment also from already brain-drained countries has resumed and fast track immigration procedures have been put in place in the United States and the United Kingdom.

In summary, the main push-factors consistently listed in all studies and analysis conducted over the last 50 years are:

- Inadequate remuneration and benefits;
- Unfavorable working conditions;
- Lack of management and leadership;
- Insufficient training and professional development;
- Insufficient career-perspectives;



- Underutilization of acquired skills;
- Burn-out due to increased workload as a consequence of emigration of colleagues; and
- Lack of recognition of profession.

Similarly, with the growing nurse shortage in the United States and in the United Kingdom, the pull factors already identified in the early 1960s, have become stronger over the past decades. These include:

- Attractive payments and benefits;
- Modern human resources management;
- Professional work-environment;
- Possibility of permanent residency in the receiving country (Green-card in the USA);
- Financial support for registration and immigration procedures provided by foreign employers;
- Supportive network of family and friends;
- Opportunities for professional development and career advancement;
- Professional recognition; and
- Improved quality of life for self and family.

## **CONCLUSIONS AND RECOMMENDED POLICIES**

### **Policies on the national level**

The main policy recommendations to be considered by the national governments are based on a set of recommendations designed by the World Health Organization (WHO) (2001) to address the current global nursing crisis. The recommendations are to:

- Strengthen national health policies, plans and systems;
- Establish comprehensive health workforce planning that will ensure that the nursing and midwifery human resources can meet the actual demands for services;
- Engage in a dialogue with internal and external entities to seek solutions to the low levels of remuneration and strengthen the incentives for effective recruitment, development and retention;
- Identify priority areas in which solid evidence is needed to inform national health policy makers and invest in systematic data collection, analysis and dissemination systems for best practices;
- Increase the opportunities to build leadership for nurses and midwives and strengthen their involvement in management of the health system and in health policy development and the decision-making process;
- Set up a national steering committee of crucial stakeholders, such as national nursing representatives to develop a comprehensive strategic plan;
- Provide opportunities for professional growth and develop supportive work environments and compensation commensurate with roles and responsibilities;

Enforce bonding, also for graduates from higher-level programmes;

- Protect particularly young and desperate nurses from unscrupulous recruitment agencies. A national clearing house for international recruiters needs to be set up and a body that regulates and/or monitors the contents of contracts offered needs to be designated; and
- Develop a national action plan in collaboration with all important stakeholders in the public and private

sector as well as with the support of international and regional organizations.

Since nurses play a crucial role in caregiving, the issue of nurse staffing needs to be given the utmost priority by concerned governmental authorities.

### **Policies on the regional and international level**

Policy recommendations to be considered at the regional and international levels are:

- More collaboration and coordination is needed with the main absorbing countries and their national recruiting machineries. A properly structured partnership approach between the developed and the developing world could result in increased staffing for developing countries' health systems while at the same time it could facilitate subsequent recruitment of paramedical personnel to the developed world
- Increased collaboration of the countries within the subregion and the region is necessary to further implement already existing mechanisms, such as 'Managed Migration' in the Caribbean.
- Greater collaboration is also needed between the recruiting and the releasing country to cover the costs for basic and advanced nursing training. Bilateral agreements on cost-sharing arrangements need to be put into place. Industrialized countries must recognize their interest in providing financial assistance to developing countries to train nursing staff, since many will ultimately work in the more developed world.
- More awareness of the impact of the brain-drain caused by the departure of even small numbers of health professionals on the well-being of Small Island Developing States (SIDS) is needed on the part of the recruiting countries.
- Global initiatives to guide international recruitment of nurses, such as the 'Code of Conduct' adopted by the Commonwealth of Nations provide ethical guidance for international recruitment. These guidelines should be applied more strictly and should also address private sector recruitment activities.

To address this eminent shortage of nurses and to improve the capacity to deliver health services through the public health system, the interests of various stakeholders at the national, regional and international levels need to be taken into consideration. The international recruitment and placement of nurses and other health professionals is a fairly economic process, which inflicts costs on the sending as well as the receiving countries. Presumably only such approaches which integrate the differing interests of all stakeholders will create a win-win situation for all parties concerned and will be sustainable in the long term. However, various measures could be adopted at the national level at the sending as well as at the receiving country to address the scarcity of health workers at home. Other initiatives, for example the collaborative design of a framework for a structured partnership approach involving both developed and developing countries equally could be laid out in discussions between a sending and receiving country. International agreements involving multiple stakeholders, including the various international organizations and negotiation-machineries, could provide the framework for regional and bilateral agreements. The credibility of these approaches, their strength and universality will directly depend on the political will of health sector stakeholders at all levels and the regulatory mechanisms introduced into their application and monitoring.

### **Outlook**

The challenges for the public health system to reverse the present nursing crises are enormous. Population ageing and the emerging HIV/AIDS crises will increase the demands on the already strained public health systems. Today every tenth person in Trinidad and Tobago is 60 years and older and in about 20 years according to the United Nations Development Programme (UNDP) projections every fifth person will belong to this age group. The projected infection rates for HIV/AIDS are soaring. Based on estimates from the Joint United Nations Programme on HIV/AIDS (UNAIDS) (UNAIDS/WHO 2002) currently about 3% are HIV/AIDS positive with rapidly growing infection rates projected. However, the demographic transition with decreasing youth dependency rates and the present considerably small portion of the population belonging to the older age groups offers a unique window of opportunities for all parties concerned. It will then be possible to allocate the

available resources to improve the public health system and thus the well-being of the entire population of Trinidad and Tobago. This should have utmost priority in the framework of the Government of Trinidad and Tobago 20/20 vision to acquire developed country status by the year 2020.