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NUTRITION, GENDER AND POVERTY IN THE CARIBBEAN SUBREGION

Table of Contents

I. Introduction 1

II. Poverty in the Caribbean 3
- A. The economy and poverty 4
- B. Progress in addressing poverty 6

III.Gender 6
- A. Gender and poverty 7
- B. Women and poverty in the Caribbean 8
- C. Female employment and poverty 10

IV. Nutrition 11
- A. Gender and nutrition 13
- B. The girl child and nutrition status 14
- C. Nutrition and poverty 15
  - 1.Undernourishment 15
  - 2.Malnutrition 18
  - 3.Malnutrition and Children 18
- D. Stunting: Under height for age 19
- E. Obesity 21
  - 1.Obesity and gender 21
- F. Childhood obesity 22
- G. Food and obesity 23
- H. The Elderly and Nutrition 23
- I. Combating hunger and poverty- Achieving the MDGs 24

V. CONCLUSION 25

REFERENCES 32

Glossary

Anthropometric index: Use of weight and height in conjunction with each other or with reference to age.

Anthropometry: Use of human body measurements to obtain information about nutritional status.

Disability Adjusted Life Year (DALY): An indicator developed for the calculation of disease burden which quantifies, in a single indicator, time lost due to premature death with time lived with a disability.

Food insecurity: A situation that exists when people lack secure access to sufficient amounts of safe and nutritious food for normal growth and development and an active and healthy life. It may be caused by the unavailability of food, insufficient purchasing power, inappropriate distribution, or inadequate use of food at the household level, which may be chronic, seasonal or transitory.

Food security: A situation that exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences for an active, healthy life.

Exclusive breastfeeding: An infant is given no food or drink, including water, other than breast-milk (except any medicinal drops or syrups which may be indicated).

Low birth-weight (LBW): Defined as a body weight at birth of less than 2500 grams.

Height-for-age: Index used to compare a child's height with the expected value of a child of the same age from a reference population. It is a measure of stunting.

Malnutrition: A nutritional disorder or condition resulting from faulty or inadequate nutrition.

Nutrition indicator: A measure used at the individual and population level to determine nutritional status.

Nutritional status: The physiological state of an individual that results from the relationship between nutrient intake and requirements and from the body's ability to digest, absorb and use these nutrients.

Over-nutrition: A situation caused by an excessive, unbalanced intake of nutritional substances (and often reduced physical activity).

Prevalence: The proportion of the population that has a condition of interest (e.g. wasting) at a specific point in time.

Stunting: Refers to shortness that is a deficit of linear growth which has failed to reach genetic potential as a result of poor diet and disease. Stunting is defined as <-2 standard deviations (SD)

of the height-forage median value of the National Center for Health Statistics/World Health Organization (NCHS/WHO) international reference data.

Undernourishment: Food intake that is continuously inadequate to meet dietary energy requirement.

Under-nutrition: The result of undernourishment, poor absorption or poor biological use of nutrients consumed.

Underweight: Low weight-for-age and a composite of stunting and wasting. Underweight is defined as <-2 SD of the weight-for-age median value of the NCHS/WHO international reference data.

Wasting: Describes a recent and severe process that has produced a substantial weight loss, usually as a consequence of acute shortage of food and/or disease. Wasting is defined as <-2 SD of the weight-for height median value of the NCHS/WHO international reference data.

Weight-for-age: Index used to compare a child's weight with the expected value of a child of the same age. It is a measure of underweight.

Weight-for-height: Index used to compare a child's weight with the expected value of a child of the same height. It is a measure of wasting.

Source: Fifth Report on the World Nutrition Situation: Nutrition for Improved Development Outcomes, United Nations Administrative Committee on Coordination – Sub-Committee on Nutrition (ACC/SCN).

At the end of each day, the world now has over two hundred thousand more mouths to feed than it had the day before; at the end of the week, one and a half million more; at the close of each year, an additional eighty million. Aware of these alarming statistics, many national governments, influential institutions, and private enterprises are trying to encourage increased production of all the necessities of life, particularly food, in the hope of preventing mass starvation.

Fortunately, there has been enough success in recent years to forestall (at least temporary) a major disaster but some serious regional famines have occurred. Yet in the World of the poorest countries, where population growth is most rapid, the lives of hundreds of millions of people are constantly plagued by hunger and by diseases aggravated by malnutrition.

(Appleman Philip (ED.) 1976. An Essay on the Principle of Population: Thomas Robert Malthus).

I. Introduction

Caribbean societies have undergone dramatic social and economic transformations in recent decades raising the standard of living and improving infrastructural development, yet large numbers of the subregion's population continue to face rising levels of poverty, hunger and malnutrition. While the subregion is ranked highly in terms of human development, poverty and inequality remain serious development challenges. This situation has led to some development losses since the lack of access to adequate nutritional intake limits their ability to lead full and productive lives.

The world has set a goal to cut hunger in half by 2015 as part of the United Nations Millennium Development Goals (MDGs). To achieve this goal, development efforts have to greatly expand, particularly in relation to hunger and poverty, but more critically in relation to gender, since women play a pivotal role in securing and preparing food for all the family, and available data shows that women, particularly those that are heads of households are among the poorest in the Caribbean. "Development policies and actions that fail to take gender inequality into account or that fail to enable women to be actors in those policies and actions will have limited effectiveness and serious costs to society". (Millennium Project – Task Force on Gender, 2005)

This paper examines the linkages between gender, nutrition and poverty in the English-speaking Caribbean[1], building on data gathered on hunger and poverty in the Caribbean[2]. The major focus is on gender and poverty and the impact on the nutritional status of Caribbean populations as an indicator of economic and social inequalities. It builds on subregional reports on hunger and nutrition in the countries of the Association of Caribbean States (ACS), prepared by the Economic Commission for Latin America and the Caribbean (ECLAC) and the United Nations World Food Programme (WFP), in order to contribute to an understanding of the problem of hunger and nutrition in the English-speaking Caribbean.

This paper also seeks to inform policy makers on how gender issues should be taken into account in developing policies on hunger and nutrition. Gender refers to the social construction of relations between males and females. In the context of nutrition, gender can mean that males receive larger portions of food than females. Child malnutrition and its causes are enormous and a myriad of social development policies have been introduced as a means of reducing its prevalence, however the role of women's social status in the outcome of their children's nutritional health has not received the level of attention it deserves. "People who live in poverty see that their children have little access to suitable health and education services or in many cases to an adequate supply of food". (UN, 2005)[3].

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[1] Antigua and Barbuda, Bahamas, Barbados, Belize, Dominica, Grenada, Guyana, Haiti, Jamaica, St Kitts and Nevis, Saint Lucia, St Vincent and the Grenadines, Suriname and Trinidad and Tobago

[2] It is difficult to measure poverty, hunger and inequality in the Caribbean subregion because of the lack of available household survey data.

[3] The Millennium Development Goals: A Latin American and Caribbean Perspective, United Nations 2005 (pg. xix)

Available evidence suggests that malnutrition is a major cause of 50 per cent of all deaths occurring in children under the age of five (WHO, 2005). Gender is also a contributory factor in nutritional status as poor nutrition is significantly more prevalent in young girls and women. For example, malnutrition is an underlying cause of low birth weight babies, which is directly linked to poor maternal nutrition and health of women. This contributes to the establishment of an inter-generational cycle of poor health.

While the available health indicators point to the demographic transition in the Caribbean subregion as characterized by a decline in malnutrition and under-nutrition, problems of nutrition remain and are linked to women and gender in many dynamic ways, but more particularly to women's reproductive health and reproductive roles within the family and household. For example, problems of iron-deficiency anemia remain an area of concern amongst pregnant women and children under the age of five. These problems have been compounded by the emergence of nutrition-related chronic diseases linked to another transition - the nutrition transition where diets are being transformed leading to diseases such as obesity, diabetes and other diet-related chronic diseases.

Another critical factor in the prevailing situation of the transformational changes in diet and lifestyle in the Caribbean is the increasing micronutrient deficiencies, particularly among women and children and the elderly, as a consequence of poverty. On the other side of the coin, it also means that women will also feed their children before they feed themselves, resulting in their own (mal) nutrition.

A major contributory factor in the nutritional status of populations is poverty. At the United Nations World Food Summit in 1990, States committed to achieving food security for all and to an ongoing effort to eradicate hunger in all countries, with an immediate view to reducing the number of undernourished people to half the present level, no later that 2015. This commitment was reinforced in 2000 when States pledged, in the Millennium Declaration, to "create a more just, prosperous and peaceful world to free our fellow men, women and children from the object and dehumanizing conditions of extreme poverty". They also committed to promoting gender equality and the empowerment of women, the reduction of child mortality and the improvement of maternal health.

Understanding the linkages between gender, poverty and nutrition is therefore critical to designing effective poverty eradication policies that work not only in the interest of women, but which also promotes the achievement of gender equality. As a result, there is the need to identify and explore opportunities to strengthen and support implementation of gender mainstreaming initiatives, to promote the achievement of the Millennium Development Goals and other international agreements such as the Beijing Declaration and Platform for Action, and the Convention on the Elimination of all forms of Discrimination against Women, (CEDAW).[4] Achieving these goals will require complex, multi-dimensional and coordinated actions.

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[4] The CEDAW adopted in 1979 by the United Nations General Assembly, is often described as an international bill of rights for women. The Convention defines discrimination against women as "...any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women, irrespective of their marital status, on a basis of equality of men and women, of

II. Poverty in the Caribbean

> *"To be poor is to be hungry, to lack shelter and clothing, to be sick and not cared for, to be illiterate and not schooled" [World Development Report, 2001].*

Poverty is defined in terms of deficiency, namely the access to income or monetary resources and in relation to capabilities, that is, the capacity to be and do a variety of things. Distinctions are made with respect to relative and absolute poverty. For example, absolute poverty is manifested when people do not have access to the necessary resources to support a minimum of good physical health, often expressed in terms of calories or nutritional levels, to enable them to lead full and productive lives.

A further method of defining poverty relates to *basic needs* necessary for the attainment of a satisfactory quality of life. This approach introduces a further set of requirements relating to social services like health care, access to education, communications and protection of the law. Poverty therefore relates not only to the absence of food, but also to access to goods and services deemed necessary for adequate functioning in society. Poverty rates (table 1) are quite high in some of the Caribbean countries, with Suriname, Haiti and Guyana reporting poverty rates of 76.5 per cent, 75 per cent and 43.2 per cent, respectively, with the majority of the "poor" being also classified as extremely poor.

Another absolute measure of poverty, often referred to as the indigence line, seeks to establish a level below which a household will not have the ability to maintain a healthy existence. The indigence line established the minimum food requirements necessary for existence and measures the monetary value of the minimum food and non-food items required by a household to fulfil its basic needs. In the Caribbean, this indigence line is based on estimates of food requirements calculated for adults by the Caribbean Food and Nutrition Institute (CFNI).

The CFNI identifies the composition of the food basket allowing for an average of 2,400 calories per day at the lowest possible cost, with selections drawn from items dictated by the dietary and culinary culture of the particular country. Households with monthly per capita expenditure equivalent to or less than the respective value are considered to be extremely poor or indigent.

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human rights and fundamental freedoms in the political, economic, social, cultural, civil or any other field." By accepting the Convention, States commit themselves to undertake a series of measures to end discrimination against women in all forms.

Table 1. Indicators of Poverty in the Caribbean

Countries	Population 2004 (000s)	Year of Poverty and Inequality Estimates	Poverty Rate % of Population	Indigence Rate % of Population	Poverty Gap (% of Poverty Line)
Anguilla	12	2002	21	2	6.9
Antigua & Barbuda	73	Start of the 1990s	12		
Bahamas	317	2001	9		
Barbados	271	1997	13.9	1	2.3
Belize	261	2002	33.5	10.8	11.1
British Virgin Islands	21	2002	22	1	4.1
Cuba	11338	1999	20		4.3
Dominica	79	2002	39	15	10.2
Dominican Republic	8819	2002	44.9	20.3	20.5
Grenada	80	1998	32.1	12.9	15.3
Guyana	767	1993	43.2	20.7	16.2
Haiti	8988	2001	75	56	
Jamaica	2676	1990	28.4		
St Vincent & Grenadines	121	1996	37.5	25.7	12.6
Saint Lucia	150	1995	25.1	7.1	8.6
Suriname	439	1993	76.5	63.1	
Trinidad and Tobago	1307	1992	21.2	11.2	7.3

Source: ECLAC: Millennium Development Goals (MDGs): A Latin American and Caribbean Perspective

Available information indicates that households living in poverty lack the capacity to meet their basic needs, including their nutritional needs (FAO, 2003). Assessments derived measurements based on the ability to purchase a basic basket of food and on-food items reveal that Haiti and Suriname have the highest incidence of poverty, with an estimated 65 per cent and 63 per cent, respectively, of populations living below the poverty line. Haiti is the country with the highest poverty and indigence rates in the Caribbean. It is also one of the most appalling cases of extreme deprivation and one that has been further aggravated by recent conflicts.

The incidence of poverty in the Caribbean subregion can be assessed from surveys of living conditions[5] conducted in a number of countries during the period 1995 to 2002. However, analysis of this data indicates the use of disparate methods and sources of collection, which limits use of the data and precludes comparison among countries. There are nonetheless some characteristic features of poverty in this subregion, revealing considerable variation and unevenness. For example, poverty is more prevalent in rural than in urban areas with the exception of Barbados. However, urban poverty is more highly visible (UNDP, 2004).

A. The economy and poverty

The economies of the Caribbean subregion have undergone significant shifts relative to their international economic relations and have been forced to make radical adjustments to deal

[5] Surveys of Living Conditions measure income or monetary poverty, as well as non-income poverty.

with the new challenges. Many countries have made the transition from primary agricultural producers to service economies, however the major challenge is to find avenues for the generation of employment and income for their population at rates that will enable them to live above the poverty line. (UNDP, 2004).

In addition, environment and ecological characteristics predispose Caribbean countries to natural disasters, such as hurricanes, storms and (volcanic eruptions) which are very frequent in the subregion. Further they are prone to severe external economic shocks, which are often triggers for sudden increases in social vulnerabilities and poverty, and which impact disproportionately on the poor and those with incomes that are barely above the poverty line, since they lack savings to cope in times of need. It is highly probable, for example, that poverty in Grenada has increased as a result of Hurricane Ivan which devastated the island in September 2004, dramatically showing that decades of economic and social development can be severely reversed in mere minutes.

External economic shocks are related to disadvantageous trade policies, for example, the removal of trade preferences for bananas, which has resulted in adverse economic shocks for banana-exporting countries in the subregion, but more particularly for Dominica, Saint Lucia, and St. Vincent and the Grenadines, where employment and incomes plummeted in the latter half of the 1990s.

Notwithstanding the fact that several countries in the Caribbean subregion have shown marked improvements in their living conditions ranking very highly in the human development index (HDI)[6], significant pockets of poverty still exist in a number of countries, notably, Guyana, Haiti, Suriname and Jamaica. The level of poverty in the Caribbean has been estimated at about 38 per cent of the total population, with levels ranging between 12 per cent to 42 per cent (ECLAC: 1996). Countries with poverty rates ranging between 25 per cent and 70 per cent are Belize, Dominica, Grenada, Guyana, St. Kitts and Nevis and St. Vincent and the Grenadines, while those with rates of 20 per cent to 29 per cent are Anguilla, British Virgin Islands, Jamaica, Saint Lucia, Trinidad and Tobago and the Turks and Caicos Islands. In contrast Barbados had a poverty rate of 14 per cent in 1997 (Bourne, 2005).

A trait to be borne in mind is the enormous heterogeneity of poverty levels across the countries of the subregion, as well as the sharp differences among their levels of per capita income (ECLAC, 2005). This is more commonly referred to as relative poverty, where poverty levels vary between societies and within societies. For example, on the basis of their per capita income levels, Caribbean countries for the most part would be rated as middle income countries, therefore the international poverty line classification of US$1.00 a day is deemed of little relevance as a measure of absolute poverty, because the cut-off point is too low (Bourne, 2005). Furthermore data on the percentage of the population living below the poverty line of US$1 is not readily available in the Caribbean. Application of this measure produces rates of extreme poverty of less than 3 per cent in Guyana and Jamaica, which clearly do not tally with these countries' level of economic and social development.

[6] The HDI combines country level data on income, life expectancy and educational attainment. These are seen as a "measure of empowerment" and the foundation that would enable people to gain access to other opportunities.

In terms of extreme poverty in the subregion, as stated above, Haiti is the country with the highest rate of extreme poverty. Dominica, Grenada, Guyana, St Kitts and Nevis, St Vincent and the Grenadines and Suriname also have high poverty rates. In comparison, there are a number of countries whose rates of poverty are on par with countries with a high level of economic development. These are Antigua and Barbuda, Barbados and the Bahamas where absolute poverty levels are low.

B. Progress in addressing poverty

According to recent progress reports on the achievement of the first Millennium Development Goal in the Caribbean, namely to *eradicate extreme poverty and hunger*, there were a number of countries which were on track for halving between 1990 and 2015 the proportion of people who suffer from hunger. However, the conclusion is that poverty continues to present a major challenge in the Caribbean and has long been recognized by governments as a public priority, which has been further strengthened by the commitment to the MDGs. However, this would require the continued growth of the subregion's GDP per capita until 2015, assuming that income distribution remained constant. Further, the subregion is faced with the ongoing challenge of the economic trade-off relative to the allocation of resources, whereby other economic decisions are given priority over poverty programmes. (UNDP, 2004).

III. Gender

Gender refers to the social construction of relations between males and females. In the context of nutrition, gender can mean that males receive larger portions of food than females. Child malnutrition and its causes are enormous and a myriad of social development policies have been introduced as a means of reducing its prevalence, however the role of women's social status in the outcome of their children's nutritional health has implications for policy and has not received the same level of attention.

The main analytical framework adopted for understanding and analyzing the persistent discrimination against women, including the chronic condition of inequality in the lives of women, is the social relations of gender. (Barriteau, 1999). The assessment of the social relations of gender provides an understanding of the profoundly different and unequal experiences of political, economic and social life of women and men. Further, the social relations between women and men are characterized by unequal power relations that are skewed in favour of men. This is one of the main reasons that work around gender continues to emphasize the goal of equality for women.

Gender, as a concept, highlights the persistent unequal power relations and underscore the need to change attitudes, beliefs, values and stereotypes held by women and men that contribute to the devaluing of women and which also serve to limit their access to resources and opportunities for development.

Education levels, income, access to and control of resources and social stereotypes vary along gender lines and can influence the decision of women regarding the nutrition and health of their families. For example, women are more likely than men to spend their income to satisfy the needs of their families for food, health and nutrition, therefore one of the policy implications for improving the health and nutritional status of families is to provide women with more income-earning opportunities.

As mentioned in the previous section, there is both an absolute and a relative dimension to poverty and it also has gender implications. As Kabeer (2003) points out, absolute levels of female deprivation have implications for certain kinds of public policies, particularly policies to address the nutritional status of mothers, since this has implications for the birth-weight of babies, a factor which is not affected by the nutritional status of fathers. On the other hand, the disadvantages women face relative to men will have implications for other kinds of policy, particularly in relation to equality and efficiency. An understanding and knowledge of the deprivations women face in relation to men is therefore critical.

Onwuka, (2005) asserted that gender inequality was very hard to measure. This difficulty was attributed to the lack of data to measure gender inequality, particularly social indicators. The unavailability of sex disaggregated data is particularly lacking in the Caribbean subregion, which makes it extremely difficult to measure gender equality and women's empowerment (UNDP, 2004). See tables 2 and 3. *"Where data on this matter was available, there was only parity in share of employment in the non-agricultural sector in St. Lucia. In the other countries males had the larger share of employment". (CDAC 2004; PAHO 2002; UNDP 2004).*

A. Gender and poverty

ECLAC has defined poverty as a lack of economic resources, or as an absence of living conditions considered basic by the society. ECLAC has also underlined the importance of adopting categories, such as social exclusion, and having a critical understanding of poverty as a phenomenon with multiple dimensions and causes. (ECLAC, 2000b)

The application of a gender perspective to analyzing poverty allows for making linkages with other forms of domination that impact and structure social relations, and to understand it from the perspective of the interaction of power relationships that affect access to and control of goods and services, as well as other material resources. In other words, the gendered dimension of poverty is directly linked with women's unequal access to resources both in the private sphere of the household, and the public sphere of the economy and production.

To adequately address issues of poverty, gender must become a unit of economic analysis – linking the relationship between the household and the role of women in the economy. The omission of gender as a key unit of analysis in the development and application of fiscal policy constitute a major bias, since it treats the male as the breadwinner with responsibility for use and control of financial resources within the household. This traditional approach is flawed and is responsible for much of the asymmetrical outcomes.

One strategy for addressing this deficiency is to conduct gender budget analysis of public expenditure which provides analyses of the interaction between budget allocations and expenditure, and the resulting gender-differentiated impacts.

Table 2: Gender Empowerment Measure in Selected Caribbean Countries

	GEM Rank	Seats in Parliament held by Women	Female legislators Senior Officials & Managers	Female Professional & Technical workers	Ratio of estimated female to male earned income
High Human Development		**% of total**	**% of total**	**% of total**	**% of total**
Barbados	25	17.6	45	71	0.61
Saint Kitts and Nevis		0			
Bahamas	17	26.8	40	51	0.64
Trinidad and Tobago	23	25.4	38	54	0.46
Medium Human Development					
Grenada		32.1			
Dominica		19.4			
Saint Lucia		20.7			
Suriname		19.6	28	51	
St Vincent & Grenadines		22.7			
Belize	57	11.9	31	52	0.24
Jamaica		13.6			0.66

Source: Human Development Report 2005

B. Women and poverty in the Caribbean

Female poverty in the Caribbean subregion remains disguised and this has an adverse effect on their ability to care for their children. One of the priority areas for the subregion, coming out of the Fourth World Conference on Women, continues to be the persistent and increasing burden of poverty on women (CARICOM, 2000).

Studies on gender and poverty have identified the relationship between women as heads of households and poverty outcomes, citing the fact that female-headed households are more likely to be poorer than male-headed households. This is critical for the Caribbean, where the data show that there are large numbers of female-headed households. Although data from standard household surveys are, for the most part, inadequate for examining gender differences in poverty, novel approaches have been developed that show various ways in which existing data can be used to document disparities in poverty between women and men. An example is the

recent work by the Women and Development Unit of ECLAC, cited in the report The World's Women 2005: Progress in Statistics .

Based mainly on existing data from demographic and health surveys, the report notes that the analysis "shows how household income and expenditure data can be combined with various kinds of information to address three main questions regarding women and poverty: first, whether women are at a greater risk of living in poor households as compared with men; second, whether female-headed households are more vulnerable to poverty than those headed by men; and third, whether women are, in general, more vulnerable to poverty than men."

Growing evidence is challenging the female-headed household and poverty nexus and points to the fact that the existence of female-headed households may not provide adequate explanations for female poverty. Recent work carried out by the United Nations Research Institute for Social Development[7] (UNRISD), calls for the adoption of a different understanding of the gender/poverty nexus by focusing attention on how gender differentiates the social processes leading to poverty. For example "*a different conceptualization of the gender/poverty nexus focuses on the well-being outcomes, such as life expectancy or nutritional status, explicitly equating gender analysis with the gender disaggregation of social indicators.*" By utilizing this analytical approach, a better understanding of the causal process leading to poverty is revealed, which has important policy implications. Further, the relationship between female household headship and poverty is often more complex, rendering headship an important but less significant indicator upon which to base interventions.

Table 3: Percentage distribution of women and men heads of households by marital status, 1990/1991

		Marital Status			
Country	**Sex of head**	**Never Married**	**Married**	**Previously Married/ Separated**	**Not Stated**
Barbados	Women	53	15	28	3
	Men	32	55	10	3
Belize	Women	48	23	29	0
	Men	32	63	5	0
St Vincent & Grenadines	Women	68	14	18	<1
	Men	49	45	6	<1
Trinidad & Tobago	Women	36	22	41	1
	Men	22	70	7	1

Source: Women and Men in the Caribbean Community: Facts and Figures, 1980-2001, CARICOM Secretariat, Georgetown, Guyana, 2003.

Kabeer (2003) argues that while a disproportionate number of female-headed households are indeed poor, the accepted conceptual framework of gender and poverty is seriously flawed,

[7] United Nations Research Institute for Social Development (UNRISD) discussion paper No.94 argues that the inter-linkages between gender and poverty have escaped detailed analytical scrutiny.

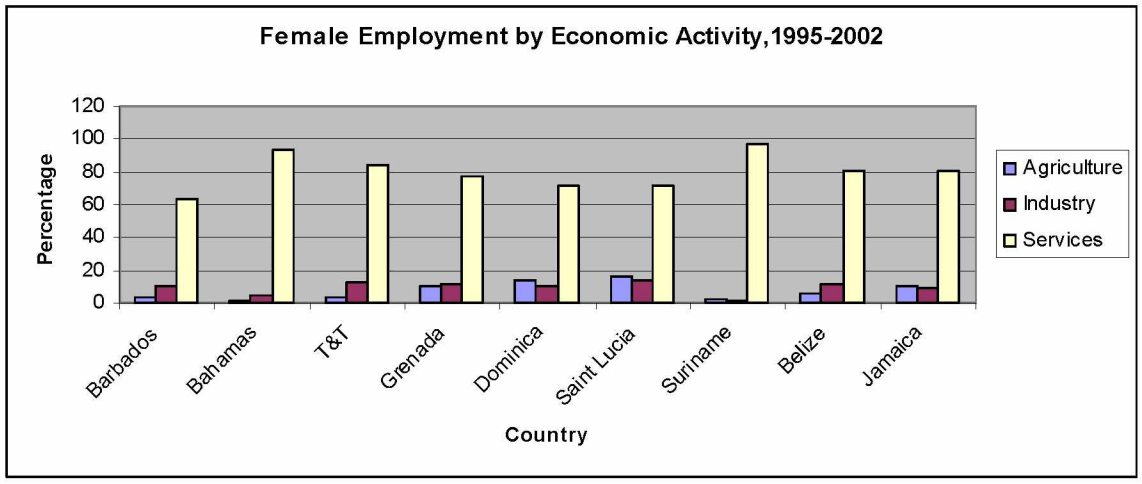
and outlines the need to understand the complex processes leading to female headship, particularly in the Caribbean. She cites the example of Jamaica, where despite the prevalence of female headship, the corresponding level of poverty in these households was not evident. In fact, the evidence suggests that the presence of a male in the household may result in making it poorer. Similarly, an earlier study (IFAD, 2000) found that the poverty levels exhibited in female-headed households in Grenada were only slightly higher than poverty experienced in male-headed households.

C. Female employment and poverty

Poverty is also closely associated with the employment status of women and the earnings thereof. The work that women do, both paid and unpaid, contributes to the security and survival of poor households and is often one of the many avenues out of poverty. "*Beyond the income that women bring into the household, their unpaid work has economic value because it saves expenditures and, in times of economic crisis, replaces income.*" (UN Millennium Project Report, 2005).

In addition to the many challenges of gender inequality, women also face a wide range of inequalities in the labour markets, and the Caribbean is no exception. Although Caribbean women have high rates of participation in the labour force, female poverty in the subregion is also attributed to inequality - especially in the work place, for example, while there has been commendable advancement in females' access to all levels of education, there has been no corresponding real gain in the pay differential between the sexes- in fact, *progress has stalled or even reversed in employment-related indicators* (CARICOM, 2003). Thus female poverty is also linked to the type of job and nature of employment that women are able to secure in the subregion.

Table 4: Female Employment by Economic Activity, 1995-2002



Source: Human Development Report 2005

A further common challenge resulting in female poverty is the higher level of female unemployment in the subregion. Unemployment rates among economically active women in the Caribbean are higher than among economically active men in the majority of the islands[8] and this has its obvious implications on poverty among women. However, unemployment rates do not sufficiently capture the extent of female poverty in the subregion. What is less obvious is that rising labour participation rates for women in the subregion may not provide a reliable indicator of poverty (Andaiye, 2003); although male poverty is often linked to unemployment in the subregion, Andaiye argues that female poverty can exist even when the woman is in full time (low paying) employment. Consequently, a comparison between women's and men's earnings rather than economic participation will be more useful as an indicator of female poverty in the subregion. For instance, women in Barbados earn as little as 61 per cent of the income that their male counterparts and in Trinidad the earnings of women are even less.

Another critical factor in understanding the relationship between gender and poverty is the fact that while poverty indicators used in the Caribbean normally have a nutritional aspect, distinctions are never made between the gender inequalities that exist within a household. In fact, most indicators assume that the household is a single unit, enjoying equal preferences and utility. "One of the inequalities which might be revealed by looking within the household is that of nutritional intake of household members". The other inequality is that they tend to have more responsibility for chores; Kabeer 2003 states that women's reproductive work (care for child and elderly) is a tax on their labour that they have to pay before undertaking income-generating or expenditure-saving activities. This could also explain why women eat less healthily than men and engage in less physical activity because of their disproportionate and at times sole responsibility for domestic chores.

These findings have implications for policies aimed at improving the nutritional status of children, because they represent a move away from the traditional focus of policies to improve child nutrition which tended to focus either on enhancing economic growth. (Smith and Haddad 2000). Indeed, the need to ensure that anti-poverty programmes do not target female headship or the household as the sole criterion of poverty is underscored. (Kabeer, 2003).

Women play a pivotal role in the elimination of hunger and malnutrition and the eradication of poverty. Therefore a key element in any strategy to eliminate malnutrition and reach women and children is to target the poor for policy interventions. In the process of enhancing social and economic development, a poverty-oriented policy is a gender-oriented policy. (Johnson 1998, ACC/SCN).

IV. NUTRITION

Over the last 25 years there have been some major changes in food and nutrition patterns in the Caribbean. The availability of food for consumption has improved substantially, however the dependence on imported food has increased. The traditional diet has also been largely

[8] Available data shows that female unemployment was higher in all countries with the exception of Grenada, with the largest gaps in Jamaica, Guyana and St. Lucia and the smallest in Barbados and St. Vincent and the Grenadines.

replaced by one more like that of developed countries. Under-nutrition has declined and obesity has become common (FAO, 2004).

Nutrition is not just the availability of food, but embodies concepts such as the quality of food, dietary diversity, food safety, cultural acceptability, healthy eating habits, preparation, as well as feeding patterns, such as breastfeeding. Nutrition is therefore the result of the combination of food, health and care that a person receives (FAO 2001).

Women play integral roles in the nutritional status of their families, as they are often primarily responsible for selecting, preparing and distributing food and are the ones who look after the sick and care for the children and the elderly. How women perform these roles is determined by their socio-economic status and the traditions and norms that govern women's participation in decision-making.

The United Nations Standing Committee on Nutrition (SCN), has advocated for a human rights approach to nutrition and food security, particularly the right to adequate food as a means of encouraging the wider participation of persons in meeting their basic food needs, and of promoting the sustainability of policies and programmes. The basic principle underlying this approach is the empowerment of people to make informed food choices for optimum nutrition. Essentially, it argues that persons who are educated and healthy are so because they enjoy the economic freedom afforded them, because they have access to employment and resources which translates into better access to safe and nutritious food. Further, consumers who are well informed can make better food choices for optimum nutrition.

It is therefore clear that determinants of nutritional status include not only household food security, but also access to healthcare, particularly for women, including prenatal and birthing care, and caring practices for children. These, together with socio-economic determinants such as maternal education, access to education, employment and the status of women; access to infrastructural services, such as safe drinking water and sanitary toilet facilities; and economic status serve to influence dietary intake and nutritional and health status of children and family members. (Smith et. al, 2005).

That individuals have a right to an enabling environment to allow them to provide for their own and their families' needs, including for food is stressed in Voluntary Guidelines adopted by all governments at the Food and Agriculture Organization (FAO) of the United Nations in November 2004. These Guidelines set out actions to support the realizations of the right to adequate food in the context of national food security.

Food intake, which is necessary to maintain good health and nutrition, can therefore be used as an indicator of poverty because the inability to maintain basic levels of nutrition limits the ability to effectively function in other areas. (OECS Human Development Report 2002, pg.123).

A. Gender and nutrition

In the Caribbean, analysis of the impact of socio-economic factors on health is still in its infancy (OECS Human Development Report 2002,). Further, very little attention has been paid to the role of mothers in the health and nutrition outcomes of their children. Unfortunately, nutritional status is one of the often overlooked factors in assessing the reproductive health of females.

Smith et al. argues that the nutritional status of children is dependent on the status of their mothers, for example, the nutritional status of babies and infants is closely linked to the health status of their mother before, during and after pregnancy. As a result, poor reproductive health outcomes are significantly increased because of malnutrition, for example, multiple pregnancies at short intervals often aggravate women's nutritional status resulting in poor maternal health (United Nations Millennium Project Report, 2005).

Socio-economic status and traditions and cultural norms also affect women's status - that is, women's relative power to men in society - and which ultimately impact on the health, longevity and productivity of children. A mother's ability to make decisions within the household and in her community are important factors in the outcomes of not only her own nutritional well-being, but also enables her to provide better care and nutrition for her children. However, it is important to understand the links between women's status[9] that is - women's power relative to men's within both household and communities – and child nutrition. (Smith et. al).

The impact of gender differentials on poverty and nutritional status has been instrumental in the introduction of policies aimed at eradicating poverty and inequality and more specifically aimed at improving physical and economic access to sufficient, nutritionally adequate and safe food. For example, the Rome Declaration[10] pledges commitment to the eradication of poverty based on the full and equal participation of women and men, and acknowledged the fundamental contribution of women to food security, particularly in rural areas of developing countries and stressed the need to ensure equality between men and women.

It also acknowledges that even where and when overall food supplies are adequate, poverty impedes access by all to the quantity and variety of foods needed to meet the population's needs. Recognizing that women as a group were one of the most vulnerable and disadvantaged, recommendations targeted women for consideration in the poverty eradication interventions. Governments were therefore encouraged to provide support for and implement commitments made in the Beijing Declaration and Platform for Action, that a gender perspective be mainstreamed in all policies.

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[9] Women's status is defined in terms of autonomy to make decisions, access to resources and other empowerment measures such as employment, legal equality, etc.

10 The Rome Declaration on World Food Security emanated from the World Food Summit held in Rome, 13-17 November 1996

Gender is therefore a critical factor in the nutritional status of Caribbean populations. Unfortunately, at the national level Poverty Reduction Strategy Papers, like macroeconomic policies, tend to be gender blind with no direct budgetary allocations for addressing gender inequalities to assist with the achievement of internationally agreed development goals.

B. The girl child and nutrition status

The nutritional status of females, especially that of the girl child, have been linked to systematic inequalities[11] within households, the most pervasive of which is gender disadvantage and poverty. (Kabeer 2003). In the Caribbean, there is some evidence of female bias in food intake in households where male members of the family receive the bigger and often the most nutritious share of food.

However, data for the subregion shows that Jamaica presents an exception where there seems to be bias in favor of the girl child. Sargent and Harris (1992) in their study concluded that Jamaican (primary female-headed households and exceptional levels of female economic participation rates) displayed a visible cultural bias in favor of the girl child. They perceived girls as more manageable and held higher expectations of achievement. This bias extended to the way the children were raised (level of supervision) and also in the level of health (nutrition and accidents). Data in table 5 shows that Jamaica is the only island where the girl child experienced lower percentage in underweight levels than the boys.

Table 5: Child Malnutrition Indicators by sex (latest available year)

	%Underweight		% Stunted		% Wasted	
Country	**Girls**	**Boys**	**Girls**	**Boys**	**Girls**	**Boys**
Antigua & Barbuda	11	9	5	8	11	9
Barbados	7	4	8	7	4	4
Dominica	6	2	4	5	1	2
Guyana	11	12	20	22	9	8
Haiti	28	27	32	32	7	8
Jamaica	6	9	5	12	4	3
St Lucia	16	12	11	11	6	6
Trinidad & Tobago	7	6	4	5	3	3

Source: Women and Men in the Caribbean Community: Facts and Figures, 1980-2001, CARICOM Secretariat, Georgetown, Guyana, 2003. This information was taken from Women's Indicators and Statistics Database, Version

[11] These are often related to age, life cycle, sex, order of birth, employment status, relationship to household head and other factors, the most pervasive of which are those related to gender. (Kabeer, 2003).

C. Nutrition and poverty

Hunger and poverty are perpetuated by lack of access to, and control over, high-return assets, lack of access to institutions that give voice and provide opportunities, and by vulnerability to shocks and crises. Nutrition is a key component of one of the most fundamental assets: human capital (WHO/CMH 2002).

Nutrition, poverty and hunger are linked. For example, deficiencies in calories and micronutrients together with malnutrition are indicators of nutrition status in the Caribbean and are associated with diet-related diseases such as obesity, diabetes and hypertension.

Childhood nutrition, including calories and specific nutrients, remains problematic and is more pronounced in lower-income households. Among the nutrient deficiencies is the lack of iron which leads to anemia and caloric malnutrition resulting in slow growth. Childhood nutrition and education have long-run effects on cognitive ability and health status. In this context, education and training and health and nutrition are instrumental features of poverty as distinct from their role as associative features of poverty, meaning that improvements in health and education can reduce the incidence of poverty (Bourne, CDB 2005).

One of the most difficult aspects of poverty is malnutrition because it affects capacity to be productive, as well as the ability to maintain health and general welfare. It is a stark observation that none of the progress reports from the Caribbean addressed the issue of nutrition and the health of mothers in respect of Millennium Development Goal 5 on improving maternal health. This is a serious omission since nutritional deficiencies are known to have adverse effects on reproductive outcomes, as outlined above. In order to achieve the goal of improving maternal health and well-being, the nutritional status of women and girls have to be improved (United Nations Millennium Project Report, 2005).

1. Undernourishment

Under-nutrition is a significant intervening factor in the levels of morbidity and mortality in the Caribbean subregion. The prevalence of obesity is also rapidly growing and is considered a potential threat to Caribbean development in terms of its impact on productivity, income, health and nutrition.

There are two main approaches for the assessment of the prevalence of under-nutrition in a given country or region. The first method utilizes information on food availability and distribution, to assess the prevalence of food energy deficiency by estimating the numbers of people whose dietary energy supply is likely to fall below a certain physiologically determined threshold. The other method for assessing under-nutrition prevalence is based on direct information on the nutritional status of individuals, mainly in the form of anthropometric data on height and weight, generally in combination with information on age in the case of children (Onwuka, 2005).

Table 6: Category of prevalence of undernourishment	
Category of prevalence of undernourishment ***in total population 2000-2002***	**Country**
2.5 to 4% undernourished	Cuba
5 to 19% undernourished	Guyana; Jamaica; Suriname; Trinidad & Tobago
20 to 34% undernourished	Dominican Republic
23% or more undernourished	Haiti

Categorization based on FAO categories (FAO, 2004).

Available data show that the dietary energy supplies for the Caribbean countries are above the minimum standard of 1800 Kcal a day. However, 6.7 million people in the Caribbean are undernourished. This accounts for 21 per cent of the Caribbean population in the year 2000 and 2002 (FAO 2004). Statistic data on this subject was scarce but from the few countries in which data on this matter was produced, Guyana, Jamaica, Suriname and Trinidad and Tobago are countries with an average proportion of undernourished population of between 5 per cent - 19 per cent, whereas in Haiti almost half the population (47 per cent) is considered undernourished. (Onwuka, 2005).

The data in table 7 indicates that in many Caribbean countries there has been a nutrition transition characterized by the consumption of huge quantities of fat, refined sugars and salt and meager consumption of fruits and vegetables. This transition is compounded by lifestyle changes away from physical activity to a more sedentary lifestyle.

Table 7: Percentage of Dietary Energy Supplies (1998-2000)										
Countries	Cereals	Starchy Foods	Sweeteners	Pulses, Nuts & Oil crops	Fruits & veg.	Veg. Oils	Animal Fats	Meat and offals	Fish and Seafood	Milk and Eggs
Antigua & Barbuda	26.8	---	13.6	1.6	8.3	10.7	3.3	15.5	---	11.9
Bahamas	30.0	---	15.7	1.6	9.0	3.6	4.7	18.3	---	5.7
Barbados	29.7	4.0	18.9	3.9	4.4	10.3	2.5	12.6	---	6.2
Belize	30.9	1.6	24.1	7.2	8.8	3.3	7.0	6.7	---	7.7
Dominica	24.3	9.6	13.7	4.2	12.7	6.7	0.8	10.3	---	10.3
Grenada	25.5	2.5	16.0	6.0	9.8	10.4	2.7	10.6	---	9.1
Guyana	47.7	4.8	13.6	7.2	3.7	3.3	---	5.4	---	6.4
Jamaica	32.2	7.9	17.5	3.4	8.0	11.7	2.2	8.6	---	2.9
Trinidad & Tobago	36.0	2.0	21.0	6.0	4.0	12.0	3.0	6.0	---	6.0

Source: FAO Nutrition Country Profiles of the Caribbean 2003.

Conclusions from three recent studies on micronutrient deficiencies in the English-speaking Caribbean (focusing on children and pregnant women) undertaken by the CFNI indicate that the most common deficiency in the Caribbean is iron. Severe vitamin A deficiencies are rare, but marginal deficiencies are common. Overall, nutritional deficiencies are the number one killer of girls 5-14 in the Caribbean - and causes death almost three times more in girls than in boys.

Table 8: Micronutrient deficiencies per country				
	Public Health Concern (PHC)			WHO
		Vitamin A	Iodine	
Anguilla	Yes	…	…	anemia: **children** 4-6 yrs 7 %, 12yrs 5%, **PF** 20% (est.) (2000)
Antigua & Barbuda	Most common deficiency	…		anemia: **pre-school children** 1-4 49.4 yrs % (especially 2 yrs old). Vit. A: **children** 1-4 yrs 1% (1996)
Bahamas	Yes, among the ten leading hospital discharges	…	…	nutritional deficiencies and anemia were important for morbidity for **adolescents** 10-19 yrs; other vulnerable groups: **pre-school children** <5 yrs, **elderly** (especially **females**)
Barbados	Deficiencies are estimated relatively high	No data available to indicate a PHC	No data available to indicate a PHC	anemia: **pre-school children** 0,5-5 yrs 31%, **females** > 15 yrs 27.5%, **males** > 15 yrs 19.1 % (1981)
Belize	Yes	A deficiency was reported	Prevalence is low	anemia: **PF** 52% (1996)
Dominica	Main deficiency of public health concern	No	…	anemia: **pre school children** 1-4 yrs 34 % , especially 0-1 yrs 53%, **adolescents** 5-16 yrs 30.7%, **PF** 35.1 (especially < 20 yrs 50% - > 20yrs 32.5) (1997-2000). Vit A: only age group **pre-school children** 1-4 yrs.
Grenada	Yes	No	No	anemia deficiency: **pre-school children** <1yrs 57% (1999); **pre-school children** 0-5 yrs 56% (1994); **children males** 6-15 yrs 54.5 and **children females** 6-15 yrs 63.3 (1994); **males** 15-44 yrs 19% and **females** 15-44 yrs 52 %, males > 45 yrs 38.2 and females >45 yrs 39,4; PF 43.2, **lactating** 23.1 (1992); **antenatal population** 16%; **postnatal women** 8% (1999). In general: anemia in **poorest segment of the population**
Guyana	Yes	…	Yes	anemia: persistently high levels of iron deficiency anemia affecting about 48% of **young children**; 57% of school age **children** (5-14 yrs); 41 % **adults** (31.50); 52 % **pregnant women**. iodine: severe prevalence of deficiency **children** 5-14 yrs boys 2.5%, and girls 3.9%. PF 2.1% (1997)
Jamaica	Yes	Widespread marginal deficiencies	No data	anemia: **pre-schoolchildren** 1-4 (48)%, **children** 5-16 yrs (24%), **PF**: 21 % (1997)
St. Kitts and Nevis	…	…	…	…
St. Lucia	…	…	…	…
St. Vincent & the Grenadines	Yes	No	…	anemia: **pre-school children** 1-4 yrs 41%, **children** 5-19 yrs 19% (no year given, source PAHO Health Situation Analysis 2002)
Suriname	…	…	…	
Trinidad & Tobago	Yes			anaemia: **PF** 17.2% (1990) Data on other groups is not available (2003)

FAO Nutrition Country Profiles 2003, PAHO 2002 Country Health Profiles

2. Malnutrition

Malnutrition causes severe disability leading to aggravating illness, reduced educational attainment, and diminished livelihood skills and options. This makes it harder for individuals to seize new opportunities in a globalizing world, and reduces their resilience to resist the challenges and shocks it generates. These human capital deficits, if created in early childhood, tend to persist and affect labour force earnings throughout an individual's lifetime, diminishing them by sizable amounts. (ACC/SCN, 2002).

Malnutrition and hunger are grim reminders of widespread poverty. Malnutrition prevalence in mothers translates into low birth rate babies who, in turn, are at increased risk of poor growth and development. (Smith et. al 2005). A baby weighing less than 2,500 gram at the time of birth (a low birth weight baby (LBW) faces increased risk of dying in infancy, of stunted physical and cognitive growth during childhood, of reduced working capacity and earnings as adults, and if female, of giving birth to low birth weight babies themselves (FAO 2004).

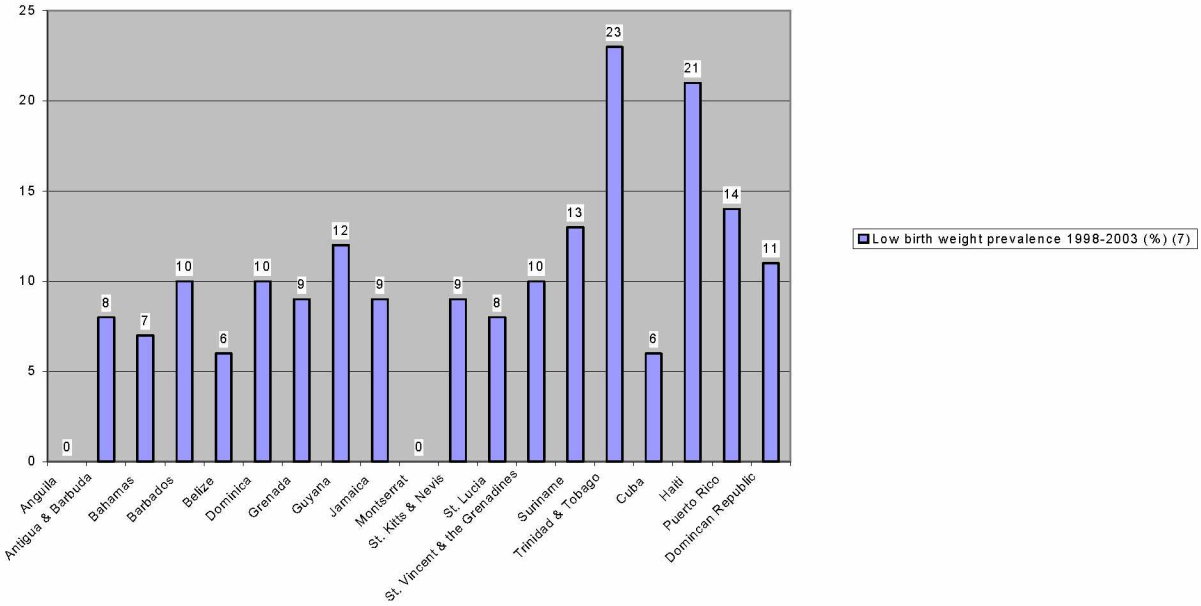
3. Malnutrition and children

Despite the implementation of policies to address some of these problems and the impacts of poverty, many people remain hungry and one in three young children in developing countries still suffer from under-nutrition. In the Caribbean, the percentage of LBW babies is 10 per cent.

Women who are malnourished are also less likely to be able to successfully breastfeed their children. In addition, their cognitive ability is often marred leading to inadequate care for their young children.

As figure 1.2 below demonstrates, the Dominican Republic, Guyana, Suriname and, notably, Haiti and Trinidad and Tobago have relatively high levels of LBW babies. Haiti (21 per cent) and Trinidad and Tobago (23 per cent) score even higher than the Sub-Saharan Africa and the least developed countries, these having proportions of low birth weights of, respectively, 14 and 18 percent. Taking into account that Trinidad and Tobago has a reasonably high income per capita, this could be considered a surprising outcome. However, Trinidad's relatively high Gini-coefficient (lay 1992) of 0.42 does suppose a substantial level of inequality. Belize and Cuba have a relatively low percentage of LBW babies. Their score of 6 per cent is even less than the average score of industrialized countries on this indicator (UNICEF, 2004). This however does not necessarily mean that LBW is not an issue of concern.

Figure 1: Low birth weight prevalence



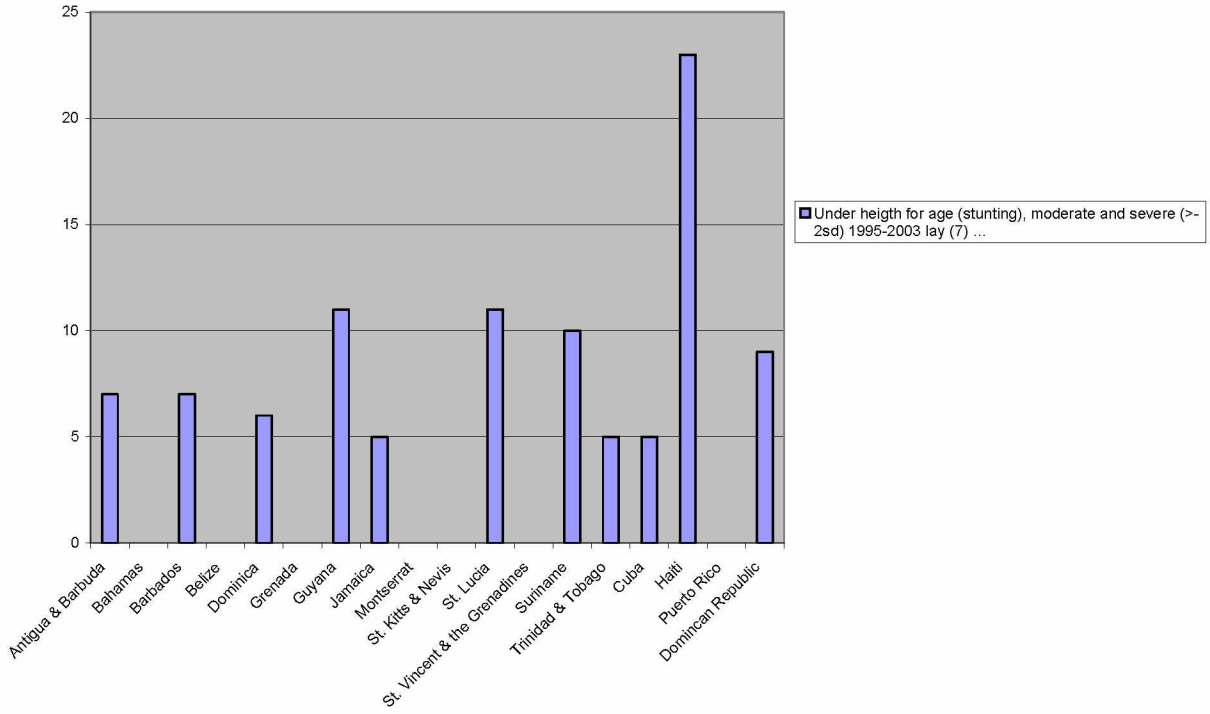
Main data source: UNICEF 2004 (appendix 1). Data on Puerto Rico (lay 1996): PAHO 2004 (3a). The countries for which data was unavailable are given a LBW prevalence of zero. Latest available data on Barbados was before 1999.

D. Stunting: Under-height for age

The problems associated with LBW babies are therefore compounded and these babies face increased risk of stunting. When stunting occurs during the first five years of life, the damage is usually irreversible (FAO 2004:8). This damage extends to the next generation as malnourished mothers give birth to LBW babies. Undernourishment and stunting frequently overlap with vitamin and mineral deficiencies (FAO 2004). The FAO report, The State of Food Insecurity in the World 2004, states that almost one third of all children in developing countries are stunted, with heights that fall far enough below the normal range for their age to signal chronic under-nutrition.

Due to the lack of timely and reliable data on stunting in the Caribbean, the United Nations Children's Fund (UNICEF) does not give an average percentage of stunted children under five years of age in Latin America and the Caribbean. Compared to the average percentage of moderate and severe stunting (more than two standard deviations below the median for the international reference population ages 0-59 months) in developing countries in general (59 per cent), the Caribbean and Latin American countries for which information was available have relatively low scores. Haiti (23 per cent) stands out with the highest percentage for the country for which data was available. Jamaica, Trinidad and Tobago and Cuba have relatively low scores.

Figure 1.2: Under height for age (stunting)



The weight for age ratio is considered to be more sensitive to detect any nutritional deficiency. However it is less specific than the height for age indicator to recognize chronic forms of undernourishment (stunting), and the weight-for height indicator that recognizes acute forms of undernourishment (wasting, to be discussed in the section below) (PAHO 2004).

Table 9: Leading causes of mortality among girls aged 5-14 years, number of deaths, percentage and female/male ratio, 1995

Rank	Leading causes of death	No. of females deaths	% of female deaths	Ratio of female to male deaths
1	Nutritional deficiencies	8	10	2.7
2	Motor vehicle accidents	7	9	0.8
3	Diseases of the nervous system	5	6	1.2
3	AIDS	5	6	1.2
	All deaths among females aged 5-14 years	80	31	0.8

Source: Women and Men in the Caribbean Community: Facts and Figures, 1980-2001, CARICOM Secretariat, Georgetown, Guyana, 2003.

The under weight for age ratio has the highest score in Haiti (17 per cent) followed by Guyana and Saint Lucia with (14 per cent). The scores are relatively low in Jamaica and Cuba (4 per cent). Severe malnutrition also is highest in Haiti (4 per cent). In Antigua and Barbuda almost 50 per cent of the malnourished are severely malnourished.

To improve the nutritional outcomes of women and children, it is important that women receive the necessary education that would assist in promoting good nutritional and hygienic practices. This is critical because ongoing research has shown a link between stunting and micronutrient deficiency in childhood and increased risk for obesity and related diseases in adulthood. (Eckhardt Cara L. 2006).

E. Obesity

Obesity,[12] which appears at the other end of the malnutrition and undernutrition scale, is considered a silent epidemic which is very prevalent in the Caribbean and threatens to place an already overburdened health system under further stress as a result of the escalation of chronic diseases which are symptomatic of obesity. (Fitzroy Henry 2004). Of the many challenges confronting the Caribbean with respect to obesity are two which are directly linked to gender, nutrition and poverty, namely the epidemiological profile of age and gender and poverty, obesity and food economics.

In terms of the challenges of health and nutrition, obesity is perhaps one of the most neglected public health problems. Ironically, obesity was formerly associated with notions of wealth and over-consumption. In fact, the nutrition transition that has occurred in the Caribbean may have led to some of the misconception that diets were improving away from under-nutrition. However, the increasing numbers of obese populations are trapped in poverty and are to be found in developing countries with high levels of poverty, particularly in Latin America and the Caribbean. (Henry Fraser, 2003). As a result, diets are poor and micronutrient deficiencies continue and often lead to the development of diet related chronic diseases.

1. Obesity and gender

The most stark features of obesity in the Caribbean is the consistent gender difference showing high prevalence levels amongst adult women, compared to their male counterparts, which is indicative of dietary intake by men and women. Data for 1991 show levels of 31 per cent for females in Barbados compared to 10 per cent for men; in Jamaica the figures were 32 per cent for females and 7 per cent for males.

Although the global rates of overweight tend to be higher for men, women in the Caribbean are more likely to be overweight, with the exception of Dominica where adult males were found to be more overweight than females. Rooted in nutritional and cultural mores, obesity has been linked to the dietary practices of women who are encouraged to *eat for two* during pregnancy and also to gendered socialization resulting in the belief by females that men like them 'big and fat'. Recent studies conducted in Barbados relative to obesity, attitudes and body preferences indicate that while males displayed growing changes in their preference for

[12] Obesity is defined as an excessively high amount of body fat in relation to lean body mass using body mass index as the standard measurement tool. Nyam News. Nos. 1&2, 2005

females of normal or near normal weight, there was increasing prevalence and acceptance amongst females of obesity. (Fraser 2003).

Obesity has been responsible for the escalation in diet-related non communicable diseases, such as cardiovascular disease, strokes, some forms of cancer, diabetes mellitus,[13] and a number of other health disorders including social and psychological problems, thus impairing the quality of life of its sufferers. Obese women also face increased reproductive health problems, such as obstetric difficulties.

F. Childhood obesity

The Caribbean is also faced with the emerging problem of childhood obesity, which paradoxically coexists with undernutrition, where increasing levels of overweight and obesity are linked to diet-related chronic diseases. It is important to clarify that being overweight and obese are not the same thing[14]. However, overweight or obese children, like adults, are at risk for serious health-related problems such as diabetes, hypertension, liver disease and respiratory problems, such as asthma and sleep apnea, as well as muscular-skeletal problems with hips and knee joints. Further, as obese persons get older, their health risks increase leading to heart disease, stroke and congestive heart failure.

It is a vicious cycle of obese children becoming obese adults and the association of obesity with childhood obesity. Data from surveys conducted in the Caribbean reveal that while the global prevalence rates for obesity amongst children is estimated at 3.3 per cent, prevalence rates in the subregion range from 3.9 per cent for Barbados to 6.0 per cent for Jamaica. (Report of the Caribbean Commission on Health and Development, 2005).

The figures for obesity in young children and adolescents in the Caribbean present a disturbing picture of the Caribbean nutritional situation. One of the contributory factors to increased obesity in the Caribbean is also attributed to the dramatic epidemiological transition in the Caribbean characterized by the transformation from a poor agricultural to a developing society, and from a highly physically active population with a restricted diet to one with excess food and low physical activity. The transition has led to a sedentary lifestyle coupled with the growing demand and availability of convenience foods which are not only high in calories but very energy dense.

Results from an Adolescent Health and Fitness Study in Barbados reveal that 18 per cent of children were overweight, and pointed to the gender dimensions of this growing epidemic where many girls were inactive. A significant percentage of girls, some 20 per cent, reported no participation in regular physical exercise, compared to 8 per cent of boys. "*The problem is entrenched in our traditional culture, is compounded by our acquired cultures, and begins at an early age".* (Fraser, 2003).

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[13] Diabetes mellitus is a disease in which the body has trouble converting food to energy, resulting in high blood sugar levels.

[14] A defining characteristic of obesity is a large amount of body fat, not just a few pounds. Overweight refers to increased body weight relative to height using standards of acceptable or desired weight.

G. Food and obesity

In addition, the growing consumption of inappropriate foods is linked to inadequate domestic production and marketing of fruits and vegetables. This situation is further compounded by the high costs of available imported fresh fruits and vegetables, and rigorous advertising promoting the consumption of energy dense foods that are high in sugars and fat, but contain very few vitamins, minerals and other micronutrients. Coupled with this is the lack of physical exercise and growing sedentary lifestyles of young people and adults. *"Obesity, as an epidemic, has been insidious, is not infectious ... and leads to death indirectly and surreptitiously. Its enormous impact on health, quality of life, morbidity, mortality and health care costs requires urgent regional action".* (Fraser, 2003)

H. The elderly and nutrition

Ageing in the Caribbean also has implications for poverty, gender and nutrition. The Caribbean subregion is undergoing a demographic transition leading to an inversion of the population pyramid. As a result, health indicators are showing increasing rates of life expectancy and growing numbers of older persons in the population. In fact, the Caribbean has one of the fastest growth rates amongst the elderly.

In terms of gender, life expectancy is greater amongst females. Women, despite their age, remain primary care-takers of the family and in many cases have added many other responsibilities due to demographic changes. Older women predominate as heads of households because of divorces, death of spouses and, in some instances, because of choice or other circumstance. As a result, many women are living in poverty because of their economic vulnerability.

The health conditions of women diminish at greater rates than men in old age. A Barbadian study found that women were at high risk for chronic disease with figures of 63 per cent in comparison to 15 per cent for males. Women also reported a higher average number of illnesses and a higher number of disease symptoms, which was linked to lifestyle risk factors, such as nutrition and exercise as well as socio-economic factors such as income and financial means. (Hambleton et. al, 2005).

The elderly population, as another vulnerable group, faces higher risks of malnutrition, which is linked to higher morbidity and mortality rates, reduced immunity to infections and increased risks for falls and other ailments. The interplay between nutrition and health outcomes, including the risk of malnutrition, is also linked to their food consumption patterns and access to foods that provide adequate nutrition.

I. Combating hunger and poverty - Achieving the MDGs

Nutritional status plays a crucial role in the attainment of several key development outcomes embodied in the Millennium Development Goals. Nutrition is integral to the first Goal, the eradication of extreme hunger and poverty, and should be viewed as a pathway to the achievement of many of the other Goals, especially those targeting improvements in primary education enrolment and attainment (Goal 2); the promotion of gender equality and the empowerment of women (Goal 3); a reduction in child mortality (Goal 4); improvements in maternal health and a reduction in maternal mortality (Goal 5); and enhanced ability to combat infectious diseases (Goal 6). The provision of access to safe drinking water and the achievement of significant improvements in the lives of slum dwellers by the year 2020 (Goal 7) is equally important in combating hunger and poverty and, finally, Goal 8 calls for developing global partnerships for development.

The eradication of extreme poverty and hunger is the first Millennium Development Goal. While the two phenomena are closely linked in the Caribbean, they are not equivalent, and each should be addressed on its own. Lack of access to food is one of the gravest and most pressing manifestations of extreme poverty, but it is certainly not the only one. Furthermore, undernourishment is found not only among people living in extreme poverty, but also among broader strata and groups living in particular areas or regions where food insecurity is an ongoing problem. The need to deal with the two problems separately is demonstrated in the Millennium Declaration itself, where different targets are established for reducing each one (ECLAC, 2005).

The first target, to "halve extreme poverty and hunger between 1990 and 2015", seeks to address the extreme deprivation which impairs the capacity of people to take part in society. This target occupies a position of central importance in the Millennium Development Goals, inasmuch as the effort to combat extreme poverty is closely related to virtually all the other Goals. In fact, it can accurately be described as the backdrop for all the other unmet needs addressed in the Millennium Declaration. The problems and deficits in terms of health and food afflicting extremely poor population, which result in under-nutrition, infant mortality, maternal mortality and a high incidence of diseases such as HIV/AIDS and malaria, are included in Goals 1, 4, 5 and 6.

Similarly, a lack of education, the absence of access to drinking water and sanitation, deficient housing and overcrowding (slums) (deficits considered under Goals 2 and 7) are serious obstacles for people striving to build their capacities and obtain the necessary resources to lift themselves out of extreme poverty. In addition, the link between the extent of poverty and access to international markets and technology, together with the need for external financing and cooperation, highlights the fact that poverty eradication hinges on the achievement of the targets formulated under Goal 8.

The task of overcoming absolute poverty in the Caribbean subregion will necessarily involve achieving a sufficient level in terms of both quantity and quality of job creation, since most of the resources that households use to meet their basic needs come from labour income. Notwithstanding the central role of employment, the Millennium Development Goals allude to

this factor only in terms of the indicator for target 16 namely, the reduction of unemployment among young people.

As discussed in various ECLAC studies, it is extremely important for development policies to address employment issues, since most countries in the subregion have witnessed a steady increase in unemployment levels among both adults and youth since the early 1990s and have not succeeded in reducing the large proportion of informal employment in their economies. As a result, a large proportion of the workforce does not benefit from suitable social protection programmes in terms of health care, unemployment insurance or retirement plans and pensions that would provide acceptable levels of well-being for the older adult population.

Employment is the principal mechanism whereby individuals can become integrated into society and attain economic independence. For the individual, access to quality employment "represents a means of becoming integrated in the collective effort to create economic and cultural wealth, thus making the individual a participant in and a member of a collective project, thus reinforcing identity and connection with the values that the society advocates" (ECLAC, 2000b).

A challenge for the Caribbean subregion is to define a comprehensive social development framework to respond to the high levels of social vulnerabilities and reduce the adverse effects on growth and development strategies. ECLAC has therefore conceptualized a social development framework for advancing the social and sustainable development of Caribbean Small Island Developing States (SIDS), which includes a number of broad components necessary for the attainment of social development. These include the provision of an enabling environment, poverty eradication, equalization of opportunities for all, including the reduction of inequality and the promotion of social justice and deepening the thrust for gender equity and equality, inclusion and cohesion and the expansion of productive employment.

The Framework (see table A6 in the Annex) is designed to act as a strategic guide to comprehensive time bound actions necessary to advance the achievement of the Millennium Development Goals and the sustainable development of Caribbean SIDS. It recognizes that developing countries require a certain "policy space" in order to achieve the Goals, and therefore positions its areas of concern, within the context of member States striving to strengthen their macroeconomic management in order to achieve the requisite growth with equity. Such growth with equity is essential to achieving and sustaining development goals.

V. CONCLUSION

The improved health and nutrition of a country's population contributes immensely to its increased national wealth and increases the quality and quantity of its human capital. Many economic benefits are derived from good nutrition, the most obvious of which is reflected in good health and increased productivity in the labour market. (Alleyne G. A.O. 2003)

There is need for ongoing sensitization of policy makers regarding the severity of socio-economic conditions on poverty and food security in the Caribbean and the need to implement targeted programmes to eradicate the debilitating conditions of poverty, social exclusion and vulnerability in the Caribbean. (Cajanus, Vol.38, No.2, 2005). Targeting is essential to ensure that programmes reach the intended population groups, such as women and children and the elderly.

In terms of public expenditure, it is clear that Caribbean governments will have to rethink their view of health and see it more as a productive rather than a consumption item. This will require the injection of more resources in the health sector, both human, financial and, in some instances, physical, to address the persistent problems of poverty, gender inequality and health outcomes. The greater public investment in health is one of the many avenues to overcome the vulnerabilities linked to poverty.

Strategic and comprehensive policy interventions, which incorporate broad-based and multisectoral public health approaches, are required to address the growing health-related problems associated with obesity, with a shift away from a focus on factors influencing fatness to an approach that deals with the weight status of the entire population.

National development policies must be developed to incorporate food, nutrition and lifestyle issues, with programmes that assist and enable people to make healthy dietary choices, including the consumption of local fruits and vegetables, through more targeted marketing to combat the aggressive marketing of the external junk food culture that is fast replacing indigenous food consumption patterns.

In order to improve nutrition, there is need for more aggressive public programmes and partnerships amongst policy makers, consumers and producers which focus on nutrition education, and the use of micronutrients to supply and enhance foods. This must include decentralization and interventions at the community level. It is also critical to design interventions to improve child nutrition based on a framework for early childhood development.

While access to adequate food is important, this can only be achieved if there is access to productive resources by all. Further, existing poverty and/or food security policies must be periodically assessed to ensure that all persons have access to adequate food and, where there is need for redress, that strategies and programmes are implemented to target those at risk – the vulnerable – in order to address the situation.

Pro-poor growth strategies must be gender sensitive and must include adequate basic education, health and family planning services; improved access to credit and poverty reduction policies, which directly targets specific groups.

There is a dire need for relevant data and information to assist in effective decision-making regarding gender inequality, poverty, food, and nutrition security in the subregion. It is quite clear from the evidence presented in this paper that meeting practical needs for food and health of women is not enough to address issues of poverty, but instead what is needed are

strategic multi-dimensional interventions to empower women in their multiple roles as mothers, care givers and as productive members of society.

At the core of Goal 3 of the Millennium Development Goals is an acknowledgement that gender equality and the empowerment of women is achievable with the necessary leadership and political will. The problems of gender inequality are well known, but it remains extremely difficult to translate this knowledge into development policy and practice at the level required to bring about the desired transformation in the distribution of power, opportunity and outcomes for women and men.

The existence of a separate goal on gender equality is the result of decades of advocacy, research and coalition-building by the international women's movement. Its very existence demonstrates that the global community has accepted the centrality of gender equality and women's empowerment to the development paradigm. In the context of this paper, the information has shown that an awareness of the gender implications of health is necessary in order to better understand the differences in risks factors, the manifestation, severity and frequency of factors such as poverty and its impact on nutrition and health outcomes.

A gender analysis of public policies relative to poverty, food security and health allows for the identification of differences in access to resources to promote and protect health, namely, information, education, technology and services, and in the ability of men and women to exercise the right to health as a fundamental right.

All Caribbean governments are signatories to the CEDAW Convention, the Beijing Declaration and Platform for Action, the International Conference on Population and Development (ICPD) Programme for Action and the Millennium Development Goals. Governments should be strongly encouraged to fulfil their obligations to respect, protect and promote women's fundamental human right to nutritional well-being throughout their lifespan, by means of a food supply that is safe, nutritious and adapted to local conditions. To this end, States should implement programmes to facilitate physical and economic access to productive resources and *to otherwise ensure that the special nutritional needs of all women within their jurisdiction are met* (CEDAW General Recommendation No. 24).

Annex

A1: Poverty in Selected Caribbean Countries on a Basis of Per Capita Income				
Countries	**Population living on**		**Population living on**	
	< US$1 per day		**< US$2 per day**	
Grenada	4.7	1999	…	
Guyana	3.0	1998	11.20	1998
Haiti	55.0	2001	76.00	2001
Jamaica	<2	2000	13.30	2000
St Lucia	25.4	1995	59.80	1995
St Vincent & Grenadines	5.6	1996	…	
Trinidad & Tobago	4.0	1992	20.00	1992

Source: ECLAC Statistical Annex of the Social Panorama for Latin America 2005

A2: Gender Related Development Index								
Country	**HDI Rank**	**GDI Rank**	**Adult Literacy**		**Combined Gross**		**Estimated Earned**	
			Rate		**Enrolment**		**Income PPPUS$**	
			Female	Male	Female	Male	Female	Male
Barbados	30	29	99.7	99.7	94	84	11976	19687
St Kitts and Nevis	49	..			94	83		
Bahamas	50	...	96.3	94.6			13357	20723
Trinidad and Tobago	57	48	97.9	99	67	34	6792	14807
Grenada	66				96	96		
Dominica	70				78	73		
Saint Lucia	76		90.6	89.5	78	72		
Suriname	86		84.1	92.3	78	69		
Belize	91	76	77.1	76.7	78	76	2695	11143
Jamaica	98	75	91.4	83.8	77	71	3279	4944
Guyana	107	79	98.2	99	78	77	2426	6152

Source: Human Development Report 2005

A3: Inequality indicators in the Caribbean		
Country	**Gini-Coefficient**	**% Share of Income or consumption held by the poorest 20%**
Barbados-1997	0.39	
Belize- 1996	0.51	
Dominica- 2002	0.35	
Grenada- 1999	0.45	
Guyana- 2001		4.5
Jamaica- 2001	0.38	6.7
St Kitts-Nevis- 2000	0.38	
St Lucia- 1996	0.5	5.2
St Vincent & Grenadines-1996	0.56	
Trinidad & Tobago- 1992	0.42/0.40	

Source: UNDP 2004 Regional Report: On the Achievement of the MDGs in the Caribbean Community. This information was taken from Thomas and Wint, 2002 citing Country Poverty Assessment studies conducted by the CDB.

A4: Female Employment by Economic Activity in Selected Caribbean Islands			
	Employment by Economic Activity		
	Agriculture	**Industry**	**Services**
Barbados	4	10	63
Bahamas	1	5	93
T&T	3	13	84
Grenada	10	12	77
Dominica	14	10	72
Saint Lucia	16	14	71
Suriname	2	1	97
Belize	6	12	81
Jamaica	10	9	81

A5: Gender Related Development Index								
Country	**HDI Rank**	**GDI Rank**	**Adult Literacy**		**Combined Gross**		**Estimated Earned**	
			Rate		**Enrolment**		**Income PPPUS$**	
			Female	Male	Female	Male	Female	Male
High Human								
Development								
Barbados	30	29	99.7	99.7	94	84	11976	19687
St Kitts and Nevis	49	..			94	83		
Bahamas	50	...	96.3	94.6			13357	20723
Trinidad and Tobago	57	48	97.9	99	67	34	6792	14807
Medium Human								
Development								
Grenada	66				96	96		
Dominica	70				78	73		
Saint Lucia	76		90.6	89.5	78	72		
Suriname	86		84.1	92.3	78	69		
Belize	91	76	77.1	76.7	78	76	2695	11143
Jamaica	98	75	91.4	83.8	77	71	3279	4944
Guyana	107	79	98.2	99	78	77	2426	6152
Source: HDI 2005								

Source: Human development Report 2005

A6: Social Development Framework for Advancing the Social and Sustainable Development of Caribbean SIDS

Broad Area for Consideration	Recommended approach
Sustaining Investment in Human Capital	i. Strengthen cohesion in poverty reduction programming ii. Enable the informal sector iii. Ensure quality education and skills training are available iv. Embark on public education programmes to communicate the social concerns of communicable and non-communicable diseases, particularly the impact on productivity and economic and social costs.
Redesigning Social Integration and Inclusion policies	i. Address the causes and consequences of crime and violence; ii. Deepen the thrust for gender equity and equality; iii. Reduce inequality and promote social justice; iv. Reduce stigma to HIV/AIDS, increasing prevention, treatment and care; v. Ensure social provisioning for deportees; vi. Provide support for the Kingston Accord which supports the promotion of the rights and dignity of persons with disabilities; vii. Address issues of youth development
Extending social protection and compensation	i. Seek to reduce the proportion of children living in poverty; ii. Reduce the risk to natural disasters ; iii. Extend coverage of social security to include the self employed and those in the informal sector; iv. Consider the use of mobile national insurance offices to increase coverage; v. Reform public health systems to increase quality, efficiency and availability.
Ensuring evidenced-base social protection and provisioning	i. Collect household data on regular basis to assess how households address poverty, vulnerability and the effectiveness of social protection instruments; ii. Collect labour market data on a regular basis, including information on skills; iii. Engage in social impact assessments of poverty initiatives; iv. Develop strong, transparent and effective monitoring and evaluation tools for social protection initiatives; v. Support policy analysis and research.
Strengthening the enabling environment	i. Introduce Policy Analysis Units in Ministries with responsibility for social Development; ii. Strengthen the capacity of Ministries with responsibility for social development through examination of internal structures and functioning and ensure best use of personnel attached; iii. Share best practices of Management of Social Development Programming within and across the region; iv. Review legislation (with a view to regional harmonization) that address social protection, in light of the free movement of persons in the CSME

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