



# Study on Indigenous Women & Children in Guyana

**2017**



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**REPORT**

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# ACRONYMS

Acronym	Definition	Acronym	Definition
ADF	Amerindian Development Fund	HPV	Human papillomavirus
ANC	Antenatal Care	HRO	Health Regional Officer
APA	Amerindian Peoples Association	ICT	Information and Communication Technology
ARI	Acute respiratory infection	ILO	International Labour Organisation
ATV	All-Terrain Vehicle	IRS	Indoor Residual Spraying
BBSS	Biological Behavioural Surveillance Survey	ITMN	Insecticide-treated mosquito nets
CARPHA	Caribbean Public Health Agency	LACRO	Latin America and Caribbean Regional Office
CDO	Community Development Officer	LLIN	Long-Lasting Insecticidal Treated Nets
CDP	Community Development Plan	MDG	Millennium Development Goals
CHW	Community Health Worker	MICS	Multi-Indicator Cluster Survey
CPCE	Cyril Potter College of Education	MOE	Ministry of Education
CPD	Community Development Plan	MoIPA	Ministry of Indigenous Peoples' Affairs
CRC	Convention on the Rights of the Child	NGSA	National Grade Six Assessment
CSEC	Caribbean Secondary Education Certificate Examination	NPHRL	National Public Health Reference Laboratory
CXC	Caribbean Examination Council	NTC	National Toshaos Council
DDO	District Development Officer	ORS	Oral Rehydration Salts
DEO	District Education Officer	PAHO	Pan-American Health Organisation
DHO	District Health Officer	PHC	Primary Healthcare
DHS	Demographic Health Survey	PMTCT	Prevention of Mother to Child Transmission
ECD	Early Childhood Development	PNC	Postnatal Care
ECE	Early Childhood Education	PNM	Post-Neonatal Mortality
EFA	Education for All	REO	Regional Executive Officer
ERO	Education Regional Officer	SDGs	Sustainable Development Goals
ESL	English as Second Language	SitAn	Situation Analysis of Children and Women
GARPR	Guyana AIDS Response Progress Report	UNDP	United Nations Development Programme
GBV	Gender-based Violence	USD	United States Dollar
GGMC	Guyana's Geology and Mines Commission	WASH	Water, Sanitation and Hygiene
GNP	Gross National Product	WHO	World Health Organisation Survey
GRIF	Guyana REDD+ Investment Fund		
GRO	General Register Office		
HEYS	Hinterland Employment Youth Service		
HFLE	Health and Family Life Education		
HIES	Household Income and Expenditure		

# FOREWORD



Hon. Minister Sydney Allicock

Indigenous Peoples, including women and children, are at the heart of everything we do, and the issues that affect them inform our priorities. It is therefore with a sense of deep satisfaction that I acknowledge the completion of the Study on Indigenous Women and Children. This is the first time the Indigenous Peoples of Guyana have been studied to this extent and this report contains solid information to guide programmes and projects aimed at improving their wellbeing.

The Government of the Cooperative Republic of Guyana continues to model evidence-informed actions to reduce deprivation for all its peoples, especially the most vulnerable. This administration looks forward to continued partnerships with developmental and other partners, to ensure a good life for all Guyanese.

This report will support the Government in the development and implementation of Guyana's Green State Development Strategy (GSDS) and Programmes, aimed at advancing the realisation of the rights of children with an emphasis on equity and on reaching the most vulnerable children and their families.

We are pleased with the partnership between Government of Guyana, through the Ministry of Indigenous Peoples' Affairs (MoIPA) and UNICEF, which has contributed to the completion of this document. The Ministry's ownership and leadership of this initiative have further strengthened its relationships with sister Ministries including Public Health, Education, Social Protection and Communities. The National Toshaos Council, the University of Guyana and the Bureau of Statistics, were especially critical to this process.

It would be remiss of me not to mention the individuals who were central to the teamwork for this study. I recognise the stellar contributions of Hon. Minister within the MoIPA, Ms. Valerie Garrido-Lowe; the Permanent Secretary of MoIPA, Mr. Alfred King; the Project Coordinator of MoIPA, Ms. Jude Da Silva; the Monitoring and Evaluation Specialist of UNICEF Guyana, Mr. Michael Gillis and the steering committee, comprising of representatives from key partners and the Opposition.

A handwritten signature in black ink that reads "Allicock".

Hon. Sydney Allicock  
Minister of Indigenous Peoples' Affairs



## Message from the Minister within the Ministry of Indigenous Peoples' Affairs



Hon. Valerie Garrido-Lowe

An accurate, up-to-date and comprehensive understanding of the situation of our Indigenous Peoples, especially women and children, forms part of the core business of the Ministry of Indigenous Peoples' Affairs (MoIPA). The location of our peoples and the diversity of their needs- including access to goods and services- make the MoIPA's response, on best days, quite a challenge. The reach and quality of our interventions are greatly enhanced by building and maintaining strong partnerships. UNICEF, one of our most trusted partners, provided technical and financial support throughout the conduct of this study.

Further, cross-sectoral collaboration with key stakeholders- including the Ministries of Public Health, Education, Social Protection,

Communities; the University of Guyana and the Rights of the Child Commission- is a point to note. It was befitting for a study of this nature to be launched in an indigenous community and it was in Santa Rosa, in the Moruca Sub-district.

The Ministry of Indigenous Peoples' Affairs is at the cusp of increasing the scope and scale of its programme towards ensuring that the same quality of service offered to women and children on the coastlands, is also available to indigenous women and children. The impartial findings of this study are, therefore, especially timely and provide a strong foundation for the conceptualisation and design of national, regional and community-level projects and programmes for indigenous women and children.

The famous Native American, Sitting Bull, said, "Let us put our minds together and see what life we can make for our children."

The findings of this study will inform strategic thinking and action for the wellbeing of all Indigenous Peoples, especially women and children, for many years to come.

A handwritten signature in black ink, appearing to read 'Valerie'.

*Hon. Valerie Garrido-Lowe*  
*Minister within the Ministry of Indigenous Peoples' Affairs*

## Message from the Representative of the United Nations Children’s Fund



Ms. Sylvie Fouet

Committed to harness the powers of data as a change strategy in our Global Strategic Plan, I welcome the study on Indigenous children, women and families. The study offers an opportunity to engage and address at national and community levels, deprivations faced by these communities and to plan how to narrow the gaps.

UNICEF supports Guyana in its commitment to achieving goals for development under Vision 2030 by fostering greater inclusion and reducing inequities. The Sustainable Development Goals (SDGs) call for a more equitable approach to development. At the core is a commitment to leave no one behind.

The Cooperative Republic of Guyana and UNICEF started a Programme of Cooperation more than 20 years ago. The 2017-2021 cycle focuses on reaching the most vulnerable through safety-justice, lifelong learning, development and social inclusion. Aligned to the Green State Development Strategy, the Programme also contributes to the results of the UN Multi-Country Sustainable Development Framework (MSDF) for Caribbean countries.

The 2016 SitAn pointed out inequities that were preventing the realisation of the rights of indigenous children in Guyana. Indicators for the indigenous population showed that the Indigenous Peoples and by extension the hinterland population, were among the most vulnerable. A decision was made to conduct a study for a better understanding of the situation of those children, women and families.

I thank Minister Sydney Allicock, Minister Valerie Lowe, the Steering Committee and the research team for the product. A special thank you to the Toshaos and members of the communities for their time, openness and thoughts, resulting in more than 70 hours of recorded conversations.

The study is unique and significant. It is unique, because Guyana is the first country in Latin America and the Caribbean to have studied its indigenous populations to this extent. It is significant as Guyana has the largest number of Indigenous Peoples, in a single country, in the Latin America and the Caribbean region. The next step is to ensure that these deprivations are addressed and that the multi-sector action plan is implemented with an aim to narrow the gaps.

Guyana’s poet Martin Carter (2000) said “All are involved! all are consumed!” Reducing deprivation among indigenous boys and girls requires the involvement of all duty bearers. Involvement means commitment, engagement and participation.

Looking forward to joining hands and forces to deliver better results for children – leaving no one behind.

A handwritten signature in black ink, appearing to read 'Sylvie Fouet', written in a cursive style.

Ms. Sylvie Fouet

Country Representative of UNICEF Guyana & Suriname

# ACKNOWLEDGMENT

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The Guyana Study on the Indigenous Women and Children was carried out in 2017 by the Government of Guyana, through the Ministry of Indigenous Peoples' Affairs in collaboration with the United Nations Children Fund (UNICEF). This study comes at a time when Government of the Cooperative Republic of Guyana intensifies its efforts to close equity gaps and seeks to ensure the most vulnerable women and children are equal access to the essential social and other services.

It is important to acknowledge the leadership and guidance of Hon. Minister Sydney Allicock, Hon. Minister Valerie Lowe and the technical and financial support provided by UNICEF Regional Office for Latin America and the Caribbean in Panama and the Country Office for Guyana and Suriname. The collaboration of Government Ministries, Commissions and Departments, the National Toshias Council and key civil society and other stakeholders on this seminal piece, is duly acknowledged and applauded. The decisive role of the Technical Steering Committee is noteworthy and the invaluable assistance of the international and local consultants on this project is deeply appreciated.

The findings of this study provide a strong foundation for the conceptualisation and design of national, regional and community-level projects and programmes for indigenous women and children, especially the most vulnerable, for many years to come. It is expected that this situation update will pave the way for the continuous monitoring of the situation of indigenous women and children living in Guyana.





## EXECUTIVE SUMMARY

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### Background

In Guyana, health, education and socioeconomic indicators for the indigenous population are at the bottommost when compared with other ethnicities. Hence, the 2017 Study on Indigenous Women and Children in Guyana is key to ensuring a better understanding of the situation of indigenous boys, girls and their families. This study represents a partnership between the Ministry of Indigenous Peoples' Affairs (MoIPA) and UNICEF. Its main objective is to inform local, national and regional strategies, projects and programmes that are aimed at the realisation of children's and women's rights, and the empowerment of indigenous women, children and adolescents.

The study took into consideration the notion that human rights are inalienable, interdependent and interrelated. The realisation of one right often depends, wholly or in part, upon the realisation of others. Hence, as much as possible, the analysis used a systemic perspective to explain the situation of the indigenous women and children in Guyana.

### Methodology

The methodology for the study was based on a multi-method approach that combined quantitative and qualitative elements in the triangulation of findings and conclusions. The quantitative aspect was based on the 2012 census, administrative data and recent surveys and studies that provided information about the indigenous population. The qualitative aspect was based on information collected through in-depth interviews, focus groups and field observations that happened in 12 indigenous villages and 4 regional/sub-district administrative towns, in 9 regions of the country. More than 1,000 stakeholders were involved in the process, resulting in more than 70 hours of recordings that were transcribed and analysed as inputs for this report.

Here are a few points that should be taken into consideration: First, though this study, like all qualitative studies, is not a representative study, the information presented in this report reflects the trends seen in all the villages that were visited. Second, unless clearly stated, all topics being presented in this report are common for the majority or all of the villages. Third, in order to express the opinions of those who were contacted during the fieldwork, the report uses quotes to illustrate the issues that are discussed. These quotes are verbatim transcripts of what was mentioned by the respondents. They are in italics and quotation marks.

## Socioeconomic Situation of Indigenous Populations

Guyana has the largest population of Indigenous Peoples in the Commonwealth Caribbean. According to the last census (2012), Guyana has a population of 746,955 people, of which, 10.3 percent (76,936 persons) were categorised as Indigenous Peoples. Currently, there are nine indigenous nations settled across the 10 administrative regions of Guyana. Most of the indigenous nations inhabit the hinterland regions (Regions 1, 7, 8 and 9), which together are the home of almost 80 percent of that population. The hinterlands are covered by dense forestlands and mountain ranges and marked also by a multitude of hills and rivers. Despite the large landmass of the hinterland regions, when compared with the coastland, they are sparsely populated due to the barriers set by the geographical terrains.

Indigenous women and children **do not have access to infrastructure and modern-life facilities** to the same extent as their counterparts who live in the coastal area and the cities. This fact hinders their access to good quality education, health and other social services. For example, almost 44 percent of the households in the hinterlands (used as a proxy of the indigenous households) do not have electricity (compared with the 13 percent at the national level and 6 percent in urban areas). The qualitative assessment found that the majority of the villages would have their electric power generated by solar panels but many people reported that the panels were not working properly.

**Unemployment and the lack of employment opportunities** were identified as the major problems for both the female and male villagers. Official statistics show that about 67 percent of the men formally employed in the hinterlands work in two sectors: (i) Agriculture, Forestry and Fishing; and (ii) Mining and Quarrying. Women are employed in the educational, food and agriculture sectors (representing 55 percent of the employed women). A qualitative assessment showed that most of the women do not have a formal job, and they stay at home taking care of the children and doing small-scale subsistence farming.

**Male migration**, which stemmed from their need to find jobs, was considered a possible solution to better the economic circumstances of indigenous families in the villages. Most of the men would temporarily migrate to mining and logging areas to find jobs to support their families. Anecdotal evidence shows that the duration of the absence from the household ranged from two weeks to three months. Moreover, from the stories shared, sometimes, the men would not return, leaving their wives to take care of the children without any type of support. While this type of migration is essential – and maybe the only immediate solution – for families to acquire some income, it was reported by stakeholders that the migration is one of the root causes of many social challenges for the indigenous women and children.

Based on the findings of the qualitative assessment, migration is inevitable for the majority of male and female adolescents. Because of a lack of tertiary education and/or vocational training opportunities available in the hinterlands, the need arises for them to take up studies outside their villages. Some of the adolescents who planned to have careers in teaching and health mentioned they would like



to return to their villages on completion of their studies. However, the adolescents who aspire to study Law, Engineering, Aviation and other areas of study, mentioned that they would like to live in Georgetown or another country.

Despite being a multicultural country, the UN Committee on the Rights of the Child points to the existence of discrimination against indigenous children and adults in Guyana. Guyana does not have an account of how many **Indigenous Peoples have disabilities**. According to the 2012 census, 1.8 percent of the national population older than 15 years old are living with a disability (2.1 percent for men and 1.6 percent for women). In the hinterlands, approximately 1.2 percent of the population in that age group had some type of disability. In all the villages that were visited, informants mentioned that there are adults and children with disabilities living in the community. It was reported that villages were not physically prepared to accommodate people with physical disabilities and special needs. Those villages nearer to Georgetown may be at an advantage since families can find specialists in the capital city. For those villages that are more remote, people with disabilities do not have any type of professional support in terms of health, education and social protection. While it was not possible to identify specific discrimination related to people living with disabilities, it was normal to hear people using terms such as “retarded” or “cripple” to define some of the children and adults.

### **Inequity among Indigenous populations**

Though the Indigenous Peoples population throughout the Amazon region is culturally rich, they are among the most deprived in the region. They experience poverty at twice the rate and sometimes even five times more than non-indigenous populations. They are also less likely to access social services and are suffering from the effects of environmental degradation and climate change on their health and well-being.

Guyana does not have a recent measure of monetary poverty – the latest official report was published in 2015, using data from 2006, and it did not calculate poverty for the indigenous population. Nonetheless, the 2011-2015 Poverty Reduction Strategy Paper mentions that “the Indigenous [Peoples] continued to exhibit the highest poverty level in Guyana”. Also, it is possible to have an idea of poverty for the indigenous population in Guyana by looking at the 2006 numbers in two different settings. First, the poverty rates in 2006 for Regions 1, 7, 8 and 9 (regions with the highest poverty rates) are two to three times higher than the national average. The poverty rates for those regions in 2006 were 80 percent, 61 percent, 94 percent and 74 percent, respectively. Second, in the rural hinterlands (also where most of the indigenous populations live) the poverty rate in 2006 was 74 percent and extreme poverty was 54 percent, in comparison where urban and coastal areas where the rates were 19 percent and 7 percent, respectively.

More recent analysis from the 2014 MICS shows similar results. Despite not calculating poverty rates, the MICS shows that most of the populations living in the hinterlands (Regions 1, 7, 8 and 9) are in the poorest quintile, and live in a more vulnerable situation than the other regions.

The findings of the study showed that for most of the Indigenous Peoples, poverty is not only lack of monetary resources, but it involves access to land, culture, medicine, food, education and safety. Despite this holistic and multi-faceted approach on poverty that was found in the indigenous villages, it is clear that many people live in deep vulnerability and some depend on help from their neighbours and/or religious or not-for-profit organisations to have the bare minimum. Some Indigenous Peoples might not consider themselves poor, but a great number of them live without the means to have three meals a day, or the money to buy basic products. Some would use traditional medicines not because it was part of their culture, but because the drug was not available in the health facility and they did not have money to buy medication in the local shops. Many adolescents said that they knew other people their age who would come to school without having eaten and/or without money to buy something at the canteen. For a considerable group of students, the warm meal served in some of the primary schools is the main meal of the day.

### **Governance and Public Policies for Indigenous Populations**

At the national level, the Ministry of Indigenous Peoples' Affairs (MoIPA) is the Government body responsible for enhancing the social, economic and environmental well-being of the Indigenous Peoples. Alongside the MoIPA, other Government ministries such as Education, Public Health and Social Protection are all working with the Indigenous Peoples.

At the village level, the Village Council is responsible for coordination in the village. The Village Council is made up of a Toshao, the Chairman of the Village Council and a number of Councillors (the number is determined by the residents of the village). The Village Council is elected every three years by the residents and the elected members carry out several administrative, political and legal functions on behalf of their village. The roles and functions of the Village Council are stipulated in the 2006 Amerindian Act and all the informants interviewed in the field seem to understand the mandate of the Village Council.

Governance and public policies are governed by a network of relations that involve national and local level actors, intermediated by regional level administrative institutions. That relationship is not always clear, and information does not seem to flow easily among the different administrative actors.

Governance is also affected by the low level of managerial capacity at the local level. The findings show that despite good intentions and lots of efforts, management at the local level does not respond to the needs for sustainable change. The vast majority of Toshaos and Village Councillors did not receive any type of training after elected to their positions, albeit they are the ones responsible for developing budgets, public policies and programmes at local level, and responsible for implementing policies for development.

## Health

Among the different issues that were identified as essential to be investigated in relation to the right to health for the indigenous populations in Guyana, the following were considered the most important: (i) maternal and child mortalities; (ii) low nutritional status of women and children; (iii) elevated incidence of diseases; (iv) HIV/AIDS; and (v) behavioural health. These are influenced by different factors such as (a) low levels of antenatal care, delivery and postnatal care; (b) low quality of healthcare; (c) lack of vaccination; (d) poor water, sanitation and hygiene practices; (e) difficulty of access to health; (f) lack of transportation; and (e) influence of cultural factors.

Although statistics for **maternal mortality** are not available for different ethnicities and/or socioeconomic backgrounds, anecdotal information points to the fact that women living in the hinterlands have a higher chance of dying due to birth complications than those in the cities and/or coastal areas. As a matter of fact, cases of maternal mortality were reported in 3 of the 12 villages.

The 2014 data on **child mortality** points to a specific situation: indigenous boys and girls in Guyana are surviving birth, but are dying between their first month of life and their fifth birthday; a fact that needs to be further investigated. Child mortality (the probability of dying between the first and the fifth birthdays) for the indigenous children is 12/1,000 live births, in comparison to the national rate of 8/1,000 live births.

The **nutritional status** of indigenous boys and girls in Guyana is worrisome. For most of the nutritional indicators, the situation of indigenous children is worse than the national average. Basically, one in every four indigenous children is stunted, creating serious risks to their cognitive and physical development. There are no specific studies on the possible factors that cause and/or influence the poor nutritional status of indigenous children in Guyana. A 2013 study on indigenous children in Brazil has shown that stunting and underweight are closely related to chronic exposure to unfavourable socioeconomic and environmental conditions, poor energy and nutrient intake and recurrent infectious and parasitic disease due to poor sanitary conditions, among other factors. All these conditions were also present to a certain degree in indigenous villages. Other important facts about the nutritional status of children include 16 percent of indigenous babies are born below 2,500g; anaemia is elevated among indigenous women; the cost of food in the villages is higher when compared to the cities; and cultural factors influence the low intake of nutrients for the indigenous population.

**Diseases and infections** can, directly and indirectly, contribute to the death of mothers and children before the age of five, and they can permanently affect the health of children and adults. When asked about the most common health issue that affects children in their communities, stakeholders visited mentioned diarrhoea, the common cold and malaria. These diseases are related to seasonal cycles, but are also influenced by low levels of nutrition; deficient access to proper water and sanitation; and the lack of hygiene among children and adults. For the indigenous women, cervical cancer is a major issue. While there is no consensus on the main causes of cervical cancer, a study (Moore, Suzanne; et.

al., 2014) shows an association between the prevalence of human papillomavirus (HPV) infection and early sexual onset, large number of births, and/or low socioeconomic status of the women.

There is limited empirical data on **HIV/AIDS** among the Indigenous Peoples in Guyana. Nonetheless, among the key affected populations in relation to HIV, i.e. the populations who are more at risk of contracting HIV, are sex workers, miners and loggers. It is important to remember that in the hinterlands, mining and logging are common economic-activities that employ indigenous and non-Indigenous Peoples. The qualitative data suggests that there are persons living with HIV/AIDS in the villages. For example, in Baramita, the Village Council indicated that a sample of tests conducted in 2014 found that 15 out of 50 people were HIV positive. The limited empirical data on the number of persons living with HIV/AIDS in these communities contributes to the challenges in testing and reporting.

Despite good national averages, not all pregnant indigenous women are tested for HIV and other sexually transmitted diseases. In fact, those who do not live near hospitals and who may be identified as high risk pregnancies have a lower chance of having their blood tested, creating a risk for the diseases to be transmitted to the new-born of others. Additionally, indigenous women have less comprehensive knowledge on HIV/AIDS among different socioeconomic groups while the indigenous males have the second-lowest level of knowledge on HIV/AIDS.

While East Indians account for the majority of **suicides** in the country, evidence points to an increased number of cases in the indigenous communities. For instance, information from 2015 suggests that 69 community members have committed suicide or died by alcohol-related misadventure incidents in the past four years in the Carib Community of the Baramita District in Region 1. Among the villages visited, informants reported recent cases of suicides among indigenous populations.

## Education

Among the different issues related to education for indigenous boys and girls, two were considered crucial. First, while access to school is relatively high in primary education, the numbers are not the same for nursery and secondary education. As a matter of fact, many adolescents stopped their formal education without completing secondary school. Moreover, few indigenous children with disabilities have access to any type of education. The second issue is related to the poor quality of education received in both primary and secondary schools for those children living in the hinterlands when compared with the children living on the coast. This enforces a vicious life cycle where many indigenous adolescents do not have proper qualifications, resulting in a lack of skills and contributing to perpetuating low paid jobs and, by extension, poverty in the indigenous communities.

The qualitative assessment shows that indigenous children do not have many options to structured approaches to **early stimulation/readiness skills** before the nursery school years. Most of the children living in Indigenous Peoples' villages are only exposed to formal education at the age of 3 years and 3 months old when they start nursery school. According to the 2014 MICS, only 40 percent of the indigenous boys and girls were enrolled in nursery schools; a number that is 20 percent points below the country's average and which represents the smallest enrolment among different socioeconomic characteristics. A summary of the cognitive situation of indigenous boys and girls under the age of five can be identified using the MICS early child development index score. According to this index, 73 percent of the indigenous children are developmentally on track in literacy-numeracy, physical, social-emotional and learning domains. The average for the country is 86 percent.

Out of 100 indigenous boys and girls, only 53 would reach the final years of secondary education. **School dropouts** are common in the hinterlands and happen at two points. First, students stop their formal education when they are transitioning from primary to secondary education. Few indigenous students manage to obtain good grades in the NGSA and as a result, many do not qualify for the national and regional scholarships. The second wave of dropouts happens during secondary education when adolescents at primary or secondary schools will stop their formal schooling. The main factors identified as influencing school attendance and students' permanence in school were: (i) lack of schools, mainly secondary, in the hinterlands and difficulty of access them; (ii) financial situation of families influencing some adolescents to prematurely start working in low-skill jobs; (iii) perception that education is not necessary; (iv) lack of employment opportunities that require academic qualifications at a local level creating a motive for adolescents to dropout of school and start seeking menial jobs outside their villages, mainly related to logging and mining; (v) the inadequacy of the schools' curricula in that they are too centred on content that is practical for children living mainly in urban settings; and (vi) teenage pregnancy that pushes many adolescent girls out of school.

Guaranteeing a good **quality of education** in primary and secondary schools for the indigenous children is one of the main challenges related to education in the country. Despite improvements in primary education grades for indigenous children, when comparing National Grade Six Assessments between 2009 and 2013, the grades in the hinterlands are still below the grades from the coastland.

In fact, the gap between the coastland and the hinterlands has increased, indicating that improvements were more significant on the coast than in the hinterlands. Similar disparities are also evident in secondary education when CSEC scores between the two geographic areas are compared. CSEC grades for Mathematics have decreased in 2013 when compared to 2008 for both boys and girls in the coastal and hinterland areas. In English, the situation in 2013 is better than 2008, but there is a gap between the coastal and hinterland areas.

Deficiencies in quality of education for children and adolescents in the hinterlands are influenced by the following factors: (i) lack of qualified teachers and resources such as books and learning materials, among others; (ii) poor infrastructure at the schools, including buildings that are old; lack of computers and access to the internet and lack of science labs in general. In most of the visited schools, the washrooms were in dilapidated conditions; many did not have doors or running water and were dirty. In some schools, students preferred to use the bushes rather than the sanitary blocks. (iii) Language barriers. Despite the fact that English is the official language of Guyana and it has been taught in all the schools, indigenous students struggle with how to properly write and speak in English; and (iv) the curriculum is still too centred on topics that are not part of the reality of indigenous children living in the hinterlands.

## Language, Tradition and Culture

The indigenous population in Guyana has a rich cultural heritage which has been preserved in some villages but forgotten in others. On the one hand, anecdotal information points to the fact that in some villages the indigenous local language is not spoken anymore and cultural practices (dances, religion, craft and food) only happen once a year, that is, when Amerindian Heritage Month is observed in September. On the other hand are those villages where cultural traditions are more preminent and still seen as part of the normal lifestyle of the community. These traditions vary from music to spiritual beliefs. Some villages start to see their own traditions as a way to improve the economy of the community by selling art and crafts, and/or by investing in eco-tourism activities.

Analysis shows that there are three main factors influencing the use of the language and the maintenance of cultural practices in the villages. First, modern religions introduced in the hinterlands of Guyana and in some cases, are reported to be responsible for the abandonment of some traditional practices. Second, while the adoption of a unique educational curriculum to the whole country is a positive factor in unifying the country's identity, it also generated challenges in the use of Indigenous Peoples' languages and traditions, causing them to fade. A third factor is related to the changes in the Indigenous Peoples' lifestyle, modernisation of the villages and the mix of different indigenous nations among themselves and with other ethnicities.



## Woman and Child Protection

The main deprivations that affect the physical and psychological well-being of the indigenous women, children and adolescents are related to (i) the low levels of birth registration; (ii) the high numbers of abuse and violence against children and women; (iii) the high number of cases of teenage pregnancy; and (iv) the involvement of children in work that may be harmful to their health and development and that increases their risk of becoming victims of trafficking.

### Birth Registration and Birth Certificate

The **birth registration** is the foundation for safeguarding many of the child's civil, political, economic, social and cultural rights. The 2014 MICS shows that 21 percent of the indigenous children younger than five years old were not registered after birth. Moreover, while some children and adults were registered after birth, they never received their birth certificates.

There are two main factors that were identified by the stakeholders as influencing the situation related to birth registrations among the Indigenous Peoples. First, there are many births that occur outside health facilities and consequently skip the bedside registration that happens in the health facilities. Second, many Indigenous Peoples mentioned that the bureaucracy involved in the process is difficult to understand and, consequently, it is hard for them to apply for the birth registration. Moreover, some birth certificates are filled out with the wrong information, generating long bottlenecks in the system when parents are reapplying for an accurate birth certificate.

### Violence, Neglect and Abuse against Indigenous Women and Children

Women and children in the Indigenous Peoples' villages in Guyana are victims of different types of abuse and violence. Among those identified are: (i) children being neglected; (ii) increased incidence of corporal punishment; (iii) domestic violence against women and children and, consequently, gender-based violence; and (iv) cases of incest.

According to the 2014 MICS, almost 14 percent of the indigenous boys and girls under the age of five were left with **inadequate care**, increasing the risk of accidents and injuries that can be permanent for the young children. Children are left alone or under the care of older siblings that are not physically and cognitively prepared to properly take care of younger children.

In all villages visited, stories were told of children being left alone, or being taken care of by older siblings. While it might be a cultural practice to leave children by themselves, this may be caused by the vulnerable economic situation of the families and the lack of services that would host the children while mothers and fathers need to step outside the house to work.

Child discipline through **corporal punishment** is widespread in Guyana. According to the 2014 MICS, 71 percent of the indigenous boys and girls were disciplined through psychological aggression

and/or physical punishment; a number that is slightly higher than the national average. The main justification for the use of violence as a form of discipline is a social construct that sells the idea that parents and grandparents were raised with whips and lashes and that practice helped them to build their character. This perception of discipline is still being transmitted and accepted by many children and adolescents as correct. For example, many young boys and girls said that they would discipline their own children through lashes when they become parents as well.

The fact that corporal punishment is still legal in the country and widely practised sends a wrong message to the younger generation. It sends the message that any type of indiscipline can be corrected through the use of violence. In this line, it creates an implicit incentive for the police to use force and for domestic and gender-based violence to occur. As a matter of fact, research has connected corporal punishment to an increase in antisocial behaviour in adolescents and to the recurrence of sexual and domestic abuse and violence.

Frequently, the **domestic violence**, of which women make up the majority of victims, is extended to boys and girls of all ages and it is associated with gender-based violence (GBV). The available literature does not present statistics related to domestic violence among the Indigenous Peoples' community. Nonetheless, qualitative information collected shows that cases of domestic violence are also common among the Indigenous Peoples' populations in Guyana. Discussing this issue in the villages is still considered taboo and a topic that is pertinent to the family.

Violence against women, especially sexual violence is not confined to homes. Stakeholders mentioned cases of abuse, sexual assault and rape against women within the boundaries of their villages. While it seems that violence is more visible in those villages that are near mining areas, especially because of the increased number of people from outside the village working or passing through the community, in all types of villages cases of violence were reported.

**Incest** is another violation considered taboo in the indigenous communities. Informants were unanimous to mention that cases of incest happen among the Indigenous Peoples and they involve not only father-daughter abuse but also sex among siblings, stepfathers and stepdaughters. The police were categorical to mention that these cases were never formally reported, but they have heard that they happen in the communities they patrol.

Among different factors that influence violence, neglect and abuse, three were identified as the most prominent: (i) the increased consumption of alcohol and other drugs (ii) social norms and beliefs that still influence Indigenous Peoples' style of life and behaviour; and (iii) the fear of and dependency on the perpetrator which reduce the number of cases reported to the police and authorities. Moreover, other structural factors contribute to the situation such as the sense of impunity, the legislation in the country and the judicial system in place in Guyana.

## Teenage Pregnancy

Teenage pregnancy is a concern that involves (i) health: worldwide evidence shows that pregnancy among young girls is dangerous for both the mother and the baby; (ii) education: the early childbearing, particularly among teenagers, has had negative socioeconomic and sociocultural consequences, such as early school dropout; and (iii) child protection: young girls could become pregnant due to lack of empowerment, lack of education and as victims of sexual violence, indicating failures in the protection system, including the immediate protective environment of the family, school, religious institution and community.

Teenage pregnancy is high among indigenous girls. The 2014 MICS data shows that 21 percent of the adolescent girls from indigenous communities have begun childbearing; a number that is six percent higher than the national average. Administrative data on teenage pregnancy was not available for the indigenous communities that were visited. Anecdotal information collected in the field shows that numbers in the villages can be very high. For example, in Santa Rosa, capital of the Moruca sub-Region, out of 350 births that occurred in 2016, approximately 90 were from adolescents, i.e., one out of every four births occurred with a mother younger than 16 years old.

In looking closely at the indigenous populations, sexual abuse and violence in combination with the following four factors interact to explain high rates of teenage pregnancy among indigenous girls: (i) early sexual debut of girls; (ii) sexual education as a taboo topic in school and communities; (iii) early marriages; and (iv) increased levels of unprotected sex.

## Trafficking, Sexual Exploitation and Child Labour

The Ministry of Labour, Human Services and Social Security reported 158 victims of human trafficking between 2013 and 2015 that could be identified by their ethnicities. One in every four victims of trafficking identified in Guyana was an indigenous person- most of them women. On the positive side, the concept of human trafficking is known by most of the stakeholders consulted, creating the environment for prevention and identification of cases. On the negative side, anecdotal information shows that trafficking still exists. As per stakeholders, trafficking happens internally when girls and boys are going to the cities and mining and logging areas with the promise of good jobs; and between countries, when young people would go to Brazil trying to find better opportunities.

Child trafficking has a straight relationship with child involvement in economic activities and child labour. Quantitative and qualitative data show that children and adolescent involvement in economic activities, household chores and early labour are quite common among Indigenous Peoples. The 2014 MICS shows that 35 percent of the indigenous children aged between 5 and 11 are involved in economic activities that are paid or unpaid for at least one hour in the week before data was collected. In the same line, 74 percent of indigenous children in the same age group are involved in household chores, and 41 percent of the indigenous children between 5 and 17 years old were identified as being involved in child labour. These indicators are the highest among different socioeconomic groups in Guyana.

Involvement in economic activities and child labour are connected to the harsh economic situation of children and adolescents working to support the families.

## **Response to Violence and Abuse**

In normal circumstances, the police would be the Government body responsible for the immediate response to cases of violence in society and contributing to the prevention of violence. Nonetheless, the police as an institution is not present in all Indigenous Peoples' communities in Guyana. Out of the 12 villages visited, 4 had a police presence, 2 did not have police but had created community policing (also known as policing groups) and the remaining did not have law enforcement bodies in their villages.

In those villages without police presence, the Toshao and the Village Council assume an important role in responding to and preventing violence in the community. In this line, the main issue identified due to the absence of police in the villages is the lack of capacity and knowledge of Toshaos, Village Councils and policing groups to handle some criminal and domestic matters. Taking, as an example, the 12 villages that were visited, it is possible to affirm that members of the Village Councils, including the Toshao, were not formally trained to handle many cases, including domestic violence. They were never trained in dispute resolution and they do not have an adequate knowledge of rules and laws of the country. Moreover, confidentiality of the cases "judged" by the Village Councils is an issue. As mentioned in an interview with a Toshao, the Village Council tries to keep the records of the cases confidential, but he cannot guarantee anyone that a Councillor will not divulge what the Council would have decided.

Anecdotal information also points to disagreements between the Toshao /Village Council and the police officers stationed in the villages. In some cases, the disagreement is due to a lack of respect afforded by the police officers to the authority of the Toshao. In other words, it seems that the roles, responsibilities and accountabilities of the different authorities in the villages are not fully understood by the Village Council and the police.

## Women Empowerment & Adolescents Participation in Decision Making

**Gender equality** is the fifth objective of the Sustainable Development Goals (SDGs), and it can only be achieved when women and girls are fully empowered and if their participation in decision-making is guaranteed and accepted by all.

In general terms, as depicted in this report, indigenous women are not fully empowered. They do not have full access to contraceptives – meaning that they cannot make decisions regarding their own bodies –; they have smaller salaries than their husbands; few are in leadership positions; and they are constantly suffering violence at home and in society, among other challenges they face. In sum, they are seen by many as second-class citizens, stuck to old perceptions about their roles in the community.

Indigenous women face a double burden at home. Besides having a smaller income, or no income at all, they are the ones who have to take care of the children when the partner temporarily migrates to earn money. In some circumstances, the woman is also the one who will permanently take care of the children when the partner decides not to return to the family – an occurrence that seems to be very common. Moreover, some of those women were never legally married and did not have access to any type of social benefit to help to raise their children.

There are few women who actively participate in the decision-making process in the villages. For example, out of more than 250 indigenous villages in Guyana, only 11 had a female Toshao by July of 2017.

In terms of adolescents' participation in decision-making, the qualitative data shows that there are few who actively participate in the decision-making process in their villages. The Convention on the Rights of the Child (CRC) guarantees participation as a fundamental right of all children and adolescents. Adolescents do not develop by being passive, by simply observing or being told the key truths of development. Through participation, young people develop skills, build competencies, form aspirations, gain confidence and attain valuable resources. Maturity and growth are an on-going process and are achieved through participation.

While some villages have sports clubs for the young people, these do not necessarily translate into spaces for participation in decision-making and empowerment of the youth. It is clear from the qualitative processes that while adolescents and youth can participate in the general Village Council meetings, few are actually present in the meetings and even fewer express their opinions. One factor that was emphasised as a challenge for adolescents' participation in the Village Council meetings was the lack of respect given by adults to adolescents' opinions.

## Climate Change and Emergencies

Guyana is susceptible to a variety of natural and manmade disasters including flooding, landslides, drought, fires and to severe weather conditions. Among the different populations in the country, the Indigenous Peoples are the ones who are extremely vulnerable due to their poor socioeconomic conditions, poor access to health services and due to the fact that they live in remote locations, where the capacity to respond to the emergencies is sometimes not in place. Villages have been constantly suffering from floods and long droughts, affecting how the Indigenous People live. Moreover, manmade disasters have been negatively impacting the lives of indigenous communities, such as the rupture of a retaining dike that happened in 1995 and spilled three million cubic feet of cyanide-contaminated waste into one of the country's major rivers (the Essequibo River), directly affecting the health and sustainability of Indigenous Peoples who lived on the banks of the river.

In all villages visited, villagers have reported changes in the weather pattern. Today, they cannot predict the weather anymore and, consequently, they cannot plan for agriculture and other economic activities. Villagers reported the fact that the extremely hot weather and the long droughts have been reducing the quality of produce and, in some cases, have ruined large portions of crops. The changes in weather and the deforestation in some villages have also resulted in an increase in the number of animals near the villages and have attracted different fish to the rivers.



## Conclusions

Based on the extensive qualitative data collection that included the interaction with dozens of stakeholders, it is certain that the Indigenous Peoples in Guyana are culturally and land rich. Nonetheless, that is not enough to guarantee that all their rights are realised, especially the rights of women and children. The quantitative data collected in the past years and qualitative data collected during April to June of 2017 have shown that the Indigenous Peoples in Guyana live in deep vulnerability, with historical challenges that are rooted in the social, economic, administrative and political structures of the country.

The situation of the indigenous women and children are backed up by a series of **social norms** that influence how they behave and how other members of society behave towards them. For example, as raised in Chapter 3, one social norm that exists among the indigenous community is the use of traditional medicines. As seen, despite the fact that different factors influence the use of traditional medicine in the indigenous communities in Guyana – including the lack of pharmaceuticals in the health facilities – the qualitative data showed that much of the use is still bound to social norms that are rooted in how the practice is transmitted from one generation to another.

While some social norms might not harm women and children, they are also one of the main bottlenecks for these two groups to have their rights realised. For example, violence against children and women in the Indigenous Peoples' villages were deeply rooted in social norms, i.e., in how women were perceived in the Indigenous Peoples' community, and how they perceive themselves.

In terms of **legislations and policies**, at the national level, one of the main challenges is the lack of complementary policies for the Indigenous Peoples and lack of enforcement of the current ones. While the Ministry of Indigenous Peoples' Affairs (MoIPA) has some policies, the other Ministries and agencies do not have anything specific for the Indigenous Peoples of Guyana. One of the principles of fighting inequality is to treat differently those that need the most improvement. At the current stage, it is not possible to have the indigenous boys, girls and their families catching up with the other ethnicities in the country without proper policies targeting them.

One reason why public policies in different sectors have to target the Indigenous Peoples' communities is due to their need to be culturally adapted. The idea that "one size fits all" is not possible to be implemented in Guyana, since the country has at least six different ethnic groups.

**Budgetary resources** are short for all sectors in Guyana which increases the necessity of boosting the efficiency of the public policies and the allocation of resources. As mentioned in this study, villages have to do an annual plan and guarantee their resources to implement it. The annual plans analysed were basic and did not give an idea of solid public policy at a local level. While some villages are trying to invest in tourism as a sustainable form of income (Santa Mission and Moraikobai), other communities struggle deeply to sustain themselves.

Governance in the villages still needs improvement and that is directly related to the **management and coordination** of public policies for local development. The problem also described through this report is that despite all the willingness and goodwill of the Toshias and village councils, the quality of local level management is weak. From among all the villages visited, none of the persons interviewed admitted to being trained in local management, finances or any type of tool to help them better plan for the village.

Decentralisation is an important strategy to bring public policies near to those who need it. The idea of having a process bottom-up is supposed to help local development, to empower the communities, and to make sure that the policies reflect the local needs. While the decentralisation in Guyana is still limited – decisions on health, education and security, for example, are still decided at the national level in combination with regional demands – the villages have a good degree of autonomy to develop their own public policies, including policies that can benefit women and children. The autonomy of the villages has to be seen beyond the current policies such as the Presidential Grant, Hinterland Employment and Youth Service (HEYS) and Community Development Plan, among others, which all seemed very appropriate, but, in the villages that were visited, did not have intersection points and could basically be considered as isolated initiatives. In reality, it seems that much of the efficiency of these three programmes is associated with the commitment that the Chief Development Officer (CDO) has with the villages. If the CDO is committed and is trained in management and planning, then good projects could be in place.

The **availability of essential commodities** is a major barrier to the full development of the rights of the Indigenous women and children. In all the villages visited, health professionals and people living in the community reported the lack of medicines, vaccines, specialised staff, and other inputs for the quality of health of the population in general. As mentioned, in some extreme cases, simple painkillers would be unavailable for more than six months in some communities. In another extreme situation, the absence of blood tests and HIV rapid testing in some villages means that pregnant women can go through the entire pregnancy without being tested for HIV and other conditions. Similarly, in education, the absence of adequate chairs, desks, books, and issues with the infrastructure of the school hinders children's access to quality education, and partially explains why the scores of the students in the hinterlands are so low when compared to those in the coast.

**Access to adequately staffed services, facilities and information** is a bottleneck in the Indigenous Peoples' villages. Accessibility to the Indigenous Peoples' communities is very difficult and special vehicles, boats and planes are the most used means of transport within, in and out of the hinterlands. On one hand, isolation is a problem for these communities, since they are sparsely populated, delivery of services such as education, health and communication is very difficult. As described and analysed through the entire document, a suitable quality of staff is still lacking and, in some more extreme cases such as in social welfare/child protection, there is no staff at all. There are not enough secondary schools for the children in the hinterlands, and those that exist do not have all the teachers that are needed. On the other hand, the difficulty with accessibility has shielded most of the communities to external influence which has allowed them to preserve some of their cultural aspects.

In looking through the lenses of families, children and women, the **financial access** to some services is a great barrier to the full realisation of their rights. Despite the fact that education is tuition-free in Guyana, access to secondary education is limited by the financial situation of parents. In some cases, adolescents have to dropout of school since the family cannot afford to pay for small expenses associated with school. In other cases, students dropout to financially help the family, i.e., they start working and providing extra resources for the household.

Similar to social norms, **social and cultural practices and beliefs** deeply influence how some Indigenous People see the realisation of the rights for women and children. These practices influence how children are fed in the indigenous communities and are used to partially explain some of the challenges to which children and women are exposed. Both “social and cultural practices and beliefs”, and “social norms” demand changes in attitudes and behaviours, which translate into very specific public policies. Violations such as incest and violence against children and women cannot be committed with the excuse of being a cultural practice. While culture has to be maintained and preserved, those harmful practices have to be banned from society, independently of their origin. In this sense, working with the Indigenous Peoples’ leaderships is one strategy to make the young generations realise the harm that is being done, and not replicate them in the future.

**Timing and continuity of use of some services** is not affected by the lack of willingness of Indigenous Peoples, but by challenges on the supply side. For example, Indigenous Peoples are willing to use the pharmaceutical drugs to treat some diseases, but the fact that they are not available creates the necessity for them to adapt and start using traditional medicines. Similarly, the continuity of the normal flow of vaccines is not influenced by any cultural or personal factor on the Indigenous Peoples’ side, but their unavailability in the health posts.

At the end, one bottleneck that cuts across all determinants is **lack of quality**. As described throughout the document, the majority of the indigenous population in Guyana does not have access to quality of health, education, child protection and other services. The consequences of the lack of quality impacts the overall life cycle of the children, from conception to adulthood. There is a social construct that was identified in relation to quality of services. For many elderly Indigenous Peoples, the fact that a health facility or a school exists is already a huge improvement from when they were children which were probably more inaccessible during their childhood. In this sense, the availability of services is seen as a major improvement in the villages. However, the next step should be to demand that the available services match the necessary quality to guarantee that children and women can have their rights realised.

When quantitative and qualitative data are combined and the scope of analysis is enlarged, one important conclusion is the fact that much of the situation of indigenous women and children in Guyana is also shared by other groups in the country. Lack of access to good quality services in health, education and protection, for example is not only evident in indigenous populations but is also noticed with other ethnicities and even on the coast, which is supposed to be the most developed area in Guyana. As mentioned in the report, when talking about lack of medicines in health facilities in

the villages, a doctor openly said that the situation is the same on the coast and in many communities that he knew.

Based on and consultation with stakeholders in the field and in Georgetown, one has to assume that solutions for the identified situation must be cross-sectorial at horizontal levels, i.e., they have to include policies and programmes that transcend the borders of the traditional ministries, and simultaneously they have to be vertical, adjusting to how the decentralised governance in Guyana is set.

Improving the situation of the indigenous population is not only a historical debt that the country has to pay; more importantly, it is a strategic and conscious movement towards creating the conditions for the Sustainable Development Goals (SDGs) to be achieved by Guyana, sending to the international community the message that working with the most vulnerable populations is possible and providing the means for their socioeconomic development results in benefits for the overall country.

# CHAPTER 1: INTRODUCTION

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Guyana is located on the northeast coast of South America and is bordered by the Atlantic Ocean, Suriname, Brazil and Venezuela. It has a landmass of 215,000 square kilometres – the third smallest country in South America after Suriname and Uruguay – and is divided into 10 administrative regions. According to the final numbers of the 2012 national population and housing census (Bureau of Statistics Guyana, July 2016), Guyana has 746,955 people with 49.8 percent males and 50.2 percent females. It was also found that 30 percent of the population is below the age of 15, while young people 15-19 represent about 11.3 percent of its inhabitants.

Despite the fact that the World Bank categorises Guyana as an upper middle-income country, the country is the third poorest nation in the Western Hemisphere, after Haiti and Nicaragua, with a per capita Gross National Product (GNP) of approximately US\$3,847. Unemployment is high and it is particularly concerning for the young population which represents more than 60 percent of Guyana's population. Last figures from the Caribbean Development Bank currently estimated youth unemployment to be about 40 percent (Caribbean Development Bank, 2015).

The *2016 Situation Analysis of Children (SitAn)* published by UNICEF (UNICEF in Guyana, July 2016) presents details of how different inequalities influence the realisation of the rights for women and children. One point highlighted in that document is the fact that, among different populations in the country, health, education and socioeconomic indicators for the indigenous population are among the worst off for most of the topics taken into consideration. Some examples<sup>1</sup>: 77 percent of the indigenous women have at least 4 prenatal care visits, 10 percentage points smaller than the country's average; 34 percent of the indigenous children births happen at home in comparison to 6 percent of the country's average; only 54 percent of the indigenous children between 24 and 45 months are fully vaccinated, compared to 82 percent of children in urban areas; 21 percent of the indigenous children under the age of 5 had one episode of diarrhoea in the past, compared to 5 percent of the children in urban areas and only 40 percent of the children aged between 3 and 5 are formally enrolled in an early childhood education programme, in comparison to 61 percent at a national level and 68 percent in urban areas.

Hence, the *2017 Study on Indigenous Women and Children in Guyana* is key to ensuring a better understanding of the situation of indigenous peoples. This study represents a partnership between the Ministry of Indigenous Peoples' Affairs (MoIPA) and UNICEF. It has an ultimate objective to inform countrywide, regional and local strategies, projects and programmes that are aimed at the realisation of children's and women's rights and the empowerment of indigenous women, children and adolescents. This study also aims to inform the formulation/revision of laws, policies and budgets, and form a basis for strengthening capacities and improving the situation of indigenous women and children.

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1 All examples have the 2014 MICS as the source and are mentioned in the 2016 Situation Analysis report.

## 1.1 Methodology

The study took into consideration the notion that human rights are inalienable, interdependent and interrelated. The realisation of one right often depends, wholly or in part, on the realisation of others. For instance, the realisation of the right to health may depend, in certain circumstances, on the realisation of the right to water and sanitation, education and information. Hence, as much as possible, the analysis used a systemic perspective to explain the situation of the indigenous women and children in Guyana.

This study was conducted by a research team comprising one international lead researcher and two national researchers, all managed by a focal point in UNICEF and advised by a Steering Committee that was formed by different organisations. The Steering Committee was responsible for approving the methodology; providing inputs in the overall process and reviewing the deliverables of this research.

*The study had three phases:*

### **Phase 1: Secondary Data Review and Analysis**

During the first phase, the idea was to identify the main issues related to indigenous women and children based on existing literature and data. For that, a **desk review** of key documents, such as laws/Acts, researches, studies, evaluations, publications, governmental plans and other materials were combined with a **data review and analysis** of national and international surveys, administrative data, demographic and health surveys, censuses and income and expenditure surveys, among others. The use of 2006 MICS, 2009 DHS and 2014 MICS were essential in this phase of the work.

The objectives of this phase were to have a comprehensive identification of the situation of indigenous women and children, to understand the conditions that surrounded the indigenous populations and to flag how socioeconomic indicators for indigenous children and women depart from the national averages.

### **Phase 2: Data Collection**

The second phase was centred on data collection in the field. For that, the main methodological choices were interviews at national and local levels with key stakeholders, including indigenous women and men, Village Councillors, Toshaos, doctors, nurses, governmental officials, representatives of NGOs, adolescents and UN Staff, among others. The objective was to explore the points identified in the literature review and the data analysis; to identify the perceptions related to the indigenous population and to recognise barriers and bottlenecks related to indigenous women and children. The interviews were also used to capture different perspectives that were not found – or were not evident enough – in other studies.

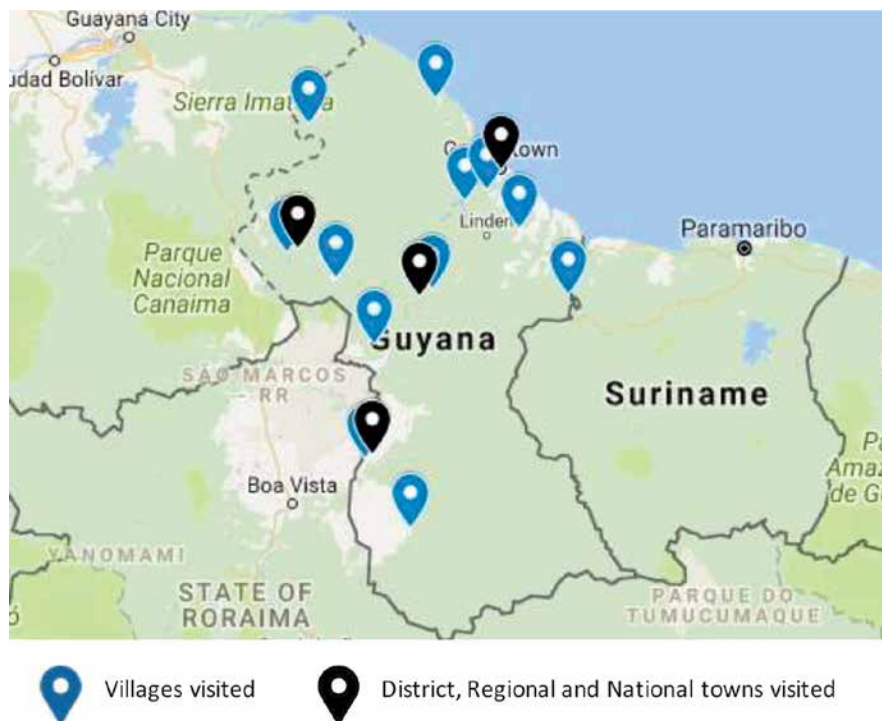


The second methodological choice was the use of focus groups/group interviews with indigenous and non-indigenous women, men and children, representatives of civil society, Non-government organisations and youth/adolescents' groups, among others. The objective was to go beyond the formal interviews and to capture the interaction between those who participated in the discussions. Focal groups and group interviews were also key to the identification of barriers and bottlenecks to the full realisation of the rights for that population.

**Observation of indigenous communities** complemented the process. These visits were used to observe the environment where women and children live and used as an opportunity to understand more the culture and the behaviours. The Ministry of Indigenous Peoples' Affairs and UNICEF, with the support of the steering committee, decided on which of the 250 indigenous communities were critical to being engaged in the study. The location, the population size, past knowledge of social development issues, hubs- i.e. communities that provide services for other outlying/satellite communities- were some of the considerations in the selection of communities. At least one indigenous community from each region was selected.

The research team has visited 12 indigenous villages and 4 regional/sub-district administrative towns in 9 regions of the country (Figure 1) (Annex 3 for profile of the villages) and has involved/ interviewed more than 1,000 stakeholders, resulting in more than 70 hours of recordings that were transcribed and analysed as inputs for this report (list of stakeholders in Annex 4). The purpose of the field visits was to collect qualitative data, as such, no quantitative data was provided via this medium.

Figure 1: Villages and towns visited during the qualitative data collection process



### Phase 3: Combining Qualitative and Quantitative Data – Consolidation of the data

The literature and data review allowed the research team to combine a list of major rights' violations for indigenous women and children before starting data collection on the field. Once data collection began, interviews were transcribed and from there, that list was validated and expanded. Based on this list of topics, all the interviews were coded and classified, allowing for qualitative data to be triangulated. Triangulation happened on sources within the same village – when stakeholders' perceptions were analysed – and among different villages. The comparison among the qualitative information from the villages in combination with the quantitative data gave origin to the conclusions described in this report.

In this sense, there are **three important considerations for this report**:

**First**, despite not being a representative study like all qualitative studies, the information presented in this report reflect trends seen in all the villages that were visited. The information presented was triangulated using different dimensions, i.e., information was only considered in the report if the same topic/analysis was mentioned by more than three stakeholders in the majority of the villages. Moreover, as much as possible, the qualitative data was also backed up with existing quantitative data, increasing the robustness of the analysis. Using this combination, the research team was able to avoid bias towards more localised topics.

As a consequence, the **second consideration** is that unless clearly stated, all topics being presented in this report are common for the majority or all of the villages. In this sense, the information presented in the different sections of the report reflects the collective conclusion of the stakeholders consulted for this process.

The **third consideration** is the use of quotes in this report. Quotes from the interviews are used in this document to bring a personal perspective to the study. They reflect the thinking of those who were willing to provide the research team with their personal opinions about the situation of children and women in the indigenous communities. In order to preserve the confidentiality of the interviewees, when opinions could create political or personal damage, names, positions and even location were not mentioned in the text. When there was no risk for the respondent, then the village and/or position are identified.

## 1.2 Study Limitations

Guyana has more than 250 indigenous villages, each with its own peculiarities and issues. Even though the research team has covered nine out of ten the regions of the country (see second limitation below), the *first limitation* is the fact that the study should not be considered a representative study, but an illustrative one, where the existing quantitative data is associated with the qualitative data captured on the field. The field visits were an important tool to access the views and opinions of the indigenous communities, to identify their way of living and to interact with children and adults in capturing information. On the other hand the study was never conceptualised as a full *ethnographic study* since the research team could not live with the indigenous peoples for a while to capture all the nuances and the details that constitute the lifestyle of indigenous peoples, down to the finest detail. The research team engaged people to understand their lived experiences in the various areas of interests. Hence, in terms of design and sampling, the study is phenomenology (the lived experiences of a person or group) with a purposive sampling methodology. The purposive sampling strategies were designed to enhance the understanding of selected individuals or subgroups.

Despite this obvious limitation, the research team could perceive one important phenomenon: it is true that each village has its own peculiarities, issues and nuances. Nevertheless, in exploring the qualitative data, deprivations in the villages were not so different from each other and a clear pattern – that is described throughout this study – emerges. In most of the cases, the socioeconomic challenges were very similar, being repeated in all villages, independently of their region. Consequently, the causes mentioned were similar for those challenges and/or the main factors that would influence in the non-realisation of a certain right. This fact gives the research team the security in generalising the findings and conclusions and in presenting them for all indigenous populations in the communities visited and maybe in the country.

The *second limitation* was a change of plans to the original number of regions visited in the data collection phase. Due to an unfortunate combination of logistic challenges and time constraint, Region 2 was not visited. The fact that the Region was not visited does not jeopardise the findings or conclusions in this report, in any way and does not bring any less value to the data and information collected in other regions.

A *third limitation* found by the research team was the fact that not all data available in the country, for the indigenous peoples' population, were disaggregated. In this case, when data was not available for the indigenous peoples, the other disaggregation used as proxy was the *hinterlands*. The reason for using this geographic component as a proxy is the fact that the majority of the indigenous populations lives in the hinterlands of the country (this is further discussed in section 2.1 of this document).

# CHAPTER 2: SOCIOECONOMIC SITUATION OF INDIGENOUS POPULATIONS

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*“Indigenous peoples have the right, without discrimination, to the improvement of their economic and social conditions, including, inter alia, in the areas of education, employment, vocational training and retraining, housing, sanitation, health and social security” (Article 21.1).*

*“States shall take effective measures and where appropriate, special measures to ensure continuing improvement of their economic and social conditions. Particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and persons with disabilities.” (Article 21.2)*

*2007 United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007)*

## 2.1 The Indigenous Population

### Demographics

Guyana has the largest number of indigenous peoples in a single country in the entire Caribbean (IFAD and CADPI, Oct 2012). According to the last census, the population of Guyana has 746,955 people, of which, 10.3 percent (76,936 people) were categorised as **Indigenous** (Bureau of Statistics Guyana, July 2016). The Indigenous Peoples are considered the first group to inhabit the land. Currently, there are nine indigenous nations settled across the ten administrative Regions of Guyana<sup>2</sup>. According to the 2012 Census, the country had 38,517 women who categorised themselves as Indigenous (Table 1).

The indigenous population is younger than the country’s average. While children (ages 0 to 18)<sup>3</sup> represent 41.3 percent of the total country population; for the indigenous population, 51.3 percent of that population is under the age of 18 (Table 1 – Please refer to Figure 63 for a comparison between indigenous and non-indigenous populations). Almost 15 percent of all children in the country between the ages of 0 and 5 are indigenous (Figure 2). All these numbers represent an opportunity for investment in their future, maintenance of their culture and overall development of the country.

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<sup>2</sup> Ministry of Indigenous Peoples’ Affairs. <http://indigenouspeoples.gov.gy/amerindian-nations/> Accessed on January 16, 2017.

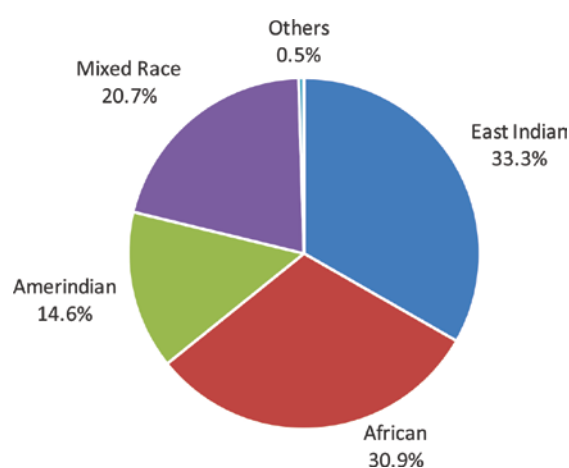
<sup>3</sup> For details on the country’s children population, please access the 2016 Guyana Situation Analysis of Children and Women (UNICEF in Guyana, July 2016). Also, please refer to Annex 1 for general demographic data for the country.

**Table 1: Age distribution for indigenous population, Guyana, 2014**

	Boys	Girls	Total	percent Total Indigenous Population
0-4	5,138	4,987	10,125	13.1 percent
5-9	5,128	5,136	10,264	13.3 percent
10-14	5,428	5,337	10,765	13.9 percent
15-19	4,272	4,240	8,512	11.0 percent
20-24	2,891	3,209	6,100	7.9 percent
Child Population	19,966	19,700	39,666	51.3 percent
Adolescent Population (10-19)	9,700	9,577	19,277	24.9 percent
Youth Population (15-24)	7,163	7,449	14,612	18.9 percent
Adult Population (18+)	18,710	18,742	37,452	48.4 percent
Not known	113	75	188	0.2 percent
Total Population	38,789	38,517	77,306	100.0 percent

Source: 2012 Census (Bureau of Statistics Guyana, July 2016)

**Figure 2: Distribution of Children ages 0 to 5, by Ethnicity, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

The highest number of indigenous people (about 15,500) is found among the *Arawaks*<sup>4</sup>. These are followed by the *Macushi* whose population is about half that of the *Arawaks*. Next are the *Wapishana* whose numbers are slightly higher than the *Warrau*, *Akawaio* and *Patomona*. The next smallest group is the Caribs and at the bottom of the indigenous population scale are the *Arekuna* and *Wai Wai*-remnants of the *Atorad* people who can still be found living in *Wapishana* communities (Ministry of Education, March 2014).

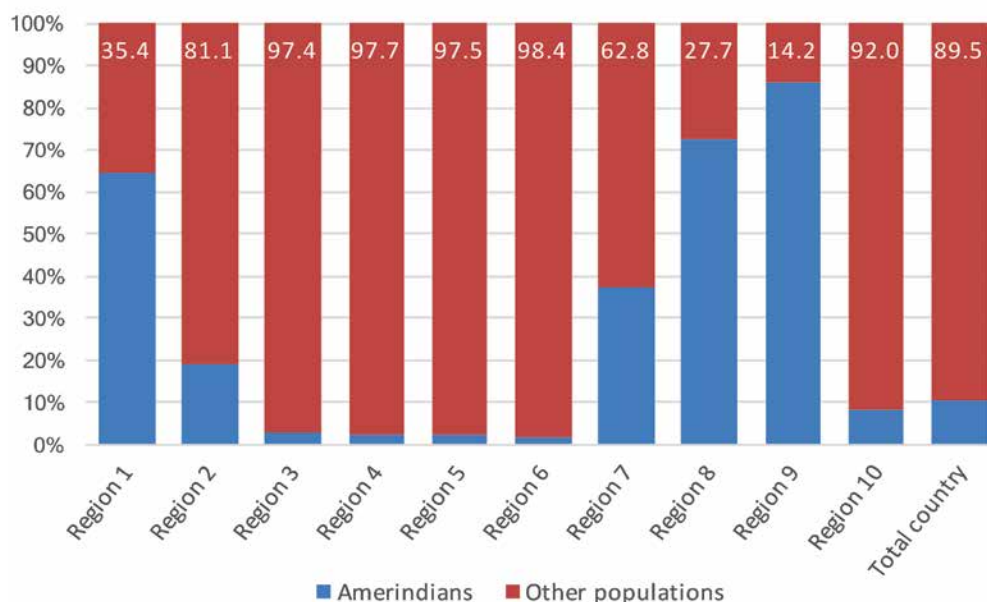
4 For a list of indigenous nations in Guyana please refer to Annex 5

According to the 2012 population census (Bureau of Statistics Guyana, Jan 2017), around 17 percent of the population living in the hinterlands is illiterate (16 percent for men and 17 percent for women). These numbers, in turn, influences how young children learn. As mentioned by educational professionals consulted during the field trips, the fact that parents do not read at home influence children’s and adolescent’s propensity to read.

### Where the indigenous population live

Most of the Indigenous communities inhabit the **Hinterlands (Regions 1, 7, 8 and 9)**, which together are the home of almost 80 percent of that population. Moreover, the indigenous populations also constitute to the majority of the population in those regions (Figure 3).

**Figure 3: Indigenous population as shared of the resident population in the Regions, Guyana, 2012**



Source: (Bureau of Statistics Guyana, July 2016)

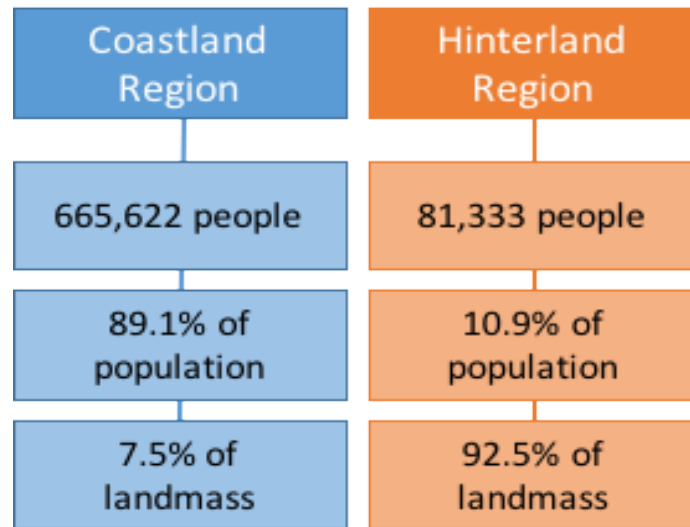
The hinterlands of Guyana comprises about two-thirds (67.6 percent), approximately 145,353 km<sup>2</sup> of the country’s land area. These highland areas are covered by dense forestlands and mountain ranges and marked also by a series of hills and rivers. Despite the large landmass of the hinterlands as compared to the coastland they are sparsely populated due to the barriers set by the geographical terrains (Bureau of Statistics Guyana, July 2016). The population of the hinterlands, comprising more than two-thirds of the land area, continued to grow, but even so, now constitutes only 10.9 percent of the total population.

In contrast, also according to the 2012 Census, the coastland regions, which include the capital city, comprise the higher percentage of the population (89.1 percent). The coastal plain represents the



smallest physical geographic area of Guyana, but at the same time it is densely populated in contrast to the hinterlands. The heavy concentration of population is due to the fact that the majority of the commercial activities in the country are carried out in the coastland regions. Six of the ten administrative regions in Guyana are found along the coast.

**Figure 4: Characteristics of Coastland and Hinterlands, Guyana**



Source: Census 2012, compendium 2 (Bureau of Statistics Guyana, July 2016)

**Figure 5: Hinterland and Coastal Regions in Guyana**



Source: Google maps with information from 2012 Census



## How the indigenous population live

Among the different ethnicities in Guyana, between 1980 and 2012, the indigenous populations increased by 94.5 percent, while, on average, for the same period, the country's population decreased by 1.66 percent. There were 38,000 more Indigenous People in Guyana in 2012 when compared to 1980, resulting in an annual growth rate of 2.92 percent. As for the overall population of the country there were 12,000 less people in 2012 when compared to 1980 (Bureau of Statistics Guyana, July 2016). The increase in the indigenous population can be partially attributed to deficiencies in women's empowerment and lack of family planning for that population (topic to be explored in Chapter 6).

As a consequence, households inhabited by the Indigenous families are crowded. Based on quantitative data, the average number of people per room used for sleeping is 2.5 in the hinterland households, compared to 1.9 for the country's average and 1.7 in the urban areas. According to the 2012 Census, the national average household size had decreased from about 4.1 people per household in 2002 to 3.6 people per household in the 2012 census. The highest average household size was recorded for the four (4) hinterland regions (Regions 1, 7, 8 and 9) combined which yielded an estimated 4.7 people per household, down by an absolute 0.7 person when compared to the 2002 census results. However, the qualitative data showed a different perspective than the one showed by the quantitative data. It was common to find families with eight and nine children. As a matter of fact, families with four children were considered to be small. One point holds true: larger families are more common among older women and two reasons could be attributed to this fact: first, there was no clear contraceptive policy by the Government. Second, the younger generation of women was more conscious of the difficulties involved in raising children and seemed not interested in having many children.

Sixty percent of the Indigenous communities in Guyana now hold title to some of their traditional lands. Land title encompasses the rights to fish, farm, hunt and log on the land and occupancy rights. Subsoil rights are excluded. Land titles have been given in different forms, namely as indigenous villages, indigenous areas and indigenous districts. Indigenous Peoples hold land collectively, although individual/family parcels are identified and generally accepted at the community level. In some communities, the Village Council has identified parcels for housing, farming and other economic and social activities (Ministry of Education, March 2014).

Indigenous women and children do not have access to infrastructure and modern-life facilities to the same extent as their counterparts who live in the coastal area and/or the cities and that, as it is going to be described throughout this document, interferes in their access to good quality education, health and other social services. For example, almost 44 percent of the households in the hinterlands of the country – used as a proxy of the indigenous households – do not have electricity (in comparison to 13 percent at national average and 6 percent in the urban areas). The qualitative data showed that in the visited communities, the proportion of houses without electricity was much smaller than the average for the hinterland besides, among those with electricity, mostly solar panels were the source of electricity. In many villages, the solar panels were not working properly and there was a need to replace the batteries.

Similarly, according to 2014 MICS, households in the hinterlands of the country present the smallest number of computer in the households: only 27.5 percent of the households had computers, in comparison to 41 percent as average for the country and 52 percent in the urban areas. That means indigenous families have less access to all forms of information, new technologies and social media, putting them at a disadvantage when compared to other women, children and adolescents in the country. At the same time, access to mobile phone is quite high in the hinterlands. Around 75 percent of the households in the hinterland have a mobile phone. This is due to the relatively low cost associated with them and because landlines are inexistent due to terrain challenges. But this large percentage creates a window of opportunity to access those families.

## Jobs and Migration

Around 67 percent of the men formally employed in the hinterland regions work in two sectors: (i) Agriculture, Forestry and Fishing and (ii) Mining and Quarrying. Women are employed in the educational sector, wholesale and agriculture sectors (representing 55 percent of the employed women) (Bureau of Statistics Guyana, Sept 2016). In the 12 villages visited, lack of employment and employment opportunities are major problems for the female and male populations. Most of the women mentioned that they stay home doing housework and few had the opportunity to have a fixed income by month (see more details on chapter 7). Two important factors influence this situation. First, the villages do not have a sustainable economy that generates a market to be explored by the women. Second, as described by many stakeholders in the field, a significant number of women, especially those older than 35, do not have any formal qualifications.

One important factor that influences the social construct of the indigenous peoples is the fact that a significant number of the men in the villages will temporarily migrate to the “backdams” to try to get money to support their families. As mentioned by a woman who participated in a focus group in Santa Rosa (Region 1), *“We have an unemployment problem within the community. most times our men have to leave. You see the men doing a couple little work up the hill but in the next couple weeks and then there is nothing. So, most of our men would have to work outside of the community. So, this is where the female have to take care of the family. Some [men] work in the gold mines. Sometimes they go to other regions, different other regions, wherever they could get gold, like pork knocking or whatever. That is the main thing that they does do. Sometimes people would employ them to do like saw, saw wood. Sometimes they wouldn’t pay them also, sometimes, people just want use them cause they know that they can work but when they done, they wouldn’t get paid. Sometimes when they get paid, they got fa pay for food, they got fa pay for gas, they got fa pay for light, they got pay fa for everything. So by the time they finish, they don’t have anything to bring home for their children so they got to go work for another round.”*

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5 According to (Gregory June 2009), in a mining environment, it is the physical work-ground where mining takes place, including mining camps, pits and river dredge landings. The same term is also used to describe logging sites where men go to work. The physical structure of the backdam is usually poor, with no potable water and proper sanitation facilities.

This temporary migration is more common in those villages that do not have mining or logging in their vicinities, forcing the men to travel to other regions in search of work. The absence from the household varies between a couple of weeks to three months. From the stories shared, sometimes the men will not come back, leaving their wives taking care of the children without any type of support. According to a man in Santa Mission (a small village in Region Three) who frequently migrates temporarily for money, in a good term, he can get around G\$500,000, which is equivalent to approximately USD 2,500, after working for three months, which would be sufficient to support his family for a couple of months, until he can get back to mining or logging for money.

The temporary migration affects the communities differently. In River's View (Region 10), women are the majority of the Village Council. When asked why, the answer reflects the economic option for the village: *"The men don't be around. Men does be mostly out. Out, working out of the village."*

While this type of migration is essential – and may be the only immediate solution – to sustain the families in the indigenous villages of Guyana, they are referenced by the stakeholders as the cause of many social challenges for the women and children in the communities. For example, it is mentioned that children and adolescents lose contact with one of the parents for prolonged periods of time, affecting their development. Moreover, some cases of violence among men and women are also rooted in the long separation between partners. As mentioned by stakeholders in almost all communities that were visited, when the men return to his house, he gets 'jealous' of his wife, since she was left alone for so long and starts having second thoughts about her honesty in the relationship, leading to cases of domestic violence and different abuses. Also, some women would challenge the men for not bringing sufficient money after spending so much time away from home. That challenge, in combination with the increased alcohol consumption (a fact to be explored later in this report) for men in the indigenous villages would also trigger violence against the women and children.

For the majority of male and female adolescents consulted, migration is only a matter of time. For them, their careers would take place outside their villages. The reason for that is the fact that there is no academic and/or vocational training available in the villages. Some of the adolescents who planned to have careers in teaching and health mentioned they would like to return to their villages on completion of their studies. However, the adolescents who aspire to study law, engineering, aviation and other areas of study mentioned they would like to live in Georgetown or another country.

### **Population living with disabilities**

In terms of disabilities, 1.8 percent of the national population older than 15 years old is considered to be living with a disability (2.1 percent for men and 1.6 percent for women) and in the hinterlands, around 1.2 percent of the population in that age group is living with a disability (Bureau of Statistics Guyana, Sept 2016). In all the villages that were visited informants mentioned adults and children with disabilities living in the community. Once more, numbers were not available, but it was reported that villages were not physically prepared to accommodate people with physical disabilities and special needs. Those villages near to Georgetown might still have the advantage for parents to search for

specialists in the capital. For those villages that are more remote, people living with disabilities do not have any type of professional support in terms of health, education and social protection. While it was not possible to identify any type of specific discrimination related to them, it was normal to hear people using terms such as “retarded” or “cripple” to define some of the children and adults.

### **Discrimination against indigenous populations**

Despite being a multicultural country, evidence points to the existence of discrimination against some groups in Guyana. The UN Committee on the Rights of the Child expressed concern at the prevalence of discrimination against indigenous children (UN Committee on the Rights of the Child, 2013). The Hinterland Scholarship adolescents who were interviewed in Georgetown told the research team that they did not feel discriminated by the other ethnicities they interacted with in the secondary schools in the capital. Nonetheless, the situation was completely opposite when the adolescents who still lived in the indigenous villages expressed their voice. Expressions such as “*they think we are not civilised*”, “*We are called ‘buck’ people*” or “*People behave like we don’t know anything*” were frequently mentioned by the indigenous youth in the villages to express how they are treated once they visit Georgetown or other cities in the country.

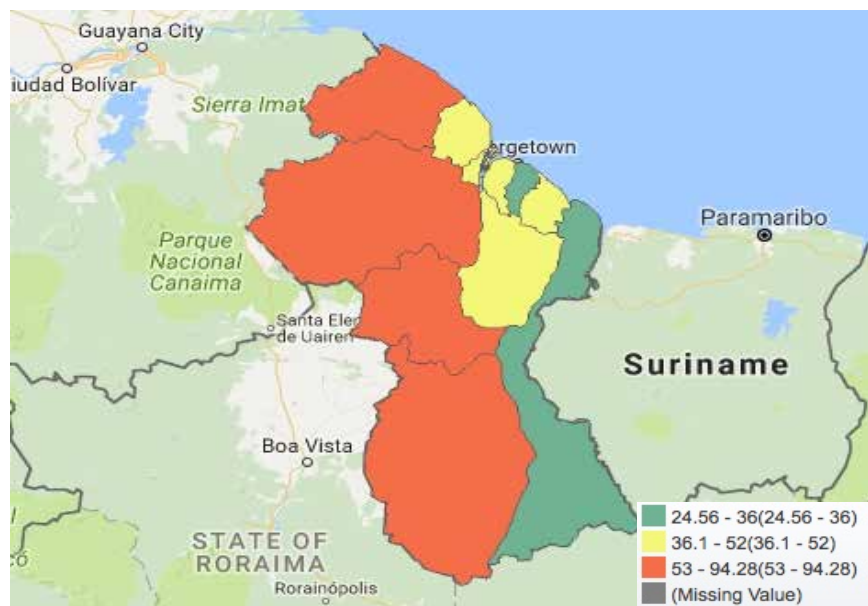
Older people who lived in the hinterlands also mentioned discriminatory treatment when they need assistance in Georgetown or in the other cities of Guyana. Indigenous women would report that they did not receive sufficient attention in the hospitals outside the villages and in many occasions, even when they would have travelled for hours before reaching their final destinations, health attendants would just have dismissed their cases. Similar situations exist when indigenous peoples have to handle challenges that involve dealing with public administration in Georgetown or in other cities in the country. The inefficiencies of the system is a burden for the whole population, but it is harder on the indigenous peoples who need to travel for hours or days to reach the cities.

## 2.2 Inequity among Indigenous Peoples

The latest official monetary poverty rates available for Guyana were calculated with the 2006 Household Income and Expenditure Survey (HIES) and reported in the country's 2011-2015 poverty reduction strategy paper (Government of Guyana, July 2011). According to that measure, **36.1 percent of the population in the country was living in poverty, including 18.6 percent that were living in extreme poverty**. The 2011 poverty reduction strategy paper did not present the poverty rates for the indigenous populations<sup>6</sup> – despite presenting the rates for all other three major ethnicities in the country. Nonetheless, it mentioned that the Indigenous peoples continued to exhibit the highest poverty level in Guyana.

It is possible to have an idea on poverty for the indigenous populations in Guyana by looking at 2006 numbers in two different settings. First, poverty rates in 2006 for Regions 1, 7, 8 and 9 (regions with the highest proportion of indigenous populations) are two to three times higher than the national average. The poverty rates for those regions in 2006 were 80 percent, 61 percent, 94 percent and 74 percent, respectively. Second, in the rural hinterlands (also where most of the indigenous population lives), poverty rate in 2006 was 74 percent and extreme poverty was 54 percent, in comparison to urban coastal where the rates were 19 percent and 7 percent, respectively (Government of Guyana, July 2011) (Figure 6).

**Figure 6: Percent Population living in poverty by Region, Guyana, 2006**

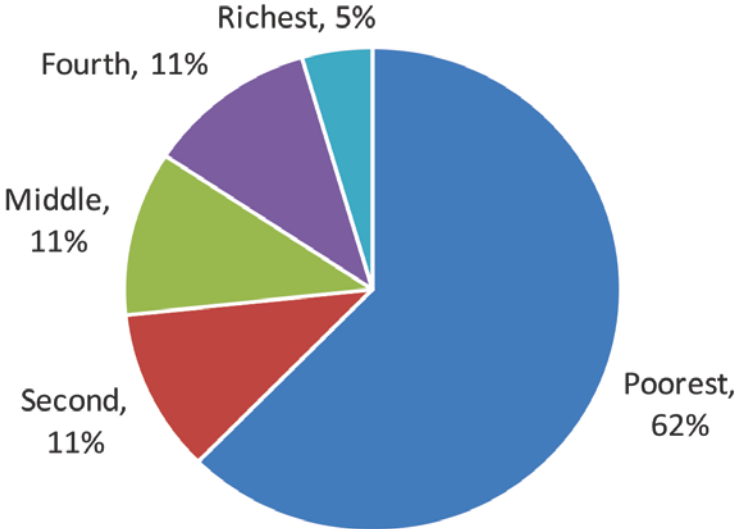


Source: (Government of Guyana, July 2011).

<sup>6</sup> As described in the 2011 poverty reduction strategy paper, the measurement of poverty for the indigenous communities is prone to error due to the lifestyle they live. Poverty was measured by a “consumption basket”, i.e., if the family was possible to buy the items of this bundle. Expenditure patterns for this group may be quite different from those of other ethnicities and that can cause challenges with measurements. Please refer to the 2016 UNICEF SitAn for a more in-depth discussion on poverty measurements, overall child poverty and alternative forms of measure poverty.

The 2014 Multiple Indicator Cluster Survey (MICS) did not calculate poverty rates for the country, but used a quintile wealth index to differentiate wealth across households, from poorest to richest<sup>7</sup>. Data from MICS 2014 did not calculate the quintiles by ethnicity, but it has confirmed that the indigenous populations are living in the poorest area of the country: the hinterlands. Among different populations in Guyana, 62 percent of the people living in the hinterlands of the country could be categorised as poor (living in the bottom 20 percent) (Figure 7). Figure 8 compares the populations living in the hinterland with those in the coastal area, showing the immense disparity in income distribution among them.

**Figure 7: Poverty Distribution in the hinterlands of the country, Guyana, 2014**

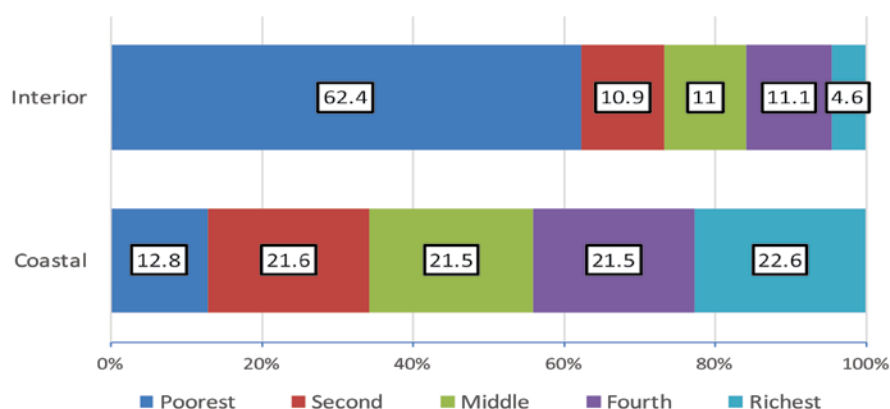


Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

7 The wealth index is a composite indicator of wealth. To construct the wealth index, a principal components analysis is performed by using information on the ownership of consumer goods, dwelling characteristics, water and sanitation and other characteristics that are related to the household’s wealth, to generate weights (factor scores) for each of the items used. First, initial factor scores are calculated for the total sample. Then, separate factor scores are calculated for households in urban and rural areas. Finally, the urban and rural factor scores are regressed on the initial factor scores to obtain the combined, final factor scores for the total sample. This is carried out to minimise the urban bias in the wealth index values.

For this indigenous study, it was decided not to create a poverty index, or a measure that could determine who is poor and who is not. Nevertheless, poverty is considered as a situation that involves more than monetary poverty and includes lack of access to quality health, education and protection services. The idea of poverty for this report is connected to vulnerability and violation of rights.

**Figure 8: Percentage distribution of the household population by wealth index quintiles, according to area of residence (Hinterland and Coastal Areas), Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Similar to the 2006 poverty measurements, the 2014 MICS shows that most of the population living in the Hinterlands (Regions 1, 7, 8 and 9) are in the poorest quintile and way higher than the country's average and other regions (Table 2).

**Table 2: Wealth Index Quintiles per Region, Guyana, 2014**

Region	Poorest	Second	Middle	Fourth	Richest
Region 1	85.6	10.7	2.5	1	0.3
Region 2	34.2	30	14.7	12.4	8.8
Region 3	10.5	21.1	23.7	23.6	21
Region 4	9.5	18.9	20.6	22.9	28
Region 5	21.4	27.6	23.2	16.9	10.9
Region 6	20.4	22.4	22.8	18.6	15.8
Regions 7 & 8	69.8	7.9	6.4	7.7	8.3
Region 9	93.1	2.9	1.3	2.1	0.7
Region 10	23.3	19.4	22.6	24.7	10

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

According to UNICEF LACRO (UNICEF LACRO, 2015), despite the fact that the Amazonian indigenous peoples are culturally rich, they are among the most deprived. According to that document, indigenous peoples experience poverty at twice the rate and sometimes even five times more than non-indigenous populations. They are also less likely to access social services and are suffering from the effects of environmental degradation and climate change on their health and well-being.



In looking in terms of monetary poverty, most of the populations in the indigenous villages were living in that condition. As mentioned earlier in this document, the job situation is quite precarious and there are no or few opportunities for economic development. As a consequence, for many Indigenous, the only way to cope with poverty is to migrate temporarily or definitively to other localities. That economic struggle, as mentioned, is influencing the indigenous youth that see life outside the villages as the only way to escape their current situation.

One important discussion that took place with the stakeholders was the perception of poverty deprivations among the indigenous people who participated in the focus groups and interviews. The idea that was flagged was that poverty is not only about money. As mentioned by the Toshao in Moraikobai, *“No it is not about money. It is like your livelihood, sustaining you way of life, culture and stuff and that is way it comes back what I said. A billionaire might walk into the community and say okay, I want this piece of gadget to be mines. But this is something that you have been cherishing for years, but you have been in poverty and you cannot overcome that so you sell it.”*

Similar perception was shared during a meeting with the Village Council in Santa Rosa: *“For us indigenous people, I don’t think the concept of poor exists. It is like a first world thing, rich and poor and so. I think we get by, we have ways and means of getting by and using our environment, farming, fishing and so on, we get by. We don’t live extravagant ‘lives’, all that you see here is what is influencing our thinking on how we should go about life. I spoke to several people in the field and one time a man told me that he is a poor man because he ain’t got money and told him that you are not poor, you are poor in the brain. I told him that he has farm, children, you got this, you got that, you got the forest, you got the river, those are resources that have to be exploited. I said you have five sons, five young men who can actually help you develop a farm. Grow something, sell something...Some considered themselves poor because they have no money but I know we are rich because we have the land. We do not have to buy greens. It is not only money, poverty when you have no house, you sleep under mango tree and you are so dirty. Everybody take care of families members here.”*

In fact, in all the villages, the concept agreed by the stakeholders was that they were rich since they had the land but the means to grow or to explore the land were missing. Moreover, for many, the fixed cost of living in the villages is much lower than living in the cities, since they do not have to pay taxes, mortgages and utilities such as water, electricity and telephone. Some teachers actually mentioned that the only way to support their families – they were single parents – was to live in an indigenous community and not to pay for housing and other utilities. It seems a contradiction that while many interviewee would complain about lack of access to technology and other facilities found in the cities, at the same time, they would be happy that they did not have to pay for them.

“A poor person is a person unable to meet their needs in terms of food, shelter and clothing. A poor person does not have access to healthcare and education. It is a person that does not have a stable job and it is not able to bring income, to sustain you and your family. A poor person is exposed to abuse. A poor person is a person who has disabilities and lack basic necessities such as education, health, job opportunities.”

Indigenous adolescent in the dorm in Georgetown

Despite this holistic and multifactor approach on poverty that was found in the indigenous communities, it is clear that many people in the villages live in deep vulnerability and some would actually depend on the help of neighbours, religious or not-for-profits organisations so as not to starve or to have the bare minimum. As it is going to be explored throughout this report, Indigenous Peoples might not consider themselves poor, but a great number of Indigenous Peoples, live without having the means to have three meals a day, or having money to buy basic products. Some reported to be using traditional medicines not because it was part of their culture, but because the drug was not available in the health facility and they did not have money to buy in the local shops. Many adolescents said that they knew other people their age that would come to school without having eaten and/or without money to buy something from the canteen. For teachers, for a considerable group of students, the warm meal served in some of the primary schools would constitute the main meal for the day.

Also, according to the stakeholders, life is harder for those women who have too many children and have to take care of them without any support. As a Village Council member analysed in Santa Rosa. *“We would have people coming to do deliveries at the hospital and then when they do show up is like they don’t have anything, like a baby bundle and like healthcare provider I would call people in the community to provide these things, you know, these basic things. Sometimes you find that people don’t have basic hygiene things like toothbrush, Colgate, towel and so they don’t have. Some of them come in and already have 11 children and they left them home with the oldest child and they say that the husband is in the bush and teking “blows” [financial difficulty], that’s why they ain’t got nothing.”*

The qualitative research did not find any evidence on the positive correlation between having abundant natural resources – such as gold, water and/or trees – and social development in the villages (more on this debate is explored in the next subsection). One known case is Baramita. Located in Region 1, the Village is home of 4,500 indigenous peoples, most of them, living in poverty and suffering from many deprivations, including poor general infrastructure for the village (poor access to water, sanitation and energy), lack of jobs, submitted to several cases of violence against women and children and no secondary school, among other issues. While the village is known all over Guyana as one of the places where a considerable quantity of gold is extracted, that is not being translated in returns for the local population.

### 2.3. Governance and Public Policies for the Indigenous Population

At the national level, the **Ministry of Indigenous Peoples' Affairs** (MoIPA) is the government body responsible for enhancing the social, economic and environmental well-being of indigenous peoples and their lands through collaboration, sustainable development and appropriate legislation, ensuring the preservation of the indigenous culture and traditional knowledge. Alongside the MoIPA, other Government ministries and bodies such as the Ministry of Education, Ministry of Health and the Ministry of Social Protection are present in the indigenous peoples' villages.

Pursuant to the Amerindian Act, 2006, the **National Toshias Council** (NTC) was established as a body corporate which comprises all Toshias (the leaders of indigenous villages – see below). The Amerindian Act stipulates that the NTC shall elect an executive committee comprising one Toshias from each administrative region of the country and not more than ten additional Toshias. Among the different functions, some are related to: (i) the promotion of good governance in villages including investigating matters as requested by a village and making recommendations, provided that the NTC may not investigate any matter which has been referred to the Minister and must ensure that any person involved in the investigation is given a reasonable opportunity to be heard; (ii) preparing strategies and plans for reducing poverty and improving access to health and education in villages and (iii) preparing strategies and plans for the protection, conservation and sustainable management of village lands and natural resources.

At the sub-national level, the virtual isolation of Guyana's indigenous peoples until nearly the end of the twentieth century led to a system of self-government that was highly decentralised in terms of decision-making (IFAD and CADPI, Oct 2012). Today, part of this system is still in place. **Governance at local level** has two main actors, the Toshias and the Village Council, both elected by the population. The **Toshias** is the leader in the village, he/she is the chairman of the Village Council and responsible for ensuring good governance, including accountability and transparency. He is also responsible for keeping the peace and justice in the village.

The **Village Council** has its main role to administer the village and to handle functions related to village representation; advice and strategic direction to the village, including planning and overall strategic development of the village; use and distribution of the land; preservation and growth of indigenous culture and levy or taxes on residents, among other functions. Moreover, the Amerindian Act gives powers to the Village Council to make rules and regulations on a myriad of thematic matters such as the maintenance of discipline and order; the permission for business or trade and regulations on land water and environment. The said regulations must be consistent with national laws of Guyana. The rules at village level must be approved by the villagers and the Minister of Indigenous Peoples' Affairs before enacted. The Village Council and the Toshias should act in harmony for the good governance of the village.

The roles of the Toshias and the Village Council seem to be understood by all the Toshias and Councillors met in the field. The internal structure will vary from community to community. For

example, there are a series of sub-committees that are responsible for addressing different issues in the villages, such as birth registration. Their system is quite simple and efficient. According to one person responsible for that task in the Village Council: “*We would tek down names of who don’t have [a birth certificate] and work on getting it for them*”. Another example of organisation is found in where a tourism sub-committee was formed to expand that economic activity in the village.

In all the villages visited, it seems that the Village Councils follow the meeting standards stipulated by the Amerindian Act, i.e., they assemble at least once a month to handle their internal discussions and at least once in every three months they carry the open meetings. Participation in the open meeting is a different story: it varies from village to village and the perception on full popular participation depends on who answers the question. One thing seems to be clear: youth, adolescents and children rarely participate in these meetings. The low participation of young people has different causes. According to the adolescents interviewed they were never invited, such as in St. Ignatius village. In others, they were invited but did not want to participate, as reported in Santa Rosa and Orealla<sup>8</sup>.

It also seems that the open meetings are misinterpreted by the society. While it could be an opportunity to bring open discussions on the challenges that the village is facing and solutions for them, the reality is that the meeting is more procedural, happening so that the procedures in the Act are complied with. For example, in one of the villages, the school management would not participate from in meetings, since they had the opinion that there were two different administrative instances: while the school falls under the administration of the Ministry of Education, the Council meets under the coordination of the Minister of Indigenous Peoples’ Affairs; therefore, the vision was that these instances were clashing and not cooperating.

## Cooperation and Governance in the Indigenous Villages

Each of the ten regions in Guyana is sub-divided into a number of districts and this administrative structure deeply influences how different stakeholders work within the boundaries of the villages. At the **regional level**, the *Regional Executive Officer* (REO) is supposed to implement and execute policies and programmes that lead to regional development, creating and enforcing priorities for the sub-Districts. The REO works under the Ministry of Communities and speaks at the parliament to help allocate funds to set its priorities for the region. Regions also have other representatives such as the *Regional Health Officer* (RHO) and the *Regional Education Officer* (REdO). Both represent their Ministries within the regions and respond to the REO. Ultimately, the REO and the other representatives are the ones who decide on the policies that are adopted and implemented at the village level.

At the **sub-district level**, different representations exist: The *District Development Officer* (DDO) represents the REO<sup>9</sup>; the *District Health Officer* (DHO), the RHO and the *District Education Officer* (DEO), the REdO. The Ministry of Indigenous Peoples’ Affairs (MoIPA) is represented by the

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8 More on this topic is going to be explored on Chapter 7.

9 The number of DDOs for each region will vary depending on the number of sub-districts.

*Community Development Officer (CDO)*, who covers a certain number of villages, depending on the size of the sub-district. For most of the regions, the CDO provided valuable support in terms of logistics and information and acted as a broker between the research team and the community. Nonetheless, the knowledge and capacity of the CDOs varied immensely. On one hand some of the CDOs were engaged with the community and could easily summarise the main challenges of the villages that were under their responsibility. On the other hand a number of CDOs seemed very absent from the community and could not enunciate the challenges that women and children were facing.

All these – and other stakeholders – should cooperate in the villages, aiming to maximise results that could improve the lifestyles of children and women in the indigenous communities. Nonetheless, cooperation seems to be far from optimum. One good example is the reporting function that happens at sub-district level.

The idea is that information should flow bottom-up, i.e., from village to sub-district, then to region and finally to national instances. In order for that to happen, on a monthly basis, some DDO reports to the REO about what is happening in education, health, public works, agriculture and administration<sup>10</sup> for the villages that are covered by him/her<sup>11</sup>. The DDO document to the REO is based on individual reports that are sent to him by other district representatives such as the District Education Officer (DEO) and the District Health Officer (DHO), among others. The report from the DDO to the REO also has a summary on the weather conditions for the sub-district, creating a good repository to identify climate patterns and related emergencies.

Just for illustration purposes, the report from the District Education Officer that the research team had access was quite comprehensive and presented very detailed information about school absentees, particular issues that happened in the previous month and demands in education. Similar is the case of the report from the DHO, which presented detailed administrative data for each health facility in the sub-district related to the number of pregnant women, number of maternal deaths and number of home and hospital deliveries, among other data that could consist of important information for planning and proper management in health.

Therefore, every month, important information from the village level can be given to the regional Government representative which will be very useful in helping to monitor the socioeconomic aspects of the indigenous villages. The report could be the tangible document based on the cooperation among different actors. However, that does not seem to happen. According to information collected in the regions, the DDO sub-district monthly report is not formally shared with the Ministry of Indigenous Peoples' Affairs, unless there is something very specific about it. As a matter of fact, some of the DDOs contacted were quite vague on what is done with the information that is shared.

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10 These are the areas that are under his/her responsibility.

11 In those regions that are predominantly Indigenous, the DDO will report on villages. In the Regions where the Indigenous are not predominant, they should report on the cities and towns.

Anecdotal evidence also points to the fact that there is no feedback system to the demands from schools, health facilities and many other public services that are offered to the population. In one school located in an indigenous village, the head teacher explained that he has been asking for new furniture for the school for more than two years (the furniture is broken and its size is not compatible with the height of the children), and he has never received a feedback on his request. The lack of feedback does not only happen at the school level, but also at a sub-regional level. Regional Health Officers and Regional Education Officers mentioned that most of their requests are not even acknowledged by their respective Government ministries in Georgetown.

The fact that different governmental bodies share the same space in the communities seems to have created confusion in terms of governance in indigenous villages throughout Guyana. In the same space, different ministries have different representatives that do not always interact with each other, creating a vacuum in many simple demands that could be easily achieved if coordination among the different governmental stakeholders existed. That affects how the CDO and the MoIPA are seen in the communities.

The role of the CDO does not seem to be clear for the Village Council and the community. For those CDOs who were more engaged, their own perception was that they represent the MoIPA in the villages and their role is to assist the Toshao and the Village Council in writing their annual plans, budgets, and other proposal that could benefit the community. Also, according to them, their responsibility is to monitor how funds and projects are being implemented. Besides this support at governance level, CDOs have a more parochial role. They are constantly receiving personal demands from different people in the village. Some of the requests were related (i) to intervene with government for personal benefits to be paid; (ii) checking if birth certificates and other documents were issued and (iii) to facilitate transportation from the village to Georgetown by boat, road or air.

Similarly, for many Tshaos, Councillors and inhabitants of the villages, the role of the Ministry of Indigenous Peoples' Affairs is not clear. When discussing with Village Councils and Tshaos in different regions, it was recognisable that apart from the funding that is allocated to the villages every year (Presidential Grant and Community Development Plan) and the help with landing title, the role of the MoIPA in the villages was not fully understood. In some villages, interviewees clearly mentioned that the MoIPA should be the institution that coordinates the different Government and non-government actors in the villages, diminishing the different layers of bureaucracy and creating the enabling environment that is necessary for socioeconomic development to be sustainable.

## **Public Policies for Indigenous Peoples**

Guyana has not subscribed to the 1989 International Labour Organisation (ILO) **Convention 169 on Indigenous and Tribal Peoples**. Nevertheless, Guyana voted in favour of the **United Nations Declaration on the Rights of Indigenous Peoples in 2007**. The Declaration establishes a universal framework of minimum standards for the survival, dignity, well-being and rights of the world's indigenous peoples. The Declaration addresses both individual and collective rights; cultural



rights and identity and rights to education, health, employment, language and others. It outlaws discrimination against indigenous peoples and promotes their full and effective participation in all matters that concern them. It also ensures their right to remain distinct and to pursue their own priorities in economic, social and cultural development<sup>12</sup>.

According to Article 22.1 of the Declaration, particular attention shall be paid to the rights and special needs of indigenous elders, women, youth, children and people with disabilities in the implementation of the principles of the Declaration (United Nations, 2007).

The 1980 **Guyana Constitution** is clear in its preamble that Guyanese people value the special place in the nation of the indigenous peoples and recognise their right as citizens to land and security and the promulgation of policies for their communities (Government of Guyana, 1980). The Constitution was amended over the years, including the recognition of the indigenous peoples' rights, such as in 2003 when it added that indigenous peoples should have the right to the protection, preservation and promulgation of their languages, cultural heritage and way of life.

#### Declaration and Convention

It is important to mention that there is a difference between a **Declaration** and a **Convention**:

**Declaration:** Document stating agreed upon standards but which is not legally binding. It is an agreement on intentions.

**Convention:** It is a binding agreement between states. Conventions are stronger than Declarations because they are legally binding for governments that have signed them.

The main legislation that governs the indigenous populations in Guyana is the **2006 Amerindian Act** (Government of Guyana, March 2006), which protects indigenous peoples' rights and sets forth their benefits, including land titling, intellectual property rights, environmental protection and mining and forestry. The Act also empowers the Village Councils to establish rules for their communities and set fines within the legal confines of the law.

At the **national level**, G\$ 2.45 billion was allocated to the Ministry of Indigenous Peoples' Affairs for 2017, a slight increase when compared to 2.1 billion in 2016. Sixty percent of the allocation is marked for capital expenditure. At the same time, the 2017 budget allocated G\$ 16 million to the National Toshias Council Secretariat to enable the Council to carry out its mandate and better promote the interests of indigenous peoples in Guyana. The Ministries of Health, Education and Social Protection do not have any specific policy to address the needs of the indigenous populations in Guyana.

In July of 2017, MoIPA had six projects that directly impact the indigenous villages: four related to social-economic development, one to land titling and one to culture (see Annex 2 for more details on these projects). These projects – especially the Presidential Grant and the Community Development Plan (CDP), are extremely important to increase the economic competitiveness of the villages in the national scenario, improving the situation for children and women in the communities. Moreover, these are the main monies in the majority, if not all, of indigenous villages that were visited.

12 Source: (<http://www.ohchr.org/EN/Issues/IPeoples/Pages/Declaration.aspx>). Accessed on January 24, 2017.



The **Presidential grant** is granted every year to the villages, after the MoIPA approves a project. The idea is for the project to benefit the entire community. While the funds are very important for the indigenous community, there is still criticism on how funds are allocated. For example, more than one interviewee mentioned that the funds (approximately G\$1,000,000 which is equivalent to approximately USD\$ 5,000) were not enough to generate any changes in the life of the people. Other stakeholders had doubts about how funds were spent. In one village, the resources were supposed to be used to guarantee internet access to the population; however, that did not happen and funds were spent in different activities, without consulting the people in the village.

**The Community Development Plan (CDP)** is a more long-term project, with the idea to foment projects that generate sustainable alternatives of income for the community. The CDP is funded through the Indigenous Development Fund (ADF), being implemented by a partnership between UNDP and the MoIPA. A Village Council general meeting, via consensus or by majority vote, must approve the CDP. All residents are encouraged and entitled to participate in the entire process. The proposed projects vary in nature but can be categorised into the following broad sectors: agriculture (including processing), village infrastructure, tourism, manufacturing, village business enterprise and transportation<sup>13</sup>. Not all the villages were receiving the CDP and that is due to the management complexity that is associated with this specific project, which creates a more complex level of demand to the local administration; i.e., the Toshao and the Village Council need to be better prepared to present a project, monitor it and show results.

The field visits covered villages with different socioeconomic, ethnic and demographic profiles and that was extremely beneficial to raise the evidence to support the fact that the **quality of local management, i.e., the management capacity of the Village Council and the Toshao, varies widely**. One point that is common to almost all local management was that both the Toshao and the Councillors did not receive any type of formal training in public management, finance and/or administration of assets after they were elected. As a matter of fact, from the 12 villages visited, only one mentioned the Village Council has received training from the MoIPA and from UNDP. One Toshao mentioned that, *“We [Village Council] receive, I wouldn’t call it training, just a one day workshop but it is not sufficient because what you find, like myself I am just a primary school student, I never went to secondary”*. Another former Toshao was very categorical: *“Well I never ever. In my terms, we didn’t have any [training]”*.

Those who got some training in management and/or business have learned it by their own expenses. As mentioned by a Village Council in Orealla: *“I went and do some courses in entrepreneurship and business management. On my walls, I have my certificates and that is something that helps me with doing my business.”*

Lack of proper management reduces the chances for the MoIPA’s projects and other funds, to achieve the proposed results. As mentioned by one CDO, *“Not all Tshaos have the capacity to write the proposals, so one of the roles of the CDO is to help them writing the proposal and manage them.”*

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13 <http://moipa.gov.gy/amerindian-development-fund/>. Accessed on July 6, 2017.

Another challenge that the villages face is how to find funds to finance the activities proposed in the **annual village budget**. The funds for the annual village budget originated from two main sources: the grants from the Ministry of Indigenous Peoples' Affairs (Presidential Grant and CPD) and taxes/levies/royalties collected at a local level. Villages have the power to collect their own funds to support the projects that were approved annually by the Village Council. Those villages that are more organised and/or have natural resources within their boundaries, usually collect royalties from the mining, logging or other economic activities as major sources of income for the village.

Budget for supporting the administration of the villages will vary depending on the size of the population and the economic activities being carried locally. In some of the villages visited, villagers have to pay some type of tax or stipend to keep the local administration running. The problem is that in some villages, people cannot afford to pay it. For instance, according to information received in Moraikobai (Region 5), 6 out of 10 villagers are not paying their monthly contribution which in turn creates large gaps in the revenue. On one hand one of the reasons given for the large abscond is the cultural aspect of it. One interviewee mentioned that as an indigenous community, people have a sense of communal use of the land and that the community owns all, so the idea of paying taxes is almost voluntary. On the other hand as mentioned in different villages, indigenous people live in great difficulties and not all of them have money to pay for the monthly contribution. In Waramadong, the fee to live in the community is G\$100 (equivalent of \$USD 0.50) per month, per person; a value that according to many people in the community can be a burden for large families, especially those where a single-parent – usually the woman – has to take care of many children. As one member of the Village Council in Micobie mentioned, the Village Council collects the payments of the villagers monthly, but when they notice that the family cannot pay, the charge is simply dismissed.

Sustainable revenue for the villages seems to be a big struggle for most of the indigenous communities. Those villages that are fortunate enough to have resources such as gold, logging or tourism can charge royalties and use them as a source of income for the village. Those villages that do not have these resources, live in very delicate financial situations. For example, in Paramakatoi, according to the Village Council, the only revenue that they have comes from the government grants and from the money that public employees (education and health) receive. These are the ones moving the local economy.

One important observation to be made is that there is no correlation between gold in a community and social development in that community, i.e., the fact that an indigenous village has gold does not necessarily mean it has high standards of socioeconomic development for the Indigenous people living there. In this line, two extremes were found in the field trips, one in Baramita (Region 1) and another in Micobie (Region 8). Baramita is known to be located in one of the richest gold areas in Guyana and at the same time, it is considered one community with serious socioeconomic issues such as high incidence of alcoholism and violence, including sexual and domestic abuse. The environment around the village is devastated, with diverse legal and illegal mining camps all around the airstrip that connects the village to the outside world. The indigenous population in the village reside with non-indigenous peoples from the coast of Guyana, Brazil and Venezuela. The interviewees in Baramita

were very clear when mentioning they did not see the benefits of the gold for the community. It was not clear for the population how much money was generated with royalties from gold and how it was used.

Meanwhile, Micobie showed a different situation. Royalties from gold were also the main revenue for the village, but unlike Baramita, the Village Council had a clear idea of how much royalties were generating and had a plan to use it. According to the Village Council in Micobie, with royalties from gold, *“We build this office and the Village Council building’s office, the benab, the church, we have two bus, we have the truck, we have ATV bike, we have cruiser and not one the government donate to us. We drive the children from the secondary school and back [the secondary school is located in Mahdia, about 1h 30m in a non-paved road]”. The Toshao adds to the list “We also assist in paying healthcare, the school feeding programme, the other one or two people who assist the village like work for the village, like people who maintain the out boarding, maintain the chainsaw and solar panel and light and bulb and thing and there are people like that who we pay every month. We have people working at the guest house who keeping the guest house clean and the school bus driver, the maintenance of the vehicle and the fuel.”*

# CHAPTER 3: HEALTH

*“Indigenous peoples have the right to their traditional medicines and to maintain their health practices, including the conservation of their vital medicinal plants, animals and minerals. Indigenous individuals also have the right to access, without any discrimination, to all social and health services.”*

*Article 21.1 of the 2007 United Nations Declaration on the Rights of Indigenous Peoples  
(United Nations, 2007)*

Among the different issues that were identified as essential to be investigated was the **right to health** for the indigenous population in Guyana. The following are being explored sub-chapters: (i) low nutritional status of women and children; (ii) maternal and child mortalities; (iii) high incidence of diseases; (iv) HIV/AIDS and (v) behavioural health. Medical and social-economic developmental literature present a series of possible causes for these challenges. Figure 9 depicts how some factors that were identified in the interviews with stakeholders and the literature available for Guyana interact to influence these challenges. The idea is that each of the factors on the right of the Figure 9 (below) influences the factors on the left of the graph (below) and that influence is depicted by the arrows in the figure. For example, the “high incidence of diseases” identified in the indigenous villages are caused by low levels of antenatal, delivery and postnatal care; by low quality of healthcare in the hinterland; by the lack of proper vaccination (which could be interpreted as a mix of lack of vaccines and vaccinations given to the children at wrong age) and by poor water and sanitation in the villages. Also, diseases are influenced by the low nutritional status of the child and/or the mother. In the background, all these factors are influenced by the difficulty in accessing the villages, the lack of transportation and cultural factors.

**Figure 9: Interaction between different factors found in the indigenous Villages**

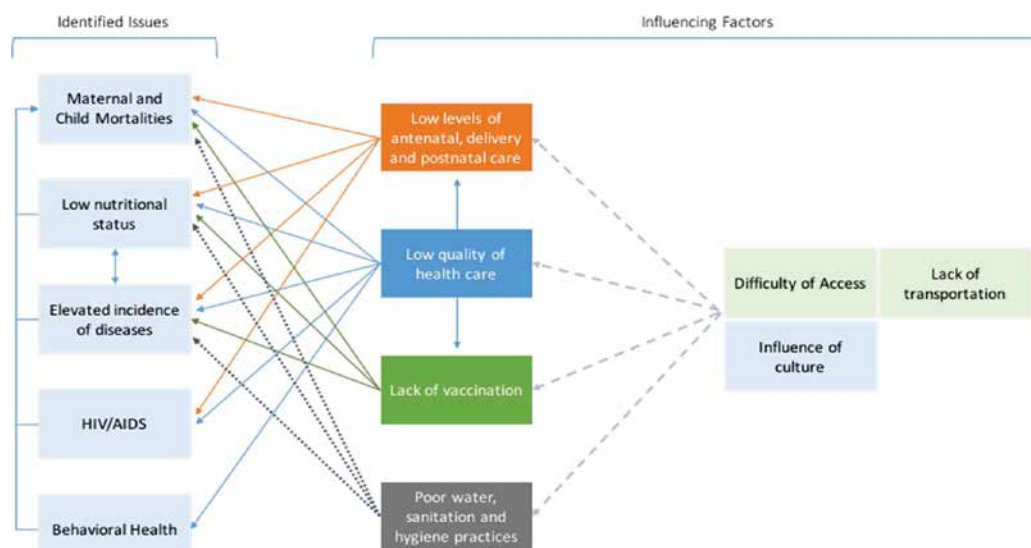


Figure 9 shows the relationship between the identified rights' violations in health and their possible causes are not direct but are influenced by a complex network of direct and indirect causes and factors that generate a dynamic system where in some cases the cause is the effect and vice versa. In this line, the idea behind all the analysis in this report is that no major issue can be explained by only one cause and all issues and factors interact and influence each other.

### 3.1 Maternal and Child Mortality

Although statistics on **maternal mortality** are not available for different ethnicities and/or socioeconomic backgrounds, anecdotal evidence points to the fact that women living in the hinterlands of the country have a higher chance of dying due to birth complications than those in the cities and/or on the coastal areas.

There are lower numbers in the Hinterlands when compared to national estimates for different **child mortality rates** in the country. On one hand the mortality rate for the indigenous population under the age of five is lower than the national average. Similarly, the neonatal mortality is much smaller than the national numbers. One factor that can help to explain these numbers is the fact that there are still cases of deaths after birth that are not being officially reported and this is caused by a large number of deliveries that still happen at home. On the other hand post-neonatal mortality and child mortality rates are higher for the indigenous populations than the national average. This indicates that indigenous boys and girls in Guyana are surviving birth, but are dying between their first month of life and their fifth birthday, a fact that needs to be further investigated.

**Table 3: Child Mortality Rates, Guyana, 2014**

<b>Mortality Rate</b>	<b>Definition</b>	<b>National Rate (/1000 live births)</b>	<b>Indigenous Rate (/1000 live births)</b>
Neonatal mortality (NN)	Probability of dying within the first month of life	23	3
Post-neonatal mortality (PNM)	Probability of dying between the first month and the first birthday	9	15
Infant mortality	Probability of dying between birth and the first birthday	32	18
Child mortality	Probability of dying between the first and the fifth birthdays	8	12
Under-five mortality	The probability of dying between birth and the fifth birthday	39	30

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Qualitative data cannot confirm nor deny the anecdotal information that **maternal mortality** rates are high for indigenous women in Guyana. However, as it is going to be discussed later, the field visits were important in identifying many challenges related to access to quality healthcare for children and women living in the indigenous villages across the country, all influencing the probability of survival for mothers and children. Some cases of maternal mortality were reported in Baramita, Orealla and Paramakatoi, but, according to informants, they did not occur in the past two to three years.

**Child mortality** cases seem to be more common than maternal mortality. According to informants, recent cases were reported in Baramita, Santa Rosa, Moraikobai, Paramakatoi, Micobie, Waramadong and Aishalton (see box on the side).

In Aishalton, a remote village located at the south of Region 9, one pregnant woman had to be evacuated to Lethem (Regional Hospital) during the time that the research team was doing data collection. The woman already had three children and lived in an isolated satellite village. She has travelled to Brazil and has never had a prenatal visit in Guyana or Brazil. The District Hospital in Aishalton was not aware of her pregnancy. After being in labour for more than 24 hours, the family managed to call the hospital. By the time the health team reached her in her house, the baby was already dead. It took eight hours for the health team to reach the pregnant woman and return. In medical terms, she had an intrauterine foetal demise, which resulted in a stillbirth. The woman also had haemorrhage but survived after being treated in Lethem.

Aishalton has a small airstrip that is only functional in daylight. Regular flights are not available, only chartered flights. It was explained that in this instant, the village tried to arrange cars to illuminate the airstrip, allowing for the plane to land during the night to take the woman to Lethem. That was not considered safe and the plane only landed the following morning. The local nurse told the research team that if the woman had come to the hospital three days before the episode, the baby would probably have survived. She would have been identified as a risk patient and transferred earlier to Lethem.

### 3.2 Low Nutritional status of women and children

It is known that the nutritional status of pregnant women and children is an immediate cause of maternal and child deaths, also contributing to morbidity. Inadequate nutrition before birth and in the first years of life can seriously interfere with brain development and lead to neurological and behavioural disorders (UNICEF, 2002). Even when nutrition is not directly responsible for deaths, a deficient nutritional status can negatively affect the physical and cognitive conditions of boys and girls.

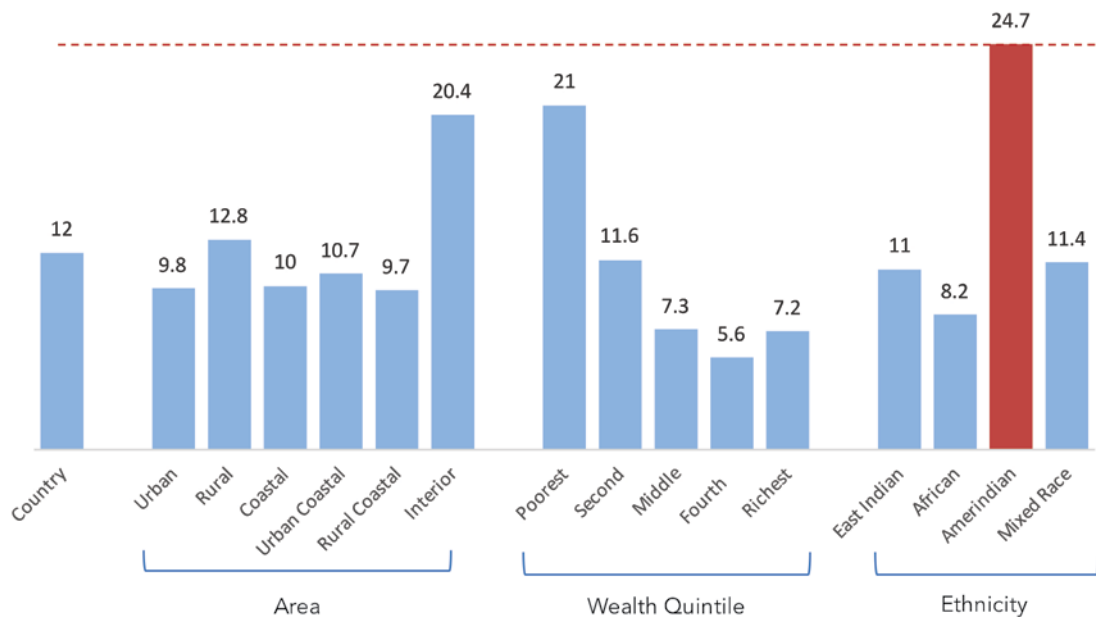
The nutritional status of indigenous boys and girls in Guyana is worrisome. For most of the nutritional indicators, the situation of indigenous children is worse than the national average (Table 4), which is already troublesome. For example, one in every four indigenous children is stunted, a number that doubles the national average. In looking at stunting numbers, indigenous children have the worst-off situation in comparison to all socioeconomic categories utilised by MICS (Figure 10).

**Table 4: Nutritional Status of Children 0-5 years old, Guyana, 2014**

	Moderately Underweight	Severely Underweight	Moderately Stunted	Severely Stunted	Moderately Wasted	Severely Wasted	Overweight
<b>Indigenous</b>	10.2	2.7	24.7	8.3	4.6	1	4.7
<b>Average Country</b>	8.5	2.2	12	3.4	6.4	1.7	5.3

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

**Figure 10: Percentage of children under age 5 who are stunted, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)



There are no specific studies about the possible factors that cause and/or influence the poor nutritional status of indigenous children in Guyana. A 2013 study with indigenous children in Brazil has shown that stunting and underweight are closely related to chronic exposure to unfavourable socioeconomic and environmental conditions, poor energy and nutrient intake and recurrent infectious and parasitic disease due to poor sanitary conditions, among other factors (Horta, Bernardo et al., 2013). All these conditions were also present to a certain degree in the communities visited in Guyana.

One important element that influences the nutrition of indigenous children is the fact that 16 percent of indigenous children in Guyana were born with a weight below 2500g, the highest percentage among the four ethnicities considered in the MICS survey, and three percentage points higher than the national average. Hence, indigenous children already start their lives in a disadvantageous position. **Mother's anaemia** is also an element that influences the propensity for children up to the age of five to be underweight and stunted (Horta, Bernardo et al., 2013). Thirty percent of the women aged 15 to 49 that live in the hinterlands of Guyana have anaemia; a number that is seven percentage points smaller than the national average, but still deserves attention (Ministry of Health, Bureau of Statistics and USAID, Oct 2010), 42 percent of the children between 6 and 59 months in the hinterlands of the country<sup>14</sup> had **anaemia**, a number that was slightly higher than the national average of 39 percent.

In terms of **breastfeeding**, indigenous women are more likely to breastfeed their children and initiate breastfeeding earlier than women from other ethnicities; which is a positive factor to reduce under nutrition and stunting. Ninety-six percent of the children born in indigenous families were breastfed, a number that is the highest among the different ethnicities in the MICS survey and higher than the country's average (89 percent). Similarly, the indigenous communities were above the country's average in terms of exclusive breastfeeding for children between 0 and 5 months and 6 and 23 months (38 percent and 63 percent, respectively).

Breastfeeding among the indigenous communities goes beyond the recommended two years of life of the child<sup>15</sup>. In two communities, it was reported that one of the causes of children not enrolling in nursery school was that they were still being exclusively breastfed at home. In exploring this topic, it seems that the reason why older boys and girls are still breastfed is not related to cultural practices, but lack of other foods for the children. In this sense, breastfeeding was still the most important form of acquiring nutrients for some children in both communities.

Some general factors that influence the poor nutritional status of the children and women are being described in this chapter (such as *low levels of ANC, delivery and PNC; poor water and sanitation and poor quality to health structures*). Nonetheless, other specific factors are worth mentioning. The first one is the **cultural aspect that influences the type of food that is consumed by Indigenous children and adults**. While 65 percent of the children in Guyana between 6 and 23 months were identified in 2014

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14 The DHS does not present the disaggregation by ethnicity.

15 The World Health Organisation and UNICEF recommend that breastfeeding should be initiated within the first hour after the birth; exclusive breastfeeding for the first six months and continued breastfeeding for two years or more.

as receiving a minimum dietary diversity<sup>16</sup>, only 54 percent of the indigenous children in the same group consume foods from four out of the seven food groups (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015).

When asked in Baramita about a typical diet among the Indigenous Peoples, a nurse summarised a situation that was shared by almost all communities visited, *“Indigenous do a lot of breast feeding, but certain types of vegetables, green and yellow, that is lacking. Certain foods they do not eat like cabbage, they would jump and say that that is animals. They mostly use carbohydrates a lot, starchy foods and so. Protein – well they use a lot of wild meat that is there. Fruits, some of them use. Milk and these things is lacking. Peas and Beans, they do not cook it regularly. Some of them think that they have to cook this food separately and only for the children. They use a lot of staples. Fat and oil not much.”* The protein consumed by the indigenous population will vary depending on where the village is located. For instance, in Santa Rosa and River’s View, due to the proximity to the river, people preferred fish to other types of meat. The most common source of protein was chicken that was available in all the villages visited.

One situation that was common in most of the villages was the lack of vegetables and fruits available for consumption. Those who wanted to consume different forms of fruits and vegetables have to buy them in the shops. Moreover, as reported by shops owners, they were generally imported into the community. This leads to the second factor that influences the food consumption pattern in the villages: **the elevated cost of food**. The fact that the villages are isolated influences different aspects of their (Indigenous Peoples’) daily lives, including access to food (since it is not locally grown) and health (since it is difficult to access the health institutions). As described in Chapter 2, most Indigenous Peoples live in poor economic conditions, with many struggling to survive. In this scenario, the price of food is one element that influences in the choice of the food being consumed.

Despite the fact that all villages visited had access to land and some had their own family farms, the main crop cultivated was cassava. Local farmers did not plant fruits, vegetables and other foods that could improve the children and adults’ diet. Most of the villages did not have a central market, not allowing for small producers to try to commercialise their products. It seems logical that under a situation where better food is necessary and where food is expensive, local farmers would seek to generate good profits by providing the village with vegetables and fruits. However, this was not done in the villages visited.

Similarly, the strategy of buying food for the school feeding programme in the villages could be used as a tool to increase local production of goods. Anecdotal information shows that most of the food – if not all – is bought outside the village, creating a transactional cost, and consequently, increasing its price. If local production of vegetables and fruits existed, one possible market would be the schools. Not only would children eat fresh vegetables and fruits but also the cost would be reduced, allowing for the programme to be expanded to more children in secondary education.

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16 Defined as receiving foods from at least 4 of 7 food groups: 1) grains, roots and tubers, 2) legumes and nuts, 3) dairy products (milk, yogurt, cheese), 4) flesh foods (meat, fish, poultry and liver/organ meats), 5) eggs, 6) vitamin-A rich fruits and vegetables and 7) other fruits and vegetables.

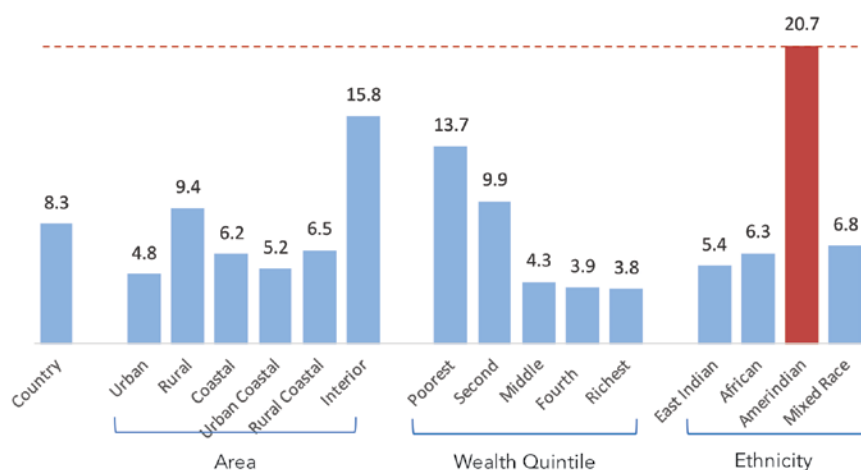
### 3.3 Elevated incidence of Diseases

Diseases and infections can directly and indirectly contribute to the death of mothers and children before the age of five and they permanently affect the health of children and adults. When asked about the most common health issue that affects children in their communities, stakeholders mentioned diarrhoea, common cold and malaria. For the indigenous women, cervical cancer is a major issue.

Among all children in Guyana, boys and girls from the indigenous children suffer the most with **diarrhoea**. In 2014, almost 21 percent of the indigenous boys and girls have suffered episodes of diarrhoea in the two weeks before the MICS data was collected. That is four times higher the East Indian children and double the average for the country (Figure 11). Fifty-five percent of the children who had diarrhoea receive oral rehydration salts (ORS) treatment. Among these, 97 percent have received ORS from a health facility or provider (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015).

In many villages, diarrhoea is associated with vomiting indicating that the problem might be connected to a gastro virus. According to the interviewees, cases of diarrhoea increase in the transition between the dry and the wet seasons, “when water would wash down from the land and pollute the drinking water for the community”. As mentioned by the health professional in Orealla “the child is unattended and they would just drink the water [from the river]. When they go to swim, they may not be drinking but they accidentally or naturally take in some water and then they get sick. Remember when the rain falls it washes down everything from upland into the land and we got animals like dogs and their faeces go in there too.” Worldwide, the main cause for diarrhoea is the lack of access to proper water, sanitation and hygiene practices in the villages. This topic is further discussed in item 3.6.

**Figure 11: Percentage of children age 0-59 months for whom the mother/caretaker reported an episode of diarrhoea, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

**Common cold** was the most frequent respiratory infection reported. While colds are not life threatening, the situation changes when it evolves to pneumonia or other acute respiratory infection (ARI). Globally acute respiratory infection (ARI) is one of the leading causes of death in children under five. In Guyana, 31 percent of the children dying below the age of one are dying of respiratory infections<sup>17</sup> and five percent were identified as ARI (PAHO, 2012). According to the 2014 MICS, mothers have reported that 4.5 percent of the indigenous children younger than one year old had symptoms of acute respiratory infection (ARI)<sup>18</sup>. The country's average is 2.2 percent. Similar to other indicators, symptoms of ARI for indigenous children are higher than any other socioeconomic category.

**Malaria** is a life-threatening disease caused by parasites that are transmitted to people through the bites of infected female mosquitoes. In Guyana, the coastal areas are considered to be low risk for malaria, while the hinterland areas are considered to be high-risk areas. Reported new cases of malaria have declined from 59,311 in 1995 to 22,840 in 2010, of which 21,028 (92 percent) occurred in the endemic hinterland: Regions 1, 7, 8 and 9 (Ministry of Health, Dec 2013). In some of the areas visited, malaria is not the only mosquito-transmitted disease as cases of dengue and chikungunya were reported. While conducting the field study, cases of malaria were found in the villages of Baramita, Orealla, Paramakatoi and Micobie. An interesting fact was reported in Moraikobai. Though Moraikobai is not malaria prone, dengue is slowly spreading believed to be brought by men who went to work in the mining areas.

In areas where malaria is common, the World Health Organisation (WHO) recommends indoor residual spraying (IRS), the use of insecticide treated bed nets (ITNs) and prompt treatment of cases with recommended anti-malarial drugs. Insecticide-treated mosquito nets or ITNs, if used properly, are very effective in offering protection against mosquitos and other insects. The use of ITNs is one of the main health interventions implemented to reduce malaria transmission in Guyana.

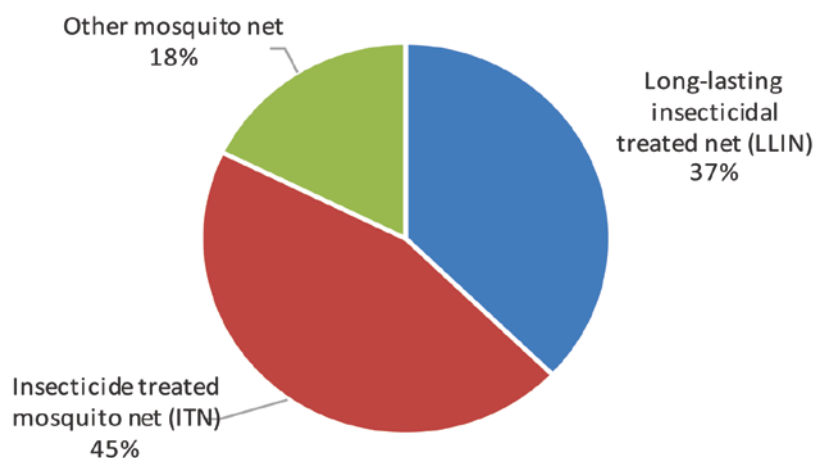
According to MICS, mosquito nets were found in 90 percent of the households in indigenous families, a number that is higher than the country's average (86.7 percent). Among those indigenous households using mosquito nets, 45 percent of them use the ITNs and 37 percent the long-lasting insecticidal treated nets (LLIN) (Figure 12).

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17 Upper or lower respiratory infections.

18 According to the MICS report: *A child was considered to have had an episode of ARI if the mother or caretaker reported that the child had, over the specified period, an illness with a cough with rapid or difficult breathing and whose symptoms were perceived to be due to a problem in the chest or a problem in both the chest and a blocked nose. While this approach is reasonable in the context of a MICS survey, these basically simple case definitions must be kept in mind when interpreting the results, as well as the potential for reporting and recall biases.* (Bureau of Statistics, Ministry of Health and UNICEF Guyana, April 2015)

Figure 12: Types of nets utilised by Indigenous households, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

One of the challenges found in some health facilities is the lack of resources to correctly identify cases of malaria and other mosquito transmitted diseases. As mentioned by a health professional in Paramakatoi “We cannot do testing for yellow fever and malaria. We have to see other symptoms and then diagnosis them”. A similar situation was reported in Moraikobai, “We might just suspect the symptoms because we don’t really do the testing. We don’t do testing, so when I suspect the symptoms, I does send them out to get tested. And you might find 1 in 10 or 1 in 20 with dengue”. In this line, one proxy frequently used for identification of malaria and other diseases is the recurrence of fever among young children. One in every four indigenous children between the ages of 0 and 5 had fever in the two weeks before the data collection for the 2014 MICS. Caregivers of 84 percent of the indigenous children aged 0-5 years old with fever sought advice or treatment from a health facility or provider, a percentage higher than the national average (71 percent) and it might reflect the concern that parents have due to the presence of malaria in their communities.

While the existence of malaria, dengue and chikungunya are partially caused by an environmental factors, the spread of the diseases can also be influenced by human practices. For example, in Baramita, a mining area in Region 1, one of the causes identified by the health professionals for the spread of dengue and malaria were the poor mining practices that are not being efficiently monitored by the relevant agencies. Moreover, similar to diarrhoea, poor hygiene practices and lack of access to proper water and sanitation also influence the spread of these and other water borne diseases.

**Cervical cancer** is the second cause of cancer among women and the first most common cancer in women from 15 to 44 years old. Guyana’s incidence rate for 2012 was 42.7/100,000 women, in comparison to 22.2 for South America and 15.1 for the world. It is estimated that 260,000 women aged 15 years and older in Guyana are at risk of developing cervical cancer (Bruni, L. et al., 2016).

The indigenous women of Guyana who reside in the rural and hinterland areas are at high-risk for contracting the human papillomavirus (HPV) and also suffer from a higher prevalence of cervical cancer as compared with other demographic groups in Guyana (Kightlinger, et. al., June 2010). In all the villages visited, cases of cervical cancer were reported.

Cervical cancer is associated with higher prevalence of human papillomavirus (HPV) infection, early age at first intercourse, greater number of births and lower socioeconomic status (Moore, Suzanne; et. al. , 2014). Besides these factors, Best-Plummer and other researchers (Best-Plummer, et al., 2009) also mentioned poverty – a consequence of lower socioeconomic status – and low access to healthcare as two other risk factors for cervical cancer among these indigenous women. As being described in this document, these risks were present in all the villages visited.

Remoteness is a serious factor inhibiting indigenous women’s access to healthcare in Guyana, particularly for those living in rural areas in the hinterland of the country since these regions are far away from any health facilities and the transportation infrastructure is poor (Rodrigues, C., 2003). Since these women reside in the remote and rural regions of Guyana, access to large-scale cytological cervical cancer screening has been hampered by many factors such as insufficient funding needed to address the healthcare and routine screening needs of these women, lack of laboratory infrastructure and geographic and logistic barriers to medical care in areas that are difficult to travel as a result of poor roadways (Kightlinger, et. al., June 2010)

Other diseases that were mentioned, include chronic diseases such as obesity, diabetes and heart diseases. According to a health personnel interviewed in the field, these diseases are becoming more common among the indigenous adults and are influenced by the lifestyle of many indigenous men and women, which include heavy drinking and smoking.

### 3.4 HIV/AIDS

HIV/AIDS became a serious concern in the country after 2004. Following Haiti, Guyana at that time had the second highest incidence of HIV/AIDS in the Caribbean and AIDS was considered the second leading cause of death in the country (Ministry of Social Protection and UNICEF Guyana, June 2014). The overall prevalence of HIV infection has been on the decline in Guyana. As reported by the 2014 Guyana AIDS Response Progress Report (GARPR), the country’s adult HIV prevalence is estimated to be 1.4 percent, representing a reduction when compared to 2.4 percent in 2004. At the end of 2014, a total of 751 new cases of HIV were diagnosed compared with 758 cases reported in 2013, which is also a reduction when compared to 2009 when 1,176 new cases were reported (Government of Guyana, 2015).

Among the key affected populations in relation to HIV, i.e., the populations who are more in risk of contracting it, are sex workers, miners and loggers. It is important to remember that in the hinterlands, mining and logging are common economic activities that employ indigenous and non-indigenous



populations. Respondents reported shows some cases of HIV/AIDS in indigenous villages. For example, a Village Council indicated that a rapid sampling test conducted in 2014 found that 15 out of 50 people were HIV/AIDS positive. A Councillor also mentioned that he transported an 18-year-old girl who was diagnosed with AIDS and later died. According to him, the girl was infected when she was aged 12.

Lack of data on the population with HIV is connected to lack of testing and challenges in the reporting system. As it is going to be discussed in section 3.6, not all villages have access to rapid HIV testing. For example, a health professional in Region 1 mentioned *“we had a few cases over the last few years. However, the availability of testing in this area isn’t there right now. There [is the] only place that is doing testing is at the hospital here so we can’t really say for sure how many people are positive, especially in the outlying areas, how many case they may have.”* The lack of HIV rapid testing also creates a problem for mother-to-child transmission of HIV.

For the purpose of this report, focus will be placed on two areas of HIV prevention: first, prevention of mother to child transmission of HIV. Second, prevention of HIV Infection among adolescents and youth.

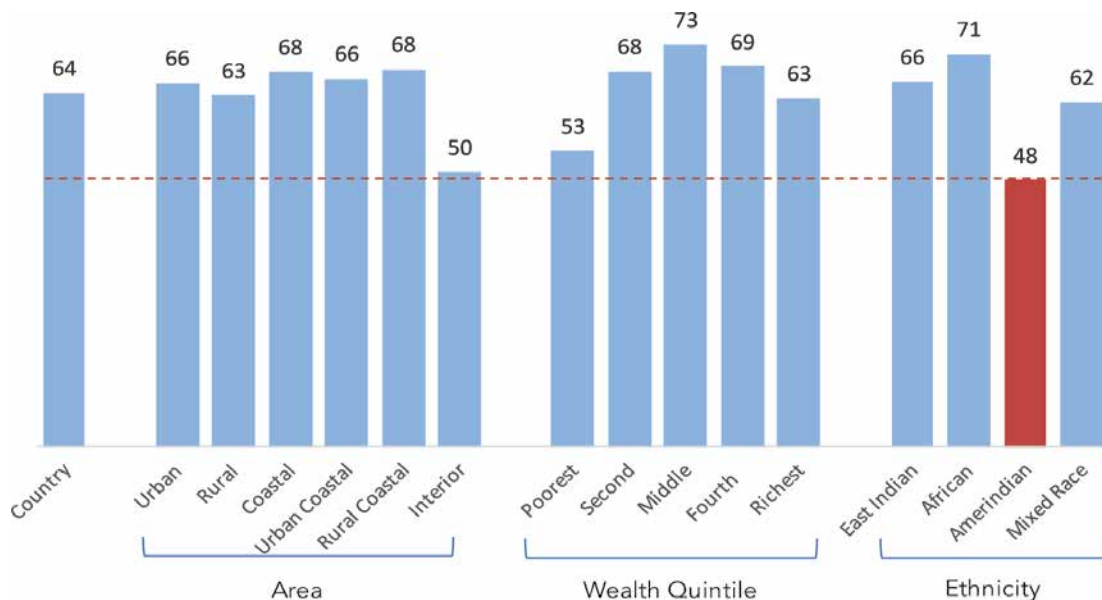
### **Prevention of Mother to Child Transmission of HIV**

HIV testing of all pregnant women is a requirement during prenatal care. In 2014, 94.4 percent of the pregnant women who accessed the Prevention of Mother to Child Transmission (PMTCT) services were tested for HIV. This number represents a decrease when compared with other years. According to the 2015 Guyana AIDS Response Progress Report, the main cause for that reduction was the shortages of test kits at some regional sites during 2014 (Government of Guyana, 2015). One reason this figure is so high is the fact that, due to population characteristics (see Chapter 2), the majority of the pregnant women are located in Region 4, near the coast. the low number of ANC visits among the indigenous pregnant women and the lack of HIV rapid testing, influence HIV detection and treatment for that population.

In this line, less than half (48 percent to be precise) of the pregnant indigenous women had access to prenatal care also had access to a complete HIV counselling and testing package i.e., they received HIV counselling, offered a HIV test, accepted and received the results. This number is smaller among different socioeconomic categories and it is 16 percentage points smaller than the country’s average (Figure 13). The fact that more than 50 percent of the indigenous mothers do not have access to HIV rapid testing is a risk for the mother and for the baby.



Figure 13: Percentage of Women who received a complete HIV package for PMTCT, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Another consequence of not having access to HIV information during prenatal care is the fact that almost 10 percent of the indigenous women between ages 15 and 49 do not know any of the specific means of HIV transmission from mother to child<sup>19</sup>: Forty-two percent of the indigenous women did not know that HIV could be transmitted during delivery, 36.3 percent did not know HIV could be transmitted during pregnancy and 26 percent did not know HIV could be transmitted during breastfeeding.

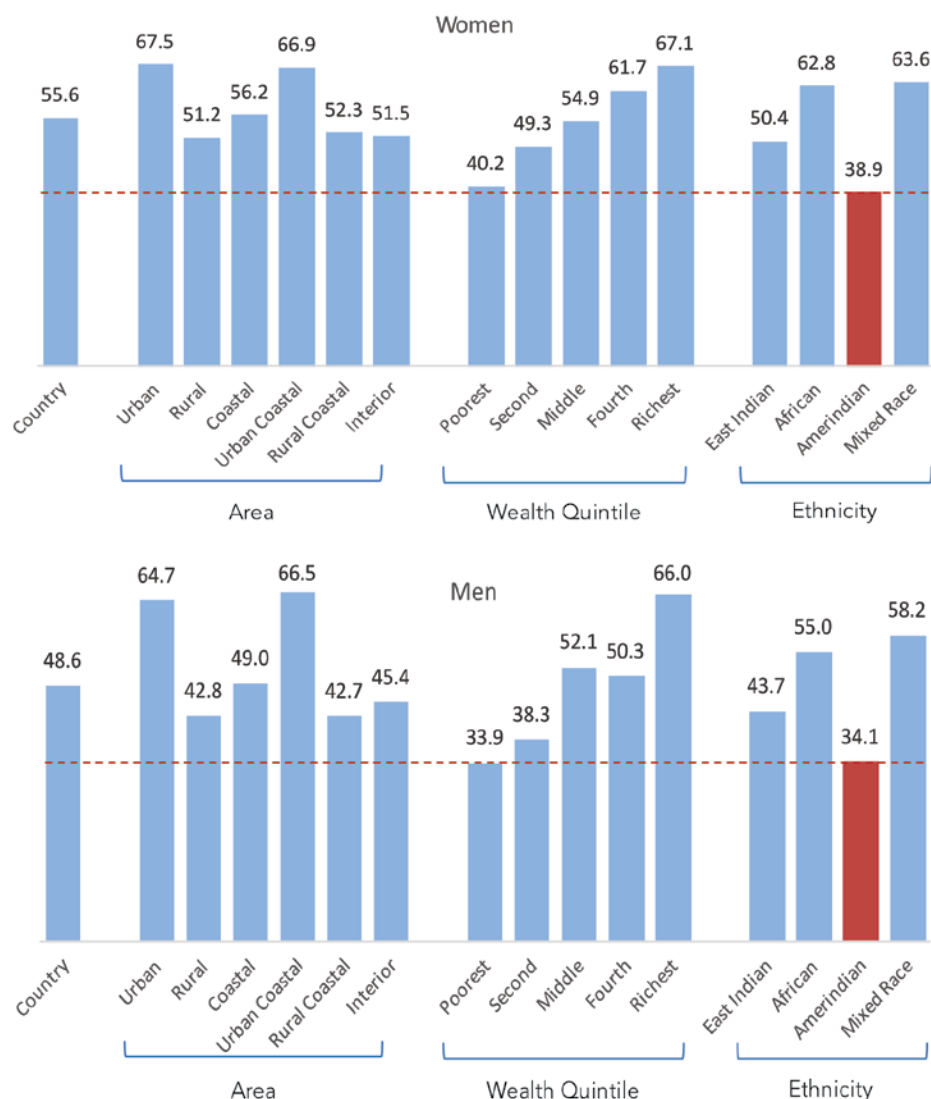
### Prevention of HIV among adolescents and youth

Different factors influence the incidence of HIV among adolescents and the youth populations and understanding them is important to improve prevention and reduce their risks of contracting the virus. Among these factors, gaps in knowledge and limited personalised risk perception are among the most important ones (UNAIDS, 2016).

In this sense, indigenous women are the ones with less comprehensive knowledge on HIV/AIDS among different socioeconomic groups. When looking among the men, the indigenous males had the second lowest knowledge of HIV/AIDS (Figure 14). For both female and male groups, the numbers are very close to the poorest quintile.

<sup>19</sup> During pregnancy, during delivery and /or by breast-feeding. The national average is 6 percent.

Figure 14: Comprehensive knowledge on HIV/AIDS by gender, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

The lack of knowledge of HIV among the indigenous youth is a reflection of lack of counselling about the disease and sexual behaviour at home and school. As mentioned by many interviewees conversations about sex are still seen as taboo for most of the indigenous peoples in Guyana. Parents avoid talking about the subject and they transfer the responsibility to the school. At the same time, as reported by teachers, when topics such as sexuality, use of condoms, pregnancy, sexually transmitted diseases and sexual behaviours are discussed in the schools with the students, a large number of parents complained about it. According to the teachers, parents do not see that a frank conversation about these and other topics is related to prevention; they interpret it as an impetus for adolescents to have sex.

According to the students who participated in focus groups, there is no real discussion of sexuality and sexual behaviours in the schools. Most of the content taught at school is related to sexual reproduction and it is taught under the Health and Family Life Education (HFLE) programme. The primary and secondary schools that were visited did not have a guidance counsellor that could interact with the students and discuss subjects related to sex and HIV and the prevention of other sexually transmitted diseases.

While the school is the best gate to increase knowledge of HIV for the young generation, the challenge is to reach those children who are not in school anymore, especially those that did not advance into secondary education.

According to the latest Guyana AIDS Response Progress Report (Government of Guyana, 2015), access to the hinterland communities is still a major challenge to prevent HIV/AIDS and to provide services for those who are infected. The difficulties associated with the geographic terrain as well as the mobility of the miners and loggers present significant challenges in delivering the key prevention package of services for the hinterland communities. Another area of concern is the limited laboratory infrastructure often requires the shipment of samples to the National Public Health Reference Laboratory (NPHRL) for processing. This too poses additional difficulties associated with the logistics of sample collection, storage, shipment, processing and return of results.

### 3.5 Behavioural Health: Suicides

**Suicide** is the seventh leading cause of death in Guyana<sup>20</sup> with a mortality rate of 44.2 per 100,000 inhabitants, positioning the country as having the highest prevalence in the world – the global average is 16/100,000 (WHO, 2014b). Between 2006 and 2008, suicide was the leading cause of mortality among people aged between 15 and 24 i.e. 22.4 percent of the deaths that occurred in that group were due to suicide (PAHO, 2012).

Of the 12 villages visited, 8 of them reported recent cases of suicides among indigenous populations. For instance, in Baramita, when asked of possible causes of the suicides in that village, *frustration* seemed to be the most common cause of the reported stories; frustration related to personal relationships and lack of economic perspectives. As mentioned by one interviewee: “*It is just hopelessness; when you come and see other people using up your minerals and the majority of the people cannot benefit.*” Suicides and suicide attempts also occurred in non-mining areas such as Paramakatoi, Santa Rosa and Aishalton.

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20 Source: World Health Rankings, using data from 2014 WHO.  
Available at <http://www.worldlifeexpectancy.com/country-health-profile/guyana> Accessed on January 20, 2016.

According to a PhD research conducted in 2014<sup>21</sup>, suicide in Guyana is interconnected to poor coping skills associated with a cycle of violence that includes murder-suicide, interpersonal violence, corporal punishment and child sexual abuse. These are inextricably linked, fuelling one another and are amplified by predominant notions of masculinity, family dysfunction, sexual inequality and alcohol abuse – all of which are major catalysts for the poor coping strategies found across ethnic groups. The same research found that the disproportionate number of suicides committed by males was linked to societal expectations of gender roles. These gender roles are shaped by culture where men are viewed as “providers.” It is worthy to note that the depressed economic condition inhibits some men from maintaining employment and fulfilling their “provider” role. Where suitable coping skills were lacking, this resulted in conflicts, which, in some cases, led to violent expressions towards female partners that were potentially aggravated by alcohol abuse. The research does not advance in analysing the causes of suicides among the indigenous community; however, besides the causes already mentioned, poverty, cultural shocks and new lifestyle might also influence the cases among the indigenous groups.

Moreover, among different ethnic groups categorised in the 2014 MICS, women from indigenous households were less satisfied with their lifestyle (88.8 percent, in comparison to 92 percent of other ethnicities). For men, the situation is even worse: 82 percent mentioned they were satisfied in lifestyle, in comparison to 95 percent of other ethnicities. Indigenous women and men were also the ones with the worst perception of a better life in the future. Only 73 percent of the indigenous women and 75 percent of men believed that their life would be better next year. For other ethnicities, perception was around 81 percent for women and 83 percent for men (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015).

### 3.6 Factors influencing the right to health among Indigenous Peoples

All the factors and causes related to mortality rates, nutrition of children and women, diseases that affect children and women, HIV/AIDS and behavioural health that were discussed in the 2016 UNICEF Report on the Situation of Children and Women in Guyana (UNICEF in Guyana, July 2016) will be applied to assist in explaining the current situation for the indigenous population. Nevertheless, from the extensive qualitative data collection, the following were identified by stakeholders as important factors that need to be further discussed taking into account the specific context of indigenous populations in Guyana: (i) low levels of antenatal, delivery and postnatal care; (ii) low quality of healthcare; (iii) lack of vaccination; (iv) poor access to proper water and sanitation; (v) difficulty in access to health; (vi) lack of transportation and (vii) the influence of cultural factors. All these are discussed below.

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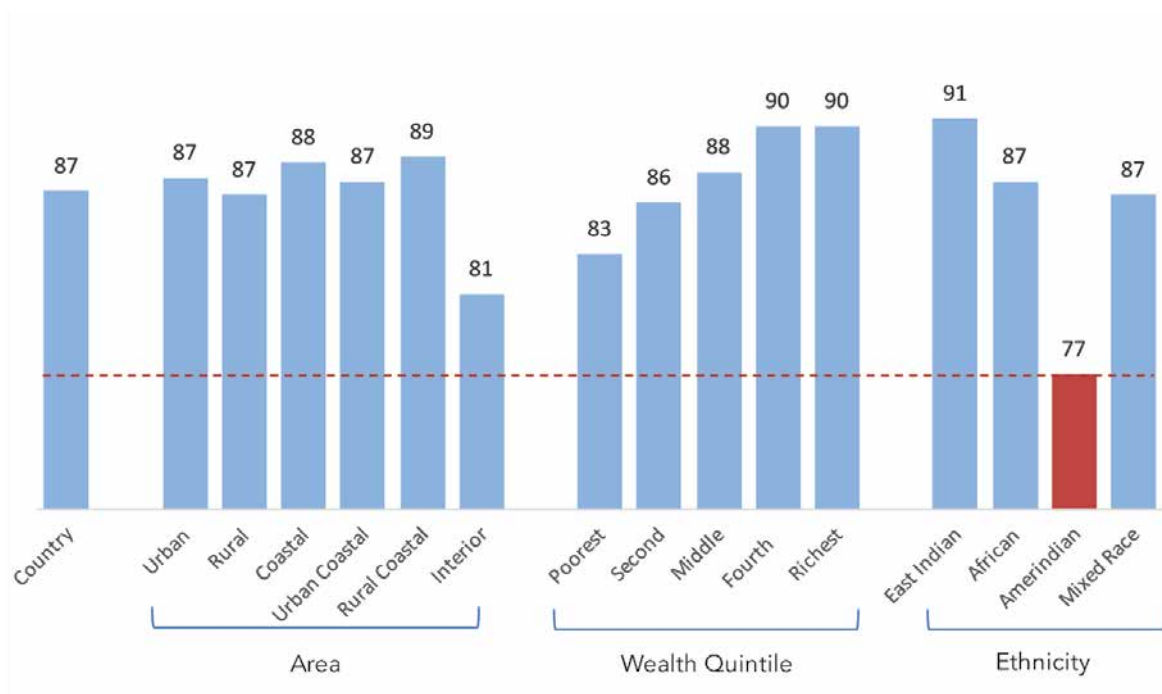
21 The research was being conducted by Savitri Persaud, PhD candidate in York and was reported by (iNews Guyana, 2014).

### (i) Low levels of antenatal, delivery and postnatal care

According to health professionals in Region 9, most of the infant mortality cases in that region were related to the fact that the mothers have not attended antenatal clinic and/or due to complications in labour. Additionally, proper ANC, delivery and PNC are directly related to the nutritional status of children and mothers and the diagnosis and prevention of diseases, including HIV.

On average, 87 percent of the women in Guyana had at least four **antenatal care (ANC)** visits before delivery<sup>22</sup> (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015). This percentage is smaller for the indigenous women; among them, only 77 percent had access to four or more visits (Figure 15). At the same time, 6 percent of the indigenous women did not have any ANC visit, a percentage three times higher than the national average.

Figure 15: Percentage of women with at least four ANC visits, Guyana, 2014



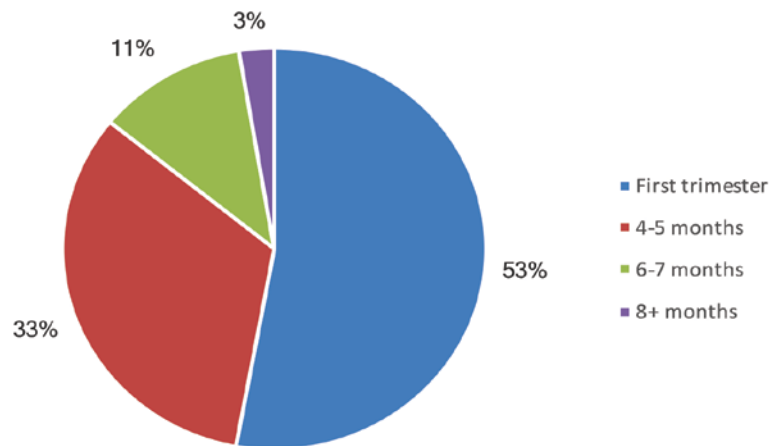
Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

22 The World Health Organisation (WHO) recommends a minimum of four **antenatal care visits** (ANC) before delivery.

Among the pregnant indigenous women who had a prenatal care visit, 59 percent of them saw a qualified provider (medical doctor, nurse, midwife and /or *Medex*<sup>23</sup>), a number that is way below the national average of 91 percent. In urban areas, a qualified provider does 98 percent of the prenatal care appointments. Thirty-five percent of the indigenous pregnant women saw a community health worker during the pregnancy phase. Moreover, for 47 percent of the pregnant indigenous women, ANC happens late in pregnancy, after the recommended initial three months (Figure 16).

**Interviewer:** Did you go for prenatal checkups?  
**Woman in Orealla:** No. There was no doctor  
**Interviewer:** How did you know whether the baby was okay or not?  
**Woman in Orealla:** Special elders that use to look after the ladies in the village. She had the skills to know whether it was a girl or boy.

**Figure 16: Percentage distribution of women by number of months pregnant at the time of first antenatal care visit, Indigenous, 2014**



OBS: The percentages exclude missing cases and “do not know” answers.

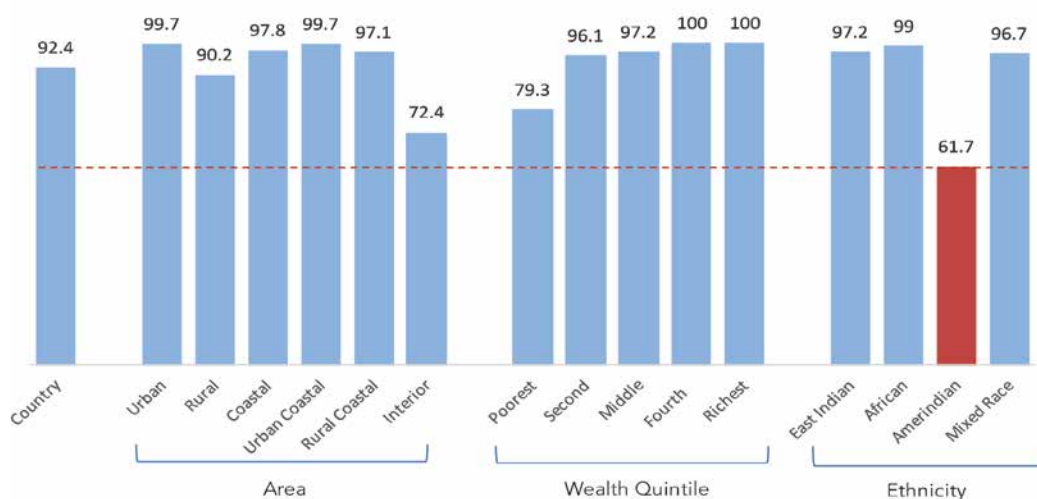
Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Worldwide, about three-quarters of all maternal deaths occur due to direct obstetric causes (Say L., Chou D., Gemmill A. et al., 2014). In this line, the single most critical intervention for safe motherhood is to ensure that a competent health worker with midwifery skills is present at every birth and in case of emergency, that transport is available to a referral facility for obstetric care. Both the presence of a skilled health professional and transport to take the mother urgently for intervention are not a reality for most of the pregnant indigenous women in Guyana.

Despite the fact that in Guyana, on average, **skilled personnel** delivered 92 percent of the births; the situation is quite different for the indigenous population. Around 62 percent of the births for indigenous women were delivered by skilled attendants, the smallest percentage among different socioeconomic categories (Figure 17).

23 A *Medex* is a medical extension worker with prescription and diagnostic rights.

Figure 17: Percentage delivered by skilled attendant, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Moreover, increasing the proportion of births that are delivered in health facilities is an important factor in reducing the health risks to both the mother and the baby and to increase birth registration. Proper medical attention and hygienic conditions during delivery can reduce the risks of complications and infection that can cause morbidity and mortality to either the mother or the baby (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015).

In Guyana, in 2014, 93 percent of all births were delivered in a **health facility** – 79 percent of them in public sector facilities and 14 percent in private sector facilities. The greatest exception happens with deliveries among indigenous families: 65 percent of the births happened in a health facility and 34 percent at home (Figure 18). Relatives or friends are responsible for 21 percent of the births among the indigenous community and three percent of the births the mothers did not have any attendants to help them. The extensive numbers of births at home showed in the statistical data were confirmed by the qualitative data. In all villages visited, health professionals and women mentioned that home births were still usual in the community. In Baramita, out of the 60-80 births that happen in the village, half take place at home. In Santa Rosa, all the women who participated in the focus group had at least one birth at home. They also mentioned that in one of the most remote satellite communities all the deliveries were done at home.

Interviewer: Anyone had children at home?

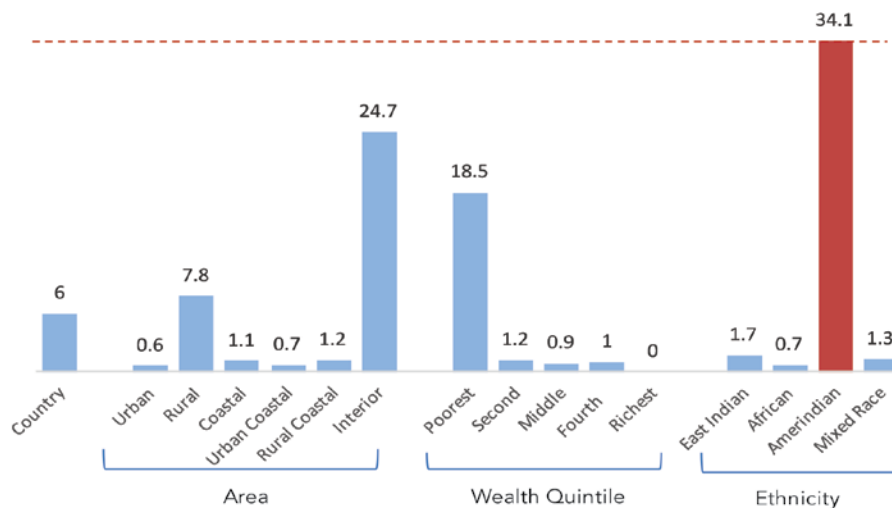
Woman in Santa Rosa: Yes. I had experience where my mom look after about 5, they can't make it so she help out.

Interviewer: Is your mom a doctor, nurse or midwife?

Woman in Santa Rosa: No. She is just a mother.



Figure 18: Deliveries at home, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

**Postnatal care** is low across all socioeconomic categories, on average, 52 percent of the babies born in Guyana will not return for a visit. The numbers for the indigenous babies are better than the national average, but still below acceptable rates: 46 percent of the indigenous babies do not see a doctor in the first week following their birth.

Low ANC and PNC and the fact that babies are still being delivered at home or by non-skilful personnel have some common causes: first, the difficulty in accessing health facilities; second, lack of proper transportation for pregnant women and sick children; third, the overall quality of healthcare in the villages is low and fourth, cultural factors that influence women's decisions to seek healthcare. These factors are detailed in the coming subchapter.

## (ii) Low Quality of Health Care at Village Level

A factor that influences not only access to ANC, PNC and proper delivery, but also affects the wellbeing of all indigenous community, is the low **quality of healthcare at village level**, mainly caused by lack of trained human resources, deficient healthcare infrastructure and the constant lack of medication in the health facilities. As depicted in Figure 17, around 44 percent of the indigenous women are delivering their babies with the help of someone that is not trained to do so, creating a risk for the baby and for the mother.

Out of the 158 health facilities available in the hinterlands in 2014, 136 of them were health posts, 12 were health centres, eight were District hospitals and only two were regional hospitals (ISAGS and UNASUR, June 2014). The villages visited by the research team had similar health structures: five had health posts, four had health centres, two had district hospitals and one did not have a health facility, but it was located within five minutes by car from the regional hospital (Table 5).

**Health posts** provide the basic healthcare for the community and their medical equipment are limited to simple tools such as scales, blood pressure meters, thermometers, delivery kits, forceps, glucometers, haemoglobin meters, sterilisation equipment and refrigerator or EPI cold box. Community health workers are generally employed at health posts. **Health centres** are considered to be level 2 and are supposed to have additional equipment such as drip stands, sphygmomanometers, minor surgery kits and at selected centres microscopes and centrifuges. A nurse, midwife, *Medex*, physician, lab assistant, pharmacy assistant, dental care assistant, rehab assistant and environmental health assistant were supposed to be the team at the health centres (ISAGS and UNASUR, June 2014).

**Table 5: Health structure in the villages visited**

Health Posts	Health Centres	District Hospital	Regional Hospital
<ul style="list-style-type: none"> <li>• Baramita</li> <li>• River's View</li> <li>• Micobie</li> <li>• Chinoweng</li> <li>• Waramadong</li> </ul>	<ul style="list-style-type: none"> <li>• Santa Mission</li> <li>• Orealla</li> <li>• Moraikobai</li> <li>• Paramakatoi</li> </ul>	<ul style="list-style-type: none"> <li>• Santa Rosa</li> <li>• Aishalton</li> </ul>	<ul style="list-style-type: none"> <li>• St. Ignatius</li> </ul>

The fact that the majority of indigenous villages only have health posts and health centres do not necessarily mean that the quality of health services to the population is not good. In a well-structured system where all, or most, of the health professions are trained, where tools and medications are available and where the referral system works efficiently, health posts and health centres might provide quality basic services for the community, treating minor health issues, working on the prevention of diseases and on the education of the populations and refereeing those cases that are not suitable to be treated locally. However, this ideal system was not the reality found in the villages visited.

In the majority of villages visited, the main health provider for the indigenous population was a community health worker (CHW), who was not necessarily trained to handle some procedures such as baby deliveries. In all the health facilities, health professionals complained about lack of personnel to provide the necessary healthcare function for the indigenous population. Some of the CHWs were not qualified midwives but they would deliver the babies if necessary. Some health centres receive visits from doctors and nurses, but that was not the routine in most of the villages visited – doctors' visits, as well as their frequency, depended on how close the village was from a big city.

Among the 12 villages, only two of them had other professionals related to diseases prevention. One of these professionals was a malaria specialist in Micobie and the other was an environmental health assistant in Waramadong. Again, the idea for a system such as the one implemented in Guyana is to have professionals that can prevent diseases, diminishing the need for people to be seen in the health facilities and reducing the referrals to the more specialised hospitals.

There is a **lack of health professionals** in the health facilities in the hinterlands. As mentioned by a health professional in Region 8, *“People from here do not really apply to work in these fields [health related work]. Some who are brought in do not stay that long.”* The health professional raised two important points: first, people from the hinterlands do not want to work in the health sector. With the exception of some villages and among them were Aishalton and St. Ignatius, few of the health professionals were locals from the villages. Some might be of indigenous heritage but not local to the villages. This point should be further investigated, but one possible cause is the lack of knowledge about a career in health services.

The second point is the difficulty in bringing and keeping qualified doctors, nurses and other specialised health professionals in the hinterlands. Some challenges to attracting the healthcare professionals are linked to the lack of basic infrastructure in the villages such as electricity, running water, the conditions of the roads and access to communication such as telephone and Internet. Other social factors also influence people’s decision to move to the hinterlands such as high cost of living, high levels of poverty, low educational levels and health risks such as malaria, dengue and *chikungunya*.

In terms of **infrastructure and availability of medical tools, equipment and medication**, the overall situation in all health facilities that were visited is below reasonable standards. Many health posts and health centres do not have electricity, making it impossible for them to keep vaccines, blood tests and other materials that demand refrigeration. For example, one of the main issues reported was snakebites, which seemed to happen frequently, affecting not only children but also adults. Antivenom needs to be kept refrigerated, so many of the villages do not have them in stock. Anecdotal information shared by stakeholders indicates that if someone is bitten, the person has to be evacuated to the nearest health facility that might have the antidote and in some cases, the antivenom is only available in the regional or district hospital.

The field visits also showed that most of the health posts and centres did not have a constant flow of running water, creating for each procedure a risk of infection. In Chinoweng, for example, the health post depends on water that is collected from the rain. In the drought season, the post might stay without water. Moreover, most of the buildings for the health posts and centres were old and badly ventilated.

Even in the District Hospital located in Santa Rosa, the basic equipment does not work, as mentioned by a health professional in that hospital: *“We are not on par with the rest of the country because we don’t have a functioning lab and an x-ray department.”* In some cases, the hospital might have the equipment – such as the ultrasound machine that is available in the district hospital in Kamarang – but it does not have the person with the knowledge to operate the equipment.

Shortage of drugs and medicines were the main complaint from the health personnel and the people living in indigenous villages. However, it seems that this shortage is not exclusive to the indigenous communities; similar situations were found in other hospitals across Guyana. As mentioned by a health professional in Region 7, there is a lack of medicines across the country, not only in the villages

in the regions. His reaction was the response to a provocation made by the research team when it was mentioned that in Chinoweng, the health post did not have painkillers (paracetamol) in stock for about 3 quarters. Similarly, in the same region, Kamarang village was out of the same medicine for six months. *“It’s happening all the time”* was the way a CHW expressed the shortage of medication. In Santa Rosa, a health professional presented a very similar story when talking about the Moruca sub-district *“The sub region does have quite a few health posts and health centre setup in most of the villages, almost all of the villages. However, those health facilitates don’t really got health workers and there is also a deficit of supply of medication and other pharmaceuticals that isn’t timely readily. Right now, it is very bad, very poor.”*

The causes for the shortage in medicines need to be further investigated. One possible explanation is connected to how the procurement process happens at national level. According to one health personnel interviewed for this study, the lack of resources, especially medicines and equipment, is caused by lack of planning at national level: *“we’re supposed to have some system set up, you can’t wait until it finished and we have to be begging, we have to see if somebody coming up to bring up this thing, it’s difficult.”*

The lack of a proper system opens space for doubts about the transparency of the health system in the country. As mentioned by a health professional: *“It all depends on who you have on your side and who is highly influential and who hands you can turn, you know, cause that’s the only way you can get things done, if you get contacts in Georgetown. Well then you ask the Ministry, hey I need blood. If you and somebody at the Ministry is not that good, you can’t ask them to go and do it cause they wouldn’t, but if you have a good relationship with them and you say hey, do this for me budday, you know, and then they go outta their way they might pay their own taxi fare, there is no, not a system establish to have a flow, you know, a smooth flow.”* Another explanation was presented by a CHW in the hinterland and it defines how they feel regarding their geographical location: *“All the time it’s happening, maybe because we are far”*. This simple analysis shows how the health professionals in the hinterland feel and at the same time, shows the challenges in the distribution of medicines and other pharmaceutical drugs in Guyana.

A mix between a lack of staff capacity, distance, lack of proper infrastructure (such as electricity) and shortage of testing materials create a risk for some pregnant women in the indigenous villages. As mentioned, in the remote villages, it is possible for a pregnant woman to deliver her baby without being tested for HIV, anaemia, diabetes and other diseases and conditions, all part of the common blood test that is recommended by the World Health Organisation (WHO) as part of the ANC process. That was a major concern discussed in Chinoweng and Kamarang, villages in Region 7. In both communities, some women go through rapid HIV testing and the blood testing if they have a risk in their pregnancy and in that case will have to visit the district hospital in Kamarang. Similar in other villages that have health centres or posts, the pregnant women have to visit the district or regional hospital to do any type of blood testing. As reported by a health professional; *“For the pregnant mothers for doing the labs, sometimes we does get a problem with. Everybody does got to go to the District Hospital for the lab testing and when they go sometimes the lab person is not around. The person not there and sometimes when you go back, you might not get through. So that does be the problem.”*

The health situation found during the qualitative data collection seems to corroborate with the conclusions of the mapping for the primary healthcare (PHC) model in Guyana. According to that study, *“Guyana applies the strategy of employing lower skilled PHC workers in several areas of healthcare. In all health occupations, different levels of competencies exist and categories of shortly trained PHC workers are introduced into the system as a measure to address the extreme shortages of professional healthcare workers in the public system”* (ISAGS and UNASUR, June 2014).

One of the major demands in all villages visited was their wish to have a doctor in the village, instead of a *Medex*, nurse or CHW. In this line, another conclusion of the same study goes in line with the comments heard from professionals in the regional and district hospitals related to the impossibility of having one doctor in each health facility in the indigenous villages: *“In view of the realities of the hinterland; remote and extremely low population density, challenging geography of the Amazon region, underdevelopment and excess poverty and disparities in health outcomes, the conclusion is that Guyana has huge challenges to overcome in meeting needs with a qualified workforce. Since it will be difficult to have an entire team serving a very small village on a permanent base, it remains important to have all-round health workers that can respond to the broad range of tasks from health promotion to treatment and care of common illnesses. In this regard, the Medex might have some advantages above a physician for working in the hinterland. This is because the Medex has received a strong skill based- and problem solving-based training- and is trained in the supervision and on-the-job training of CHWs who are staffing the numerous health posts in the hinterland* (ISAGS and UNASUR, June 2014).”

As mentioned by the health professional in Region 8, *“It is not to say that people do not deserve proper care, everyone does, the world does, however some of these locations have population where it is not feasible to have a doctor there, or for a long period of time. Emergencies will arise but no one can predict emergencies. Whether there is a doctor or not, the presence of the doctor will not prevent an emergency. It can subdue one or attempt to subdue one easily but that is not normal but some locations such as satellite villages outreaches would be feasible but some of the locations don’t have places to stay, being out here – it has to be self-sacrifice.”* The problem, he continuous, is that, *“you are not being paid to make certain sacrifices. So, it is a sacrifice and not everyone is willing to make a sacrifice and you cannot blame everybody. It’s difficult to leave the comfort and go somewhere, people have families and lives here.”*

### **(iii) Lack of Vaccination**

In looking at country national averages, most common vaccine-preventable diseases remain under control in Guyana (PAHO, 2012). Nonetheless, around 22 percent of children in Guyana aged 24-35 months were not fully vaccinated against vaccine preventable childhood diseases in the country. This percentage varies across background characteristics except for the sex of the child, where approximately the same proportion was vaccinated. Indigenous children are the ones with higher risk of contracting a preventable disease. Only 54 percent of the indigenous children between ages of two and three years were fully vaccinated, a 24 percentage point difference to the country’s average (Figure 19).

Figure 19: Percentage of children ages 24-35 months who received full vaccination, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

In the interviews and focus groups with the mothers, the majority of them said that their children were fully vaccinated, which would contradict the quantitative data. In private and informal conversations with the mothers and in discussions with health personnel, the information was different. In Moraikobai the research team spoke to a young 19-year-old mother whose 9-month-old baby had not received any vaccines. When asked the reason for that, the mother mentioned that the baby was born outside the village and she was waiting for the baby's first birthday to immunise her. In Baramita, members of the Village Council mentioned that only few children would receive the full spectrum of vaccines.

Three factors seem to influence the vaccination of the children: (i) the difficulty in accessing the health facilities (fact to be further investigated later in this document); (ii) the shortage of vaccines and (iii) the lack of knowledge of the importance for a child to be vaccinated.

**Shortages of vaccines** do not necessarily mean that the children will not be immunised ; they will, but at a different time from what would be recommended. For instance, as described by a CHW in Region 3: *"Some like we don't get all the vaccines at the same time, so some of children be like left back. So, you know like four vaccines for the two-month-old, sometimes we get all four, sometimes we get two, sometimes we get three. If a child at two months don't get call his vaccines, that child would move on till four months, four months now they probably wouldn't get all four again. It goes on and then the child would be like a year or almost meeting a year and not fully vaccinated for that period. That is how it goes."* As mentioned before, the lack of infrastructure of some health facilities impact on the availability of vaccines. For example,



in Orealla, a distance of one hour by boat from the closest town, the health centre does not have a functioning fridge, so all the vaccines have to be received and given to the children on the same day. If a child misses the day, he/she has to wait until the health centre receives the new batch of vaccines.

The short story about the mother who was waiting for her daughter to be one year old before vaccinating her shows how some mothers, especially the young ones, do not understand the importance of the immunisation for the children. There is also anecdotal information pointing to the fact that some indigenous peoples do not believe that the vaccines – and other pharmaceuticals – are actually beneficial for the children. As explained by one health professional “*they do not believe what they do not see*”. Part of that behaviour comes from the fact that some elderly in the community were not vaccinated and do not see the benefits of it.

#### **(iv) Poor water, sanitation and hygiene**

Goal six of the Sustainable Development Goals focuses on ensuring availability and sustainable management of water and sanitation for all, with special attention to the needs of the most vulnerable populations, including girls and women and in the case of Guyana, the indigenous populations. Lack of access to improved safe drinking water and sanitation and poor hygiene practices are the leading causes of communicable diseases, influencing the nutrition of adults and children and directly impacting in their health status.

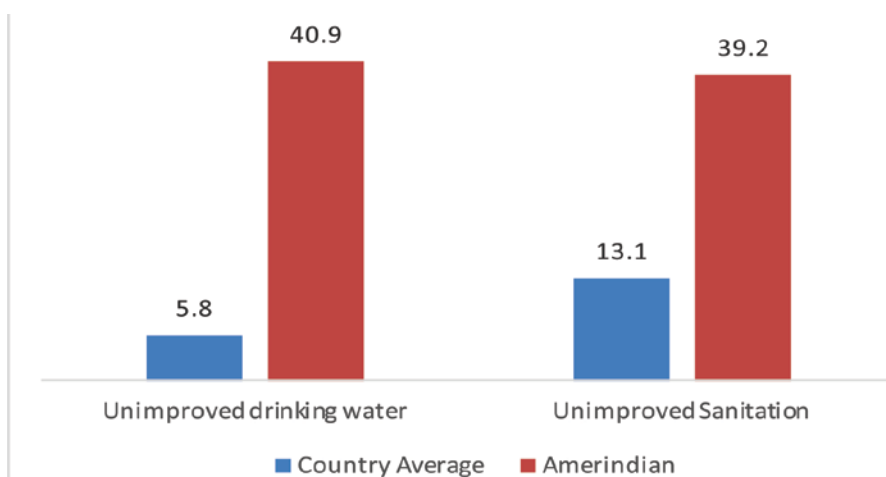
Overall, 94 percent of the population in Guyana use an **improved source of drinking water**<sup>24</sup> – 99 percent in urban areas, 93 percent in rural areas, 98 percent in coastal areas and 71 percent in hinterland areas (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015). While on average this is a good accomplishment for the country, the reality is different for some populations, especially for the indigenous population. For this group, 41 percent of the households access drinking water from an unimproved source. In the case of **sanitation**, while 13 percent of the households in the country have unimproved sanitation, when that percentage is disaggregated by different socioeconomic characteristics, almost 40 percent of the indigenous population use unimproved sources of sanitation.

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24 The following are considered improved sources of drinking water: piped water (into dwelling, compound, yard or plot, to neighbour, public tap/standpipe), tube well/borehole, protected well, protected spring and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for hand washing and cooking.



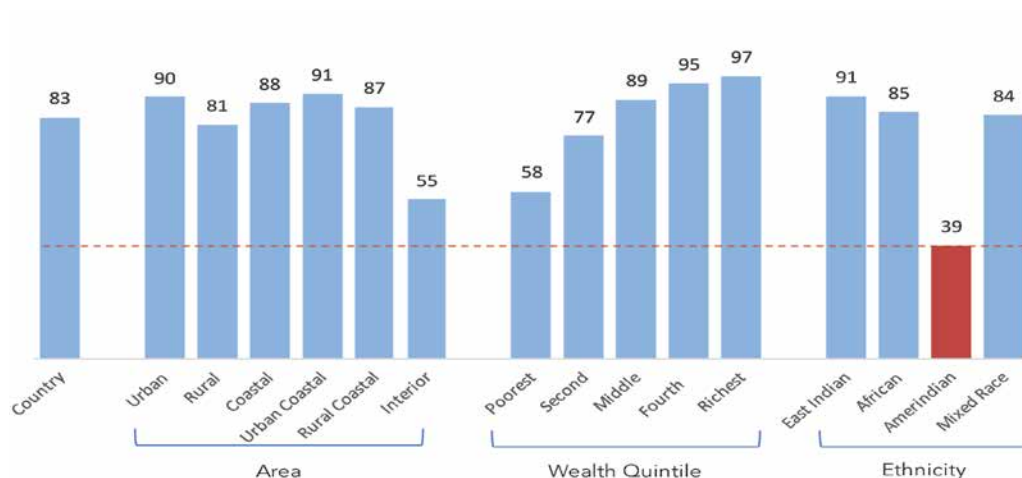
**Figure 20: Unimproved drinking water and sanitation, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

When clean water and improved sanitation are put together, only 39 percent of the indigenous peoples have access to both, that is, 44 percentage points smaller than the national average.

**Figure 21: Percentage of household population with improved drinking water sources and improved sanitation, Guyana, 2014**

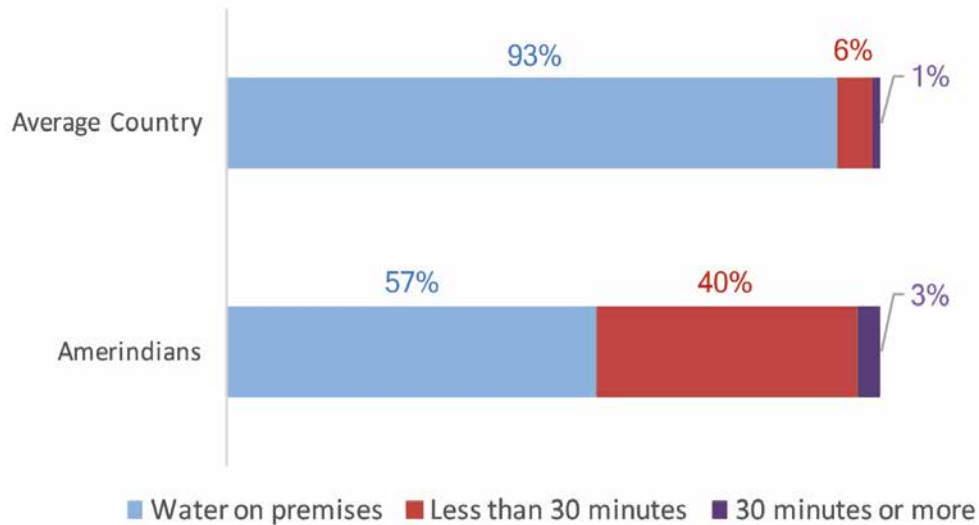


Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

According to 2014 MICS, most of the unimproved water drunk by indigenous women and children come from unprotected wells (18 percent) and surface water (17 percent). In terms of improved sources, main sources are rainwater collected by the family (24 percent) and protected well (12 percent). Only 14 percent of the indigenous families have access to piped water, in comparison to 34 percent of the families living in urban centres. Only 60 percent of the water used by indigenous households is treated.

40 percent of the drinking water source is less than 30 minutes away and in 3 percent of households, the source for drinking water is more than 30 minutes walking. These numbers are higher than the national average. In the indigenous communities, most of the water is fetched by adult men, followed by adult women (46 percent and 45 percent, respectively).

Figure 22: Time to source of drinking water, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

The quality of the water in the indigenous villages has a close relationship with the type of economic activity that takes place in the village, the size of the village and where they are located (near or far from running water such as rivers). In Baramita, for example, due to extensive mining practices, different stakeholders have mentioned they are concerned that their water might be contaminated with mercury. In Micobie, the village uses solar panels to pump the water into a communal reservoir and from there it is distributed to the houses. Nonetheless, according to the Village Council, the water is not enough for all the households and they do not know about how potable the water is. In Saint Ignatius, the Village Council reported a sealed well that provides water for the majority of households in the village.

In River’s View, an environmental problem in 1995 polluted the river and damaged the water supply for the village (fact to be explored in Chapter 8). Since then, the village tries to use water from a nearby creek (Macara creek) and from the rain, but long periods without rain due to changes in the weather pattern has forced the population to continue to consume water from the river. As mentioned by a Village Councillor *“Besides the river, we don’t really have water sources, now that the rain started this week, we can get but a month ago everyone was suffer for access to drinking water. When the water is low there, over at the river, the river would still be dirty and that is why the nurse was saying that you would get reports of skin rash and so.”*

Most of the water coming from wells, creeks and rivers is not tested for their quality and in theory, should be treated. Nonetheless, that treatment was not evidenced in most of the indigenous villages that were visited. As mentioned by a CHW, “you would educate them [community] and tell them what they have to do, some would adhere and some just don’t.” In Orealla, someone also mentioned “Hardly people does treat water, unless like they got diarrhoea, they boil water or buy water. Most people boil or they had five drops of bleach in the water.” In Waramadong, someone mentioned that the water coming from the river seems clean and when asked if the water was treated the answer was “No, they [the population] don’t like it, yeh because am, one time we use chlorine bleach and they advise that we give one chubby bottle to each household and they didn’t like it, they didn’t like the taste, so we telling them to boil water, they boil it they didn’t like the taste, they rather this or the creek.”

In the villages visited, sanitation was basically pit latrines and some flush toilets. Some households had their own toilet, while for other sanitation facilities were shared with other families. Families also share bath facilities, which increases the risk of sexual assault against girls and women. For those villages near the rivers, if pit latrines are not well built, there is a risk that waste is taken to the river and contaminates the water they use for drinking and cooking.

In Paramakatoi, pit latrines used by secondary students were dilapidated or in poor conditions – some without doors. In Aishalton, the toilets used by girls in the primary school did not have locks. The research team saw the situation when one girl had to use the pit latrine and a second girl was holding the door. Students – both male and female – urinate in nearby bushes. Students do not have access to running water in the toilets and washing hands after using them is rare. These cases are further explored in Chapter 4.

Hand washing with water and soap is the most cost-effective health intervention to reduce both the incidence of diarrhoea and pneumonia in children under five (Cairncross, S., Valdmanis V, 2006). It is most effective when done using water and soap after using a toilet or cleaning a child, before eating or handling food and before feeding a child. In Guyana, 79 percent of the households have a specific place for hand washing where water and soap or other cleansing agent are present, for the indigenous households, that number is a little smaller, 71 percent. In 12 percent of the indigenous houses no specific places for hand washing was found, a number that is a little higher than the country’s average (10 percent) (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015).

### **(v) Difficulty in Accessing Health Facilities**

**Physical access to healthcare** is a big challenge for those who live in the hinterlands. For example, in Micobie, the health professional mentioned she knows families who would have to travel 35 miles using a canoe to reach the health post. In a scenario like this, the willingness to access the health facility may only happen in situations that demand urgent care and may directly affect the propensity for women to attend ANC and PNC and to deliver their babies in the health facility.

Although the hinterlands population has numerous facilities compared to the small proportion of

the total population, they do not guarantee access to all diagnostic and treatment services health services. Due to the remoteness of some villages, limited number of inhabitants and financial challenges at national level, not all villages have a hospital, or even a health centre. Some only have health posts with limited skilled personnel<sup>25</sup>. For access to a broader range of diagnostic and treatment services individuals of the hinterland will need to overcome large distances and travel frequently over rivers, by road and sometimes by air (ISAGS and UNASUR, June 2014).

*“Transportation is not that big an issue right around this area, however, for mothers that are out of this area, for example, mothers that are in Rupunau, Sandcreek, right, these mothers have great difficulty in getting to a health worker so we will find that their coverage is very poor, sometimes a mother would come in and this would be, she would be in her trimester and she has never done a HIV test, she has never done a hep test, hepatitis B, am VDRL and these are things, I mean these are routine things in other countries, these are things that should be done to protect mother and child, but these mothers, because of where they live, it is pretty difficult for them to get to this type of medical assistance or type of medical testing , so the issue we have been finding, the issue that we have is the accessibility, right, so, I think accessibility is a major issue.”*

(Health worker professional in Region 7)

### **(vi) Lack of transportation**

Further to the difficulty in physically accessing health facilities there is the **lack of appropriate transportation** for patients who need to access health services. As mentioned at the beginning of this study, some villages are quite remote and facilities are only accessed after long journeys by air, boat and special vehicles (ATVs). As described by a member of the Village Council in Santa Rosa, *“people would have difficulty [to access the health centre]. Some come from far, five miles, six miles, eight miles. For us we live near but some people live miles. If it is an emergency and you got money to call a car, you gine get there, but many time you got to walk. I would see people fetching patients in hammocks. I know they probably didn’t have money to pay transportation to take them there.”*

Financial barriers to health services were also mentioned by different stakeholders in all the villages. Besides the cost to reach the health post, sometimes there is the added financial burden of the cost to accompany a patient when he/she is evacuated to a regional hospital or to Georgetown. While the Government covers the cost of transportation for the patient, it does not always cover the cost for the patient’s chaperone. According to stakeholders, this implicit cost is also one reason why some patients will only try to access the health facilities as their last option.

One unexpected result of this financial barrier is that some Indigenous Peoples living close to the border with Brazil will actually opt for health treatment in Brazil as opposed to Guyana. As mentioned by a woman who participated in a focus group in Paramakatoi, some cities in Brazil have English-speaking doctors who facilitate the access to those living near the borders. Not only that, but for some, the proximity to Brazil makes it easier for them to access healthcare. The same woman commented: *“it’s more easy to get to Boa Vista than Georgetown. It is cheaper to go to Boa Vista. The Government provide transportation once you receive the border. The Brazilian Government provides the transport.”*

25 For a more detailed explanation on how the health system is structured in Guyana, please refer to the 2016 SitAn (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana April 2015)

Stakeholders also complained about the health referral system which sometimes creates difficulties for those Indigenous Peoples who have to be treated outside their villages. According to a health professional in Region 8, sometimes patients fly from their communities to district hospitals or to Georgetown and when they get there, there are no proper arrangements for a doctor to see the patient. In some cases, *“people don’t like going either because they need to wait they have to spend three weeks to a month. They don’t like staying in Georgetown so they have to wait or they have to come home to wait for dates to return.”* When in Georgetown, those patients without families in the capital generally stay in the Amerindian hostel.

Transportation is also an issue for the health personnel to access satellite communities and people who live far from the village centre. In most villages that were visited, informants complained about the lack of funding to buy fuel for transportation or the lack of transport to the professionals in the health post. As described by a health professional in Region 8, *“we need transportation, a motorbike, an ambulance, [to] help you go out. If there is a patient in a satellite community, I need to be looking for transport, if only we have transportation then we can go.”* People living in the villages said that on more than one occasion, they, as private individuals, had to pay for the fuel.

### **(vii) Cultural Factors**

Culture influences peoples’ perceptions on health and many of their decisions related to the willingness to access health facilities, treatment, types of medicine, vaccination and care, among others. As mentioned by a respondent from Region 9, *“some people still bend on their culture, right, meaning that I deliver all my children at home so why my children now have to, I can deliver them too, right, so you would still find that people doing this at home, right and so, they are not knowledgeable to come to have testing done because they parents didn’t see it as necessary so they pass it down.”*

Some of the cultural behaviours are being transmitted from one generation to the next, reinforcing a cycle of misunderstanding. As was reported in Orealla when discussing the absence of pregnant women in the clinics, someone mentioned *“I asked and they explained that like before people never really use to go to clinic when they are pregnant for all of these check-ups so that change is a little hard for them”.*

Cultural practices and beliefs also influence how pharmaceutical medicines are accepted and used in the villages. **Traditional medicine** is widely used and even recommended by some health professionals in the hinterland. Many stakeholders mentioned they first try to treat some diseases with the bush medicine and if it does not work, then they try the pharmaceuticals. In some cases, anecdotal information shows the preference for the traditional remedies. As reported by a woman in Santa Rosa, *“I had dengue last year for a couple of months and it was not going away and I went to a lady she boiled pawpaw leaf with something and I drink it and that clear my system. We have people here who still retains that knowledge but they old. These same ladies here know traditional knowledge.”*

In this line, for some indigenous peoples, traditional medicine is the first option of treatment and they only go to the hospital as the last resort, *“when you are really sick”*. A doctor mentioned that *“people here*

also rely a lot on home remedies and herbal medicine and would come to the hospital if that does [not] work. Some persons come from the beginning but the rest is that sort of home remedies and all these things”.

One of the women interviewed had a different logic. When asked when she used traditional medicine with her children, she replied *“Like when you see it extra bad and you see tablets [pharmaceuticals] ain’t helping.”* A similar attitude was identified in Paramakatoi, when an elderly woman summarised that *“we try hospital medicine, if it doesn’t work then traditional.”* The same woman shared a story that illustrates the use of home remedies as alternative to pharmaceuticals: *“My baby was born at seven months, when she was three months she had pneumonia. She was brought to medic, she was given injection for one week but no improvement but he told me that he would send me to Mahdia. So, I went home and used bush medicine and give her. I went back to him and told him that she was better.”*

While the use of traditional medicines has a cultural influence, access to medicine and cost are two other factors that influence the indigenous populations’ use of the bush medicine. As mentioned earlier, there is a frequent lack of medicines in the health facilities in the hinterlands, and one way for Indigenous Peoples to deal with diseases is to use their traditional remedies. As described by a woman, *“I think that most of the people in the community give them [children] bush medicine because most of the times when you go to the hospital they don’t have drugs to treat the child. So, they decide to give bush medicine.”* A CHW in Micobie did similar analysis: *“Remember sometimes the medicine from the health centre is short. So, when we go to the shop and the shop don’t have, we have to use the bush medicine”.* A woman in Santa Mission raised the challenges of the cost of the pharmaceuticals *“Sometimes you don’t have the money to go out, that is the cheapest and fast way to try to stop a sickness.”*

Culture also affects how Indigenous Peoples see the healthcare professionals that provide these services. In the district hospital in Kamarang, the doctor who arrived recently to the facility mentioned that, in his perception, the fact he was not from an indigenous family made patients not fully trust his diagnostics. As a solution, he has to invite an indigenous nurse or CHW to create the empathy with the patient. He also mentioned that language was a barrier for some of the patients. While they would understand and speak English, they were not comfortable in explaining some details in English, but preferred communicate in their native language which seemed to facilitate the understanding of the treatment.

In Paramakatoi, the fact that the Medex spoke the local language helped him to interact with the patients *“I am being able to speak the local language, Patomona. It helps you in being able to deliver the better healthcare to the indigenous population. There are times we talk English but not to that great extent, it is more Patomona than anything else. Certain things you explain in English and others in Patomona, even to the small children.”* The case of Kamarang and Paramakatoi show the importance of emphasising that local villagers should be trained in health and become qualified personnel to help in the villages.

In order to bypass the cultural barriers and to try to change some behaviour towards health, one solution that is being implemented in the regions is the tentative to embrace long lasting local habits into the healthcare system and into how health professionals approach Indigenous Peoples.

As mentioned by a health professional in Region 9 when discussing home deliveries, *“the Indigenous [Peoples] feel more comfortable delivering with the nannies, the grandmother or stuff like that, so what we are doing at the regional level we are trying to integrate, the communities with the healthcare facilities. The health post is like a strange environment to the community, right, and we are working together bridge that gap, so we have our doctors, forming, going out to the communities, doing health talks, do home visits on a regular base and we have our CHW they’re assisting us with that too. We are looking to have our nannies integrated in the healthcare system, whereby if the mother is not comfortable delivering with the healthcare provider, we have the nanny there under the supervision of our healthcare professional.”* In this line, as health professionals mentioned, it is also important that the strategy for the regions embraces local languages in the health facilities, making patients more comfortable with treatment.



## CHAPTER 4: EDUCATION

*“Indigenous individuals, particularly children, have the right to all levels and forms of education of the State without discrimination (Article 14.2)”*

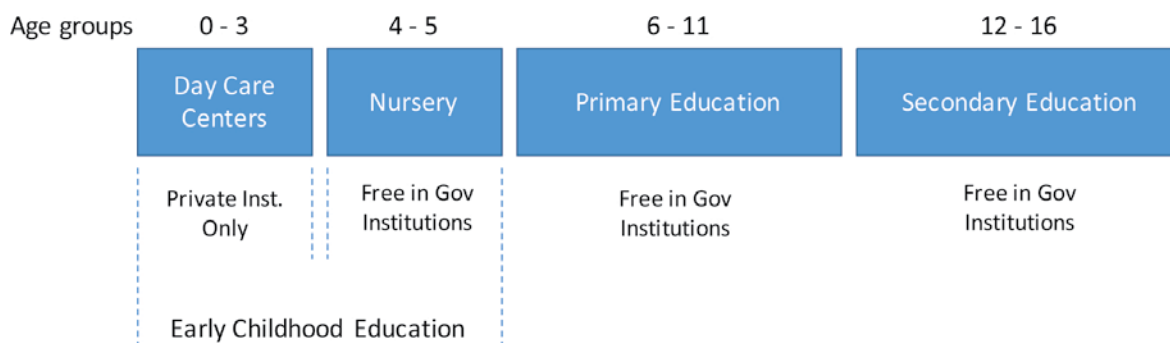
*“States shall, in conjunction with indigenous peoples, take effective measures, in order for indigenous individuals, particularly children, including those living outside their communities, to have access, when possible, to an education in their own culture and provided in their own language” (Article 14.3)*

*“Indigenous peoples have the right to the dignity and diversity of their cultures, traditions, histories and aspirations which shall be appropriately reflected in education and public information” (Article 15.1)*

*2007 United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007)*

The educational system in Guyana is composed of Nursery, Primary Education and Secondary Education. Despite the fact that the Government of Guyana considers children between the ages of 0 and 8 to be in Early Childhood Education (ECE), for this report ECE is going to encompass those children who are enrolled in Day Care Centres or in Nursery Schools. Day Care Centres are not considered to be part of the formal educational system and are not managed by the Ministry of Education (MoE), nonetheless they contribute to the cognitive and physical development of the child. Children enter nursery school at the age of three years old and three months, primary school at age six and should start secondary from the age of 12.

**Figure 23: Summary of Educational System in Guyana**



Source: 2016 UNICEF SitAn (UNICEF in Guyana, July 2016)

While nursery and primary schools<sup>26</sup> are found in all villages visited, the same was not true for secondary schools, as demand (actual # of eligible children) in every community negates the cost effectiveness of building schools in every village. Indigenous children have the opportunity to be considered for the hinterland scholarships programme.

Among different issues related to education for indigenous boys and girls, two are explored in this report: first, while access to school is relatively high in primary education, the numbers are not the same for nursery and secondary education. As a matter of fact, more and more adolescents are stopping their formal education without finishing secondary school. Connected to this topic are the few indigenous children with disabilities that have access to any type of education. The second issue is related to the quality of education received at both primary and secondary institutions for children living in the hinterland when compared to the children living on the coast, enforcing a vicious life cycle where if there is no qualification it can result in the lack of skills thereby attracting low paid jobs and consequently poverty in the indigenous communities.

## 4.1 School Attendance

### Early Childhood Education and Development

Target 4.2 of the Sustainable Development Goals (SDGs), emphasises the importance of investing in Early Childhood Education which mentions that by 2030, countries should ensure that all girls and boys have access to quality early childhood development, care and pre-primary education so that they are ready for primary education.

Despite not having quantitative data available, qualitative data shows that indigenous children do not have many options for structured approaches to early stimulation/readiness skills before the nursery school years. However, the integration of ECD into the standardised training of the community health workers programme in the maternal and child health clinics has offered a good space for structured approaches to ECD for children, parents and siblings in their respective villages.

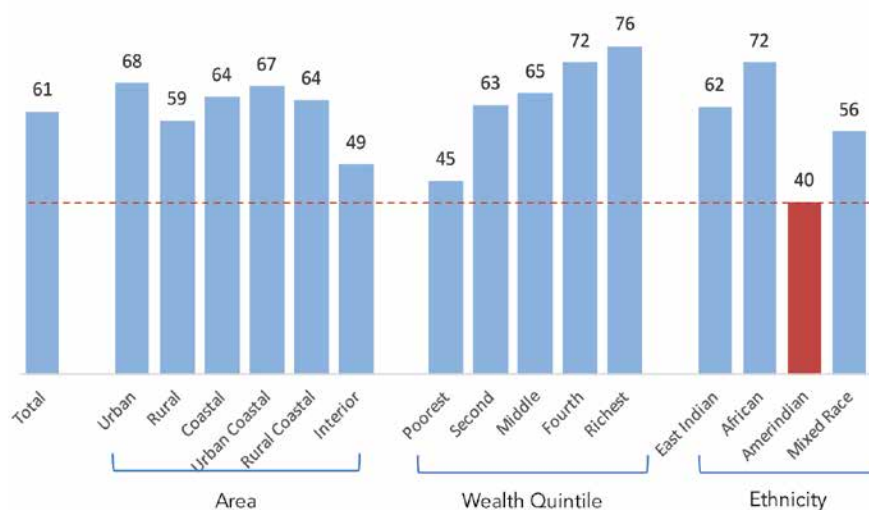
Anecdotal information shows that in order to fill this gap, some health posts and clinics are starting to offer some ECD sessions. While this strategy is not wide-spread among the villages, it is considered to be culturally appropriate and a good alternative to the day care centres that are not economic feasible for most of the villages.

Most of the children living in indigenous villages are only exposed to formal education at the age of three years and three months old when they start nursery school. According to the 2014 MICS, only 40 percent of the indigenous boys and girls were enrolled in nursery schools, a number that is twenty percentage points below the country's average and which represents the smallest enrolment among all socioeconomic characteristics depicted in Figure 24.

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26 In villages with small populations, instead of having a school only for nursery, primary schools hold nursery classes.

**Figure 24: Percentage of children age 36-59 months who are attending an organised early childhood education programme, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

**Quality of care at the household level** complements the learning process that happens in educational institutions. Different measures can be used to monitor the quality of care at home. The first one is parent engagement with the child. Interaction with parents is crucial in supporting the development of children’s capacities for learning (The World Bank, 2015), since it helps children to build their vocabulary, shape their behaviour and learn skills.

In this sense, early stimulation is very important for all aspects of a child’s development; social, emotional, physical and cognitive. Indigenous parents are among those who were less engaged in four or more activities with children between three and five years old: only 79 percent of the parents engaged in activities. The average for the country is 87 percent (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015). When asked about parents’ involvement in early stimulation, a nursery school teacher mentioned that this is a component that is missing at home: *“I feel because the level of education of the parent, the parents in the community for me, I don’t know how many of them actually have a primary education. Some of them cannot read and they have the children and that is what will happen in the school. So, for me, the parents don’t know and don’t see the importance of education, so they don’t be bothered. And some of the children are with their grandparents and the grandparents don’t know what is going on. So that is what I want to feel is a downfall in our schools.”* Another teacher: *“We have children who can work, yes we have not gotten scholarships for years now but there are children who can work. And I think if more effort can be put in by the parents and we can help raise the children to scholarship level. But some parents throw back and they leave everything to the teachers. And when the children go home, they don’t do nothing.”*

Research has shown a strong correlation between exposure to books at home at a early age, and the achievement of higher academic grades for students (Evans, Kelley, & Sikora, 2014). Similarly, other

research has shown that disadvantaged children who are frequently exposed to reading at home also improve their academic scores when compared with those children who do not have books (Allington, Richard L. et al, 2010). Once more, among different socioeconomic categories, Indigenous boys and girls under the age of five are the ones with lowest access to books at home (Figure 25).

**Figure 25: Percentage of children under the age of 5 living in households that have 10 or more children’s books, Guyana, 2014**



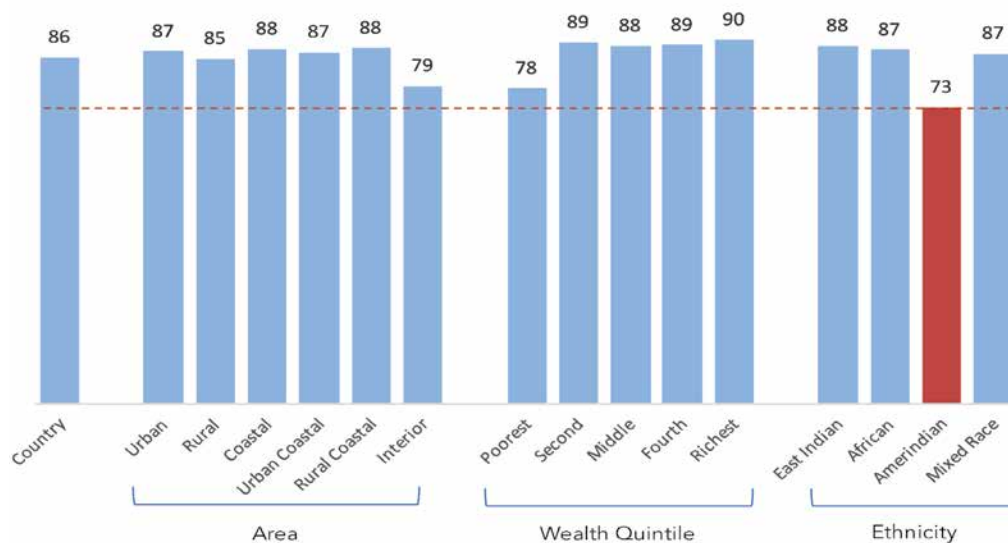
Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

A summary of the cognitive situation of indigenous boys and girls under the age of five can be identified using the MICS **early childhood development index score**<sup>27</sup>. According to this index, 73 percent of the indigenous children are developmentally on track in literacy-numeracy, physical, social-emotional and learning domains<sup>28</sup>. The average for the country is 86 percent. In reality, the Early Childhood Development (ECD) score for the indigenous children is the smallest among different socioeconomic indicators (Figure 26). The disaggregated numbers for the indigenous children between three and five years old are lower than the national averages for all four domains utilised to calculate the index (Figure 27).

27 The index is based on selected milestones that children are expected to achieve by ages three and four. Ten items were used to determine if children (36-59 months) were developmentally on track in four domains. ECDI is calculated as the percentage of children who are developmentally on track in at least three of the four domains.

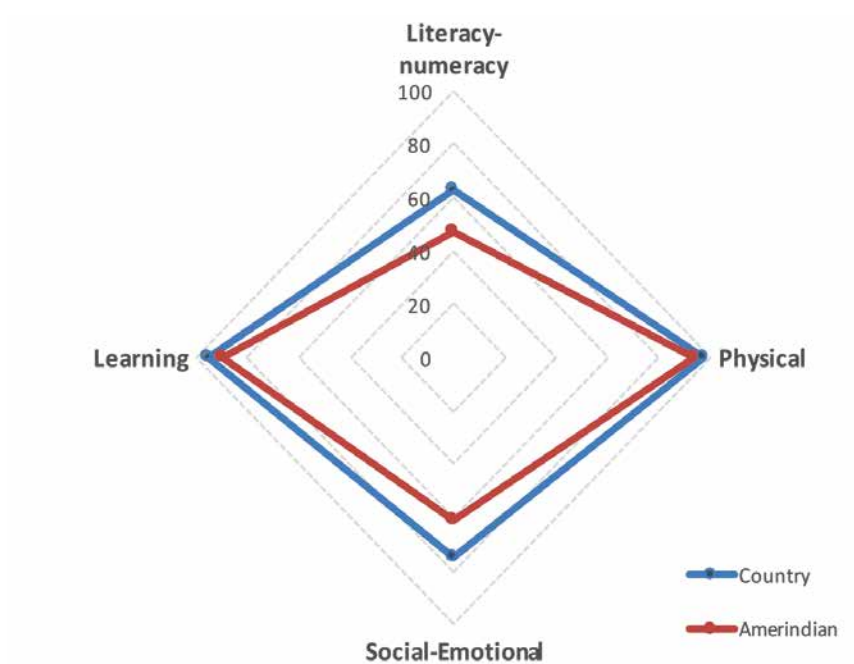
28 As indigenous children do not have much stimulus at home, this relatively high score can be attributed to the investments and attendance in the nursery schools, where picture books are available and can compensate for the absence in homes.

Figure 26: ECD Index for different socioeconomic categories, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Figure 27: Percentage of children age 36-59 months who are developmentally on track for indicated domains, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

## Primary Education

Primary education is almost accessible to all children in Guyana, including indigenous boys and girls. According to the 2012 census (Bureau of Statistics Guyana, Jan 2017), **gross primary enrolment rate**<sup>29</sup> for the hinterlands was 98 percent for boys and girls, higher than the country's average (97.3 percent for boys 97.5 percent for girls). The **net enrolment rate**<sup>30</sup> for the hinterlands was 90 percent for boys and girls, matching the country's average. Moreover, around 84 percent of the indigenous children who were attending first grade at the time of the census also attended preschool, a number that is very close to the country's average (85 percent). The main reason for that high enrolment could be attributed to the availability of primary schools in basically all indigenous communities. At least in the villages visited, all of them had a primary school. Another factor that might have influenced this enrolment is the school feeding programme. As mentioned later, for many children, the school meal was considered the most important meal of the day, strengthening the hypothesis that the feeding programme contributes to high enrolment numbers.

Enrolment at school does not necessarily guarantee attendance. In the case of indigenous children at primary school age, 96.5 percent of them attended school at least once in the school year (**Net Attendance Ratio** for primary education), with no variations in terms of boys and girls; a number that is close to the national average of 97 percent (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015).

Quantitative data from the 2014 MICS shows that the indigenous boys and girls in Guyana are finishing primary education. Around 95 percent of the indigenous boys and girls who entered primary education reached Grade Six (survival rate to last grade of primary school), a number that is close to the country's average of 97 percent.

**Transition to secondary education** has to be seen with caution since Guyana has different types of secondary schools. *Primary Schools with secondary departments* do not always have trained teachers to teach secondary education. The *General Secondary* are the schools that are supposed to have trained teachers, labs and other facilities where students can advance in their studies. Students have to perform well at the Grade Six exam to be placed in a General Secondary, while those with the lowest scores are placed in secondary departments of primary schools<sup>31</sup> in a location nearest to their home but not necessarily in the same primary school where they attended.

In 2014, around 88 percent of the indigenous boys and girls advanced into secondary education (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015). However, some of those adolescents were placed in Primary Schools with secondary departments and not in General Secondary Schools, which, as mentioned, may not have trained teachers as in an ideal secondary teaching (this topic is further discussed later in the report).

<sup>29</sup> The rate considers all students enrolled in primary schools regardless of age as a numerator in the calculation.

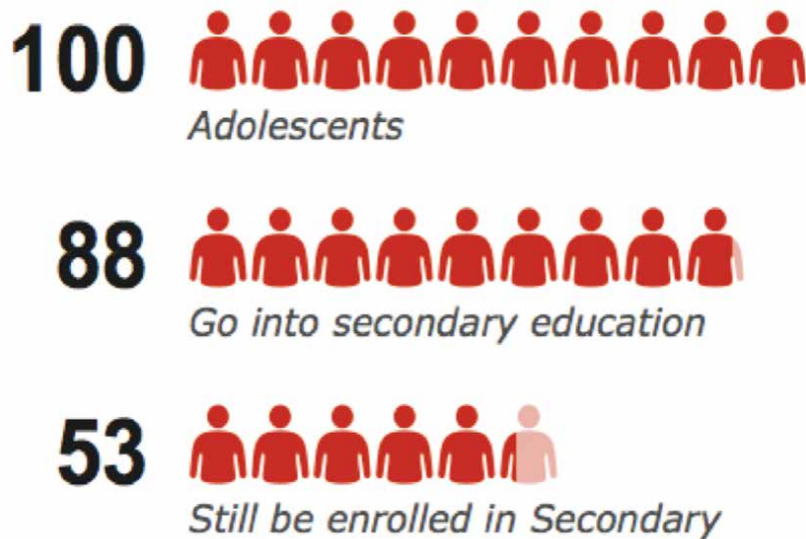
<sup>30</sup> The rate only considers as a denominator those children who are within the primary school range.

<sup>31</sup> Referred to as a Primary Top School.

## Secondary Education

In 2012, only 59 percent of the indigenous boys and 62 percent of the girls who were supposed to be in secondary education<sup>32</sup> were enrolled at that educational level (Bureau of Statistics Guyana, Jan 2017). In comparing this rate with the transition rate of 88 percent, it is possible to deduce that some children are moving into secondary education, but are **dropping out** before finishing their formal education. In crossing quantitative data from the 2012 Census and the 2014 MICS, for every 100 indigenous adolescents, only 88 are moving into secondary education. Among those 88 in secondary, 35 adolescents will dropout before finishing, i.e., from the original 100 students, 53 of them have actual chances to finish their secondary studies (Figure 28).

Figure 28: Dropout rates among Indigenous Adolescents



Source: calculations based on rates from 2014 MICS and 2012 Census

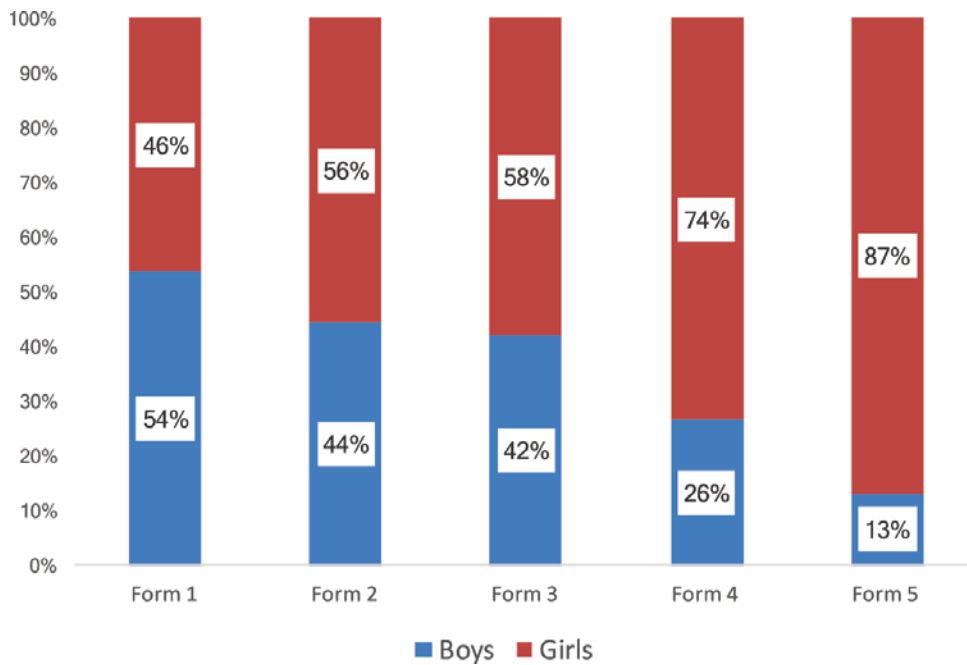
School dropouts are common in the hinterlands and it happens mainly in two waves. First, some students stop their formal education when they are transitioning from primary to secondary education. Those who live in villages that have Primary Top Schools (a primary school with secondary departments) can manage to advance into higher grades, but many children stop going to school after finishing primary education. The second wave of dropouts happens during the secondary education, when adolescents at primary schools with secondary departments or secondary schools will stop their formal schooling. During the fieldwork the research team met many young people who did not finish their formal education. For those who were advancing in their formal studies, they were asked if they had friends or if they knew people who stopped going to school before finishing; they all knew someone who had dropped out of school.

32 Net enrolment rate



In terms of gender, the percentage of boys enrolled in secondary education decreases as they move along the different grades. As is discussed later in this Chapter, the main reason for that is that boys are starting to work for money at early ages as a way to help the financial situation of their families. While 54 percent of the students enrolled in secondary schools in the hinterland were boys in Form one, in Form Five, only 13 percent are boys (Figure 29).

**Figure 29: Percentage of boys and girls enrolled in secondary schools, Hinterlands, 2011-2012**



Source: 2011/2012 Education Digest (Ministry of Education, 2012)

Despite being enrolled in school, many teachers complained that secondary students would be absent from classes frequently. As a teacher in Baramita said “*Absenteeism. Right through all the levels.*”

As a consequence of high numbers of school absences and dropouts, the indigenous adolescents are the second highest group of ‘out of the school’ children in the country – poor adolescents form the first group (Table 6). The situation is worse for indigenous boys than girls. One in every four indigenous boys (25 percent) is out of school, compared to 16 percent for the girls.

**Table 6: Percentage of children of secondary school age Out of School, Guyana, 2014**

	Boys	Girls	Total
<b>Total</b>	16.9	9.6	13.2
Urban	11.7	4.1	7.9
Rural	18.9	11.5	15.2
Coastal	16.7	8.6	12.7
Urban Coastal	13.6	3.5	8.5
Rural Coastal	17.8	10.5	14.2
Hinterland	18.5	14.5	16.4
Poorest	22.7	18.9	20.7
Second	24.1	11.5	18.5
Middle	17.4	6.8	12.1
Fourth	9.5	7.4	8.4
Richest	7.0	0.7	3.7
East Indian	22.8	11.9	17.1
African	8.4	2.8	5.9
<b>Indigenous</b>	<b>24.9</b>	<b>16.4</b>	<b>20.3</b>
Mixed Race	17.5	10.6	13.7
Others/Missing/DK	61.0	26.1	36.5

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

## Children with Disabilities

As mentioned in Chapter 2, the Ministry of Education does not have an account of how many children with disabilities are indigenous and, consequently, it is not known how many of those children have been guaranteed their right to education. In all villages that were visited, informants mentioned that there were children with disabilities in the community, at different ages, and the majority of them were not going to school.

The absence of children with disabilities from the schools in the villages visited seem to be influenced by three major factors: first, the structure of the schools is not prepared to receive children with physical and motor disabilities. Second, the teachers do not know how to handle those children. And third, some parents do not know they have the right to have their children in the school though the child is living with a disability.

In terms of infrastructure, access for most of the nursery, primary and secondary schools in the villages visited were not paved and there were no access ramps for the buildings and/or classrooms, which constitutes a major problem for children that need to use wheelchairs. As it is going to be discussed

later, most of the visited schools did not have appropriate washrooms and none of the washrooms were adapted to be used by children with physical disabilities. Some new buildings have ramps but the design around the building and inside did not allow for children with disabilities to use them. There were no children with disabilities living in the secondary school dorms that were visited. Adolescents in Paramakatoi know about some children with disabilities that do not go to school, when asked if the school was prepared to receive them, the answer was a sound “no” as they mentioned the school was in “bad shape”.

Even if schools were prepared to receive children with special needs, depending on the disability that the child has, teachers are not prepared to handle them. As mentioned by one REO, “*Teachers, that’s another problem we find in our schools, because special needs, you need specialists, teachers to deal with them in the classroom, so you will many times you go in and it’s sad, a child with disability, yes the teacher will try*”.

An education professional summarised the first two factors that influence the absence of children with disability from school “*The teachers are not prepared. The school is not friendly to them, I would say. You need to have special things for special needs children.*”

The only village where a special needs school was found was in St. Ignatius. The visit to that school showed that the building was accommodating children from the nursery school which was overcrowded at that moment. The school was not really working as a special needs institution but as an annex of the nursery school. In fact, only one child in the school was characterised as a child with special needs. Similar to the discussion in the Health section about the impossibility of having one doctor in each village, it is impossible to have one special needs school in each village. Also, the idea of having a centralised special needs school in one village and bring children to that school does not seem feasible. That would increase costs and more importantly, it would separate already vulnerable children from their parents. Nonetheless, it is possible to integrate special needs children into the current schools, if the schools are adapted and if the teachers are trained.

Interviewer: Are there any people with disability in the village?

Woman in the village: About four. We got about four or five.

Are any of them children?

Yes. There is a 10-year-old boy with a bad leg and does not walk properly

They go to school?

No

Why they don’t go to school?

He can’t walk good.

The third element that keeps children with special needs out of school is a combination of the parents’ lack of knowledge about their rights of having their children at school and the fact that some parents are ashamed of their children’s conditions. As an education professional mentioned: “*Like I said parents are not knowledgeable, sensitise and so on about that aspect, they tend to keep them [children with disabilities] away.*” According to that professional, there is still stigma on the physical condition of the children with disabilities “*I think, because, they [parents], they’re shy, or they feel that it is such a, you know, is something bad*”.

In some villages, discrimination still exists. As a woman said *“At first, the community use to disrespect them. In those day people might pelt them but now it don’t happen anymore.”* Similarly, a teacher justified the reason why one of the children in the community was not in school: *“Probably the reason why [she] did not send her grandson to school is because he does give out saliva out he mouth all the time, probably she don’t want the other children see. And he can’t walk far too, he does just walk and drop, walk and drop.”*

Besides physical disabilities, teachers were categorical to affirm that in their classes they had students with learning disabilities, i.e., boys and girls that could not concentrate and were slow learners possibly due to a neurological condition that is identifiable and depending on the level, manageable by using specific drugs or therapy. These children were identified by the teachers because of their contact with the students in the classrooms. Nonetheless, boys and girls were never formally tested. A positive diagnostic could help teachers to prepare a strategy to help improving their learning. As revealed by a teacher, students were recognised, but *“not clinically [tested], because our teachers are not trained to really identify clinically what is the problem, you know, so they just see it as oh, this child is having a problem and he is not learning, you know. Or this child dunce, or this child is dumb you know.”*

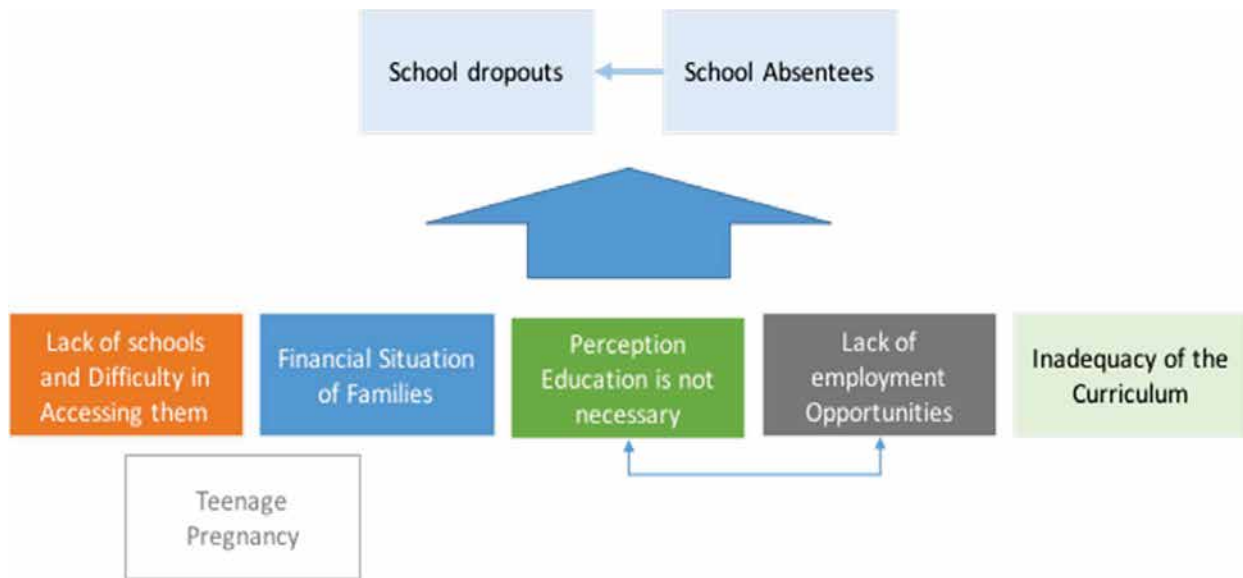
Children are moving to secondary education without properly learning the basics and in some cases, it have been attributed to learning disabilities. As cited by a secondary teacher, *“We have a lot of children with learning difficulties. For example, we have children coming from primary, unable to identify letters and the sounds, so we have these teachers who are specialise in the teaching of reading and so on. We group them separately and work with them.”*

A voluntary education professional in Region 6 was more detailed in her analysis. *“We have quite a few children with learning disability in secondary, dyslexia is common and it is undiagnosed and they don’t have anyone to help them here. It makes it very difficult for us and for them because we don’t know how to help them.”* The teacher brings her own personal story to illustrate her point *“I had dyslexia as a child [so] when I grow up, I understand what these children are going through but I was able to have mine detected and treated early. I had help with my English, most of the times for me was reading different books, going through different books to help me overcome the challenges. The support system here obviously is different but I think that these children deserve some kind of support and assistance to overcome dyslexia and other problems that they are facing.”*

## Factors influencing school attendance and dropouts

International literature identifies different factors that influence the propensity of adolescents to stay in school and finish secondary education<sup>33</sup>. Figure 30 summarises the main factors according to the extensive qualitative data collected and corroborated with specific literature related to Indigenous peoples in Guyana. Among all these factors is, teenage pregnancy which is analysed later in Chapter 6.

**Figure 30: Factors influencing school attendance and retention in Secondary Education for Indigenous Peoples in Guyana**



### (i) Lack of secondary schools and difficulty in accessing them

As mentioned in the introduction of this Chapter, there are two types of secondary schools in Guyana: primary schools with secondary departments and general secondary schools, the latter should be more academic oriented, with specialised teachers and infrastructure. Access to the general secondary is determined by the grade obtained in the Grade Six placement exams. Those children who do not achieve the required grade can still continue their secondary education in the primary schools. Some of the indigenous boys and girls who are studying in secondary education are enrolled in primary schools with the secondary department (see discussion later on quality of education). Part of that might be due to the fact that there are not enough general secondary schools available for the indigenous children. As a matter of fact, in crossing information from the Ministry of Indigenous Peoples' Affairs with the Ministry of Education, indigenous villages host 9 general secondary schools and 73 primary schools with secondary departments (Table 7).

<sup>33</sup> This section concentrates on secondary school since dropouts is not a major concern for primary school. Nonetheless, some elements being discussed in this section can also be applied for nursery and primary schools.

**Table 7: Number of Schools by type located in indigenous Villages, 2012**

Region	Nursery	Primary	Primary School with secondary department	Secondary	Total
1	13	4	13	1	31
2	9	5	5	1	20
3			1		1
4	3	1	1		5
5	2	1			3
6	1		1		2
7	9	5	6	1	21
8	6	2	10	1	19
9	13	2	35	4	54
10	1	3	1	1	6
<b>Grand Total</b>	<b>57</b>	<b>23</b>	<b>73</b>	<b>9</b>	<b>162</b>

OBS: This table is for illustration purposes only. The table does not reflect the entire number of nursery, primary and secondary schools located in the indigenous villages, since it does not take into consideration some schools that are located in some satellite communities. The table was originated merging the list of Indigenous villages from the MoIPA<sup>34</sup> and the 2013 list of school from the Ministry of Education<sup>35</sup>.

In the hinterlands, the populations are scattered and although there are primary schools in several areas, each village does not have a secondary school since there are not enough children of secondary school age to attend. The Government of the Cooperative Republic of Guyana over the years has accommodated children of secondary school age at dormitories at the schools. These schools are often located far away from the children’s parents and guardians (UNICEF in Guyana, 2016).

Besides the lack of secondary schools, the **distance and the rough terrain between children’s homes and the schools in one way or another limits physical access**. All villages visited have a similar disposition: in the village centre is where the main services are located such as nursery, primary and sometimes, secondary school and dorms; health facility; *Toshao* office, Village Council office; police station (in some villages) and shops. Those children that live near the village centres are close to these services and therefore, access to school is not a big problem. Those boys and girls who live far from the village centre face many constraints to access the services, such as long journeys by boat or by foot on dirt roads. As one child mentioned during an interview: *“Georgetown is more better. It has plenty schools and who living there can get to school. It takes me two hours to get to school. One hour each way.”*

34 Available at <http://moipa.gov.gy/indigenous-villages/>. Accessed on July 13, 2017.

35 Available at [https://education.gov.gy/web/index.php/downloads/doc\\_details/32-allschools](https://education.gov.gy/web/index.php/downloads/doc_details/32-allschools). Accessed on July 13, 2017.



**Figure 31: Examples of access to school in Indigenous villages**



On the left, children walking to school in Orealla, Region 6. On the right, children have to cross this bridge to reach secondary school in Mahdia Region 8.

**Figure 32: Examples of access to school in Indigenous Villages**



Children going to school in Moruka, Region 1. Photo credit MoIPA.

**Distance and difficulty in physical access** influence the school attendance. According to teachers, attendance is determined by the distance that the children live from the school, the economic conditions of the families and the weather – in rainy seasons, attendance will be smaller since it is difficult for some children to reach school. As explained by someone in Baramita *“Some of them [children] come from far. Some of them walk like two hours to meet here. Some of them say that females they do not feel comfortable having them travel from far and I cannot really blame them.”* In Santa Rosa, distance is clearly one of the causes that some children dropout of school *“The highest dropout is 38 percent and they are coming from Upper Himacorba. And these children would have to walk, let’s say 12 miles for the day.”*



While the nursery and primary schools have a school feeding programme, at the nursery schools the children merely get a snack, while at the primary schools they get a warm meal. However, the secondary schools do not provide food to students, except the students living in the dorms. In the focus groups with secondary students they mentioned they have many friends who live far from school and sometimes these friends would not attend school because they did not have money for food, or could not bring food from home. One teacher was very specific about this problem *“I think that it would really help [to have a school feeding programme for all secondary students] because we got students from far distances and they travel six miles, seven miles and when they come here, some of them don’t come with lunch. They come from 9 and just wait till 3 o’clock to go get something to eat.”*

## **(ii) Financial situation of the families**

As stated by all stakeholders, one of the major factors that influences school attendance in secondary education and ultimately impacts the adolescents’ decision to dropout of school is the **necessity that some of them have to start working**, due to the poor economic situation that indigenous families face. The tough financial situation of the families is also one reason that explains the fact that there are more girls than boys in secondary education.

As explained by one respondent *“Truthfully stating sometimes the boys need to man up and help out so they gotta go and work. The family situation, yeh the family situation, would allow more boys to go out and look for more to sustain the family, you know, maybe to bring in. Boys are expected to bring in the money.”* For one respondent, a boy going to work instead of school is cultural, i.e., boys at a certain age must go out and find a job to help bring in money for the family. For another respondent, it is not cultural, but the result of poverty, where there is a need for someone help at home, especially in single-parents’ situations. In any case, the fact that boys are leaving school without finishing their formal education is perpetuating a poverty cycle over many generations.

In Baramita, anecdotal information points to the fact that children are absent from school due to the harsh financial situation of the families and in the case of that village, mining is a temporary solution: *“They [children] go to the mining. Small children would go into the pit so that they can get money to eat. Combine to that, the parents does [not] pay much attention and care, sadly to say. They doesn’t see education as a priority”.* A similar situation was seen in Paramakatoi, a village where there is no gold but agriculture is the main economic activity, a respondent explained that *“Several of them are absent and when I ask why, they said they don’t have food at home so they go to farm and go hunting and stuff like that.”* Students in Paramakatoi mentioned the same cause for explaining the absence of some children from school *“They miss one day of classes or a few classes. They have to help with the farm.”*

The financial pressure to help at home seems to be higher among those adolescents who live in singleparents’ homes, especially for those headed by woman. The story of a 17-year-old girl illustrates this point *“I dropped out of school, when I was 14, 13. I dropped out because we don’t have money. My father dead and my mother trying. There is a girl who use to be writing letter with name for a ‘white’ man and he organisation and to support me go back to school. I start back going and I used to live in the dorm. My mother*

*get sick she tell me, 'Come home, come home,' and I come home and I help she. And she never had money to send me back and I tell she that my mother didn't had money to send me back and then I never go back to school."*

Different informants mentioned that in extreme cases, adolescents would replace both parents in taking care of the family. According to a respondent in Moraikobai: *"Some of them [adolescents] have to work, some of them have to take care of the others, let's say some of them don't have a mother and just a father and they would have to look after the younger ones."*

According to one respondent in Aishalton, families present a labour dependency on the adolescents *"When they go home now they parents are saying, 'For you to go that far- I can't afford it, I can't support you, how are you going to survive?' And then most parents depend on the children that assist them on the farm? So when that child leave to go out to study who gonna assist them on the far?. So, you have a counteracting force acting there against the schools. We say education is good but when they go back home it's not so much because they need them for something else."*

Despite the fact there is no tuition cost in nursery, primary and secondary schools, other monetary costs are associated with the absence and permanency of children in education. For example, payment for transportation to and from school which might be a financial obstacle to accessing schools. In order to help in situations like this, some villages try to help by absorbing the cost of transportation. That was the case in River's View where the Village Council pays for the boat to carry the children to Bartica and in Micobie where the Council pays for the bus to transport the adolescents to the secondary school in Mahdia. Another expense mentioned by stakeholders is the cost of shoes and uniforms. While the MoIPA provides a voucher for the uniform and according to respondents, the value of the voucher can only purchase one uniform, and the children especially in secondary education need more than one school uniform. As mentioned by a teacher, *"These children would stay home simply because they don't have a footwear and they have to walk miles."*

### **(iii) Perception that education is not necessary**

According to different stakeholders, there is a social construct among some families that staying in school after reaching a certain grade is not important and consequently not necessary to the child's future. This is the result of a negative cycle where parents did not have access to higher levels of education and consequently do not see the importance of education as a tool to financial and personal development. One respondent said: *"What you find is that a cycle is continuing, the people who did not went to school, their children are not coming to school. They say to themselves, I didn't write CXC and I still living and they kids do the same thing. So, the cycle continues because they don't see that cycle for education. They are not seeing the relevance of it. What I would tell them, because we are so close to the gold and diamond, the area that they can go into the hinterland, I does tell the children that 'The gold will finish, soon the timber will finish and what will you do?' I am just trying to let them understand that they can finish school and they can work in other areas than mining and lumbering. Because when they leave soon, some are them are going into the hinterland at a very young age."*

Similarly, in a Village Council similar prognostic was captured: *“I think it has to do with parents not taking their children education seriously, so sometime a child will say she or he don’t want to go to school today and the parents wouldn’t want them to go to school, you know, so they don’t see the importance of education so they allow the children to do what they want to do and even the parents need educating also, you know, so that they can help their children at home, so I believe that is one of the reasons to where the parents need to be educated, so that they can assist the children, also I think it has to do with income generation. Parents don’t have job opportunities so that they can provide for their children especially when they have to come to St. Ignatius, is money every day they have to get, clothing, they have to wear shoes, so that is one a the causes also.”*

The secondary school teacher opined that: *“they have the potential but some of them choose not to push further because they’re not seeing the benefits. And that’s something we need to promote more, the benefits of education”*. For many stakeholders, the fact that some parents do not perceive the importance of education is sometimes related to the lack of parenting skills. One informant said, *“I think is lack of parenting, like, some parents they don’t encourage their children to go to school, I think some of it has to do with the parent also”*. In many villages, informants mentioned that parents needed to be better prepared to handle their children and they suggested that the establishment of parenting classes should be a priority for the villages.

In two villages, stakeholders informed that children were not going to nursery school, not because the parents do not see the importance of it, but because the parents delay their entrance. While children aged more than three years and six months old are accepted in nursery, as mentioned earlier in this report, mothers would not send their children to school because they were still breastfeeding, a fact that was connected to poverty and lack of proper food at home. Some village families were of the opinion that the nursery school was far and parents did not feel it was secure to send their children to school by themselves at such an early age, so the parents’ decision was to keep their children at home until they reach primary school age (aged six).

This idea that education is not important is closely related to the next item to be explored, the lack of employment opportunities in the villages

#### **(iv) Lack of employment opportunities**

Almost as a continuation of the previous factor, some adolescents will stop their formal education before finishing it due to the **lack of employment perspective** in some of the villages. On more than one occasion, young and old men and women in the villages would ask the following question: *“why would children finish their education if there is no job opportunities in the village?”*

As mentioned by a secondary school teacher, *“The jobs here do not necessarily require academic qualifications so since there is no need for academic qualification then there is technically no need for completing secondary education, which means I can get a job by just basically knowing Portuguese and knowing to speak English and knowing to count money, that’s it, so since there is no need for any secondary education then I wouldn’t need to complete secondary school.”*

The mix between the poor economic situation of the families, the perception that education is not necessary and the lack of employment opportunities creates an incentive for the indigenous adolescents, mainly the boys, to dropout of school and try more lucrative forms of employment, such as mining and logging.

According to an indigenous boy who was living in the dorm: *“Because, like, where I was born, where I grew up, it was a mining area, a lot of young people would see that their parents are mining, they are getting money quick and they think, okay that is the life and when I get big, I will do that too. You know, when they have the opportunity to study, they are not taking it seriously. They see mommy and daddy getting gold, they are making fast money, they want to do it too. So, some of them don’t really pay much attention too, on their education, they focus a lot on mining and so on, so it kinda stray them away, they want to go that area, they don’t want to go to the education. So even if you talk talk to them, their parents are not encouraging them to study. At least that is in my area, that is what I see, I don’t know about any other village. And my brother, he is home and he is mining, he is the only one that is mining. Everybody else is studying. My dad thought that it was important that we get our education, he thought that mining would not always be there. Sometimes you get gold, sometime you don’t get gold. But education that is for sure.”*

A secondary teacher was quite emphatic explaining the competition between gold and school: *“Being again in a mining area there is a competition between mining and school. There is where females would have been more than males in school. Males would leave at the early age to go to backdam but then from time to time spoken to them. This back dam is not okay and like parents don’t understand that. I tell them ‘You need to stay in school so can get a job like me and you will have continuous income although not a large sum like you get in the back dam, it will still help out and break that cycle’. Some of them say ‘Miss, why I come to school when I could be operating excavator and I could get so much and when I done school I will be working three times your salary?’ They go into the backdam on the weekends.”* Similar speech was found in Santa Rosa, when a teacher explained that *“What is rivalling the school system is the mining industry and most of our learners, from time to time, some would dropout of school to go into the mines, so they wouldn’t complete their secondary education”*.

The research team met many adolescents in and out of school. After finishing the focus group discussion in St. Ignatius with the adolescents, one of the boys who mentioned he wanted to be a lawyer approached one of the research team members and asked if it was really worthy to stay in school and try to be a lawyer, or if he should follow his other friends and go to the mining areas. He told us that the family and the peer pressure to start mining is big and sometimes he thinks how much he could be making if he was mining.

In all the discussions adolescents were asked about their life perspectives for the future, including the profession they would like to have. Among the future teachers, nurses, pilots, lawyers, engineers and soldiers, one point seemed to be common across all the secondary schools that were visited: there is a lack of appropriate support for career guidance. The schools do not have counsellors to help manage some expectations and support the students on their future goals. Moreover, counsellors are also important to keep the students motivated and “sell” the idea of education as an investment that

pays off in the long run. Some teachers would try to act as career counsellors but that was something they did along with their other duties. In this line, some students in the dormitories would praise the dormitory parents on their role in providing support and advice to the boys and girls living there. From different opinions, it seems that the dorms in the secondary schools have an important role of catering for children. It is important to mention that the dorms are not exclusive for indigenous children but to all children in the hinterlands. In those regions where the majority of children are indigenous, the population at the dorms are going to be predominantly – or almost exclusively – formed by indigenous boys and girls.

Another reason that increases school dropouts and absenteeism in the hinterlands is the inadequacy of the schools' curricula. Challenges with the curricula can be divided into two. First, the content taught in primary and secondary schools has no relationship with the situation that indigenous children face daily in their villages and this interferes with their performance at school (a topic to be discussed in the next section). Stakeholders interviewed in different villages repeated one typical example: national exams ask questions that are framed for children in Georgetown and other coastal areas and do not take into consideration the reality of those children in the hinterland. The interviewees mentioned the case of some past exams that had questions that involved traffic lights, which is something that is only known in the bigger cities of Guyana and are practically nonexistent in the hinterlands of the country.

A second issue that was mentioned by many indigenous adolescents is that their school's curriculum is too theoretical and does not give the opportunity for those children who do not want to advance into tertiary education but would like to have a profession after finishing secondary school. Some adolescents mentioned that some technical classes are available, but they do not fit the interests of the adolescents and are expensive. As an adolescent in Region 10 mentioned: *"some of these subjects are very expensive, that is why some people stop too because you got to buy this and that. Like Home Economics, a lot of people dropout because they have to buy a look of things apart from foodstuff."*

The situation is well summarised by a secondary school teacher *"There is no skills training in school. If we have technical subjects, then we would be able to keep children longer in school. That would definitely change the scope of things because you can have people going to technical drawing, graphics designs and so on. There are a lot of things and job windows that the technical skills can open and the children in here are very creative. Also, the other technical area IT, we need that. Also, a carpentry club could be something that we have. So, if we have those things we would be better. School is a place that where students suppose to enjoy learning to achieve a set good in life."*

The absence of extracurricular activities in some schools i.e those that are not implementing the sport and culture for development programme, such as music, drama, games, sports, life skills education and opportunities for technical and vocational skills- adds to the strain of coping in the school system. For children living in Dormitory Schools in the hinterlands, children in detention and children in rural communities with high incidences of teenage pregnancy, violence, suicide and substance abuse, the lack of extra-curricular activities only exacerbates their risk (UNICEF in Guyana, Jan 2017).

As analysed by a teacher, *“They [students] lose interest, because most of our subjects here, I would say they are heavily academic and people don’t like to admit it, but I believe our students here, if they are given more hands-on subjects I think they will thrive better, because I have seen some of their work and most of them are very artistic but then it’s not as though that is completely taught we don’t have like pottery classes and sculpting classes and so forth because social studies, well I teach social studies and that’s a lot a reading and basically learning your environment and so forth and they just lose interest after a while because it is the same thing you did in grade six in primary school and you are now building upon it and then you move into from Guyana into the Caribbean and they don’t see the need for it, most of the students have not even travel to Georgetown.”*

The teacher continued: *“I think the curriculum is set in such a way, not catering for varying abilities of these students, right, and the system is set in such a way that am, even if I don’t- even if I as a teacher as a student have not grasped a concept the it is a programme especially within a term there are topics that you have to cover and if you fail to cover it you will be accountable right, so you are forced to cover these am- topics plan for the term so even if I as a student I’m not fully comfortable with the particular topic in a particular subject. I’ll be forced to move on cause the teacher is moving on the topic has to be - have to be covered for the term so the system itself am- is not giving that leniency on students who are maybe- that are not highflyers maybe average but still needs little bit more time to really master a particular concept in a subject area. Yes, so I believe that the system the education system has to really look into that kind of issue.”*

As discussed previously, some students have learning issues; that could actually be characterised as learning disabilities. In this case, the school system and its curriculum are not ready to address the needs of those children. A teacher flagged, *“Some of them just don’t want to come to school. Some of them think that the work is just too hard cause I have had that problem before. They say ‘Miss, I don’t want to come’ because like they cannot keep up because they don’t understand or because they are busy doing other things. For both primary and secondary.”* Another teacher in Santa Rosa complemented: *“They struggle at school, they can’t read, they can’t write, so when they come to school, they do feel like neglected, they can’t read or write, so their only option sometimes is to dropout. At our school, we don’t have persons equipped to deal with these slow learners so again they feel embarrassed and would want to dropout.”*

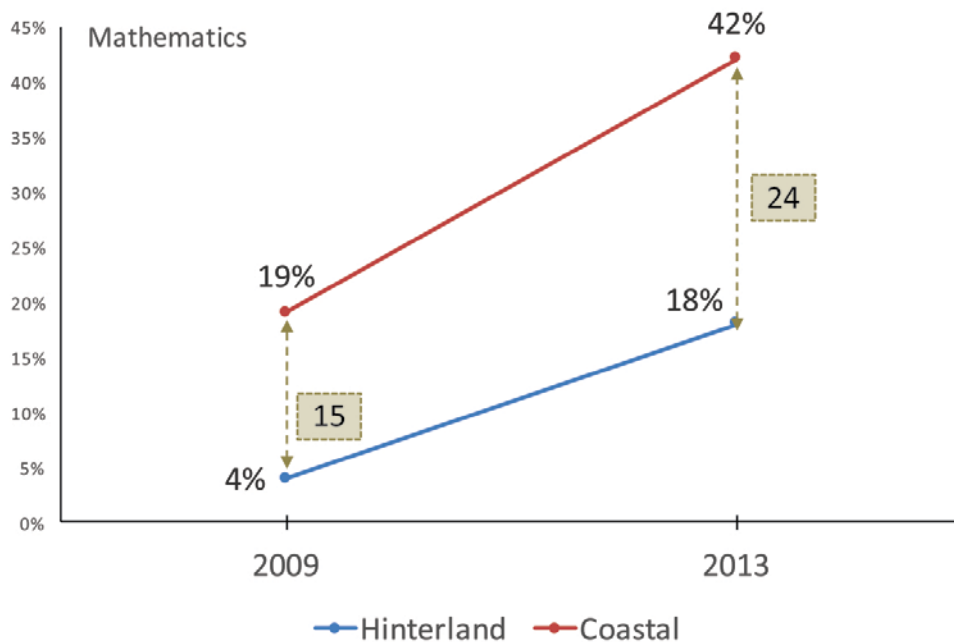


## 4.2 Quality of Education

The main issue related to primary education for indigenous boys and girls is not guaranteeing that they are enrolled in school, but to guarantee that they receive good quality education at nursery, primary and secondary levels. In terms of primary, **indigenous students show worse learning outcomes than those living in the coastal areas of Guyana.** In using the analysis done in the 2016 UNICEF SitAn, it is possible to see that while on average the student performance on the National Grade Six Examinations (NGSE) has improved between 2009 and 2013, the progress between coastal and hinterland areas was not similar.

It is true that both hinterlands and coastal areas had better grades in 2013 than 2009; nonetheless, the gap between these areas was not reduced, and, in fact, has increased. For instance, in 2009, the difference between the hinterlands and the coastal area for mathematics was 15 percent. In 2013, despite the fact that more students in the hinterlands were achieving 50 percent of the grades when compared with 2009, the gap has increased to 24 percent (Figure 33). There is a similar increase in the gaps for English (Figure 34) and Science (Figure 35).

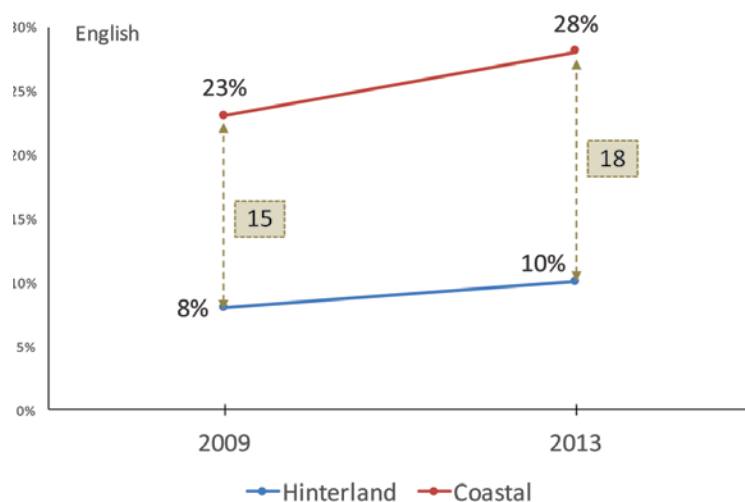
**Figure 33: Percentage of children achieving 50 percent or more in Mathematics, Hinterland and Coastal areas, Guyana, 2009 and 2013**



Source: National Grade Six Assessment Analysis 2009 and 2013 (Ministry of Education, 2014).

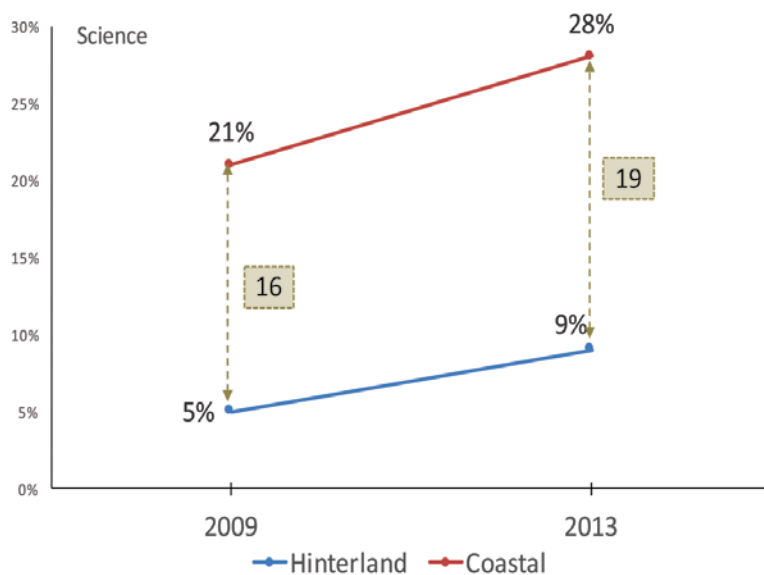


**Figure 34: Percentage of children achieving 50 percent or more in English, Hinterland and Coastal areas, Guyana, 2009 and 2013**



Source: National Grade Six Assessment Analysis 2009 and 2013 (Ministry of Education, 2014).

**Figure 35: Percentage of children scoring 50 percent or more in Science, Hinterland and Coastal areas, Guyana, 2009 and 2013**



Source: National Grade Six Assessment Analysis 2009 and 2013 (Ministry of Education, 2014).

Recent data from 2016 shows that the situation is still the same. Table 8 depicts that the percentage of students who scored higher than 50 percent in the Grade Six examinations in the hinterlands (Regions 1, 7, 8 and 9) are the lowest among all other regions.

**Table 8: Grade Six Results, Percentage of Pupils with scores higher than 50 percent in core subjects, by Regions, 2016**

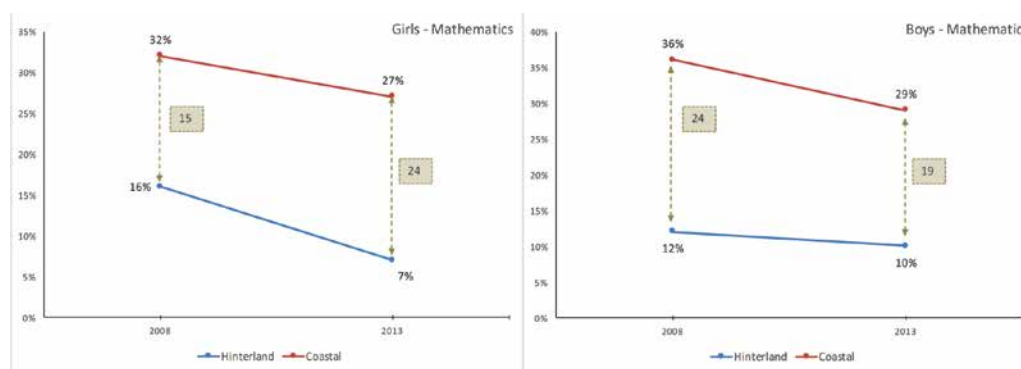
Region	Subjects			
	Math	English	Science	Social Studies
Barima – Waini (R.1)	1 percent	12 percent	5 percent	17 percent
Pomeroon - Supenaam (R. 2)	10 percent	35 percent	21 percent	41 percent
Essequibo Islands - West Demerara (R. 3)	17 percent	48 percent	33 percent	51 percent
Demerara – Mahaica (R.4)	16 percent	46 percent	31 percent	50 percent
Mahaica – Berbice (R.5)	9 percent	37 percent	20 percent	44 percent
East Berbice – Corentyne (R.6)	11 percent	36 percent	23 percent	40 percent
Cuyuni – Mazaruni (R.7)	3 percent	27 percent	11 percent	31 percent
Potaro – Siparuni (R.8)	0 percent	10 percent	5 percent	20 percent
Upper Takatu - Upper Essequibo (R.9)	2 percent	18 percent	9 percent	26 percent
Upper Demerara – Berbice	18 percent	49 percent	37 percent	55 percent
Region Georgetown	25 percent	61 percent	43 percent	64 percent

Source: Ministry of Education, 2016

Similar to primary education, the **quality of secondary education** for children living along the coast and hinterland areas can be assessed using standardised tests, in this case the results from the 2008 and 2013 Caribbean Secondary Education Certificate Examination (CSEC). The first point that calls attention and demands further investigation is the fact that for boys and girls, irrespective of where they live, the scores for mathematics for 2013 are worse than 2008 (Figure 36). Besides, it is worrisome that only seven percent of the girls living in the hinterlands passed Mathematics in 2013.

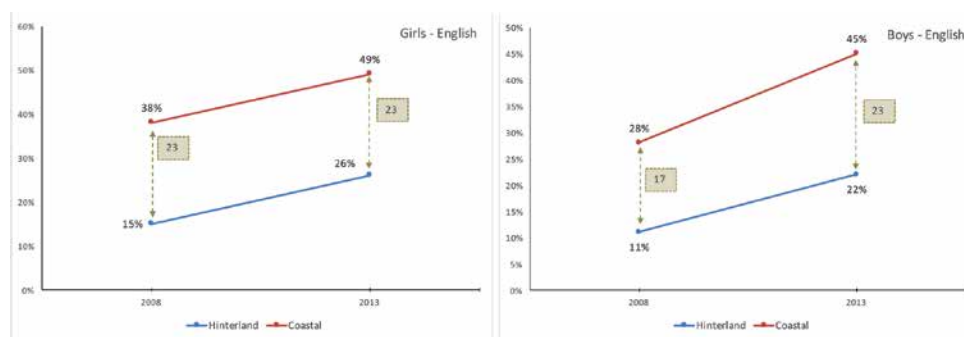
The second point is that despite the improvement of grades in English for boys and girls (Figure 37), the gap between the hinterland and coastal areas scores in 2008 and 2013 did not change for the girls and in fact, increased for the boys.

**Figure 36: CSEC Scores in Mathematics, Hinterland and Coastal Areas, Boys and Girls, Guyana, 2008 and 2013**



Source: (Ministry of Education, 2015c)

**Figure 37: CSEC Scores in English, Hinterland and Coastal Areas, Boys and Girls, Guyana, 2008 and 2013**



Source: (Ministry of Education, 2015c)

Despite improvements in the grades over time, different sectors of the Government have expressed concerns about the quality of education in the country. For instance, the Ministry of Finance in its Budget Speech called attention that Guyana “cannot ignore the abysmal results for Mathematics and English in this country, where more than half of our students are unable to establish that they have general proficiency in these two foundational subjects.” (Minister of Finance, Aug 2015).

One important point to be made is that education means content accumulation, i.e., a poor grade in secondary education replicates the educational history of the child. As properly mentioned by a secondary teacher “Remember now, it’s not only at the secondary level [that the quality is weak], it comes from the nursery right up. We are inheriting children who did not have the best quality education coming in from nursery and primary.”

### Factors influencing Quality of Education in the hinterland

International literature widely explains the different factors that influence learning achievements for students. The ones depicted in Figure 38 were identified by different stakeholders as those that have higher influence over the quality of education for indigenous students<sup>36</sup>. These factors are similar and can be complemented by all the analysis that was done in the 2016 UNICEF Situation Analysis of Children and Women in Guyana (UNICEF in Guyana, July 2016).

**Figure 38: Factors influencing learning outcomes for Indigenous children in Guyana**



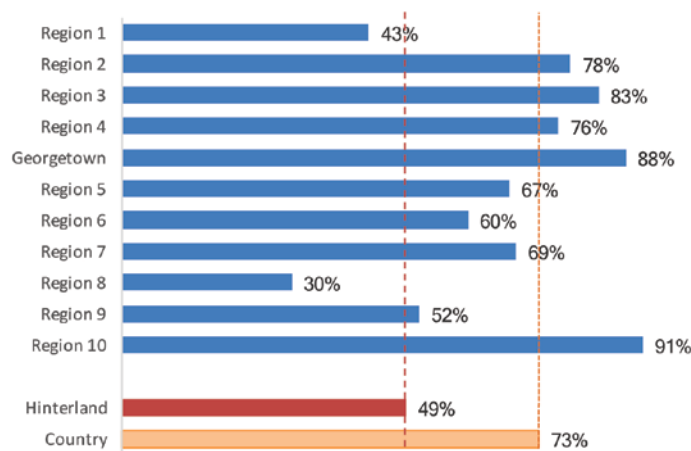
<sup>36</sup> Weak attendance was analysed on item 4.1 of this report.

### (i) Lack of qualified teachers and proper learning resources

While different factors influence in the learning outcomes of boys and girls, the quality of the teacher was found to be the most influential in the academic attainment of students. In this line, the Ministry of Education (Ministry of Education, 2015c) (Ministry of Education, 2014) has identified differences in qualified teachers as one of the main reasons for the difference between levels of education in the coast and in the hinterlands.

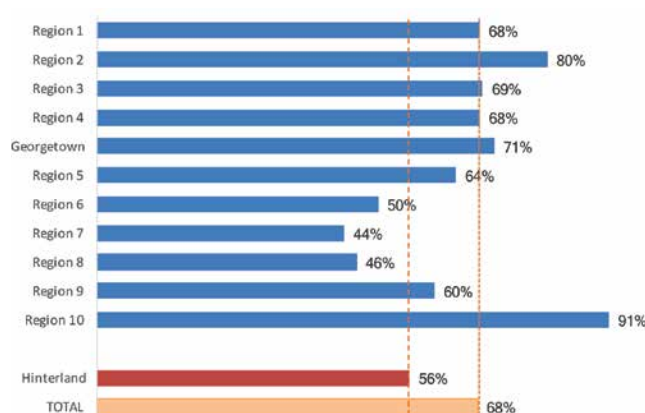
The most recent report on the numbers of qualified teachers available for Guyana was published by the Ministry of Education in 2012. For both primary and secondary, the hinterland is the region with fewer trained teachers for primary and secondary educational institutions (Figure 39 and Figure 40).

Figure 39: Percentage of trained teachers by Region, Primary Education, Guyana, 2012



Source: 2011/2012 Education Digest (Ministry of Education, 2012)

Figure 40: Percentage of trained teachers by Region, Secondary Education, Guyana, 2012



Source: 2011/2012 Education Digest (Ministry of Education, 2012)

As mentioned by an education professional, “Access to primary education, [in]almost every village there is a primary school. You can say between 95 percent to 100 percent you have access, but in terms of quality are just like 5 percent because we only have 1.5 percent trained teachers in the primary, 6.9 percent trained teachers in secondary, zero percent in nursery. That will tell you that the quality of the delivery of the curriculum is nowhere in this region, so that is with quality and access. Also the quality of education, sometimes it affects you in terms of time to get materials, textbooks, supplies on time – it is really, really rough.”

Similarly, another education professional said that the main driver of quality was “the quality of teachers that we do have here, training is important. In my view, training has a lot to do with the level of students and grades that come from here. Sometimes you find in these, take for example, in our schools we have a high level of untrained teachers and sometimes they find it difficult to put over the concepts, they may find it difficult to an adaptable let’s say developing new teaching strategies so training has a lot to do with it.”

Another issue that was constantly raised by secondary school students and teachers who participated in the focus groups was the **absence of teachers for some subjects**. For instance, in one school, out of the four teachers who should cover social studies, only two were teaching (the other two were on leave), and there was not replacement for them. In some cases, anecdotal information shows that current teachers would try to stand in for the absent teacher. In more extreme situations, as mentioned by adolescents in many secondary schools, the students would not have the classes from those subjects. As

“Our subjects depend on the teachers we have. So, the timetable that we make is dependent of the teachers that we have who can teach certain subjects. Like on the coast and Corriverton there is what you call streaming, the students can decide to do science subjects, business subjects and so on, here they cannot decide those thing and it is more like them having to do subjects depending on who teacher we have. Some teachers we fit in areas because they have some knowledge about the areas.”

Secondary School Teacher in Orealla

explained by a secondary school teacher, “Shortage of teachers affects because you have to remove subjects. ICT had to be removed. We had a lab but no one to teach the subject.” Students are feeling the burn for this problem, when asked what was the major problem with the school, secondary students answered “Shortage of teachers. Including English teachers”. They also mentioned that as a consequence they had “too few subjects. There are only seven subjects. We should have at least 10 subjects.”

In this line, an educational professional illustrated how the absence of qualified teachers can deeply impact the future of children in the hinterlands: “There is no teaching staff to take them [secondary students] to CXC level. There is one teacher who has a Grade 2 CXC math. So if the person, human resource who are there to deliver is not equipped what do you think will trickle down to the children? And these same children have to teach future children. So it is really under-staffed and under qualified staff in this region.”

Guaranteeing teachers’ qualification in primary and secondary schools is a big challenge for the Government. Different stakeholders have reported that despite the fact that the Government of Guyana provides training in Georgetown for some teachers from the hinterlands, their absence from school to be trained generates other challenges. First, the teachers have a cut in salary while they are being trained, and that represents a financial burden for many of them. As mentioned by a teacher, “We have a nursery school and we have a primary, in all we have eight teachers and only one trained. But you going find it difficult to go out and train because if you go out, you have to go and teach in another school and

*then attend the CPCE and normally we can't afford it, like to rent house and then go to work and then go to CPCE. So I would be glad if they can like help us, if they can bring the programme in like distance training for us."*

Second, some teachers do not return to the hinterlands once they have finished their training in Georgetown. As mentioned by a teacher *"teachers should be trained and they should return to their community to teach for a good period of time, give a number of years' service to their community because we are having a problem in this village for many years. Some of them come here teach a year, get a scholarship and go to college and when they finish they don't return to the mission and the children here are suffering because of this. The Ministry of Indigenous Peoples' Affairs need with work with the Ministry of Education to ensure that those trained teachers returned to communities."* This abandonment of the past duty stations was not found in all schools that were visited. One Headmistress for a secondary school said that the school is still paying for the full salary of the teachers that are on training as a way to bring them back to the school after they finish their program.

The same factors analysed in Section 3.6 (ii) related to attraction and retention of qualified workforce in healthcare service can be applied for the professionals in education. In a separate interview, an education professional, summarised the problem on why qualified teachers are not moving to staying in the hinterlands: *"People will not come here because salary is the same you are offering outside where the cost of living is much, much lower than here and there is nothing attractive to these coastland teachers. Female teachers are also afraid of violence."* In reality, the professional later explained that teachers have additional benefits when they teach in the hinterlands such as station and hinterland allowances, but these are still not enough to attract qualified teachers to the hinterlands of Guyana.

Another component that affects the quality of teaching and consequently learning of students is the **pupil-teacher ratio**. In theory, if fewer students are in a class, the teacher can provide more attention to them, improving the conditions for pupils' learning. While the pupil-teacher ratio for the public primary schools in the hinterlands in 2012 (26 students per teacher) was close to the national average (25:1), the situation was quite different when trained teachers were considered. In this case, the ratio-trained teacher per student in the hinterland in 2012 was 51 students per teacher, a number that was much higher than the national average of 33:1 (Ministry of Education, 2012). One possible reason for this is the multi-grade classes, where one teacher teaches students from more than one grade at the same time. Single-teacher schools and multi-grade classrooms are normal in the hinterlands. The absence of the teacher in a single-teacher school essentially means closure of the school for the period the teacher is absent. In addition, many of the teachers in the multi-grade schools are untrained teachers (Ministry of Education, 2014).

A similar situation is found in secondary schools. Adolescents in secondary schools in the hinterland have to study in crowded classrooms. The general student-teacher ratio for the hinterland regions was 28:1 in 2012, compared to 21:1 for the national average. This gap has increased when qualified teachers are taken into consideration. In this case, in 2012, there were 51 students per qualified teachers in the hinterlands, in comparison to 31:1 as national average (Ministry of Education, 2012).

According to the students and teachers, there is a lack of books and learning materials in nursery, primary and secondary schools. Secondary students in village said that *“We don’t have science books and lab equipment.”* Teachers in the same school mentioned that in some subjects, the class would only have the teacher’s book, and no books for the students. The comparison with the cost is inevitable for that teacher *“What I noticed is in Georgetown, they have readily access to material, they go and they get and the children have their workbook. They have their reader and their workbook. That is where you read and then you use the workbook to develop your comprehension and vocabulary and so forth. If we have one textbook to read, we cannot do these exercises because we ain’t got the workbook. You just pass down information but you don’t really evaluate them to see if they would have learn anything.”* Teachers revealed that primary and secondary students have to share books and sometimes they have to buy them.

Teachers also revealed that there was a lack of materials required to be used in the labs. For example, One teacher said that the *“Ministry of education has not been providing us with materials even though they might tell us to improvise how much can we improvise especially in science there are certain things we have to get? For example, chemicals to show them little simple reactions right, we cannot use, we cannot improvise with those kind of things.”*

Lack of resources generates doubts about the consistency and accountability of how materials are distributed by the Ministry of Education, creating qualms among schools. In this line, teachers in the distant villages complained that they rarely receive all the books and teaching materials they ask for. As a teacher revealed, *“The further you go the less you get. Typical example: St. Ignatius [which is five minutes driving from the capital of Region 9]. [We are in]Aishalton, and anything come for the region go there [St Ignatius], don’t come down here. So we are region nine, we have four secondary schools in the region and yet we don’t have half the resources that St. Ignatius has. I can know of cases where text books were sent specially for Aishalton secondary but never came to the school, and that’s one of my concerns.”* The teacher complements, *“Secondary school need resources to function- if I don’t have how do you expect me to function? At the end of the day we are measure with the same stick you measuring secondary school, but I don’t receive half the stuff you giving them, and they say we are not working.”*

## **(ii) Lack of infrastructure at schools**

For the purpose of this report, school infrastructure is defined as basic constructions that should exist to help teaching and consequently foster learning among children from different ages. It includes access to computers, library, laboratories and workshops, as well as proper washrooms and the physical structure of the school. In this line, for all these items, the situation for nursery, primary and secondary schools that were visited were very precarious.

The research did not find any nursery and/or primary school among those that were visited with access to the internet, or with computers that could be used by students. Some secondary schools reported limited access to the internet, sometimes only during some periods of the day. In order to extrapolate the analysis to all indigenous pupils, it is possible to use MICS data as a proxy of access to information and use of new technologies in the schools. The national average is already low, but



the situation is worse for the Indigenous children. For the indigenous boys and girls, MICS data also shows that only 21 percent of adolescents have access to computers. Similarly, access to the Internet is quite low among indigenous adolescents and youth. Only 20 percent of the women and 26 percent of the men between ages 15 and 24 had accessed the Internet at least once a week during the month prior to the data collection (Table 9). The qualitative data showed that mobile phones are the main means of accessing the internet for those people in the 12 villages visited.

Assessment from the Ministry of Education on quality of education (Ministry of Education, March 2014) (Ministry of Education, March 2014b) has revealed that among different schools in the hinterlands consulted for that document, improvement of Internet access was identified as a major factor that hinders learning and should be part of the Government's plan of action to improve secondary education in the hinterlands.

**Table 9: Percentage of women and men age 15-24 years old with access to the Internet, Guyana, 2014**

	Women			Men		
	Ever used the internet	Used the internet during the last 12 months	Used the internet at least once a week during the last one month	Ever used the internet	Used the internet during the last 12 months	Used the internet at least once a week during the last one month
Guyana	73.7	66.6	57.5	72.8	66.5	55.7
Urban	85.4	81.5	74.3	82.3	75.7	71.8
Rural	69.5	61.3	51.5	69.6	63.4	50.3
Coastal	76.6	69.3	60	74.8	68.5	57.6
Urban Coastal	86	81.5	74.8	82.4	76.2	72.1
Rural Coastal	73.3	65	54.8	72.3	65.9	52.8
Hinterland	55.4	49.9	41.5	56.6	50.9	40.6
Poorest	38.5	30.9	21.7	43.1	37	27.3
Second	62.1	54.9	38	59.7	54.7	38.7
Middle	78.9	69.8	58.6	80.1	71.4	54
Fourth	90.5	84.2	78.9	87.3	84.7	79.2
Richest	95.9	90.7	86.8	90.3	81.8	79.3
East Indian	72.1	64.1	55	66.1	59.6	50.9
African	83.5	77.6	68.6	83.5	78.4	64.3
Indigenous	39.6	30.2	19.7	44.6	40.2	26.4
Mixed Race	75.3	69.5	61.1	77.8	70.7	62.3

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Secondary students in Paramakatoi explained that they have a computer lab, but *“There are only 14 computer in our school and only certain time you can use them. For short periods.”* In the case of Paramakatoi, one of the reasons the computer lab is not being used at full capacity is the lack of trained instructors to teach information technology to the students.

Lack of access to information is a major drawback to the students. As reported by a teacher *“we don’t have direct access to the school’s radio programme, the television, library etc. Education when we start, we don’t have a good foundation. Look at the education programme, Region 1 is ranked the lowest in the country, Maths, English we at the bottom.”* Similarly, another teacher commended that computers can create incentives for children to learn *“Remember technology is what you got to use to survive. Yes, we urging we children because they are the future and education is key. Technology is wiser now, we did had that but we want our children to get the opportunity to learn the community system.”*

Based on the schools visited, it is possible to affirm that the **physical structure** of the schools does not create incentives for teaching and learning. As mentioned by an education representative from Region 9 *“My first interpretation when I got here was, ok it’s a stable, because a stable you have the two ends where you put in the animals and have a little space for them to walk out, where you have a set up at the front and back. The doors of the classrooms are placed at the centre of the classrooms- same design as a stable”* (Figure 41).

Figure 41: Secondary school in Aishalton

Another Official also commented on the physical structure of their school *“Right now we are, we don’t have departments in the school here, no department for, no proper library, we have a little corner there where we pack up and it’s not access, where a child could get a space to remove easily and research in a library but there is nothing like that, we’re crying for that, we’re crying for a Home Economics department, Science department, there is nothing like that, like how you see, whatever you see here that is how we are, this is a dining hall, but because, that’s another dining hall but because of the conducive of the class room, that’s when [we use it as class room] so it’s real terrible right now.”*



When asked if the classrooms were overcrowded, the answer from a teacher seems to summarise many other schools in indigenous communities *“No! We don’t have classrooms, we have open space. It is like more difficult to teach with open space because we get a lot of distractions, so if we can have classrooms it would be better. Like when I am teaching here and she is teaching there, I am loud, they can hear me and the children looking over at me instead of focusing on their teacher.”* Similar spaces were found in all schools visited during the field mission for the 12 villages (Figure 42).

Figure 42: Learning Space in Paramakatoi (top) and Baramita (bottom)

In St. Ignatius one informant mentioned that classes are overcrowded, sometimes with more than 40 students. A similar situation was found in Paramakatoi. In St. Ignatius, the nursery school was built to accommodate 45 students but as of June 2017 there were 105 boys and girls in the school. The nursery school was so overcrowded that the special needs school was transformed into an annex for a nursery school.



In Aishalton, the desks were unsuitable for the students given that they have to crouch down in order to be able to write their notes. The adolescents who participated in a focus group in St. Ignatius also mentioned that the furniture in the school was unsuitable for them. Further, they had to share desks and that was a problem after they reached certain age.



When a teacher was asked to compare the structure of the school he worked at on the coast, with the structure of the school that he was now teaching, he was very detailed: *“Very different, very different, ventilation very poor, and that one of the problems I have. The structure is very, very poor. Its only of recent they decided to build an extension for the school. That’s a new structure and that’s one that compared to the design on the coast. Ventilation is adequate, classroom size is adequate and everybody prefer to work in that way, but the main building is a very poor example for a school. Very, very poor. There is no sort of thinking that went into it and from what I’m told, the school is only 16 years old. So you see my comparison why I’m saying they are 10 years behind where I come from, because a school at 16-years-old, you had to have technology, understanding by then that ministry have a policy that states, once you gonna construct a new secondary school, this is the standard that it must be constructed in. There is a document that says that and that document is over twenty years old, I should think. How come you can come and construct a secondary school of that quality and ministry having a policy that outline what is required for schools and someone approved this structure and say secondary school? To me that’s gross disrespect to people.”*

Water, sanitation and hygiene (WASH) in schools not only promotes hygiene and increases access to quality education but also supports national and local interventions to establish equitable, sustainable

access to safe water and basic sanitation services in schools. The physical environment and cleanliness of a school facility can significantly affect the health and well-being of children. Disease spreads quickly in cramped spaces with limited ventilation, where hand-washing facilities or soap are not available and where toilets are in disrepair (UNICEF, July 2012). Proper WASH in school is considered by many international organisations as important as the availability of books and other learning tools.

The majority of the schools visited had pit latrines and were in dilapidated conditions. Moreover, few had running water in the sanitary blocks. In Paramakatoi, primary and secondary students share the same pit latrines, some of them did not have locks and others were completely abandoned (Figure 43).

**Figure 43: Situation of washrooms in Paramakatoi, Guyana**

Some schools would have the sanitary structure, but they would not work. For example, according to a primary school teacher, *“Yes, we have pit latrines, we have sanitary block, where we have two for the boys and two for the girls, but its not working, the sanitary block is not working. The pit latrines need sand and renovating.”* A similar situation existed at the secondary school *“We have the flush toilets, but the plumbing work is poorly done. I don’t know who were the contractors but it was poorly done so we have a problem with the water going into the system so we have to fetch the water.”*



In the same school in Aishalton, informants mentioned that washrooms were separated by age but, in reality, they were not different in terms of structure and maintenance (as depicted in the top picture in Figure 44). A girl has to brace the door of the washroom for her friend who was in the washroom since it does not have a lock.



Figure 44: Situation of Washrooms in primary school, Aishalton

In Chinoweng, the school has three washrooms that students were supposed to use – on the top of Figure 44 it is possible to have a panoramic and in the bottom closed washrooms. However only one was working and it was exclusive for the teachers.

### (iii) Language Barriers

One of the major elements that influences the outcomes of education in coastal and hinterland areas is related to the **language barriers that some populations face in the hinterlands of Guyana**. An assessment commissioned by UNICEF and conducted with the full participation of the MoE in 2012 shows the need to accommodate the traditional local languages in a way that students are not penalised for not having learned English at home. At the same time, the study highlights the need to show the traditional languages of the indigenous people are not considered second-class languages and thereby leading to their extinction (UNICEF Guyana, Dec 2012).

Information points to the fact that the country has nine different indigenous nations each with their own language. Besides, in the border regions, due to the frequent migrations, Portuguese, Dutch and Spanish are commonly spoken by the population. It is possible that some children will only have a formal contact with English when they start their primary education, creating a difference between them and those boys and girls who are immersed in the



Figure 45: Washroom situation in Chinoweng



country's official language since they were born. As the teaching aids are made and tests are written in English, it is expected that students from the coastal and urban areas will outperform the pupils from the hinterlands (UNICEF Guyana, Dec 2012).

The language barriers will influence learning in nursery and primary school and they will also be one of the reasons why some students dropout of secondary school. While no formal study has been conducted, there is reason to speculate that the use of the English language in the classrooms and the exclusion of indigenous languages may be a contributing factor to the dropout rates in schools in indigenous communities (UNICEF Guyana, Dec 2012).

Both Guyanese Creole and the indigenous native languages influence the students' ability to learn and communicate in English. As described by a teacher in Santa Rosa, *"One of the things that I found is that English is not their [students] first language, Guyanese creole is spoken more. One of the difficulties I would say, students do have a problem expressing themselves when it comes to the English but they are very good with the creole. So, when come CXC to put it over they have that inability to express themselves fully because of that language challenge. Some communities do have English or creole as a second language, they would speak their dialect [as a first language]."*

A similar situation was found in Orealla. As explained by an education professional after she was asked if creole would influence their level of English, the answer was, *"Yes it influences their writing. Tenses are the biggest problem. I found that when they finished primary, many cannot write tenses properly and they take that habit into secondary. They don't speak proper English, when they have to write it, they can't write in standard English. It is a big problem."* The influence of creole comes since they are children. As explained by the teacher in the nursery school of Orealla, *"when they [nursery students] get here, they would speak the way we speak in Orealla. Which is broken English [creole], not standard English."*

On one hand, not all the schools in the hinterlands have teachers who are ready to teach the different subjects in two different languages. For example, as mentioned by a teacher in Baramita, the school does not have a teacher who speaks Carib and that is sometimes a problem for the young children who come to school without too much exposure to English. That is also a reality in secondary schools, where the majority of the teachers are not from the region. There are situations where some teachers may speak an indigenous language, but that language is not the same as the one spoken in the community where the school is located. The inability of some children to learn the content due to language barriers is connected to their low scores in the national exams and in some cases, it contributed to the increased number of dropouts among indigenous children and adolescents (Edwards, Dec 2012).

On the other hand, it was possible to identify some teachers who were able to teach in two or more languages. In Paramakatoi, for example, a secondary school teacher mentioned that *"English is a struggle for the students. I will have to translate to Patomona sometimes but I don't do that for grade 10 and 11 because they need to know English for the CXC. Students aged 11 or 12 they still have problems with English."*

According to some education professionals, English should be treated as a second language for some students. A teacher at a Primary Top School agreed that English should be dealt with in a special way for some students: *“Yes. And when that happens [English taught as a second language], you teach English as a second language, you go through and you follow all the rules. That teaching there is the proper way because you follow all the rules, the regular, irregular and so forth. A person who is learning English as a second language will actually do it better than a person speaking creole.”* A secondary school head teacher shared a similar point of view *“Many teachers do not realise that English is a second language [for a great number of students] and have to teach as a second language.”*

#### **(iv) Inadequacy of the Curriculum**

The inadequacy of the school curriculum to the reality of the Indigenous boys and girls has two major effects. The first one, as discussed in section 4.1, is that students lose interest in the school, start being absent and ultimately, they dropout before finishing their formal studies. The second one is that they do not see the correspondence to their reality and the topics being covered in the curriculum, especially the topics being covered in the Grade Six and Form Three exams and that gap between content and reality influences how they grasp the content.

As a matter of fact, many stakeholders in the villages complained about the lack of correspondence between the content asked in the national exams and the reality to which children in the hinterlands are exposed. This inadequacy affects students’ performance in the exams. For example, in a Grade Six exam, it was asked where the national stadium was located. The reaction from one teacher for that question shows how frustrating the process can become: *“How can my children, who are here in Region 9, know where the stadium is? They have never been to any part of Georgetown. I would like for them to ask a question maybe where is Aishalton located on the map, or where is Aichi River and see how the Georgetown children would perform. You know: the curriculum is set in such a way that it doesn’t cater for a lot of things. It’s completely biased.”*

*“They are comparing us with the coast but we are different. The children live in different conditions, face different challenges and we children have different experiences.”*

*Teacher in Baramita.*

She continues: *“Our students have the problem of exposure not that they lack the learning ability and so forth but because they have not yet been exposed to things like on the coast, right then their education, their reception and so forth will be completely different so then I think the ministry needs to cater to the fact that the children are not exposed to certain things because we don’t even have television like news and stuff like that we don’t get that up here where as in Georgetown the children can sit and look at the news and make relation, right, there is a court, there is parliament and so forth they can pass by, they can see, they can sit in a court session. We have recently had a day at the magistrate court so there’re a lot of things that our students cannot make relation to so thus our education will not be the same, right, because I am sure if you bring a student or students, if you have the exchange programme let’s say maybe they take a class from St. Ignatius and you take them to Georgetown and you take a class from Georgetown and you bring them here ,if you take them in schools let’s say Sandcreek, there after 10, lights out no television and stuff like that let’s see how their academic ability will be compare it to*



*you know, you'd see the, the difference, right, so it's not -the quality will not be the same unless tools are put in place for that, that has not been done."*

The lack of exposure to the content asked in the curriculum starts at early age. In a visit to a nursery school, the teachers explained that they were teaching the children about light traffic signs and zoo animals. In that sense, one of the teachers mentioned that it would be easy for the young boys to relate to the content if they could visit a zoo, something that was impossible due to the distance from the village to Georgetown.

It seems that while it is important to have the same curriculum for all the students in Guyana, it is also important for the regions to have flexibility and add the content that is germane to their reality. Moreover, the Ministry of Education should ensure that the national exams are able to assess the content, without creating any bias or jeopardising any student, irrespective of where he/she lives. In this sense, a possible policy could be to have a core content in the exams that all the students must answer and a second set of questions that are tailored for the different regions.

## CHAPTER 5: LANGUAGE, TRADITION AND CULTURE

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*“Indigenous peoples have the right to practise and revitalise their cultural traditions and customs. This includes the right to maintain, protect and develop the past, present and future manifestations of their cultures, such as archaeological and historical sites, artefacts, designs, ceremonies, technologies and visual and performing arts and literature.” (Article 11.1)*

*Indigenous peoples have the right to revitalise, use, develop and transmit to future generations their histories, languages, oral traditions, philosophies, writing systems and literatures and to designate and retain their own names for communities, places and persons (Article 13.1)*

*2007 United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007)*

*“Indigenous peoples shall have the right to the protection, preservation and promulgation of their languages, cultural heritage and way of life”. (The Constitution of the Cooperative Republic of Guyana, (Article 149G)*

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### *“Remember: Santa Mission and the Arawak Language.”*

Mr. Goveia turned 85 years old in 2017; he has been living in Santa Mission village for over 60 years and might be the only villager who currently speaks Arawak, one of the traditional languages in the area. *“Well there may have people here but they shame to bring it out. And by not consulting with no person, I might get stale in the language too, understand. Because I living here 60 years and the older people who use to conversate with me pass away and the younger generation don’t really practise it.”* He explained that when he was a child, Arawak was one of the languages being used in the region: *“When I was growing up, that is way up in the Essequibo river, that is in Wuk-ka-Pow creek, you conversating in the night and you use to stay in an orphanage building and when you speaking your language in the Warrau language or Arawak language because it was three tribes that use to go to school there; the Warrau, the Carib and the Arawak.”* So why is the language not practised in the village anymore? Mr. Goveia was very emphatic and blamed the school system that gradually substituted the local languages by English. He believes the language can – and should – be brought back: *“Remember Guyanese living on a barrowed language, it is English language we using, this is not England”.*



The use of Arawak language was not the only cultural practice that has been dying in the village: the music, the dancing, all is different from the past. *“Long ago we didn’t have music sets like you have now. We had the violin and so, people singing in their language and dancing in their own style.”* More than that, Mr. Goveia uses his skills to make the *warishe* (traditional backpack made of palm tree fibres) and still makes and uses his own *matapee* (an invention by the Indigenous Peoples that is used to squeeze the liquid out of grated cassava). He also uses the traditional grater for cassava and the *maata* to pound it. He proudly brews his own *piwari*. He learned his skills from school and from life. When asked if he is able to pass to the younger generation all his traditional knowledge, the answer is not very stimulating: *“some people might be still doing all these, but not all.”*

Mr. Goveia represents a forgotten generation. In at least half of the villages visited during the fieldwork, the traditional indigenous local languages are not being used anymore. One teacher’s answer seems to illustrate how the indigenous languages were left aside in the school system. Once asked if the *“traditional local language”* was being taught in the school, after looking perplexed, the teacher answered: *“Yes, of course. We teach in English and this is our local language”*.

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The call for preservation of the indigenous traditions, culture and *“way of life”* has been constantly mentioned in different statements from different Government officials. The Indigenous Language Project in the University of Guyana and the hinterlands Language, Cultural and Sports Commission<sup>37</sup> are two initiatives that work to further this realisation.

The main indigenous languages spoken in the hinterlands are *Warrau, Carib, Arecuna, Arawak, Akawaio, Patomona, Macushi* and *Wapishana*. However, as assessed by survey commissioned by the Ministry of Education and UNICEF in 2012 (Edwards, Dec 2012), the country needs a clearer picture of how many languages are spoken by children and adolescents at schools and what resources are available for them. The study tried to map the use of indigenous languages in Regions 1, 7, 8, and 9 and particularly the use of these languages by pre-school and early grade indigenous children. The general conclusion was twofold.

Indigenous children in Guyana have the right to:

- use their languages and to speak the minority language in schools without being impeded by ignorance of the majority language
- have their needs met in the context of their family and community and culture
- integrate on their own terms, with their cultural identity preserved, rather than be assimilated into majority culture

Source: (Edwards, Dec 2012)

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37 This Commission, among other things, will promote the preservation, through documentation and recording, of indigenous languages.

On one hand the results showed a dearth of Indigenous Language instruction in the surveyed areas. On the other hand most of the people who participated in the survey believed the indigenous languages were important and valuable for maintaining the indigenous culture in the country.

The decline in use of the language was accompanied by the decline in teachers' willingness to teach the languages. For example, the survey noted that in all regions, with the exception of Region 9, teachers did not display enthusiasm in teaching indigenous languages, and much of that was due to their perception that English was the vehicle for social, educational and economic progression and if pupils do not learn English well, they would be hindered. Teachers' unwillingness was not the only issue found in the study. According to the qualitative data, many hinterlands teachers were not trained in English as a Second Language (ESL) and cross-cultural instructions, a fact that influences the bad quality of primary and secondary education discussed before.

The survey carried out by UNICEF and Ministry of Education also showed that at home, the younger generation is speaking a mixture of English and Indigenous languages. While English is being learned from the parents and teachers, the traditional language is being taught by the grandparents and elderly people in the community. This indicates that there is a risk for some of these languages becoming extinct, since the traditional language is not being properly transmitted among different generations and only spoken by the elderly in the community.

The study saw two situations that are not alike. First, it showed similar results to the survey above. While in some villages, the local languages are still practised at home (Region 1, for example); in others the local language was completely left aside (Regions 10 and 3). One particular case is Rivers View. As mentioned by the informants, the traditional language – Arawak – is not spoken anymore. According to the respondents, the last people that spoke the language were the grandparents of the adults, indicating that for more than 60 years English is the only language that is spoken in the village. When asked if that implied that cultural traditions were being lost, participants agreed but also mentioned that they do not remember dancing or singing old traditional songs that could be characterised as part of their heritage. In River's View, even the members of the Council do not speak the traditional language *"I wouldn't understand a word. I never grow up hearing anybody talking Arawak around me. My great grandparents were the last set of persons in my family that spoke Arawak."*

Similarly, in Santa Mission/Aratack Village, a small community (1 hour and 30 minutes by car and boat from Georgetown), only one person speaks the traditional language. The story of this person is depicted at the beginning of this Chapter. When the research team asked an informant if the traditional language was still being practised in the village, the teacher was categorical to say *"Yes, we all speak English. This is our traditional language"*.

Interviewer: "when do you speak English?"

Adolescents in Aishalton: When conversing with the subject teacher

Interviewer: "So when do you speak the local language?"

Adolescents in Aishalton: When socialising with friends and speaking with the elders at home.

Second, in some other villages, the traditional language was still practised and used as a matter of pride, even for the younger generation. For instance, adolescents who participate in a focus group in Aishalton would clearly define when to use each language. When asked which language they would prefer to speak, the adolescents said in unison: ‘Wapishana’.

When looking at different forms of culture besides the language, villages can be classified into two categories. First, those where dances, religion, music, craft, food and other celebrations are already becoming scarce, being sometimes confined to the celebrations during the heritage month. In one village, women who participated in a focus group were emphatic that their culture is slowly dying and that this is not a recent phenomenon. She mentioned as an example the fact that the food choices have changed, as well as the use of traditional medicine. In the same village, the teachers said that indigenous traditions are hardly taught as the cultural activities are based on the school curriculum set by Georgetown.

The changes in farming practices and food consumption were mentioned as changes in culture. In another village, members of the Village Council said that even cassava bread is not easily found in the village and that is due to the fact that few villagers are growing the plant and know how to bake the bread.

Another significant loss for the villagers, which is connected to their culture was their sense of community. In different villages, informants mentioned that people used to get together to implement communal projects, help each other or just celebrate. As explained by a woman in River’s View *“we live on our own. We hardly have the cooperative groups in the community. Way back, way back in our little days, the older people would reach together like if they cutting farms, they reach together and they call it muster, so they get together, they cut farm and they work together and get their drink and whatever.”*

The second category are those villages where cultural traditions are more preeminent and is still seen as part of the normal lifestyle of the community. These traditions vary from music to spiritual beliefs. For example, in Micobie, according to the Village Council members, *“There are spiritual beliefs, most are done by older people in the village. Still practised in the village. There are still people who uses to have their plans to get animals, fishes and to get girls, to get husbands. Yes it works.”* Besides, among all traditions, it seems that the local drink is still practised a lot in the villages. Indigenous Peoples still produce and drink their own cassiri and piwari.

Moreover, culture is starting to be seen as a possible source of income for some indigenous villages. In Moraikobai, the idea for the improving the economic sustainability of the village include investing in tourism. Consequently, it is necessary to revive and strengthen the local culture. Arawak is still spoken in the village, and the plan is to develop initiatives so that folklore and other traditions can be transmitted from one generation to another, increasing the interests of people in Moraikobai’s culture and traditions. A specific project in that village was the preservation of the language, Arawak is being taught in the school from nursery to Grade Six. Similarly, in Santa Mission, the women’s group is investing in crafts as a way to preserve their culture and increase the income for the village.

Those villages that have a higher connection to their culture also present a higher sense of community.

In Micobie, the Village Council, believes they still live in a community *“Everybody who come together. We try to work hard to bring everyone together. Normally every week get have a self-help. People come together. The local Council make a barrel of local drink and everybody come together. The village also have a hunting and fishing team for the village”*.

## 5.1 Factors influencing Language use, Tradition and Culture

Changes in the culture of the indigenous population were influenced by **three main factors**. **First, modern religions** were introduced in the hinterlands of Guyana, influencing how Indigenous People behave, and how traditional practices are viewed. As mentioned by one interviewee in Waramadong, *“when the religion came into this indigenous communities, they change them, from their culture”*. According to an informant in St. Ignatius, *“Before the missionaries came they already knew what, who was God and everything because I can speak for Wapishana people they already had a name for God. People had healing prayers that are not practised anymore”*. One new denomination that was created combining Christian beliefs with indigenous traditions was the Hallelujah Church. Even that is not being practised to the same extent anymore and was substituted by other denominations. The influence of religion was not discussed as much by the Indigenous Peoples who were interviewed and it seems to be taboo among some of stakeholders in Guyana. Nonetheless, the presence of various Christian denominations is very strong in indigenous villages. For example, in Chinoweng, a village with 800 people, four religious denominations were found.

The second factor that influenced changes in culture was the attitude of teachers coming from outside the indigenous villages. Many stories of authority abuse in the schools were shared. One informant said that: *“The English teacher, they don’t want you to speak any more language, licks right away, licks, so where we would learn English (...). Talking my language, lick, licks, discrimination sir (...).”* A similar story was recounted by an informant, *“What really spoiled us a little, I would use the word spoil, of our language, the Macushi, it was when the missionary came in here and then the school, because I attended primary school and when we were having a chat with our boys from other communities like from Nappi or wherever, our teacher was a coast lander used to spank our head not to speak Macushi, right, because they wanted to, just get us in English that’s the way it is”*

A third factor that explains why culture is fading in some villages is related to the changes in the Indigenous Peoples’ lifestyle, modernisation of the villages, and the mix of different indigenous nations among themselves, and with other ethnicities. For example, in some villages, there was not a predominant indigenous nation, but a mixture of nations. In these cases, the tendency is for people to communicate in English. As explained by an informant in River’s View *“This community here was formed by Indigenous [Peoples] moving from all over Guyana. Persons came originally to do logging and then they brought their families in the earlier 1900s, so persons just keep coming in, persons just keep coming in, we don’t have a village language, English is the universal language.”*



There are two immediate consequences when the young start to distance themselves from their traditional culture. First, they do not connect to their roots anymore. When asked if the adolescents in one village considered themselves Indigenous or Guyanese, their answers illustrate how the culture is not part of the new Indigenous generation: *“Probably a Guyanese because I actually don’t know anything about my heritage. I don’t know the language, I don’t know the songs and the only time I learn about the dance and eat the food is during heritage time. So it is like I am Guyanese and Guyanese alone but I don’t understand if there is a specific indigenous culture. I just got the looks and not the full looks because some people say that I look Brazo (Brazilian) when I dye my hair.”* At the same time, they recognise they would like to know more of cultures of Indigenous Peoples. One adolescent said, *“Yes it would be interesting because I like learning about legends and myth. My best friend he does go up Kuru-pound and he does tell me about all the legends and he does speak the language in a kinda way but hearing he talk, it sounds really interesting and that is the only way I know. Me ain’t really know from like me mother or me family, I know from he tribe them but not me own.”*

Second, the need for accountability in the organisation of the village is increasing with the younger generation questioning the Toshao and Village Council. One of the consequences of losing the culture is reflected on how the population see the authority of the Toshao and the Village Council. According to one women’s group, the young generation does not understand the role of the Toshao and they do not respect his authority. A similar reflection was captured in other villages.

## CHAPTER 6: WOMAN AND CHILD PROTECTION

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*“States shall take effective measures, in consultation and cooperation with the indigenous peoples concerned, to combat prejudice and eliminate discrimination and to promote tolerance, understanding and good relations among indigenous peoples and all other segments of society”. (Article 15.2)*

*2007 United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007)*

The main deprivations that affect the physical and psychological wellbeing of the indigenous women, children and adolescents are related to (i) the low levels of birth registration; (ii) the high levels of abuse and violence against children and women; (iii) the high number of cases of teenage pregnancy and (iv) the involvement of children in work that may be harmful to their health and development and increases their risk of being victims of trafficking<sup>38</sup>. These topics are explored in the coming sub-chapters. As much as possible, each sub-chapter describes the situation and identifies the main causes, barriers and bottlenecks for each of the deprivations.

### 6.1 Birth Registration

*“Every indigenous individual has the right to a nationality”*

*Article 6 of the 2007 United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007)*

The birth registration is the foundation for safeguarding many of the child’s civil, political, economic, social and cultural rights. In Guyana, the Registration of Births and Deaths Act Chapter 44:01 provides for registration of children within 12 months of birth. While the General Register Office (GRO) is responsible for recording births, deaths and marriages and issuing relevant certificates, the Ministry of Public Health also has some amount of responsibility for the registration of births through their community health workers who also need to register births (UNICEF in Guyana, July 2016).

Together with the Ministry of Public Health, a number of registration centres were created in all the 10 administrative regions, with the majority of those created in hospitals and health centres. According to MICS, in 2014 there were 73 Registration Centres in the hinterlands, corresponding to 40 percent of the posts of the country. Since 2013, Guyana has in place a bedside registration, i.e.,

birth registration is done at the institution where the birth takes place. At the institutions, the staff provides assistance in completing the necessary documentation.

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<sup>38</sup> There are no formal sub-sections related to factors that explain the topics covered in this Chapter. However, the discussion of the main factors happens after each topic is discussed.

Among different socioeconomic characteristics, the indigenous children are those who have the highest chances of not being registered after birth (Figure 46). In fact, the percentage of indigenous boys and girls who were not registered at birth and consequently do not legally exist is 10 percentage points higher than the national average.

**Figure 46: Percentage of children aged under five whose birth is not registered, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

One similarity among all the villages visited was the fact that births were registered, but a great number of children and adults did not have their actual *birth certificate*, the document that proves the name, date of birth and other information related to the child and his/her parents. In this sense, while a number of the interviewees mentioned that they, their children and grandchildren were registered, but do not have the birth certificate in their possession. As mentioned by a woman who participated in a focus group in Baramita, *“I think the majority of the people living in Baramita do not have birth certificates.”* A similar situation was found in Santa Rosa, where a child protection official concluded that there are a number of children and adults without birth registration and birth certificates.

In River’s View, the strategy to increase the number of children registered after birth is to have one person responsible for registering all the children who are born in the community and sending the documents to Georgetown. According to her, some elderly people might not have the document, but the children should have it. Nevertheless, as informed by one mother, the children are not receiving their birth certificates. In Micobie, one informant said that *“Everybody registers but we does have difficulty with it coming back. Some does tek two years, a year. I register people before and the child is three years and they ain’t get the birth paper. Normally, I would do the registration and send it out to Mahdia and they would sent it out.”* In Chinoweng, the one officer said that all the births are registered, but

it might take two to three months to get the birth certificate and in some occasions, the document never arrives.

Based on quantitative and qualitative data, there are two main factors that were identified by the stakeholders as influencing the situation related to birth registrations among the Indigenous Peoples: (i) births outside health facilities; and (ii) the bureaucracy involved in the process and the inefficiency of the registration system.

As described in chapter 3, there are a considerable number of **births still taking place at home**, without the support of a qualified health provider. In these cases, some children might not get registered once they are born, skipping the bedside registration that is being implemented as a policy by the Government. However, the majority of the villages when children come to clinics, they are given the opportunity to be registered.

In terms of **understanding the bureaucracy behind having a child registered**, according to the 2014 MICS, among the indigenous mothers/caretakers, 23 percent of them did not know how to register their children, a number that is slightly higher than the country's average (16 percent). Hence, despite the efforts of the villages, it is possible that some people do not know how to register their children or themselves – it seems that in cases of adults the process can be very complicated. In Micobie, for example, after focus groups with women, some people approached the research team also asking for help to get birth certificates for themselves or their children. When asked why they did not have their birth certificates, the answers were very similar: *“they did not know how.”*

Together with the bureaucracy is the inefficiency of the registration system. As mentioned, one of the recurrent themes related to birth registration/certificate was the fact that parents apply for it, but they never get the document. A woman in Moraikobai shared her experience of trying to get birth certificates for her two sons. *“Me applied but it never come through. One deh four and deh three months. They were born in Georgetown”*. Also in Moraikobai, two children – one in primary and one in nursery – that did not have birth certificates. When asked why, the answer was *“They [parents] always say that they apply but they ain't getting it.”*

The process for getting a birth registered, and consequently the birth registration document back is complex and has some gaps. The fact that the registration process is still paper-based generates a bottleneck in the process, creating the possibility of names, dates and places of births to be misspelled. As someone said in Santa Rosa said *“The problem is from here to Georgetown and sometimes it come back without a name.”* A similar story was reported in River's View *“I got a son-in-law who said to me that the problem with his certificate is that it doesn't have a name, his name is not on the certificate.”*

The frustration of not getting the document, or getting it wrong makes some parents and health professionals apply more than once for the same child. When this happens, it creates a gridlock in the system since it is almost impossible to identify how many times the child is trying to be registered. Moreover, some villages would have people go to Georgetown trying to get the birth certificates on behalf of the villagers.

Among the different consequences of not having a birth registered and/or not having a birth certificate include the vulnerability of the child to human trafficking, labour abuse, and the impossibility of access some services. For example, in Orealla, a boy asked for help to get his birth certificate. He wanted to write the CXC exam, but without the birth certificate he could not do it. As mentioned by someone in Baramita *“My children problem was that they did not have birth certificates to go to school so they end up working.”*

## 6.2 Violence, Neglect and Abuse against Indigenous Women and Children

*“States shall take measures, in conjunction with indigenous peoples, to ensure that indigenous women and children enjoy the full protection and guarantees against all forms of violence and discrimination” (Article 22.2)*

*2007 United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007)*

Women and children in the indigenous villages in Guyana are victims of different types of abuse and violence. Among those identified by the qualitative data are: (i) Children being neglected; (ii) increased incidence of corporal punishment; (iii) domestic violence against women and children and consequently gender-based violence and (iv) cases of incest. The country does not have up-to-date quantitative data on these violations<sup>39</sup> and most of the discussion that takes place in the following sub-sections is based on the qualitative perceptions of different stakeholders met in the villages visited and on previous literature.

### (i) Neglect

Neglect is defined as the failure to meet children’s physical and psychological needs, protect them from danger, or obtain medical, birth registration or other services when those responsible for children’s care have the means, knowledge and access to services to do so<sup>40</sup> (Committee on the Rights of the Child, April 2011). The 2009 Guyana Child Care and Protection Act also includes in the definition the refusal to provide the child with basic needs such as food, clothing, shelter, adequate supervision or medical attention (Government of Guyana, April 2009).

39 As reported in the 2016 UNICEF SitAn, in Guyana, around 2,700 children and adolescents were victims of neglect, sexual abuse and physical abuse, among other violations.

40 Neglect includes (a) Physical neglect: failure to protect a child from harm, including through lack of supervision, or failure to provide the child with basic necessities including adequate food, shelter, clothing and basic medical care; (b) Psychological or emotional neglect: including lack of any emotional support and love, chronic inattention to the child, caregivers being *“psychologically unavailable”* by overlooking young children’s cues and signals and exposure to intimate partner violence, drug or alcohol abuse; (c) Neglect of children’s physical or mental health: withholding essential medical care; (d) Educational neglect: failure to comply with laws requiring caregivers to secure their children’s education through attendance at school or otherwise and (e) Abandonment: a practice which is of great concern and which can disproportionately affect, inter alia, children out of wedlock and children with disabilities in some societies.

According to the 2014 MICS, 10 percent of the indigenous boys and girls under the age of five were left alone one week before the MICS survey and another 10 percent were left under the supervision of another child younger than 10 years old. Both numbers are three times higher than the national average (3.3 percent and 3.1 percent respectively). In total, almost 14 percent of the indigenous boys and girls under the age of five were left with inadequate care (Table 10). Being left alone or in the care of other children increase the risk of accidents and injuries that can be permanent for the young children (WHO and UNICEF, 2008). Moreover, it transfers the responsibility from the parents or older caregivers to children that are not physically and cognitively prepared to properly take care of younger children.

**Table 10: Percentage of children under age five left alone or left in the care of another child younger than 10 years of age for more than one hour, Guyana, 2014**

	Left alone	Left in the care of another child younger than 10 years old	Left with inadequate care
Country	3.3	3.1	5.0
Urban	2.2	1.4	3.1
Rural	3.7	3.7	5.6
Coastal	2.2	1.8	3.5
Urban Coastal	2.3	1.4	3.3
Rural Coastal	2.1	2.0	3.5
Hinterland	7.3	7.8	10.6
Poorest	6.7	6.7	10.0
Second	2.6	1.8	3.8
Middle	1.8	1.7	3.2
Fourth	2.0	1.9	3.0
Richest	0.5	0.7	1.0
East Indian	2.8	1.4	3.6
African	1.7	2.3	3.4
Indigenous	9.8	10.0	13.7
Mixed Race	1.8	2.3	3.5
Others/Missing/DK	7.7	0.0	7.7

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)



In all villages visited, stories were told of children being left alone, or being taken care by older siblings. While there might be a cultural component associated with leaving the child by him/herself, neglect is sometimes the consequence of the vulnerable economic situation of the families and the lack of services that would host the children while mothers and fathers need to step outside the house to work. In St Ignatius, an informant pointed to the difficulties that single parents – especially single mothers – have to support their children: *“You find sometimes the lady works that she has no time for the children. I know one problem we have and is a very big problem because I don’t know if it is not only in St. Ignatius but it is in the whole [country] even in Georgetown have it the parents go to work leaving at 7 o’clock leaving the children to be on their own that is what I find and it is very very I don’t know how to how you would call it and remember the parents would be coming home between five to six o’clock they will not find their children maybe they are not at home they gone with other children, so most times you find the grandparents looking after them, but grandparents wouldn’t be like the parent so that is what we are facing right now.”*

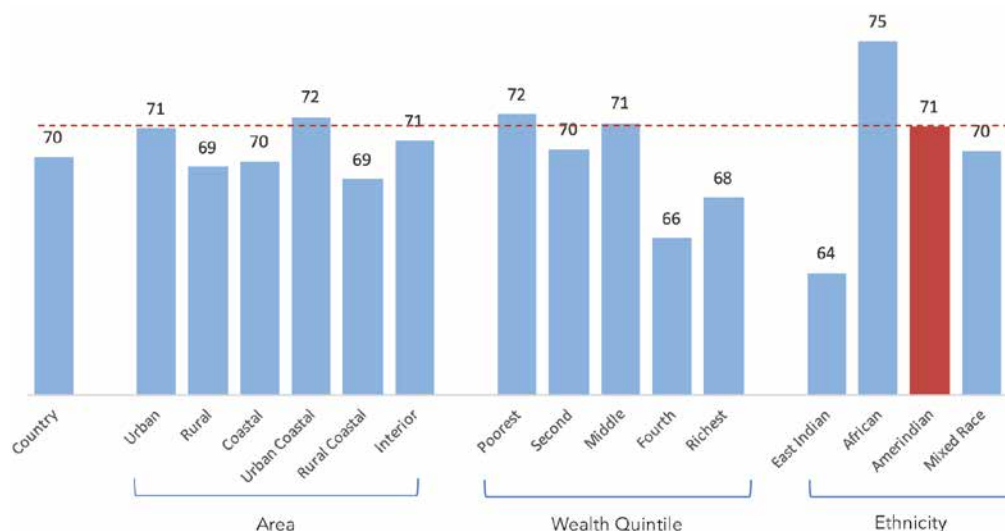
Some children would be left alone for more than one day, as it was reported by another informant in Aishalton, *“I think neglect is a big one [problem with child protection], neglect is a big one because there’s no justification basically for neglect but the reason being so the parents then goes to the farm and sometimes the farm is not the distance where you can just walk today and come back today so sometimes the parents would spend probably a day or two at the farm and the children are left to fend for themselves and these children age range would vary, so neglect is a big one.”* Similar situations were reported in many villages, whereby parents would leave their children at home because they need to go to their farms, which are located outside the village.

## **(ii) Corporal Punishment**

Violence and abuse against children have many faces. It must be noted that corporal punishment is still being used as a form of disciplining boys and girls. Corporal punishment is defined by UNICEF as a form of violent discipline that comprises actions intended to cause the child physical pain or discomfort but not injuries. Minor physical punishment includes shaking the child and slapping or hitting him/her on the hand arm, leg or bottom. Severe physical punishment includes hitting the child on the face, head or ears, or hitting the child hard or repeatedly (UNICEF, Dec 2007).

Child discipline through violent methods is widespread in Guyana. As depicted in Figure 47, 71 percent of the indigenous boys and girls were disciplined through psychological aggression and/or physical punishment, a number that is slightly higher than the national average (Figure 47). While use of violence as a form of discipline is high in the country and among indigenous, only 25 percent of the indigenous adults mentioned in the 2014 MICS survey they believed a child needed to be physically punished.

**Figure 47: Percentage of children 1-14 years old who were disciplined by violent methods, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

The qualitative data confirms the quantitative data. Corporal punishment is common and it is practised at home as well as in the school. As a male informant affirmed that “Parents does beat them [children] when they behave bad.” A woman justifies the act “We grew with love, if you do somethings wrong we would give licks out of love because you want see them do things correct. But that is how we know it.”

Some cases are very extreme as the one reported by someone when asked about cases of corporal punishment going to the court “I would have had a case that was reported to me by the school, by the HM, that was reported to me sometime last year. Where a child went to school and he was visibly in pain. And when they would have searched him, checked his skin and so, he was black and blue all over. Red, black and blue, so this is recent and when they questioned him, he would have said that his stepfather beat him because he did not answer why he came home late yesterday afternoon from school. I would have reported it, they brought him here, I reported to the police station.” This case was never taken to court. As it happens

Extract of an interview with a woman in Micobie:

Interviewer: “Do your children go to school every day?”

Woman: “No me own, she doesn’t really like going to school, I does want beat she up. She likes play. She stay home and play. She is eight years old.”

Interviewer: So, you let her stay home?”

Woman: “No I does beat she and she go with them and stay there.”

in many situations, the case was dropped by the mother. “I took him up to the hospital to get a medical and before court I learnt that the mother went back to the police station to tell the police that her husband would have promised not to hit anymore, she just want y’all to warn him and she don’t want to go through with this case.”

Even for those parents who were interviewed and said they do not beat their children, corporal punishment is still used as a last resort. An informant mentioned, “I does talk to my children, I don’t really beat them. I beat when it is too much. You don’t want to beat them, talk to them. I used to whip them for

*things like if they use to fight with each other and if they want to tell me lie if I know to my heart it is the truth, but I never really abuse my children to that level.”*

In nursery and primary schools, children are still disciplined through lashes. However, as mentioned by the teachers consulted for the study, only the senior teacher or headmaster/mistress is allowed to administer lashes.

Despite still being practised, there are anecdotal information that point to changes in behaviour regarding corporal punishment. In Santa Rosa, a mother mentioned, *“My bigger children, I use to beat them. The smaller one, the first second, use to get licks but the third and fourth ones, I didn’t beat them. As we grow older and mix with people, you move different places, we realise what I was doing in those days wasn’t good.”* Similarly, some adolescents rejected the idea of disciplining through violence. As reported by a girl in River’s View *“No. I don’t like it [the licks]. I remember getting licks for something stupid, my grades. Yes grades important, I get terrible licks for that, I wouldn’t want me child to get that memory, my mother beat me so bad because I didn’t get the grades that she wanted me to get”.*

The main justification for the use of violence as a form of discipline is a social construct that sells the idea that parents and grandparents were raised with whips and lashes and that helped them to build their character. This perception of discipline is still being transmitted and still being accepted by many children and adolescents as correct. For example, many young boys and girls told the research team that they would discipline their children through lashes. As a young girl in Micobie said, *“Yes, beat them when they are wrong, you got to correct them.”*

### **(iii) Domestic Violence and Violence Against Women**

In homes and families, children suffer as witnesses of domestic violence and as victims of it (UNICEF Regional Office for Latin America and the Caribbean, 2006). Frequently the **domestic violence** that has women as their main victims is extended to boys and girls of all ages. Domestic violence is related to gender-based violence (GBV). According to PAHO (PAHO, 2012), gender-based violence is widespread in Guyana and rising among all socioeconomic and ethnic groups, affecting more women than men. Between 2006 and 2007, there was an estimated 50 percent increase in the total number of GBV victims, 3,600 more than the previous year.

The available literature does not present statistics related to domestic violence among the indigenous community. Nonetheless, qualitative information collected in the 12 villages visited show that cases of domestic violence are also common among the indigenous populations in Guyana.

Discussing domestic violence and violence against women in the villages is still considered taboo and a topic that is pertinent to the family. In Moraikobai, for example, while some interviewees would deny the existence in the village, others would be emphatic and mentioned that it happened a lot. A similar pattern was found in Santa Mission, and described by a local woman: *“There is [cases of domestic violence] but they [the women] wouldn’t tell you. We are talking about physical violence, verbal abuse*

*and if possible, mental abuse; because when people start telling you things it affects your mind. And call you names and you are not even like that. It starts off mentally but the worst part is the physical part when they start hitting. It doesn't happen every day, every week or to everybody but it does happen in the village. A few years ago, one and two ladies got hurt with knives and sharp instruments, wound them but nothing serious but it happens. In our village meeting, some of them does say is because of that same Piwari that you see at the back there but remember that is our drink. You have some of our husbands, young men, especially the men folks when they intoxicated, they just come and like them does just want beat we up. We cook the food, we talk to them nice and then they want fight we. Most the women when them man start behaving like that they get frighten, I learnt that over the years. I never experience it but working in the community, I learn about it. But what is happening now, the women are getting brave and strong and they speaking out and they are going to defend themselves, they will hurt you. Over the years as a woman, tell me if it not true, you can't have somebody cuffing you up all the years, you cook the food, wash the clothes and you is the only woman in his life and them still abusing you like that."*

In Aishalton, one adolescent who participated in a focus group told her story when asked if she had witnessed any case of violence against women *"Yes, one time I witnessed, (...) this lady tried to carry her husband and he was drinking and he end up going across so on half way home he start pulling her down and shy she down and tell she get up and slap she down back and tell she get up and slap she down again and so it continued."* In some cases, the women who participated in the discussions would tell their own story. A woman in Santa Rosa said that *"when he [husband] drink, he would come home and talk all kind of thing. Verbally abusive. He drink pretty heavy."*

**Violence against women, especially sexual violence is not confined to homes .** In the 12 villages visited, stakeholders mentioned cases of abuse, sexual assault and rape against women within the boundaries of their villages. While it seems that violence is more visible in those villages that are near mining areas, in all types of villages cases of violence were reported.

In Baramita, a woman from the community said that *"some nights when you hear noise and you peek out you see a man beating a woman on the airstrip."* Increased levels of violence scare adolescents, and put their wellbeing in danger. As a 13-year-old girl in the same community stated *"Sometimes them boys does want beat me up. Sometimes when I walking and so, they does want give me alcohol."* In the same village, an informant mentioned a 14-year-old girl who was raped weeks before the research team has visited the community.

While sex with girls under the age of 16 is considered to be statutory rape in Guyana, there were anecdotal information of 14-year-old girls living with older men and such relationships were accepted by the community. In Santa Rosa, an informant was categorical when talking about **sexual violence**, including **rape** against young girls: *"It happens a lot. Incest is involved in so many cases as well as outsides; adults having sex with underage children."* An important factor, according to the informant, is that some of the cases are not forced sex, but the result of absence of good parenting *"What I have learnt from many of the cases, most of the cases is that they were not forced, is just factors like their parents did not pay close attention to their child and of course children being coming into this adolescent stage, where their*

*hormones start acting up and they want experience things and if their parents don't give them the love and attention they deserve and need, they will seek it elsewhere so the closest person who comes and say I love you they would think that they were meant to be with that person and they may automatically, not automatically, but eventually have sex with them."*

In the villages visited, qualitative data shows that many cases of sexual violence against young and older women are not reported and sometimes are settled between the perpetrator and the victim's family. In St. Ignatius, an informant was emphatic to affirm that there might be hidden cases of sexual violence in the community and nearby villages (St. Ignatius is located five minutes from Lethem). Even in villages where the police are present, sometimes the victims prefer to settle the case with the Village Council (topic to be explored later in this Chapter).

**Verbal harassment** was so constant for some women in the villages that it was not even mentioned as a form of violence against them. One woman in Orealla, called attention to this problem and summarised the male's behaviours in the villages, quite well: *"One of the biggest problem in the community is harassment. Just like sipping at you. It is really exhausting, it comes from the men as we are going and coming from school. It is just really, really annoying. I think the men here are usually seen as much more superior to women. The harassment is rooted deep in sexism."* In Aishalton and St. Ignatius, adolescent girls also mentioned that they are harassed all the time and that bothers the majority of them. In asking the boys who were present in the discussion if they actually "seep" at the girls, they all told that they did and they have never realised how that could be considered violence against the girls.

Sexual violence also deeply affects the children and adolescents. According to an informant in Paramakatoi, *"boys force themselves to the girls; older boys onto younger girls. At night, there is a risk in the village. After six still out and some of them meet them and harass them."* Consequently, some people – especially women – **do not feel safe in the villages**. A student in Orealla commented that she does not feel secure *"because younger men smoking drugs and sometimes they come behind you. Older ones 19 and some 16."*

One woman recounted her story *"I went to the police station one night after being chased by a male in the community but it was not helpful. I have heard so many stories of people going to the police station to make a report and nothing came out of it and the police just forget about it. What I have noticed is that the village members, uncles, aunties, Village Council members can help you to deal with problems that you have in the community more than the police."*

In another community, adolescents consulted during the fieldwork were very clear when they mentioned they do not feel safe in the community. Some of the comments captured: *"There are a lot of drug addicts. Marijuana. They try to get into the dorms. There are cases of people getting into dorms whilst everyone is asleep. People are being assassinated in the area."*

That perception of insecurity was not expected by their teachers. When asked if their students felt

safe, all the teachers who were part of a focus group discussion asserted that the students were safe. They got surprised – and some actually angry – when told that the situation was not that and in fact, students did not feel secure in the community. This situation has two implications: first, the perception of safety varies between children and adults. Second, there is need for dialogue between adults and children, including in the school. Open discussion on violence and safety between different generations is important to identify challenges in the community.

#### **(iv) Incest**

The activity can be seen as an extreme case of violence against women and girls that happens at home. Different organisations report cases of incest involving the indigenous community in Guyana. Cases of incest are as hard or even harder to detect and/or monitor than other types of violence due to the fragility of the relationship that creates a dependency on the adult, the lack of knowledge among those who suffer the violence and the difficulties in and around prosecuting the perpetrators, creating a damaging incentive for the crime to be underreported.

Informants were unanimous in mentioning that cases of incest happen among Indigenous Peoples and they involve not only father-daughter abuse, but also sex between siblings and stepfathers and stepdaughters. The police authorities were categorical in mentioning that these cases were never formally reported, but they also have heard that they happen in the communities they patrol. As an informant in Baramita said *“You would not hear it from them but it happens. They really have to confide in you. It not something that they would go out of their family and tell you like that without really knowing you. Somebody got to tell you that, somebody with a different mentality, but some of them like it normal.”*

According to the interviews, it seems that the general perception is that incest might happen in remote areas, but not within the families that live in the centre of the villages. An informant in River’s View would emphasise this point saying that there are no cases in the villages, but she heard of possible cases in the farther places still within the borders of the village. In this line, indigenous households are spread along vast territories – some families live hours from the village centre, with access only by boat or by dirt roads. For some informants, the distance to the village centre is one of the factors that increase the chances for incest to happen within the families.

Incest seems to be practised under the excuse of being a lifestyle or cultural practice that transcends generations<sup>41</sup>. For one informant in Santa Rosa, it is not a measure of culture, but how the inside of houses are laid out, where the whole family shares the same living space with no internal walls: *“I don’t think that it is cultural! Sometimes most of the house is like open spaces and there is no [privacy] and if the child go and bathe and she has to change right there. The father would turn away and he average that she finish, he would turn back. So by the father see that the child is maturing he might just you know... Mommy go out, the father left with daughter, the daughter being the older sibling is left to prepare for the others, that is the time that the father would take the advantage, mommy not here and now it is me and you here. But it is still sick.”*

41 <https://guyanachronicle.com/2017/04/30/incest-is-abnormal> Accessed on May 3, 2017.

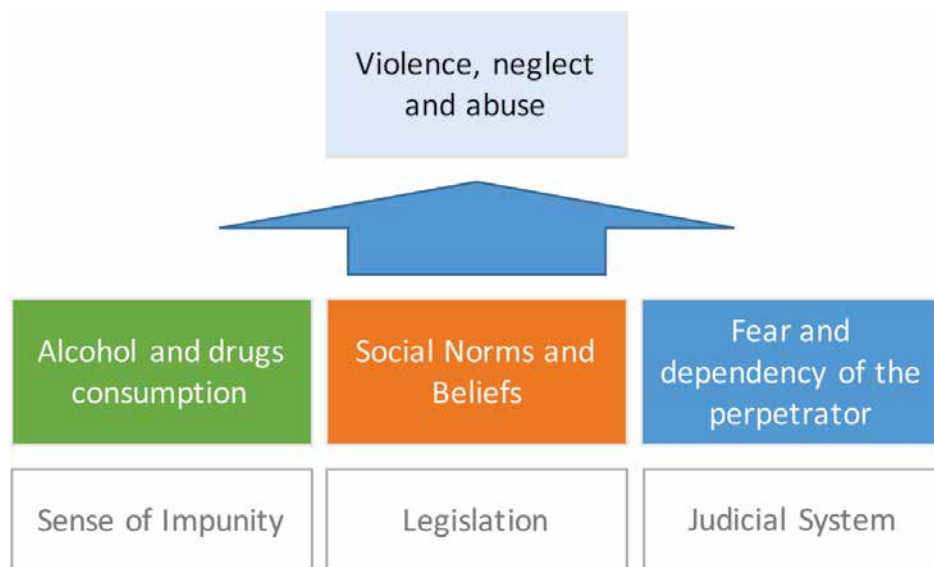


Moreover, the excessive use of alcohol and drugs in some indigenous communities' increases the chances for incest and other types of violence (as it is going to be discussed later in this chapter). Deprivations, including the lack of public programmes to help the victims of incest and other violence, are also factors that influence children and other witnesses not to report cases of incest, creating a safe environment for perpetrators. As analysed by an informant in Santa Rosa, incest could happen because *“the children is afraid to lose that breadwinner for the home, it could also be a threat on the part of the perpetrator and they not knowing the exact system and the process and so on. As well as the perpetrator would have just said that I would give you this and give you that.”*

### Factors influencing violence, neglect and abuse against women and children

As per qualitative data from 12 indigenous villages, among different factors that influence violence, neglect and abuse, three were identified as the most prominent: (i) the increased consumption of alcohol and other drugs; (ii) social norms and beliefs that still influence indigenous' style of life and behaviour and (iii) the victim's fear of and dependency on the perpetrator (Figure 48). Three other factors are also connected to violence and violence against women and influence the situation: the sense of impunity of perpetrators, the country's legislation and Guyana's judicial system. These three factors are not explored in this report, since they are extensively covered in the 2016 UNICEF SitAn (UNICEF in Guyana, July 2016) .

**Figure 48: Factors influencing violence, neglect and abuse against women and children in Indigenous Villages**



**Alcohol consumption** is widespread in the indigenous communities and it includes the traditional drinks and bottled beverages such as beer, rum and other strong liquors. According to the 2014 MICS, 87 percent of indigenous men between the ages of 15 and 49 had at least one alcoholic drink in the past and 65 percent of the men had at least one alcoholic drink in the past month; figures that are very

similar to the national average. Women's consumption of alcohol is not that preeminent: 49 percent of the indigenous women in the same age group had consumed alcohol in the past. Indigenous men start drinking at an early age: one in every five men who had drunk in the past had at least one drink before the age of 15, a number that matches the country average.

For the majority of the interviewees, in all the villages visited, violence is directly related to the people drinking alcohol and using drugs. As an adolescent in Baramita reported that *"Men and women will fight! The rum does get in them and they does fight. When they drunk they go fight but they sober they can't fight, they go talk good"*. In Waramadong Village, alcohol abuse was considered as the main social problem that the community had.

For some indigenous men and women, drinking seems to happen every day and not only during special celebrations. In Moraikobai, informants said that men would drink whenever they had money. In Baramita, according to interviewees, some adolescents and adults would work for one day in the mining areas, get their salary and spend everything on alcohol. This behaviour, of course, affects their employability.

In some villages such as Baramita, Waramadong and Orealla, stakeholders mentioned that pregnant and lactating women were openly consuming alcohol, creating major risks for the health and development of their babies. As was reported in Baramita *"Sometimes they [mothers] drinking with their baby and they want a dance, they throw the baby in a corner gone dancing. Sometime the baby crying, they give the baby something too to stop cry."* In another village, a health professional mentioned that *"we had one [pregnant woman who was drinking] and she end up as an emergency. Now she is breast-feeding and is the same thing"*.

Drinking starts at a young age for indigenous boys and girls. Children between the ages of 11 and 13 in Region 1 mentioned that relatives have given them traditional drinks such as *casere* or *piwari*. *"I tasted piwari. It hurt me hurt. Sometimes your grandnee make it, but she does not make the strong one."* Another child said *"Sometimes my grandmother make the strong one and the sweet one. I does drink the sweet one."* A third one complemented: *"My mother had and I just go and taste it."*

Older adolescents have access to other types of drinks such as beer or rum. Among adolescents in secondary education, after laughing, smiling and looking around with wide eyes, the majority had admitted that they drank at least once in the recent past. When asked how they had access to beer or rum, they said it is easy: *"You can buy it freely in the shops, or your friends are going to give to you, or your parents are drinking and you will get some"*.

When adults are drunk, they exacerbate their own problems and use violence as an escape route. This situation was reported in other villages as common. The fact that some men will spend weeks or months outside their houses creates a sense of insecurity in their relationships and according to some interviewees, at minimum doubt they attack their wives with words and physically abuse when they get intoxicated. *"We have presumptuous people, the man passing and you hear a next lady say that your*

*wife have another man and it is not true. He tek it on, he drink and come and cuff you up. And you know to yourself and it not true.”*

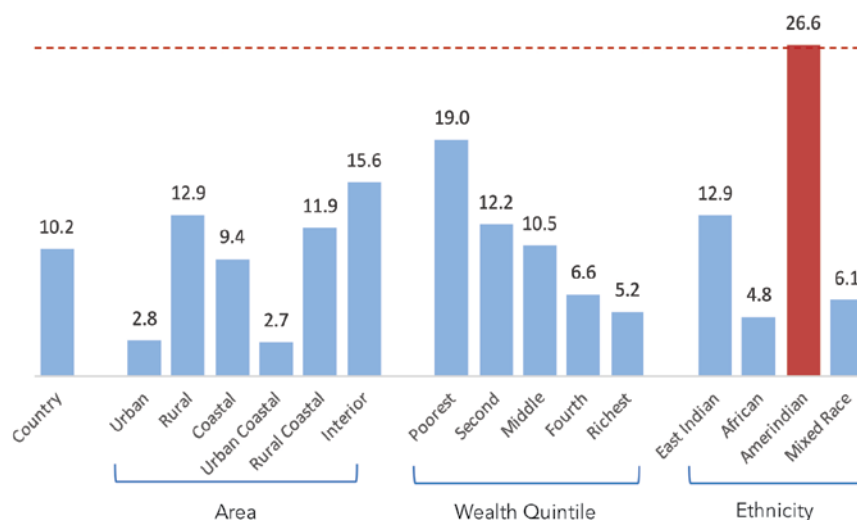
In Santa Rosa, an informant mentioned similar cases in the region *“when he do come back, he might hear from a neighbour or a friend that his wife was unfaithful when he was absent. Because the long period of time that the men would take to come back and did not send finances back home and the home still has to be managed and sometimes it pushes women to find extramarital affairs and so on.”*

Some stakeholders associated the violence after drinking with the poor economic situation of some indigenous families. As mentioned by an informant in Baramita, *“most young men don’t have a job. They fight because of like drinking alcohol. It does mostly take part at night time.”* When asked about possible reasons to drink, one 11-year-old boy mentioned: *“To get rid of their problems. Problem that they got at home. They rowd up and they drink for talk what they want talk.”* Another girl complemented *“And they does drink to kill themselves and so.”* In the same line, a stakeholder in St. Ignatius mentioned that when some indigenous men drink, they intensify their depression making them commit acts that are unthinkable when they are sober.

While the main cause of violence is still associated with alcohol, in all the villages, interviewees mentioned that drugs such as marijuana and cocaine are also being consumed and that is creating disturbances in the life of the village. In Santa Rosa, for example, an informant mentioned seeing a lot of abuse of cocaine in the community. In River’s View another person said that more and more young people are smoking at nights. In Paramakatoi, drug consumption was identified as the main problem related to adolescents and youth in the community. There is also anecdotal evidence that marijuana is being planted in many indigenous villages, facilitating consumption and generating a new problem related to drug trafficking.

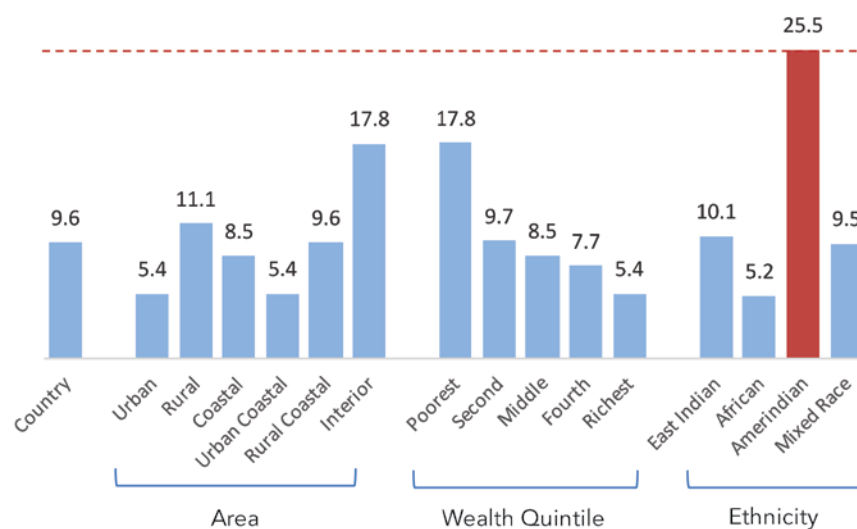
There is a **social belief** among Indigenous Peoples that violence against women is somehow acceptable and this perception is actually higher among indigenous women than any other socioeconomic group. Almost 27 percent of the indigenous women believe a husband is justified in beating his wife if she goes out without telling him; if she neglects the children; if she argues with him; if she refuses sex with him and if she burns the food. This number is the highest among different socioeconomic categories, and almost 2.5 times higher than the national average (Figure 49). The situation is very similar among the men. As depicted in Figure 50, the same perception is found among indigenous men, but in a slightly smaller proportion than the women. One in every four indigenous men still believes that it is justifiable to beat his wife if any of the four mentioned reasons happen. A rate that is also higher than any other socioeconomic group (Figure 50).

**Figure 49: Percentage of women aged 15-49 who believe a husband is justified in beating his wife in various circumstances, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

**Figure 50: Percentage of men age 15-49 years old who believe a husband is justified in beating his wife in various circumstances, Guyana, 2014**



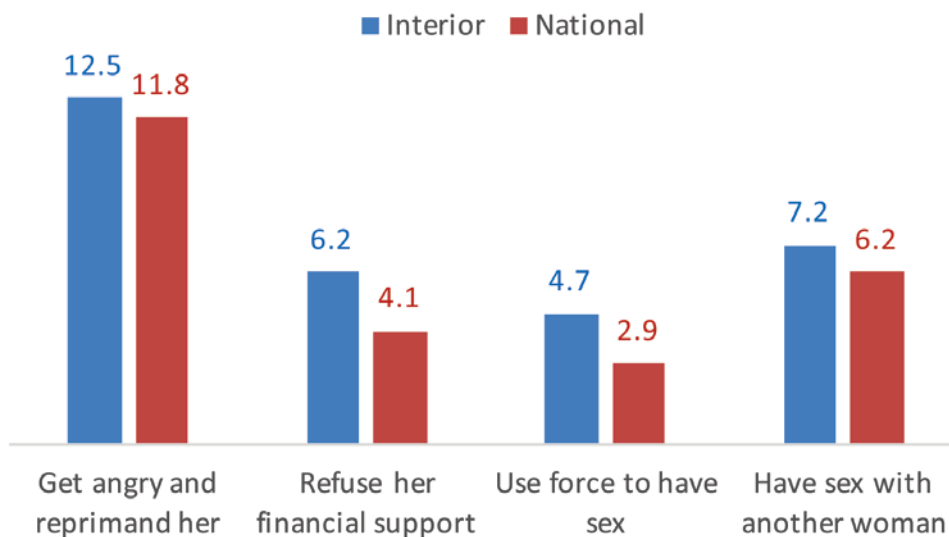
Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

The 2009 DHS (Demographic Household Survey) was specific in asking if it is justifiable for a woman to refuse having sex with her husband in the case that: (i) she knows her husband has a sexually transmitted disease; (ii) she knows her husband has intercourse with other women and/or (iii) if she is tired or not in the mood. Thirteen percent of the women living in the hinterland of the country between the ages of 15 and 49 did not agree with any of those reasons, a number that is almost three times higher than the national average (4.5 percent), indicating that for them, they cannot refuse to

have sex with their husbands. In the case of men, 7 percent of the indigenous men believe that their wives cannot justify not having sex with them, a number that is also higher than the national average (4.5 percent) (Ministry of Health, Bureau of Statistics and USAID, Oct 2010).

For 19 percent of the men aged 15 and 49 living in the hinterland of the country, responded that when a woman refuses to have sex with them they have the right to (i) get angry and reprimand her; (ii) refuse to support her financially; (iii) use force to have sex; or (iv) have sex with another woman. Hinterland and national perception on these attitudes are depicted in Figure 51.

**Figure 51: Percentage of men age 15-49 who consider that a husband has the right to certain behaviours when a woman refuses to have sex with him when he wants her to, Guyana 2009**



Source: 2009 DHS (Ministry of Health, Bureau of Statistics and USAID, Oct 2010)

There is a perception among indigenous populations that violence and abuse against women and children go unpunished. Some possible causes for this perception are: First, as mentioned before, there are a large number of cases that are not officially reported to the authorities. As one of the interviewees in Region 1 mentioned, “many of the cases are not reported because of the distance to go and come visit the office and our lack of transportation for us to get to the other areas to give our services as often as needed. Most of the cases that we get here is only the surrounding areas probably around 40 something a year.” However, distance is not the only reason.

The same stakeholder mentioned that there are cultural reasons that hinder the reporting of violent cases. According to the interviewee, “The culture of the people is what we grow up knowing and what we see as to accept and we don’t see it as important to go and tell anybody what is happening in our home. Why should I go and telling somebody what is happening in my home if I was brought up to believe that that was correct? And it is not that the information is not out there, when there are meetings, PTA meetings these parents would go public meetings, these information are given to these people out there. I don’t know, maybe it can be a lack of

*understanding on their part about the information, the message that is being crossed over or it can just be that they wish to share, they don't feel comfortable to report."*

Reporting of cases to the police will also depend on the person or community's perception of the seriousness of the crime and the presence of police in the community. In those villages where there are no law enforcement, the Toshao and the Village Council are responsible for maintaining the order. In these villages, when crimes are reported, depending on the type of crime, the Village Council will try to mediate and if it is outside the competency of the Council, the issue has to be transmitted to the police (see more on this topic later in the report). As mentioned by a woman, *"Some personal things you might discuss with the Toshao, whoever is Toshao. You know how long meh live with my husband and I never run to police."*

Second, in those cases of violence and abuse that are reported, in many occurrences the victims will drop the charges and the perpetrator will not be persecuted of any crime. As illustrated by a police officer in Baramita, *"Husband and wife fighting, he beat her up, you arrested him, place him in custody, she come with the baby in she hand 'bla-dam' [forcibly putting something down] on the counter, if you going lock he up, I'yuh [you all] mine the baby. They are going to complain and come mek report, give a statement, just warn he and let he go long he way, they don't want you lock them up"*

Both aspects are related to **fear of retaliation and economic dependency that victims have of the perpetrators**; which are partially connected to the way the judicial system works in Guyana and to the lack of formal support for victims of violence in the hinterland. In the absence of governmental presence, some religious groups and non-governmental organisations try to help victims. One of these organisations is the *Guyana Women Miners Association*, which acts beyond mining villages to work mainly on human trafficking, but also provides some support to victims of abuse and other forms of violence.

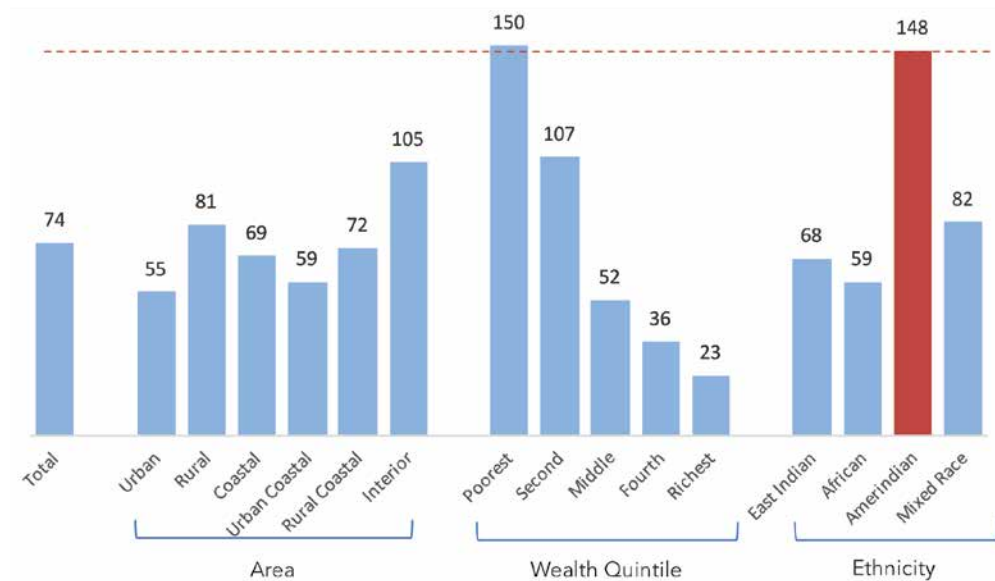
## 6.3 Teenage Pregnancy

Teenage pregnancy is a concern that involves (i) health: worldwide evidence shows that pregnancy among young girls is dangerous for both the mother and the baby (UNICEF, 2011); (ii) education: the 2009 Guyana Demographic and Health Survey (DHS) revealed that early childbearing, particularly among teenagers, has had negative socioeconomic and sociocultural consequences, such as early school dropout (PAHO, 2012) and (iii) child protection: young girls could become pregnant due to lack of empowerment, lack of education and as victims of sexual violence, indicating failures in the protection system, including the immediate protective environment of the family, school, religious institution and community.

In looking at different socioeconomic categories (Figure 52), adolescent's birth rate for the indigenous community stands at 148/1,000, a number that is double the national average and very close to the birth rate for the poorest population in the country that stands at 150/1,000.



Figure 52: Adolescent's birth rate by socioeconomic characteristics, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Twenty-one percent of the adolescent girls from indigenous communities have begun child bearing, a number that is 6 percentage points higher than the national average (Table 11). Similarly, 21.3 percent of the girls have had a live birth in the past, a number that is almost double the national average. Indigenous adolescents start their child bearing at very young age. Almost 3 percent of them have had a live birth before the age of 15, a rate that is 10 times higher than the national average and 3 times higher than those girls living in the poorest families in the country. It is not known if the early pregnancy is connected to consensual sex and early sexual debut, or connected to sexual violence.

**Table 11: Percentage of women aged 15-19 who have begun childbearing, have had a live birth and who have had a live birth before age 15, Guyana, 2014**

	Have begun child-bearing	Have had a live birth	Have had a live birth before age 15
Total	15	11.2	0.3
<b>Area</b>			
Urban	11	8.7	0
Rural	17	12.1	0.4
Coastal	14	10.3	0.1
Urban Coastal	11	8.4	0
Rural Coastal	16	11	0.2
Hinterland	18	16.9	1.4
<b>Wealth index quintile</b>			
Poorest	25	23.5	0.9
Second	24	16.5	0.3
Middle	8	6.6	0
Fourth	8	5.6	0
Richest	10	3.8	0.2
<b>Ethnicity of household head</b>			
East Indian	16	10.8	0.1
African	11	7.7	0.2
<b>Indigenous</b>	<b>21</b>	<b>21.3</b>	<b>2.6</b>
Mixed Race	16	13.2	0

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

In all regions visited during the fieldwork, informants mentioned many cases of teenage pregnancy. As a matter of fact, many of the elderly women that were interviewed during the data collection process got pregnant when they were aged 17 and younger – one thing that the majority of these women had in common was the fact that they did not advance their education.

Administrative numbers were not always available. In Santa Rosa, out of 350 births that happened in 2016, approximately 90 were from adolescents, i.e., 1 out of 4 births happened in the population aged less than 16. The hospital is working with the support of a Peace Corps volunteer to identify the areas where there is high teenage pregnancy or even high-risk patients and try to understand what kind of conditions are there and how we can address it in that specific area.

The research team spoke to different women who became pregnant when they were below the age of 18; some were aged 13 when they got pregnant. In one case in Region 9, a 17-year-old adolescent

explained that she got her child when she was aged 13. The father was a 19 year old male from a different village who was a teacher recently assigned to her school. According to her, she wanted to have sex and after a 'one-night stand' she got pregnant. She was curious but did not want to be in a serious relationship with any man. She was not forced, but never thought about using a condom to protect herself. After being pregnant she had to dropout of school and she never returned to school. For her, staying home and watching her friends going to school was tough. The police spoke to her mother and the perpetrator – sex with children under 16 is considered statutory rape – but he was never arrested or charged. Now, the father is teaching and the 17-year-old girl is doing some farming to support herself and her baby, with no expectation to return to school and to have a better life.

While the majority of pregnant adolescents will dropout of school, there are few cases of adolescent girls becoming pregnant, delivering their babies and going back to school to finish their secondary education and write their CXC exams. Nonetheless, as mentioned by one interviewee in Region 9, some communities do not like the idea of having these girls back in school: *"They [the community] stigmatise, they feel, oh you go you make a baby and my child, my child would feel that oh this, it's ok, to get pregnant and thing."* It is then, a double burden for the adolescent girl.

According to teachers, dorm fathers and dorm mothers, for those girls who live in the dorms and get pregnant, the pregnancy happens when they are visiting their homes, or during vacations. Also, according to health professionals, there is anecdotal evidence that pregnant teenagers would abort their children, some using traditional methods such as herbs.

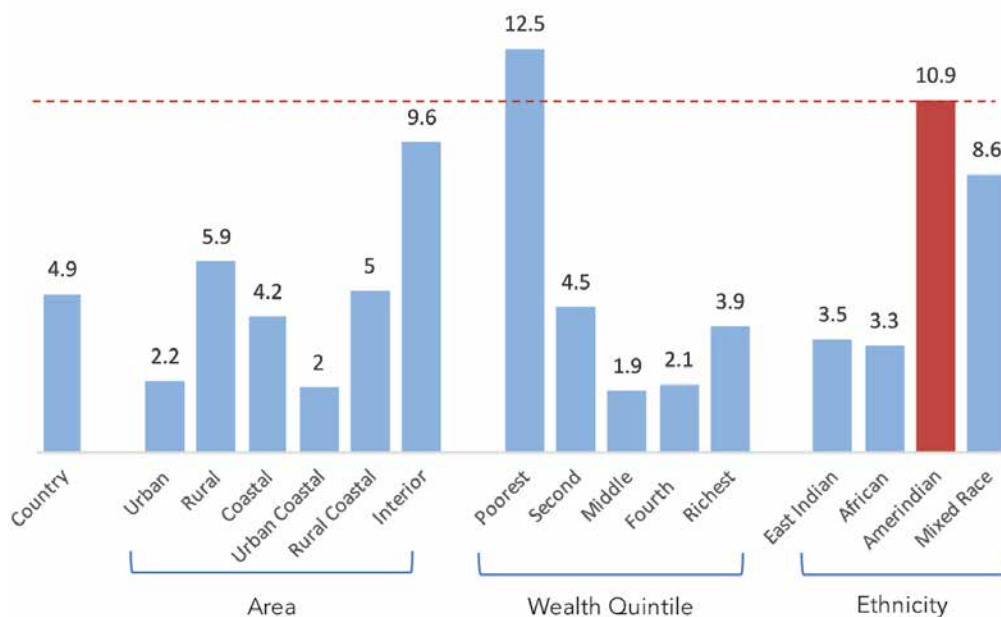
## **Factors related to teenage pregnancy**

In terms of **factors related to teenage pregnancy**, all those reported in the 2016 Situation Analysis of Children in Guyana (UNICEF in Guyana, July 2016) also hold for the indigenous population. In looking closely at the indigenous populations, sexual abuse and violence – already discussed earlier in this chapter – in combination with the following four factors interact to explain high rates of teenage pregnancy among Indigenous girls: (i) early sexual debut of girls; (ii) sexual education as a taboo topic in school and communities; (iii) early marriages and (iv) increased levels of unprotected sex.

### **Early sexual debut**

While the official **age of sexual consent** in Guyana is 16 years old, on average, 5 percent of the women had their first sexual relationship before the age of 15. That rate is much higher for indigenous women. Almost 11 percent of the indigenous girls have initiated their sexual life before the age of 15, a number that is double the country's average and only smaller than girls who live in the poorest families in the country (Figure 53).

**Figure 53: Percentage of women age 15-24 years old who had sex before age 15, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

In many cases, first intercourse is forced, which highlights the underlying issue of gender-based sexual violence and the need for prevention and response strategies (UNFPA, June 2014). As a matter of fact, 2008/2009 Biological Behavioural Surveillance Survey (BBSS) mentioned that almost 24 percent of the secondary school girls who have started their sexual life were forced by someone to have sex (Red Thread, AIDS, FACT and SASOD, Feb 2013).

### Sexual Education as a taboo topic

Another possible cause related to teenage pregnancy is the taboo of discussing sex, sexuality and sexual behaviours that are still present in the communities. As discussed in Chapter 3.4, knowledge on HIV is very low among indigenous boys and girls in Guyana, which also reflect their lack of knowledge on sex and related topics. Many of the women interviewed in the villages mentioned they did not know how to avoid pregnancy when they first got pregnant.

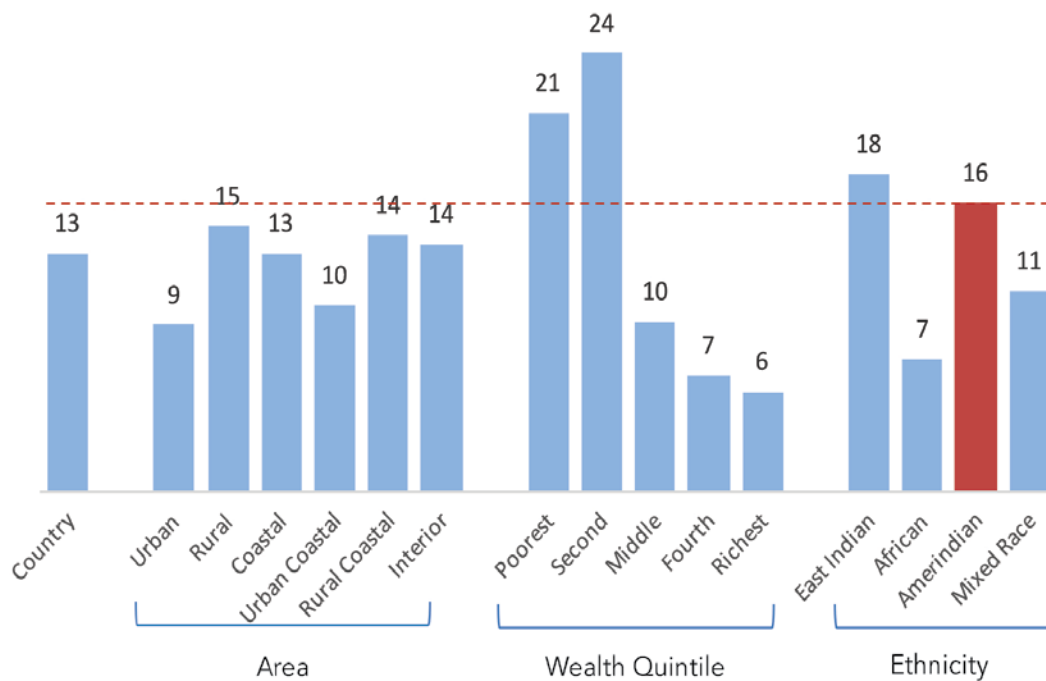
It is still taboo to discuss sex and sexual education in the indigenous villages and in schools in general. Anecdotal information shows that there is not much dialogue between the indigenous adolescents and their parents and that might determine how they understand and interpret sexual behaviours, influencing early and unprotected sex. Adolescents in River's View mentioned they do not talk to their parents about sex and/or relationships and they think the "older" generation does not understand their needs. In their case, best friends are the people they will talk to and ask for advice. Similar opinions were shared by adolescents in Paramakatoi and Aishalton.

Despite this, the view of an educational professional is that these taboos should be broken: “because we are talking about the indigenous communities, right, ah there is still some kind of stigma as well, in having these discussions about sexual behaviour and education on the whole, so it is something that the teacher, themselves, the teacher themselves will have to, break that barrier, you know, because it’s a cultural thought behind it that this should not be discussed, taboo, it’s a taboo, ah some indigenous communities, you really have to know, how you threading on these things and yeh.” The professional continues “You gotta be, it is very, very sensitive in these areas, you gotta know, is so much taboo as you say, even you would find, I don’t know if you’ve heard about the mis and so, you go to some schools, the children will act up, it’s, it’s sensitive I would say sensitive and so, we just gotta be careful how we treading.

## Early marriages

**Early marriages** are also one element that is related to early child bearing. Child/early marriage is not a common practice in Guyana, nonetheless, among girls between 15 and 19 years old, 13.3 percent of them were married or in union (cohabiting) at the time of the 2014 MICS survey, a slight reduction when compared to 14.1 percent in 2006 (2006 MICS). Despite the fact that early marriages are most common among East Indian families and among the poorest populations in Guyana, 16 percent of the indigenous girls between the ages of 15 and 19 are already married, a number that is higher than the country’s average (Figure 54).

Figure 54: Percentage of girls aged between 15 and 19 currently married/in union, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

As mentioned by a woman *“Well my mother find a guy for me and marry me out at 15 years old. So I got my first child at 15. For me long time people use to hurry for you to get marry. They used to tell you that you got to find somebody. Me mother use to say, ‘You have to get somebody because me ain’t able mine you’. But now we know better, for me I wouldn’t want somebody tek me daughter now, she is 16. Me want she meet about 25, me ain’t want she to get children at that age either.”*

For the indigenous women who are or were married and are between the ages of 15 and 49, 8 percent of them were married before the age of 15, double the country’s average. For those indigenous girls who are married and are between 15 and 19 years old, 16 percent were married before 15 years old, 3 percent higher than the national average. Among the indigenous girls aged between 15 and 19 who are married, 18 percent are married to men 10 years or older than they are, 26 percent to men who are between 5 and 9 years older than they are and 45 percent are married to men 0 to 4 years older than them.

For indigenous peoples, early marriage are connected to culture, but also to the poor economic situation of some families. In trying to marry their young daughters, families try to create a better environment for them to get rid of poverty. However, in most of the cases seen in the villages, early marriages did not lead to improvement in socioeconomic conditions, but the reverse.

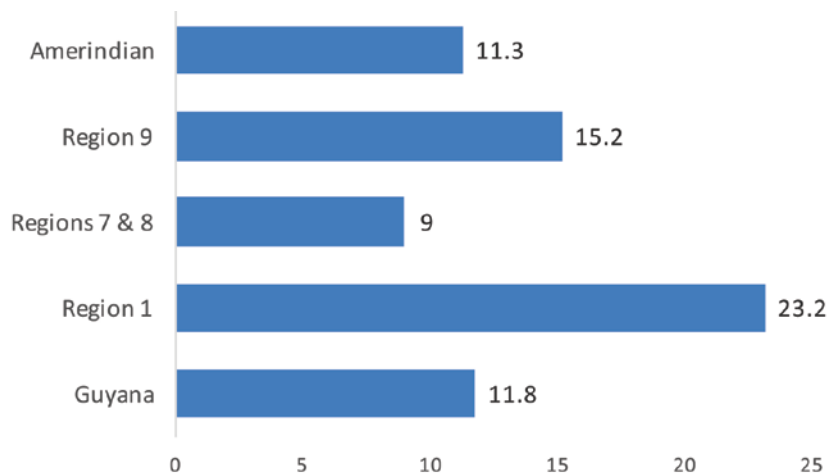
### **Use of condoms and other contraceptive methods**

Quantitative and qualitative data show that adolescents in the hinterlands are practising unprotected sex. According to the 2014 MICS, 13 percent of sexually active adolescents (young women aged 15-19 years old) mentioned that they were using contraceptives in their sexual relationships, a number that is below the country average (34 percent) and the lowest among all other age groups. Also, 43 percent of the indigenous women had reported the use of a condom during the last sexual intercourse with a non-marital, non-cohabiting partner. A number that is 10 percentage points below the country’s average and the smallest rate among different socioeconomic groups (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015).

The lack of use of condoms and other contraceptive methods not only increases the risk of pregnancy, but also increases the risk of sexual transmitted diseases such as HIV/AIDS (please refer to Chapter 3.4). Some factors influence the adolescents’ and women’s decision on using condoms in their sexual relationships: first, availability of condoms (and other protection methods) for free in health posts and other institutions. Second, sexual education and sexual behaviour education should to be taught in schools without bias or prejudice. Third, the use of condoms is often related to girls’ empowerment in society and their freedom of choice. Girls must have the knowledge and be respected by their partners on their decision to use condoms and other methods. For example, intergenerational sex where an older man is having sex with younger girls. It increases the chances of sex without condoms. Around 11 percent of the indigenous girls between 15 and 24 years old had sex with men 10 years or older than them in 2014, a number that is similar to the country’s average. In Region One, almost one in every four girls in this age group had sex with older men (Figure 55).



**Figure 55: Percentage of women aged 15-24 who in the last 12 months had sex with a man 10 or more years older, Guyana, 2014**



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

As mentioned by a professional in Region 1, some teenagers do not have access to condoms or other contraceptives due to religious influence *“basically we have some hyper-religious teaching, which they prohibit contraceptives and like in other areas you would find mothers teaching their children, their teenage daughters, about contraceptives. Here parents don’t do that. And sex education is taught wide-spread, you know, like across the board so that teenagers, boys and girls would access this information. Boys and girls, but we try. We try to go to the school to educate the children but not on a regular basis, due to we have a shortage of staff.”*

## 6.4 Trafficking, Sexual Exploitation and Child Labour

*“States shall in consultation and cooperation with indigenous peoples take specific measures to protect indigenous children from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child’s education, or to be harmful to the child’s health or physical, mental, spiritual, moral or social development, taking into account their special vulnerability and the importance of education for their empowerment.” (Article 17.2)*

*2007 United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007)*

The Sustainable Development Goals on its Target 5.1 calls for an elimination of all forms of violence against women and girls, including trafficking, sexual and other types of exploitation. Worldwide, human trafficking – including child trafficking – has been used as umbrella terms for the act of recruiting, harbouring, transporting, providing, or obtaining a person for the purpose of exploitation such as compelled labour or commercial sex acts. For UNICEF, trafficking is a violation of a child’s rights; it interferes with their well-being and denies them the opportunity to reach their full potential.

Human trafficking can include, but does not require, movement. People may be considered victims of human trafficking regardless of whether they were born into a state of servitude, were exploited in their hometown, were transported to the exploitative situation, previously consented to work for a trafficker, or participated in a crime as a direct result of being subjected to trafficking. At the heart of this phenomenon is the traffickers’ goal of exploiting and enslaving their victims and the myriad coercive and deceptive practices they use to do so (US Department of State, July 2015).

The Ministry of Labour, Human Services and Social Security reported 158 victims of trafficking between 2013 and 2015 that could be identified by their ethnicity. As depicted in Table 12, one in every four victims of trafficking identified in Guyana was an indigenous individual, most of them women<sup>42</sup>.

**Table 12: Victims of Trafficking by Ethnicity, Guyana, 2013-2015**

Ethnicity	2013	2014	2015	Total
African	9	12	11	32
Indigenous	16	12	13	41
East Indian	11	8	6	25
Mixed race	5	24	31	60
Total	41	56	61	158

Source: Communication received from The Ministry of Labour, Human Services and Social Security in May of 2016.

<sup>42</sup> According to the data made available, for each one male that is victim of trafficking, 15 females were also victims.

In all the villages visited, villagers showed knowledge on the concept of human trafficking. The villagers gave examples of cases that happened in the past and some that still happens or recently occurred. For instance, an interviewee mentioned that *“I know in the past there were but I don’t know that they were human trafficking. Presently I don’t think they still doing it. When it come to prostituting I try my best to keep it down, there are one or two adult females right trying to link up some friends with young girls from the village. Their plan didn’t come through because we were on them steady. For example, [named female] carrying some girls outside to work, in Georgetown. [four girls named]. They carry them to bars on the east coast. They go work in Georgetown one or two months then they come back and tell the other girls about the girls. I spoke to [named woman] once, I don’t know if it was with the vice Toshao, or if it was me and another Councillor. I went down there and I talk to her very hard. I said I would call the police. I think she stopped.”*

In Region 7, a stakeholder also mentioned cases that can be categorised as trafficking of person *“they will promise them [boys and girls], they gonna take them to do work, they will be working in the shop right, when they reach there is a different story, so it’s not carrying you by force, but in fact it is human trafficking. That happen with boys, because young boys go out as what he said, working in the mines, they work for almost three months, four months, don’t collect their book money and because of that sometimes, their boss, cause, two life gone already and that person didn’t collect money and he was accuse, they kill him then, so, no money,*

*nothing and the same, the family live now, wanted to further it but it just close because of no finance, no, support and that is where they are doing our boys and sometimes, actually, sometimes they come back, they don’t collect money, they work but they didn’t collect money, boss man didn’t pay, it sounds like trafficking and it is, sometimes they don’t use it that way and go and try another person again, so that is where our young boys are facing, even our young females too.”*

In St. Ignatius and Aishalton, more than one stakeholder mentioned cases where adolescent boys and girls would go to Brazil to work. After working in that country, their bosses decide not to pay them and given that most of the boys and girls were illegal immigrants, they could not seek recourse from the relevant state authorities in Brazil. Sometimes they return to Guyana without receiving money for the work they completed. On one hand in some cases, men and women would go by their own will. While this voluntary migration might not qualify as organised human trafficking, it still shows exploitation of labour. On the other hand there are cases that are close to trafficking of people. As mentioned in St Ignatius, *“they just come from Brazil or a ranch and come in our community without consulting the Toshao or Council members and just, meet the boys and sweet talk them and when they carry them there is another story so they keep them six months seven months and maybe don’t pay them the full salary but whatever they offer and that sometimes you don’t even see they payments that they bring back right.”*

In Baramita, a story is told that links human trafficking with sexual exploitation: *“There is human trafficking going on here. The reason being is that there are some school children involved whereby they were taken to Port Kaituma, I am telling you these are girls with potential. They were taken on more than one trucks by one of the girl’s aunt, taken to Port Kaituma at a house that houses girls. This truck takes them there and when they reach there, they are dressed and they forced them into prostitution. The person who is holding the house, the housemother, she dresses the girls and she presents them to the guys. They have some of them pay her.”*

**Sexual exploitation** is related to trafficking of people, but it can happen with parents' consent. The research team heard of fathers and mothers using their young children as sex workers. As an informant in Baramita mentioned, *"I know of mothers who take their daughters to men. I also heard of a story where a father took his daughter into the backdam, so that men can pay him for sex with her. I think that it starts in the home and the indigenous parents must take some responsibility."*

According to an informant in Mahdia (Region 8), there are secondary school girls, as young as 15 years old, who would go out at nights to discos and dance clubs to exchange sex for money. *"Their parents would encourage it or facilitate it. They are there, children are in the club and the parents are there too. This lady would take her daughters out at nights to work as prostitutes in particular clubs. And other children will come and say this is what I saw last night. They cannot come to school the next day or the next few days and cannot focus."*

Some of the cases related to sexual exploitation are not categorised as prostitution, but as a result of combining neglect and poverty, as explained by an informant in Santa Rosa *"when they are drunk, some parents wouldn't even provide food for them [children] in those circumstances and those times, so they would seek elsewhere and children being children would want things to eat and of course if somebody say here is a 1,000 dollar bill, they might want to have sex with that person and the person may consent."*

Child trafficking has a relationship with **child involvement in economic activities and child labour**<sup>43</sup>. Table 13 depicts that 35 percent of the indigenous children between ages 5 and 11 are involved in **economic activities** for at least one hour, i.e., they are involved in paid or unpaid activities related to ploughing / farming / food gardening; looking after animals; helping in family or relative's business, managing business; producing or selling articles / handicrafts / clothes / food or agricultural products; or any other activity in return for income in cash or in kind. In the same line, 74 percent of indigenous children in the same age group are involved in household chores for at least 28 hours. Both indicators are the highest among all socioeconomic groups (Table 13).

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43 **Economic activity** (paid or unpaid) is any work on plot / farm / food garden; looking after animals; helping in family or relative's business, running own business; producing or selling articles / handicrafts / clothes / food or agricultural products; or any other activity in return for income in cash or in kind. For the age group between 12 and 14 years old and the group between 15 and 17 years old, if a child is involved in economic activity for less than 14 and 43 hours in a week (respectively), he/she is not considered to be victim of child labour. If the boy or girl works for more than 14 or 43 hours, respectively, then the situation is characterised as **child labour**. For detailed definitions of child labour please access the 2014 MICS report (Bureau of Statistics, Ministry of Health and UNICEF Guyana, April 2015).

**Table 13: Percentage of children aged 5-11 involved in economic activities and household chores, Guyana, 2014**

	Economic activity for at least one hour	Household chores less than 28 hours
Total	16.9	56.5
Boys	16.1	58.2
Girls	17.6	54.9
Urban	12.9	48.2
Rural	18.2	59.4
Coastal	13.2	53
Urban Coastal	10.8	45.9
Rural Coastal	14.2	55.6
Hinterland	30.9	70.2
Poorest	29.1	69.1
Second	12.7	56.5
Middle	13	49.1
Fourth	9.9	55
Richest	13.6	46
East Indian	16	50.8
African	12.3	59.9
<b>Indigenous</b>	<b>34.7</b>	<b>73.5</b>
Mixed Race	13.8	52.1

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

The older the child, higher is his/her participation in household chores, up to a point where 92 percent of the indigenous boys and girls ages 15 to 17 are involved in those activities (Table 14)

**Table 14: Percentage of children involved in household chores by age group, Guyana, 2014**

	<b>5 to 11 years old</b>	<b>12 to 14 years old</b>	<b>15 to 17 years old</b>
Country	56.7	76.6	83.2
Male	58.5	75.5	78.9
Female	54.9	77.8	87.1
Urban	48.2	79.2	86.2
Rural	59.6	75.7	82.0
Coastal	53.1	74.2	82.7
Urban Coastal	45.9	76.4	85.4
Rural Coastal	55.8	73.3	81.6
Hinterland	70.5	88.2	86.4
Poorest	69.3	87.5	90.9
Second	56.5	79.4	82.6
Middle	49.1	75.4	79.0
Fourth	55.0	65.2	82.4
Richest	46.6	70.4	80.2
East Indian	51.0	62.1	77.3
African	59.9	88.3	85.0
<b>Indigenous</b>	<b>73.9</b>	<b>84.9</b>	<b>92.0</b>
Mixed Race	52.1	77.4	89.3

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Forty-one percent of the indigenous children were identified in 2014 as being involved in child labour (Please see box below for definition), a number that is double the country's average (18 percent) and the highest among different socioeconomic categories (Figure 56).



### Box: Understanding how child labour was measured

Child labour is a composite indicator formed by: *children involved in economic activities and performing household chores* at or above and below the age-specific thresholds, as well as those *working under hazardous conditions*.

In MICS, a child is considered to be involved in child labour activities if, during the week preceding the survey, he/she performed:

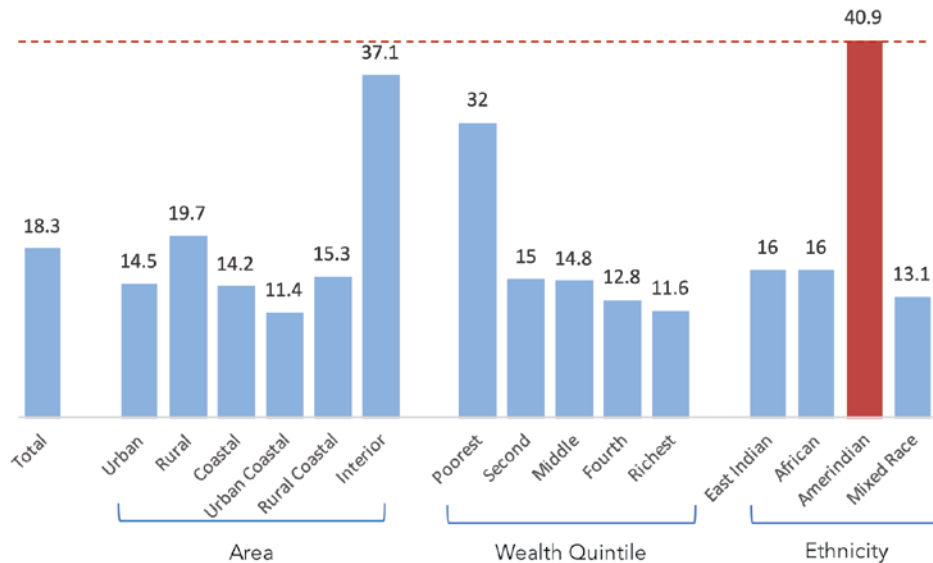
For ages 5-11: 1 hour or more of economic work OR 28 hours or more of household chores OR ANY hazardous work per week;

For ages 12-14: 14 hours or more of economic work OR 28 hours or more of household chores OR ANY hazardous work per week;

For ages 15-17: 43 hours or more of economic work OR 43 hours or more of household chores OR ANY hazardous work per week work.

Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

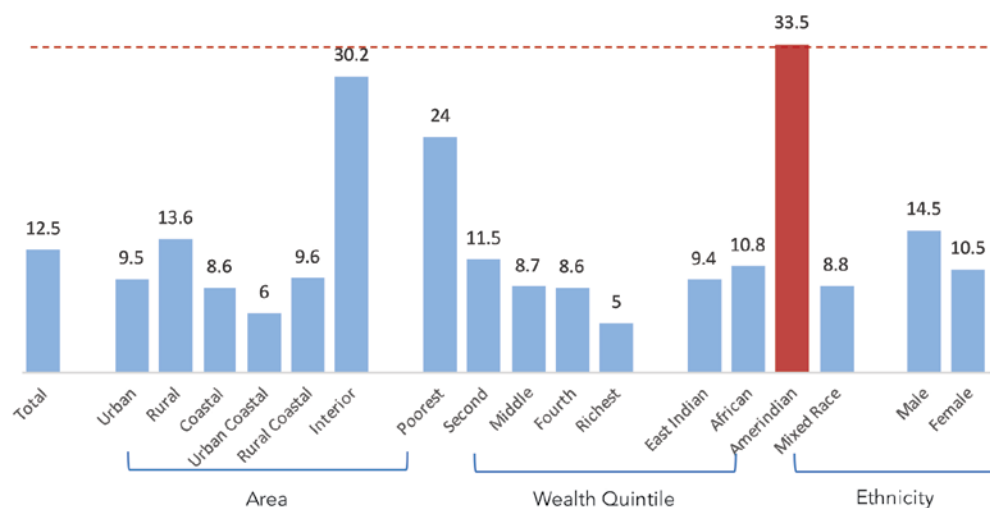
Figure 56: Percentage of children age 5-17 years old involved in Child Labour, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Among the indigenous children between the ages of 5 and 17, 33.5 percent of them were identified in 2014 as **working under hazardous conditions**, i.e., their work requires carrying heavy loads, working with dangerous tools (such as knives); operating heavy machinery; exposure to dust, fume, gas, extreme cold, heat or humidity, loud noise or vibration; working at heights; working with chemicals (pesticides, glues, etc.) or explosives, or exposure to any other processes or conditions deemed bad for the child's health or safety.

Figure 57: Percentage of children aged 5-17 working under hazardous conditions, Guyana, 2014



Source: MICS 2014 (Bureau of Statistics, Ministry of Public Health and UNICEF Guyana, April 2015)

Child labour is a reality among children and adolescents in the hinterlands. Most of the children and adolescents in the communities visited admitted that they worked for money after school, during school breaks and sometimes even during school time. These children start working at very young ages. When asked if they knew anyone who was working since they were young, one interviewee said: *“One of my cousins. In the Backdam. He is 10 or 11 years. He going there deh long ago.”* A women in Baramita said that children start working *“very small; 9, 11, 13, 12. They does go in the backdam, they does go and punt and hustle for their own. Most the parents cannot afford to look after all of them. Boys and girls does spin battel.”*

An informant mentioned that there are children working in the mining areas, but not in the big ones. Those working in mines would be in informal establishments, sometimes working with their parents and family members. In this line, some indigenous families try to find gold from the discards of bigger mining operations that occur in the region. This process attracts entire families to it. Near Baramita, Region 1, the research team found an entire family on a Sunday morning searching for gold (Figure 58). While the father mentioned that children were not involved, once the team arrived, it was possible to see children running from the area and trying to hide in the bushes. They know it is against the law, but the ‘batting’ is still practised among children of all ages.

Figure 58: Family mining for gold near Baramita



Photos: Stefan Knights and UNICEF

In Orealla, some adolescents said they work for money during the weekends and during vacation time, to “help neighbours and stuff. Anything they need, fishing, farming, fetch bag. Sometimes some logging”. For a girl in the same community, her way to make some extra money was to wash clothes in the river. In Aishalton, informants said that some children would work as domestic helpers and babysitters. Sometimes, young adolescents would dropout of school and move to Brazil where they could get better payments than Guyana.

## 6.5 Response to Violence and Abuse

Not all the villages visited had a formal police force present. From the 12 villages, four had a police presence, two did not have police but had community policing groups and the remaining did not have law enforcement on their territories (Table 15).

**Table 15: Police presence in the villages visited**

Police	Community Policing Group	No police in the village
<ul style="list-style-type: none"> <li>• Baramita</li> <li>• Santa Rosa</li> <li>• Orealla</li> <li>• Aishalton</li> </ul>	<ul style="list-style-type: none"> <li>• River’s View (Police from Bartica provide services to this village)</li> <li>• St. Ignatius (Police from Lethem provide services to this village)</li> </ul>	<ul style="list-style-type: none"> <li>• Moraikobai</li> <li>• Paramakatoi</li> <li>• Micobie (Police from Mahdia provide services to this village)</li> <li>• Chinoweng</li> <li>• Waramadong (Police from Kamarang provide services to this village)</li> </ul>

Policing groups function as an alternative when there are no national police services in the villages. In some communities, national police services were requested to no avail even though they are desperately needed.

The community policing groups are informal and not fully prepared to handle some cases, thus increasing their own vulnerabilities as a community. As mentioned by an informant: *“We not getting full corporation of everybody concern that and we also have to look into our own safety seeing that we are living on the front area here and we have to be careful how we, how we act or what we do when it relates to the criminals and around the place. Is a lot of drugs and so passing around, arms and so, we’re not really equipped to deal with those things. We are not too sure who we can trust or who we cannot trust and when we put ourselves in front of the gun, to take action, you are not too sure if we would be backed up by the police, cause we are putting ourselves and our families in danger, that is why we are really functioning as we should, cause we are not getting the cooperation from everybody”.*

The policing groups are generally poorly trained and some lack the equipment that can help them in patrolling and addressing cases in the community. In some villages, the policing group might have ATVS or other equipment, but in others patrolling has to be done by foot. Moreover, in different

villages it was reported that the young people in the village lack respect for the Toshao and the policing group, not respecting their formal and symbolic authority.

In those villages without police presence, the Toshao and the Village Council assume an important role in responding and preventing violence in the community. Despite the fact that the 2006 Amerindian Act stipulates that the Toshao should not act judicially as a justice either in court or in any manner, the Act also states that where people break the village rules, they are required to appear before the Village Council. The accused has the right to defend him/herself, and if the Council decides that the rules were breached, the person should pay a fine.

The most common cases that are analysed and considered by the Village Councils are related to disputes, land boundaries, drunken people, fights in the community and cases of domestic violence. A member of a policing group mentioned that *“Yes, we handle cases of domestic violence. When they have their problems, I have to go to the homes and I try to my best to see how things can be settled. I don’t go alone, I have to take like two or three body with me. So we go now and sit and talk, my husband do most of the counselling.”* A similar situation exists in Moraikobai, where members of the Village Council revealed that they do handle cases of domestic violence and abuse and when they cannot solve it, they ask the police for help.

Interviewees mentioned that it is possible that some Village Councils and Tshaos try to solve – or mediate – more complicated cases. For example, in one of the villages visited, villagers said that some cases of sexual assault are solved by the village council. One informant said that *“through the Toshao and Council, and the police is never aware of it. They [victim and family] would prefer to go to the Council. Only certain things they would report to the police.”* In another village, an interviewee mentioned that she heard of a case of a child who was raped, and the Toshao settled the case between the family and the perpetrator.

Despite good intentions, the Toshao and the Village Councillors are not seen by the population in the villages as police and/or judicial authorities. As one villager mentioned *“He [the Toshao] don’t really do nothing. All he does say, I gon go talk to them. My mother man doesn’t frighten him. He goes yes. They don’t respect him [the Toshao].”*

Even in those villages with a police force, in some matters the villagers prefer the Toshao and the Village Council to resolve them and only if necessary, they later go to the police. For example, in Micobie – a village situated at 1 hour from the closest police station – a member of the Village explained that *“You call for the Toshao first, then the Toshao call the police. Toshao, he gone come talk to you first and then a second time then he calls the police, they come and pick you up and take you to the station. Some things like a stabbing up, Toshao would call the police right away.”*

In some of the villages, it was clear that there was a conflict between the police and the Village Council. For example, one of the police officers does not believe that the community understands the role of the police *“No, no. I don’t even understand because in some cases the Council involves themself,*

*‘whiching’ they don’t know how to deal with things, but if we take the appropriate actions, everybody gone be vex. Because they ain’t supposed to be involved in things in the law that they don’t know about.”*

In some more extreme cases, as reported by a police officer who was interviewed, village officials intervene in processes that are in course *“Sometimes they go talking a set of stupid thing about the law and people feel that the police wrong. The Council does come here, right here, sometimes and tear off. For example, two of them came here after a man went into his uncle home and sold his phone, the phone was found on another person, yes he admit that he buy it from the nephew for \$5,000 and the phone value \$50,000. We are here to serve people but we have to flex sometimes, we hold the nephew and then the uncle come and beg for leniency because at the end of the day, it is his nephew. I told him come back later after we investigate fully. The Council come here and tear off and tell we that we got to let the man go and so on. They come and bombard the police and mek it seems as if we wrong to arrest the man. We just tek a statement from everybody and let he go but that is not right. See if I had said, let it go to court, it would have been a big problem. They need to understand that is a station, I can’t go to the village office and behave inappropriately. They need that at the bottom line, the police got a job to do, we are here to protect and serve, without affection, ill will, fear but they don’t seem to understand it that way. Just like how their office have a policy. We have policy here. I am waiting to tell the captain that even though I am on my way out.”*

The same police officer complements *“When certain families got problems or they do something unlawful, the Toshao believes that he can take things into his own hands and the police ain’t got no say in it. What the Council needs to understand is that they have to look after the welfare of the village and we got our responsibility to uphold the laws, regulations and so on of Guyana.”*

A separate issue discussed in many villages is that some villagers do not trust the police. There were stories of police officers taking bribes and not respecting the traditions and authority of the Indigenous Peoples in the villages. As a matter of fact, for some Tshaos and Councillors, these are the main reasons why they do not ask police officers to settle disputes. In one of the villages, the disagreement between the Toshao and the police started when the law enforcements came to the village and did not pay their respects to the Toshao.

Interviewer: Do you think you and the Council has the means to deal with cases of domestic violence and other complicated cases?

Toshao: *“Well, not having, or, not being trained, to deal with those issues, we can try our best, but we may not handle that kind of cases effectively because we are not trained to handle those things. I have a slight idea.”*

The main issue identified due to the absence of police force in the villages is the **lack of capacity and knowledge of** Tshaos, Village Councils and policing groups **to handle some cases**. Taking as an example, the 12 villages that were visited, it is possible to affirm that members of the Village Councils, including the Toshao, were not formally trained to handle many cases, including domestic violence. They were never trained in dispute resolution and they do not have an adequate knowledge of the laws of Guyana. Moreover, confidentiality of the cases *“judged”* by the Village Councils is a concern held by villagers. As mentioned in an interviewed with a Toshao, the Village Council keeps the record and details of cases and decisions confidential, but cannot guarantee that Councillors will not comment on decisions.



In most of the villages visited, including some with secondary schools and dorms, there were no social workers to provide support to victims of violence. Probation officers were present in few villages, but they seemed more concerned with issues related to schools. Support to victims comes sometimes from religious organisations and from non-profit organisations that are found in the hinterlands of the country.

## CHAPTER 7: WOMEN'S EMPOWERMENT & ADOLESCENTS PARTICIPATION IN DECISION MAKING

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*"Indigenous peoples have the right to participate in decision-making in matters which would affect their rights, through representatives chosen by themselves in accordance with their own procedures, as well as to maintain and develop their own indigenous decision-making institutions" (Article 18)*

*"Indigenous peoples have the right to determine and develop priorities and strategies for exercising their right to development. In particular, indigenous peoples have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and as far as possible, to administer such programmes through their own institutions." (Article 23)*

*"Indigenous peoples have the right to establish and control their educational systems and institutions providing education in their own languages, in a manner appropriate to their cultural methods of teaching and learning." (Article 14.1)*

*2007 United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007)*

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### *Life Story*

*"Women are being taught to be empowered, but coming out from the traditions is really hard"*

Melena Pollard is aged 41. She has been married for 24 years and has five children: the eldest is aged 21 and the youngest is four. She moved to River's View when she was aged 16, she finished school and wrote CXCs. *"At that time, we had no motor boat, so I had to paddle every day to school"*. After that, she decided to teach, she went to Cyril Potters College of Education (CPCE) and she is now the head teacher of the primary school in the village.

Melena was the Toshao in her village. For two terms, she was the person in charge of representing the Indigenous Peoples of **River's View** and their wellbeing. She was first elected with more than 70 percent of the votes in the village. When asked why she became a Toshao, she answered: *"I think that one of the things that made me decide to be a Toshao is because they are persons in the village that need help and that was my reason, helping the people in my village. Even now, although I am not Toshao, I still help people in the village."*

Few of the Tosaos are women today, and even fewer were village representatives in the past: *"My*

*first time there [in the National Toshao Conference] it was just myself and one other lady, that was in our first term ... But in my second term there were more ladies and then we had senior Councillors, ladies, who were there. We had a like more woman power to say."*

Despite making the point that she never felt discriminated against as a woman Toshao, she indicated that she was treated differently: *"[In my first NTC meeting], the guys, they were assertive so you would have to wait your turn to speak and so on."* But, it seems that with time and experience, Melena and other women felt empowered and were able to express their point of view *"[In the second one], as we had more women, us ladies, we were never afraid to speak and were never afraid to tell the guys when they were wrong."*

With regards to why there are so few women as Toshaos, Melena confirms one of the arguments made in the Study on indigenous women and children *"because of where we as Amerindian came from, the male has always been the Toshao, the male has always been a leader and to actually get men to follow ladies is taking it a pretty huge step forward. Men have the idea that they were usually the protectors."*

Melena believes that the new generation of indigenous women are being taught to be more empowered *"but coming out from the traditions, is really hard."* At the same time, she believes that this cultural factor can be changed *"As long as ladies can show their capacity to show that they can get the job done, you are going to get the males' assistance. It is a hard pill for them to swallow to say well you know ladies can actually do the job too. We are getting there."*

She leaves a series of lessons not only for the future Toshaos but also for the men. *"Villages shouldn't really be politics. It should be more like you being there to represent your people to the Government and other authorities. And not representing the Government to your people."* For her, *"being a Toshao involves personality but the willingness to change things"*. The person has to be ready to handle different challenges: *"I am not really the type of person who would feel pressured, I don't take pressuring, I don't get flustered easily, I am very strong will and I believe in representing my people if anything even it means that I have to go speak with people outside my comfort zone, I would do that and I did that several times without hesitation but that is the type of person that I am. I believe that being a Toshao, helped to build my personality even more."*

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## Women's Empowerment

Gender equality is the fifth objective of the Sustainable Development Goals (SDGs) and it can only be achieved when women and girls are fully empowered and if their participation in decision-making is guaranteed and accepted by all. Meanwhile, adolescents have to be prepared to become citizens, i.e., they have to be given the opportunity to participate in the decision-making process and to have their voices heard in different circumstances at home, in schools and in the community. Investing in children and adolescents provides the opportunity for the new generation to change behaviours towards gender, corruption, development, politics and other issues.

In the context of this report, indigenous women are not fully empowered. They do not have full access to contraceptives – meaning that they cannot make decisions regarding their own bodies; they have smaller salaries than their husband; few are in leadership positions and some are constantly suffering violence at home and in society, among the other challenges they face. In sum, they are seen by many as second-class citizens, stuck to old perceptions about their roles in the community. As mentioned by a woman in Baramita *“I think that they [most of the women] still got this traditional way of thinking that men would see women as persons who have a lower intelligence, like the man still have power over them. Women are still not considered important or they do not see women as persons who can also do work to bring in revenue into the home”*.

While the **job situation** is not good for the overall population in the villages, for the indigenous women, their situation is actually worse than their male counterpart. The opinion of a woman in Santa Rosa summarised the job situation in these remote villages: *“women are mainly, housewife. We don't have jobs, maybe just a few young people here working in administration here or in the Agri, it is just a few, a handful of working people, mainly the women live by their little farming, cassava bread and things like that. We don't have a constant income and we are not really in a job”*.

Employment opportunities are limited for women in the villages but the Ministry of Indigenous Peoples' Affairs has been investing in programmes to increase the development of economic activities in the villages and consequently, improving their access to the labour market and to financial opportunities. Two examples are in St. Ignatius and Orealla (Figure 59), where women are investing in small scale farming and industrialisation of products as a way to generate income.



Figure 59: Women in a peanut factory in Orealla

On one hand unemployment among indigenous peoples is the result of the vulnerable economic situation in the villages. On the other hand it is also related to lack of qualifications. As properly explained by a woman in Paramakatoi *“Well for us is like most of us are underqualified and this would contribute to unemployment and then they would only think of being a wife at home.”* A similar position – acknowledging that improvements in job skills are necessary – was found in other villages such as Waramadong, Chinoweng and Aishalton. It seems that while qualification is important, at this stage, more important is to guarantee that the goods, made by the women through the Government’s projects have a market. As mentioned before in this report, one of the biggest challenges for the indigenous communities, especially the most remote ones, is to guarantee markets for their products. Without markets, investing in crafts, peanuts, farming and other products will not generate income for the women.

Indigenous women face a double burden at home. Besides having a smaller income, or no income at all, they are the ones that have to take care of the children if and when the partner migrates temporarily to earn money. In some circumstances, the woman is also the one who will permanently take care of the children when the partner decides not to return to the family. Moreover, some of those women were never legally married and did not have access to any type of social benefit to help raising their children.

Not all women have their voices heard in the communities that were visited. When asked about the main issues that women face in Orealla, an informant mentioned that women should be more outspoken *“[women should] take control of their lives as well as their family. I find that that is one thing. Actually, the man is the head of the home right and the woman is the complement, actually the woman should be helping he head it and for that they have to come together and in that case, the man should not be one only to working for the money and directing how the money should be spent and how much the woman should have or none at all and the man actually takes control of everything. And you are just left there, if you get married to this man and this is his live and you would just have to go along with it. No, you have your own identity and ideas, so you should be able to stand out.”*

There are a few women who actively participate in the leadership of and the decision-making process in the villages. For example, out of more than 250 indigenous villages in Guyana, only 11 had female Toshao in July of 2017. Despite this, interviewees in all villages visited mentioned that there is a possibility for a woman to become a Toshao in their respective villages. A similar situation was found in the Village Councils. In the villages visited, the majority of the Village Councils were men, with few exceptions depicted in Table 16.

Involvement in the general meetings of the Village Council will also vary. In Baramita, for example, a woman mentioned that *“I never had that opportunity to speak to the Toshao and the Council about my ideas”*. In Santa Mission, women who were part of focus groups said they did participate actively whenever there are Village Council meetings. Similar sentiments were expressed in River’s View.

**Table 16: Composition of Village Council in villages visited<sup>44</sup>**

Village	Region	# of people in the Council
Baramita	1	7 (3 women)
River's View	10	11 (most women)
Santa Rosa	1	12 (6 women)
Santa Mission	3	6 (2 women)
Orealla	6	Orealla has 9 members (3 women); Siparuta has 7 members (1 woman)
Moraikobai	5	8 (2 women)
Paramakatoi	8	11 people in central area (5 women)
Micobie	8	9 people (4 women)
Saint Ignatius	9	9 (3 women, Toshao is a woman)
Aishalton	9	13 (3 women)
<b>Chinoweng</b>	7	8 people (2 women)
<b>Waramadong</b>	7	9 (4 women)

Women's participation in the indigenous communities reflect how they are perceived in society. For instance, in Santa Mission when asked if the village had a female Toshao, the interviewee replied "no". When asked why, since other villages had women as Toshaos, the response was: *"Men, I think Amerindian men in general don't like women to be their ruler, to be a head, they feel that is not right. But from living in this village and seeing what going on, I believe that if many of these women were not around, most of these men would have done fall and we would have buried them already. Because we are the strong people behind them, we support them. The woman is the backbone because it got some men like they does get discourage and when you see you man or husband gloomy and you try to think of ways or means especially if you don't have food in your house and you have young children, you got to use your brain to cheer up this man to work, if they didn't have us, what would happen to them? That same lady he want beat up. I think that the men in this village have the wrong mentality but we have good women in this community."*

This statement brings two important points that have to be flagged. First, the idea that indigenous men do not feel comfortable being led by women. Second, despite the fact that it is not fully recognised by some Indigenous men, there is a symbiosis between the men and the women in the indigenous society in Guyana. Moreover, it is possible to assume that without the women, much of the lifestyle in the indigenous families would not exist anymore.

Lack of empowerment is also explained by cultural traditions and perceptions, which passes from

<sup>44</sup> These numbers were informed by the Village Council during the interviews and focus groups.



generation to generation. As mentioned by one educational professional, *“people think that women ain’t supposed to be working and if they are women working and their husband is not working, right away there is an imbalance, we see that right there is disrespect, she working and he ain’t working. But that is not the case, it is just how the male view the concept. That is why you find a lot of women just go along with what the man says. To me women are being pressured to submit to that type of life even though it might be against their will. And that is where education comes in and then they are empowered to make informed decisions about what they want for themselves, what they want to do. So self-awareness is another thing.”* A similar perception was shared in Region 1, *“The men would let the women slave, most of them. The woman has to do the hardest things and the fetching of the wood and thing and they just walking like King. The females fetch that burden and the men just walk.”*

The concern that arises from this historical role of women in the villages is that the perspective could still be incorporated and accepted by the new generation. As an adolescent in Baramita summarised when asked about the role of women in society, he said *“Man can work while women have to look after children, wash the clothes and so, clean the house.”* A similar point of view was also expressed by the teachers in Orealla. According to them, one major problem in terms of gender is the vision that men are superior to women; creating the conditions for harassment in that village *“The harassment is rooted deep in sexism. Like in class we would ask the girls what they want to do when they grow up, the boys would immediately shout housewives. They would say that men need to lift heavy things and women need to sweep. Because we come from a different place and the relationship between men and women is not like that, it was a cultural shock for me at first. Recently I did a class chart for doing chores, there is a view from primary school that women can’t do what men can do, so the boys would decide that they will move the furniture and the girls will sweep the whole thing and you cannot give the boys the brooms to sweep the class, they wouldn’t do it believe they say that is for girls.”* As a consequence of this belief, informants see few opportunities for the girls in the village: *“It is a done deal that girls will become housewives.”*

Despite the current situation, women in the villages recognise the need for empowering women in the indigenous communities. In one community, empowering was seen as a way to reduce violence *“here are some women who help and advise, and say girl you cannot take this thing no more, react. You have many women in this village that does react and I don’t give them wrong, they have to defend themselves. I think that when they start reacting, some of them gain respect, it even come so far that they frighten you now, boy don’t tell that lady them thing. Because if we don’t put our feet down as women our women would be battered. As you get older, you don’t want our experiences repeat through our daughter and granddaughter. So, somebody got to put down their foot to change this culture.”*

In St. Ignatius, the perception is that men are slowly changing how they perceive the role of women in society. According to the Village Councils, women’s empowerment in the village has to be related to improvements in education and increased access to technology. An informant explained that, *“In my village I don’t have that kind of traditional way because in St. Ignatius most of us use, we are going into the modern technology where we have [shows a cell phone] (...) we are adapting the lifestyle of the other foreigners.*

*So, it will change, but not for now but St. Ignatius is going forward.”*

## Adolescent Participation in Decision Making

The qualitative data from the 12 villages visited confirmed that few adolescents and young adults actively participate in the decision-making process in their villages. The story below shows a unique case of success.

### Life Story

*“You can say that because of me, most young people went to do the voting”*

Shuanna Hendricks is aged 19. She was born at the Orealla Health Centre, and is the seventh child of a family of eight children – four boys and four girls. Her education journey is similar to many other children in the village: she attended the Orealla nursery school and the Orealla Primary School. *“I did the Grade Six exams and I was supposed to go out [to study] but due to financial difficulty my parents were not about to send. I had to wait until Third Form and then I went out to the coast”*. She finished her secondary education, wrote the CXCs and did computer classes while in Georgetown.



She returned to Orealla and noticed the situation was not what she expected: *“When I finished there, I returned home and I could not believe that there is no job, you know, unemployment, just stick around with friends everyday, getting involved in sports and so.”*

**Shuanna is today the youngest Village Council member in the region and probably, one of the youngest in Guyana.**

Due to her education and computer skills, she started working in the Village Council as a secretary. After few members resigned, other Councillors saw an opportunity: to nominate Shuanna as a Village Councillor. *“I was really interested in working with the Council and I was interested in bringing young people. So they ask me, if they nominate me if I can go as a Council, so they came and nominate me.”* On the election day, the Council meeting found a high turnout of young people: *“You can say that because of me, most young people went to do the voting. On that day I was so glad because I was able to bring them in, come in the meeting and go and vote. Most of them come to me and say, we vote for you, we vote for you, you will win, you will deh in the top four. When they do check the votes, I was lucky, I was in the names. They were glad, after the meeting, they came and hug me, they said that they will cooperate and those things. I felt really nice.”*

Despite having one young person in the Village Council, adolescents and young people are still not present at most of the meetings. When asked why youth participation in the Council meetings is small, Shuanna explained: *“Because it is a lot of politics, most young people are not interested in those things. Like people criticising the Council, saying many bad things you know, no developments, you know, normal politicians. So these young people do not attend these meetings because of that. They do not attend these meetings because they don’t want to get involved in these things, they rather be at home or involved in other things. Some of them do attend but not for long but as soon as they see how these people start behaving, then they just leave. They do not show interest at all.”*

She plans to move ahead on her studies *“I wanted to attend Guyana School of Agriculture. I applied for a scholarship and when I applied, it came through but it was a bit late so I couldn’t get to go. But it still valid so I plan to go. I wanted to study Agriculture.”* Once she finishes her studies she plans to return to Orealla to help her village, but with higher aspirations: *“That was one of my dreams, like a little girl, if I was to become a Toshao, acting for my village, what will I do, those things always come to me, what will I do to help my people. And a lot of things have come to my mind.”* However, she is not entirely sure if her dream can become a reality: *“I am not sure. I would like to be a Toshao. One day fa sure, I am in the council now and I am getting a lot of experiences about the Toshao, what he has to do, how to deal with a lot of criticisms, you know, it makes me more stronger in terms of dealing with certain things like decisions to be made for the village and how to develop my village”.*

Shuanna has a powerful message for other young people in the indigenous villages *“I would like to see the youth progress in their life instead of taking part in other negative things in the village. I would like to see them developing themselves, at least try to move away from negative things like drugs and school dropouts and ain’t got nothing to do and idle in the forest and so on. I want to see them like take up arts, creative things, like making chairs, fans or craft. Just get involved in things like that, develop themselves. Don’t just stay down there. Come up and be someone for themselves.”*

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The Convention on the Rights of the Child (CRC) guarantees participation as a fundamental right of all children and adolescents. Adolescents do not develop by being passive, by simply observing or being told the key truths of development. Through participation young people develop skills, build competencies, form aspirations, gain confidence and attain valuable resources. Maturity and growth are an on-going process and are achieved through participation (UNICEF, Aug 2001). Hence, children, adolescents and young adults’ participation in decision-making has to be fostered at home and in the school.

Adolescents’ participation in the villages visited is still far from optimum. While some villages have sports clubs for the young people, these do not necessarily translate into spaces for participation in decision-making and empowerment of the youth. It is clear from the qualitative analysis that while adolescents and youth can participate in the general Village Council meetings, few are actually present in the meetings and even fewer participate by expressing their opinions. As mentioned by Councillors from different villages and validated by adolescents, there is no real participation in decision-making.

Different causes are connected to that low participation. As one Councillor mentioned *“Generally people are shy to speak out, even when you go and meet a group of children and you ask them questions, hardly you would find anyone responding. Most likely you would have to meet them one and one to hear what they have to say but to stand at a meeting to say anything, no.”*

Another factor that was emphasised as a bottleneck for adolescent’s participation in the Village Council meetings was the lack of respect with adolescent’s opinions. When asked if an adolescent was to say something at a meeting, whether his/her opinion would be respected by adults, one adolescent in River’s View just said that most of the adults would not consider the adolescent’s opinion. This was reflected in how adolescents answered the question if young people ages 16 or 17 participated in the decision-making processes in the community. The answer was: *“No. Remember they don’t really value our opinion. The adults and the Council. They [don’t] even ask us our opinion on this or nothing like that. They just be that they are little children and they ain’t start a life yet. To me they should ask, this is a different generation, this is not the time they grow up in. To me they should ask but they don’t ask.”* At the same time, adolescents mentioned they would like to participate and wished that their opinions were taken seriously, *“cause in the end we [adolescents] are affected by any foolish decisions.”*

Participation in the school environment should foster their participation at home and in society. When asked if students had a space to participate in the decision-making process in schools, informants mentioned the general assemblies as that space. However, when asked what happened in the general assemblies, the answer was common across the villages: students do the pledge, they pray and then teachers would inform students about what was going on at the schools. Therefore, the general assembly cannot be considered as a forum where students would debate a problem and try to find a solution, or a forum where they could agree or disagree with certain decisions. The general assembly seems to be a space where they would listen to announcements before moving to their classes. Few exceptions to this model were found in some secondary schools such as in Paramakatoi. According to the teachers in that school, *“we did that [have an open communication with the students] last term, one day of the week, for an hour, have open communication with the students, identify social issues and look at that and their behaviour and ways to making them a better person.”*

Secondary schools should have government bodies that are elected by the students to represent them. As described by one student in Paramakatoi *“We have a school government with president and ministers. Each class has a president and prime minister. They look after the class. We speak to them if anything arises and they speak to teachers. They look after the class – conduct assembly. Students participate – say prayers, say the pledge, sing anthem. If you have an issue at school it can be raised with them – an example of an issue is stealing.”*

Despite the existence of this government body, not all the interviewed students saw themselves represented. According to students in another secondary school, they are never consulted by the school management on their decisions and the school government does not work well. At the end of the interviews with the secondary school students across different villages, they all agreed that they wished they had more forums to debate their ideas, express their concerns and be heard.

## CHAPTER 8: CLIMATE CHANGE AND EMERGENCIES

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*“Indigenous peoples have the right to the conservation and protection of the environment and the productive capacity of their lands or territories and resources. States shall establish and implement assistance programmes for indigenous peoples for such conservation and protection, without discrimination” (Article 29.1)*

*2007 United Nations Declaration on the Rights of Indigenous Peoples (United Nations, 2007)*

Guyana is susceptible to a variety of natural and manmade disasters including flooding, landslides, drought, fires and to severe weather systems (Ministry of Social Protection and UNICEF in Guyana, Oct 2015) that impact in the wellbeing of those living in the coastal and hinterland areas. Geographical and social vulnerabilities are intensified in hinterland communities, which are less developed, remote and have high poverty levels (Ministry of Social Protection, Civil Defense Commission and UNICEF, Oct 2015).

### **Natural Disasters**

In the hinterlands of the country, heavy rains sometimes create the conditions for rises in the water levels. Moreover, there are risks related to the quality of water (see Chapter 3) and also fires being detected near indigenous lands in the Kamarang-Mazaruni River area and in forests between the Potaro, Essequibo, Demerara and Berbice Rivers (Civil Defense Commission, Nov 2014) (Ministry of Social Protection and UNICEF in Guyana, Oct 2015). Significant drought conditions especially in the hinterland regions that have required national response to alleviate food security risks are since mid-2016 transitioning into flooding events due to the shift from El Nino to La Nina. In Guyana’s Administrative Region 5, riverine communities have reported flooding of farms and homesteads during late-May 2016, early-June 2016 which are becoming annual events. Financial losses, education, food security and health risks caused by alternating floods and droughts in these areas, are severely impacting families.

In May 2017, heavy rains flooded many areas in Regions 8 and 7. As reported<sup>45</sup>, in Region 8, residents of Kopinang, Chenapau, Kaibarupai, Chiung Mouth, Itabac, Sand Hill and Waipa villages (all in Potaro-Siparuni Region) were severely affected by the floods. In Region 7, the main affected villages were Purima, Kako, Jawalla, Phillipi, Kamarang and Duebamang. According to the Toshao of one of the affected villages, 95 percent of the Waipa village was flooded, including more than 30 farms and a growing number of households. Data from the Indigenous Peoples’ Association informed that most

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45 Stabroek News and Guyana Chronicle: Friday, May 19, 2017; Sunday, May 21, 2017 and Monday, May 22, 2017



of the 329 residents of Waipa Village were forced to take refuge in the village community centre. Similarly, in Sand Hill, - Waipa's satellite community – the 110 residents were forced to take refuge in a single building that was not affected by the rains. Water was reported to reach between 12 and 20 feet in some localities. Because of the floods, farms were completely destroyed, access to some villages were cut off, potable water became scarce and children and adults were affected by different skin diseases.

The floods were the result of a combination of factors, which include the location of the villages – some villages are located near rivers and in valleys – and the extended environmental degradation, especially deforestation, in the regions due to the concentration of mining camps.

**Figure 60: Floods in Region 8, May 2017**



Source: Photo by Toshao Michael Garrell

### **Effects of Climate Change on the Way of Life, Agriculture, Fishing and Natural Life**

In all the villages visited, villagers have reported changes in the weather pattern. According to them, in the past, the weather used to be predictable, so people would know when it was supposed to rain and for how long. Predictability of the weather used to be one of the skills that indigenous peoples would use to improve their farming and to plan for their life cycles. That predictability is not possible anymore. As mentioned by a stakeholder in Santa Mission *“You see long ago, the people go by the stars and the moon, you know the indigenous people but now they tell you expect a May/June rain but it might not happen, so these are the things that are really changing”*. Similar situation was described by a member of the Village Council in Micobie *“at first we used to predict the weather but now we can’t. Rain falls when it ain’t supposed to be falling.”* In Santa Rosa stakeholders mentioned that *“the [weather] pattern is not how it supposed to be. For example, in Christmas you use to get flood in the Savannah but now in Christmas, it dry.”*



**Figure 61: Bridge that was covered after a flood in Moraikobai**



*“In June last year, we had a flood and in one night, it was a time like now, rain begin to fall till the next morning and that bridge that you saw over there was covered with water” Toshao in Moraikobai*

The changes in weather are influencing the economic activities in the villages. There is an overwhelming perception shared by indigenous peoples from the 12 villages visited that the weather is hotter now than in the past and this directly affects farming and other activities in the villages. For example, in Santa Rosa different stakeholders mentioned challenges in farming due to changes in weather: *“it affects the farming, the sun too much and then suddenly a lot a rain and the things die out. Sometimes the sunny weather is longer than usual and sometimes it rains and go on and on as well.”*

In St. Ignatius (Region 9), bordered with Brazil, changes in weather have been increasing the number of insects in the village, impacting in the agriculture. According to the villagers *“it is hotter now than in the past, influencing in the quality of the cassava we plant. There is also the caterpillars and ants. Because of the weather pattern you find that they can breed better where at if it was a full rainy season it will keep down especially the caterpillars the heavy rain will drown them right, but if its sun rain sun and rain then you’ll have to be careful and other people plant peanuts they plant that and what you find is that the rose is pinked and then they wither and die because lack of the full rain just heat hot sun so it will be a problem.”* In River’s View the situation is similar. As a Village Councillor mentioned, *“[the weather] also has impact on agriculture in terms of the farming, so you can’t plant certain crops because of the weather.”* In Baramita, due to the heat, crops have to be harvested before fully mature; otherwise they will dry out and not be useful.

Changes in climate have been affecting other aspects of the lifestyle in the villages. In Orealla, border with Suriname, villagers have mentioned that in the past years the population of monkeys has increased and the animals are destroying much of the crops in the village. Some elders in the village actually associated the changes in number of monkeys with the changes in the weather. When asked,

the adolescents were very categorical to link the increase of monkeys in the village with deforestation: *“Lack of foods for the monkey. They cut down the trees and the monkeys searching for food.”*

In Waramadong, in the Cuyuni-Mazaruni Region of the country, there were unexpected changes in the animals around the village *“We have different fishes right now, those that we didn’t had are now in there. Even different birds coming. We have foxes now, we never had them before, but right now they are around. Mostly I believe foxes should be in the savannahs but they are now here.”*

*“The rivers around us are drying out and we are catching less and less fish. And the forest is like dying and trees are dying out. Most of us resort to logging and that is how we earn an income and we have an eco-tourism business in the community and if the trees are dying, the birds that are there will go away. What will tourist be there for? “*

*Indigenous adolescent living in the dorm in Georgetown*

In Chinoweng, long periods of dry weather are contributing to a shortage of water for drinking, cooking and agriculture. Similar dry spells were found in basically all the 12 villages visited. For example, in Baramita, in some months of the year, lack of rain in combination with extremely hot temperatures dried up the pond that is used for water supply in the village. A similar situation was described in Rivers’ View, where a stakeholder mentioned that *“just a few weeks ago we had no water, water drying up all round by the river.”*

Health has also been affected due to the changes in weather pattern. As shown in Chapter 3, the heavy rains that were not expected increase the number of cases of diarrhoea, vomiting and skin problems among the children. While these problems were taken as seasonal, due to the unpredictability of the rains, in the recent years, they have become almost a constant in some villages. As reported by a member of the Village Council in Orealla *“The rain affects the community in sickness, a lot of people had bad bowel, fever. Many people especially children and old people we had to hire boats and take them out to Corriverton for treatment.”*

## **Man-made disasters**

The country is also susceptible to **man-made disasters**. According to the UNICEF’ Strategy for Amazon (UNICEF LACRO, 2015), the Amazon region has been over exploited. The region has been deeply affected by the extraction of rubber, timber, gold, natural gas, petroleum, other mining extractive industries; large infrastructure projects and agribusiness, all linked to regional economic growth, globalisation and the expansion of international markets. All these economic activities have changed the socioeconomic, cultural and environmental aspects of the region and have not always had the Amazon’s people and its children’s human rights as a priority. These economic activities are also associated with an increase in environmental disasters and chronic systemic crises, the contamination of water resources, droughts, illnesses, malnourishment, as well as social conflicts, displacements and mental health issues, impacting the vulnerable populations who live in the region, mainly the indigenous peoples. Both environmental degradation and climate change are increasing Amazonian communities and children’s vulnerabilities, making their conditions more acute.

One example of a man-made disaster that impacted the indigenous populations of the country happened more than 20 years ago. Guyana hosts one of the largest gold mines in South America, which in 1995 following a rupture in a retaining dike which spilled three million cubic feet of cyanide-contaminated waste into the country's major river (Essequibo River), directly affecting the health and sustainability of indigenous peoples who lived in the boundaries of the river (WHO, April 2007) (IFAD and CADPI, Oct 2012).

Deforestation without proper planning has been affecting the villages. One example is Orealla, which had logging as its main economic activity, but in the past years, has yielded less and less income for the village. One of the reasons for that is the size of the logs that are now being found in the forest. As explained, the village has lots of trees, but they do not match the size and the type that is needed by the market. Logging is now not about quantity, but quality of the product and that has been a problem for Orealla. As a consequence, the village is now mining by sand and now, selling sand is the main economic activity for the village. The problem, as mentioned by some interviewees, is that the village does not have the capacity to measure how many tons it has selling to the sand companies that buy the product. *"On the sand definitely nobody knows how to measure sand, the guys come with their barge and they tell you that the barge is so many tons, we don't know and that is one of the biggest cheap that we are getting here. They may come in with a 1500-ton barge and they tell you that this barge only carries 500 tons. And they load the barge and nobody is there and because they say that they are 500-ton barge, they pay for 500 and load their barge and gone. That is one of the things, the people here don't know about measurements."*

Moraikobai has also experienced challenges with logging. According to villagers, it is not easy to find the "good logs" anymore, those that are in the quality and size that the market demands. As a consequence, the village has to adapt and it is now planning to move into eco-tourism as a way to support its citizens.

Most of the villages visited do not have projects or programmes to fight climate change. Maybe one exception is Santa Rosa. According to a Village Councillor *"We got certain criteria like how we would cut the tree and what types of trees we can cut. How you can cut and then we have right now because our wildlife is on a decrease, we have a wildlife ban put forward by the Village Council. Santa Rosa village was the first village in all of Guyana to have a student conservation society in all of Guyana in the 90s just after the Rio Summit. We were focusing on the sea turtle conservation. We had a Santa Rosa conservation society of young people who tried our best to dissuade our parents, because my father was a turtle hunter, from going and kill the sea turtle because they were being depleted. We used student power to dissuade a lot of people in Santa Rosa to stop killing turtles. I think that that was a very successful programme. That is before region nine come up with their plans. So, we have been at the forefront of conservation efforts. A lot of things that are affecting our farmers and so on, we discuss it at our meetings. We say here that is part of climate change issues. We have to adapt to climate change to the changing weather patterns. Now is the beginning of May, usually around this time we have the May/June rains. But we had unusually high rainfall earlier this year, so those things affect farmers, cassava planters. Yes, we talk about these issues and adaptation to them."*

## CHAPTER 9: CONCLUSIONS

Based on the extensive qualitative data collection that included the interaction with dozens of stakeholders in the villages visited, it is certain that the indigenous populations in Guyana are culturally and land rich. Nonetheless, this is not enough to guarantee that all their rights are realised, especially the rights for women and children. Quantitative data collected in the past years and qualitative data collected during April, May and June of 2017 have shown that the indigenous populations in Guyana live in deep vulnerability, with historical challenges that are rooted in the social, economic, administrative and political structures of the country.

In order to summarise the structures that influence the situation of women and children, UNICEF's determinants can be used as a tool. The determinants are a methodological way to categorise different bottlenecks and barriers to the realisation of rights for women and children. In doing that, it helps Government and different stakeholders to visualise what are the main challenges for the affected population and it improves the development of strategies to tackle them. Figure 62 summarises the four categories that host 10 determinants. These determinants are going to be used as a framework for the conclusion of this study.

Figure 62: UNICEF Determinant Approach

	Determinants	Description
Enabling Environment	<b>Social Norms</b>	Widely followed social rules of behaviour
	<b>Legislation/Policy</b>	Adequacy of laws and policies
	<b>Budget/expenditure</b>	Allocation & disbursement of required resources
	<b>Management /Coordination</b>	Roles and Accountability/ Coordination/ Partnership
Supply	<b>Availability of essential commodities/inputs</b>	Essential commodities/ inputs required to deliver a service or adopt a practice
	<b>Access to adequately staffed services, facilities and information</b>	Physical access (services, facilities/information)
Demand	<b>Financial access</b>	Direct and indirect costs for services/ practices
	<b>Social and cultural practices and beliefs</b>	Individual/ community beliefs, awareness, behaviors, practices, attitudes
	<b>Timing and Continuity of use</b>	Completion/ continuity in service, practice
Qty	<b>Quality of care</b>	Adherence to required quality standards (national or international norms)



The **enabling environment** that surrounds the villages is not fully appropriate and different bottlenecks could be identified in this category.

The situation of the indigenous women and children is backed up by a series of social norms that influence how they and other members of society, behave towards them. Social norms are defined as what people in some group/community believe to be a typical and/or appropriate action to be taken when facing a certain situation. They may involve an entire community's beliefs and actions rather than simply those of individuals and their families (Mackie, Moneti, Shakya, & Denny, July 2015). For example, as raised in the chapter related to the right to health, one social norm that exists among the indigenous community is the use of traditional medicines. As seen, despite the fact that different factors influence the use of traditional medicine among the indigenous populations in Guyana – including the lack of pharmaceuticals in the health facilities – the qualitative assessment conducted showed that much of the use is still bound to social norms that are rooted in how the practice is transmitted from one generation to another.

While some social norms might not harm women and children, they are also one of the main bottlenecks for these two groups to have their rights realised. For example, violence against children and women in the indigenous villages were deeply rooted in social norms, i.e., in how women were perceived in the indigenous society and how they perceive themselves (Chapter 7). While there were very strong and opinionated indigenous women found in the villages, it was also clear that for the majority of them, men were still considered superior to women; a fact that has also been transmitted from generation to generation, creating a vicious cycle that is hindering women's empowerment among indigenous families.

Social norms also define how indigenous peoples are perceived by the society in general. There is prejudice in Guyana against indigenous peoples. They are seen as different and not as civilised as those who live on the coast. That conclusion comes from the indigenous peoples themselves when they mentioned how they are called once they go to the cities in Guyana: they are often referred to as "*bush people*" and "*buck people*", which are derogatory terms used to describe the indigenous peoples. That social norm reflects how public servants treat the indigenous populations when they need assistance in Georgetown. Many stakeholders mentioned they were asked repeatedly to return when they are in Georgetown to resolve a bureaucratic issue and each day they spend in the capital is an extra expense for them.

In terms of legislation and policies, at the national level, one of the main bottlenecks is the lack of complementary policies for the indigenous population and deficiencies in the implementation of the current ones. While the Ministry of Indigenous Peoples' Affairs (MoIPA) has some policies (Annex 2), the other Ministries and agencies do not have anything specific policies for the indigenous populations of Guyana. One of the principles of fighting inequality is to treat differently those that need to improve the most, i.e., public policies in all possible sectors must be targeted to them and that is not how other Ministries in Guyana plan and implement their policies. At the current stage, it is not possible to have the indigenous boys, girls and women catching up with the other ethnicities in

the country without proper policies targeting them. For example, the full development of education in the hinterland is possible only with initiatives from the Ministry of Education and it has to involve the MoIPA, Ministry of Public Health and the Ministry of Social Protection along with other stakeholders.

When asked about the existence of policies for the indigenous population in a certain Ministry, the answer was that the MoIPA handled all policies for the indigenous populations and that's why that Ministry existed. While the representatives of other Ministries would say their agencies do not have specific policies for children, they would also say that they would cooperate as needed. That cooperation was not so evident in the field. In one of the villages that were visited, the school administration mentioned they needed a fence to go around the school. When asked why the community and the Village Council would not help in building the fence – which could easily be handled with material found in nature and labour from the people in the village – it was reported that the school and the Village Council were two separate entities: The Ministry of Education managed the school and MoIPA supported the Village Council. On one hand the school said that it already asked the Regional Education Officer to have the fence in place since they were under that institution. On the other hand the Village Council would say that is not their responsibility and it is a matter of the Ministry of Education to allocate resources for the fence.

One reason why public policies in different sectors should target the indigenous community is due to the need for these policies to be culturally adapted. The idea that “*one size fits all*” is not possible to be implemented in Guyana, since the country has populations with their own uniqueness. For example, in health, one representative in the sector mentioned that the Ministry has a nationwide policy for all people in the country and does not focus in specific groups of regions. While this is commendable since it gives standards to the country, two challenges were found: first, the standards in the hinterlands were lower than those found on the coast. Second, some doctors and other health professionals that were not born in the region where they were working were having challenges to be trusted by the local communities. In some cases, it was reported that they would need translators and in more extreme situations, the patient would only trust the doctor's diagnosis if a local nurse, CHW or Medex confirmed it.

Budgetary resources though it may be short for all sectors in Guyana, it is critical in boosting the efficiency of the public policies and the allocation of resources. As explored earlier in this study, villages have to do an annual plan in order to seek resources from Government to implement it. The annual plans analysed by the research team were basic and did not give an idea of solid public policy at local level. While some villages are trying to invest in tourism as a sustainable form of income (Santa Mission and Moraikobai), other communities struggle deeply to upkeep themselves. For example, in Chinoweng, the only stable financial resources available for the Village Council was the *Presidential Grant* that is provided every year for the community. The village basically lives on assistance from not-for-profit organisations since there is no income being generated in the village. On the other extreme are villages such as Micobie and Baramita that can charge royalties from gold miners who work within the boundaries of the villages, creating the possibility of generating income.



As mentioned in Chapter 2, governance in the villages still needs improvement and that is directly related to management and coordination of public policies for local development. The problem also described through this report is that, despite all the willingness and good will of the Toshaos and Villages Councils, quality of local level management is weak. In all of the villages visited, the Councillors indicated that they were not trained in local management, finances or any type of tool to help them better plan for the villages. The only training that was mentioned was that at the beginning of the implementation of the Community Development Plan (CDP) programme.

Decentralisation is an important strategy to bring public policies near to those who need it. The idea of having a bottom-up process is supposed to help local development, to empower the communities and to make sure that the policies reflect the local needs. While the Decentralisation in Guyana is still a work in progress– decisions on health, education and security, for example are still decided at the national level in combination with regional demands – the villages have a good degree of autonomy to help develop their own public policies, including policies that can benefit women and children. The autonomy of the villages has to be seen beyond current programmes such as the Presidential Grant, Hinterlands Employment Youth Service (HEYS) and Community Development Plan, among others, which all seemed very appropriate. However, in the villages that were visited, these programmes did not have intersection points and could basically be considered as isolated initiatives. In reality, it seems that much of the efficiency of these three programmes is associated with the commitment that the Chief Development Officer (CDO) has with the villages. If the CDO is committed and is trained in management and planning, then good projects could be in place.

The case of Micobie (described in Chapter 2.3) is only one among a group of villages in Guyana that invest in accountability and proper management in the allocation and use of their available resources to the benefit of the community. One point that should be further investigated is, among the different factors that influence the socioeconomic development of the villages, how important is the “*quality*”<sup>46</sup> of the Toshao and the Village Council. Informally, different stakeholders at the national and regional level mentioned that in those villages where Toshaos and Councillors had basic training in management and proved engagement with society, the village would be in a better situation than in those where the members of the Village Council did not have basic knowledge on public administration. Different aspects are related to the social development of any space and among them, the quality of local management is very important (Acemoglu & Robinson, 2012).

Another component that seems to affect the development of the villages and which was also raised by different informants, is the confidence that the community has of the leadership at village level. Despite being elected by popular votes, some Toshaos lost their prestige and seemed to be discredited by the people in the villages, up to the point where some challenges are directly connected to the Toshao’s behaviour and/or lack of skills. It seems important to harmonise the historical role of the Toshao – the leader who is trusted to guide the villages – with the modern role of the Toshao, more

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46 The idea of quality comes from having knowledge on management, public administration, accounting and other fields that can facilitate the management of the village.

connected to representation of the community, development of public policies and relationship with the Government.

On the **supply side**, as described in many Chapters of this study, the availability of essential commodities is a major barrier for the full development of the rights of the indigenous women and children. In all the villages visited, health professionals and people living in the community would report lack of medicines, vaccines, specialised staff and other necessities for the quality of health of the population in general. As mentioned, in some extreme cases, simple painkillers would be unavailable for more than six months in some communities. In another extreme situation, the absence of blood test and HIV rapid testing in some villages results in pregnant women going through the entire pregnancy without being tested for HIV and other health conditions. Similarly, in education, the absence of adequate chairs, desks, books and issues with infrastructure of the school hinders children's access to quality education and partially explain why the scores of the students in the hinterlands are so low when compared to those in the coast.

Also, on the supply side are the access to adequately staffed services, facilities and information. Accessibility in the indigenous communities is very difficult and special vehicles, boats and planes are the most used means of transport within, in and out of the hinterlands. On one hand isolation is a problem for these communities, since they are sparsely populated and delivery of services such as education, health and communication is very difficult. As described and analysed through the entire document, quality of staff is still lacking and in some more extreme cases such as in social welfare/child protection, in some areas there is no staff at all. There are not enough secondary schools for the children in the hinterlands and those that exist do not have all the teachers that are needed. Similar to the health sector: while it is known that it is not possible to have one doctor in each village, the referral system has to be improved so villagers do not feel abandoned once they need more specialised services. Access to information is a big problem for the majority of the population in the villages visited. In some of them, the population is isolated, with no telephone access. In this case, access to the internet and other technologies is not even considered. Even in those villages with telephones, access to information is not fully guaranteed.

On the other hand the challenges with accessibility has shielded most of the communities to external influence, which has allowed them to preserve some of their culture. For example, in Kamarang, Quebanang, Jawalla and Waramadong the indigenous peoples have maintained their dialects. Akawaio is still widely used in Region 7 (Krammer & Crandon, April 2015).

On the **demand side**, i.e., families, children and women, the financial access to some services is a great barrier. As discussed, despite the fact that education is tuition free in Guyana, access to secondary education is limited by the financial situation of parents. In some cases, adolescents have to dropout of school since the family cannot afford to pay for small expenses associated with school. In other cases, students dropout to support the family financially, i.e., they start working and providing extra resources for the household.

The financial access also influences the decisions that some indigenous peoples make with respect to their health. Many informants shared stories where patients should have been evacuated for medical reasons to larger hospitals to be treated, but given that the MoIPA would not pay for the chaperon, the patient would refuse to go by him/herself. Besides, for some indigenous women and children, access to the health facility for basic treatment or clinics translates in costs with transportation and that is seen as a burden by some indigenous families. In cases like this, the visit to the health facility only happens in emergencies.

Similar to social norms, social and cultural practices and beliefs deeply influence how some indigenous peoples see the realisation of the rights for women and children. Despite not having statistics, different stakeholders at national and subnational levels frequently mentioned incest as one major form of violence against young girls. Part of the causes for this violence is attributed to the cultural practices that are being perpetual by different generations. Also, the nutritional status of the children is the direct result of how some mothers feed them, which is influenced by the cultural practices. Both “*social and cultural practices and beliefs*” and “*social norms*”, demand changes in attitudes and behaviours, which can then be translated into very specific public policies. Violations such as incest and violence against children and women cannot be committed with the excuse of being a cultural practice. While culture has to be maintained and preserved, those harmful practices have to be banned from society, irrespective of their origins. In this sense, working with the indigenous leaderships is one strategy to make the young generations realise the harm that is being done and not replicate them in the future. At the same time, police enforcement has to be prepared to act upon these cases and support from the Toshao and the Village Council has to be given so perpetrators can be penalised by the law.

Timing and continuity of use of some services are not affected by the lack of willingness of indigenous peoples, but by challenges on the supply side. For example, indigenous peoples are willing to use the pharmaceutical drugs to treat some diseases, but the fact that they are not available creates the necessity for them to adapt and start using traditional medicines. Similar to vaccines: the continuity of the normal flow of vaccines is not influenced by any cultural or personal factor on the side of the indigenous peoples, but by the unavailability in the health posts.

At the end, one bottleneck that cuts across all determinants is lack of quality. As described throughout the document, the majority of the indigenous populations in Guyana do not have access to quality of health, education, child protection and other services. The consequences of the lack of quality is well described in all Chapters and impacts in the overall life cycle of the children, from conception to adulthood.

There is a social construct that was identified in relation to quality of services in the 12 villages visited. For many elderly indigenous peoples, the fact that a health facility exists or a school is already a huge improvement from when they were children. Probably when they grew up, access to both was much more difficult than it is now. In this sense, the availability of services is seen as a major improvement in the villages. However, the next step should be to demand that the available services match the necessary quality to guarantee that children and women can have their rights realised.

When quantitative and qualitative data are combined, and the scope of analysis is enlarged, one important conclusion is the fact that much of the situation of indigenous women and children in Guyana is also shared by other groups in the country. Lack of access to good quality services in health, education and protection, for example, is not exclusive to the indigenous population, but is also noticed with other ethnicities and even on the coast. As mentioned in the report, when talking about lack of medicines in health facilities in the villages, a doctor openly said that the situation is the same on the coast and many cities that he knew.

Based on the experience visiting the villages, and consulting with stakeholders in the field, one has to assume that solutions for the identified situations must be cross-sectorial at horizontal level, i.e., they have to include policies and programmes that transcend the borders of the traditional ministries and at the same time, they have to be vertical, adjusting to how the decentralised governance in Guyana is set.

Improving the situation of the indigenous population is not only a historical debt that the country has to pay; more importantly, it is a strategic and conscious movement towards creating the conditions for the Sustainable Development Goals (SDGs) to be achieved by Guyana, sending to the international community the message that working with the most vulnerable populations is possible and providing the means for their socioeconomic development results in benefits for the overall country.

# ANNEXES

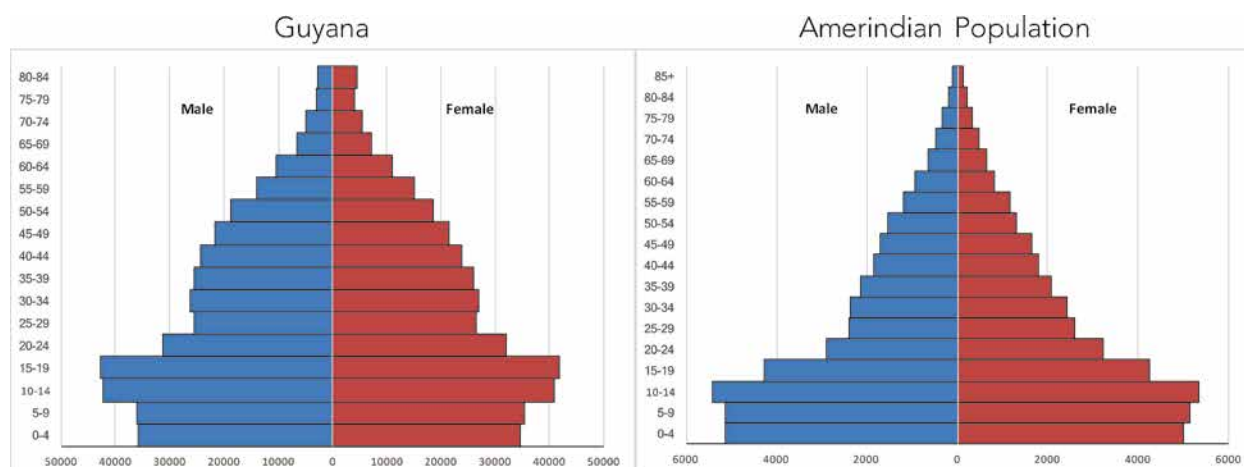
## Annex 1: Child Population in Guyana

Table 17: General Population estimation by age groups, Guyana, 2012

	Male	Female	Total
0-4	35,853	34,544	70,397
5-9	35,988	35,339	71,327
10-14	42,287	40,857	83,144
15-19	42,696	41,897	84,593
20-24	31,333	31,939	63,272
Child Population	156,824	152,637	309,461
Adolescent Population (10-19)	84,983	82,754	167,737
Youth Population (15-24)	74,029	73,836	147,865
Adult Population (18+)	214,981	222,513	437,494
Total Population	371,805	375,150	746,955

Source: 2012 Census (Bureau of Statistics Guyana, July 2016)

Figure 63: Demographic pyramid for General Population and Indigenous Population, Guyana, 2014



Source: 2012 Census (Bureau of Statistics Guyana, July 2016)

## Annex 2: Government Programmes for Indigenous Peoples

Programme	Objective
Hinterland Employment Youth Service (HEYS) programme	<p>It is an intensive peer learning and exchange programme where persons, through adult facilitation practices teach, discuss, learn and exchange experiences and knowledge from a virtual repository of information in order to improve their standard of living and contribute positively to the development of their communities.</p> <p>This programme which uses an integrated and progressive approach to learning, seeks to empower youth and young adults, who – in some cases – need a second chance to maximise their full potential socially and economically. Participants can also expect once per month workshops on areas of importance such as sexual and reproductive health, domestic violence, democracy and governance, etc. and 3-month courses in eco-tourism and agriculture.</p>
Presidential Grant	Villages and communities receive specific sums, which range from G\$500,000 to G\$2,000,000 according to population size. Projects supported by the Grant include transportation, agricultural projects, machinery and equipment, tourism and productive infrastructure.
Indigenous Land Titling	The project expects to have land titles issued and demarcation process completed for all Indigenous villages that submit requests, including those that request extensions; strengthen existing mechanisms to deal with unresolved land issues and improve the communication and outreach efforts of the Ministry of Indigenous Peoples' Affairs.
Capital Project	<p>Villages can present projects that are in direct responses to requests coming from the villages and communities. Besides, the project can also fund especial requests that are made at the Annual National Toshias' Council Meeting.</p> <p>Some of the projects supported include: Women's Small Businesses (Sewing Centres), Documentation Centres, Multi-Purpose Buildings, Village offices, Guest House/ Eco Lodges, Community Centres, Cassava Mills, Pavilions, upgrading of trails and Construction of Bridges.</p>
Amerindian Development Fund	The Amerindian Development Fund (ADF) provides funding to support the socio-economic development of Indigenous communities and villages, through the implementation of their Community Development Plans (CDPs). CDPs are identified and developed by the Indigenous Villages themselves, which proposed their priority projects to be financed under the Guyana REDD+ Investment Fund (GRIF)/ ADF. The CDP must be approved by a village general meeting, via consensus or by majority vote. All residents are encouraged and entitled to participate in the entire process. The proposed projects vary in nature but can be categorised into the following broad sectors: Agriculture including processing, Village Infrastructure, Tourism, Manufacturing, Village Business Enterprise and Transportation.
<b>Indigenous Heritage</b>	Funds for Heritage Celebration that happens in September of each year, aiming to affirm and preserve Indigenous customs, language and traditions by showcasing the works, literature and art of Indigenous.

Source: Ministry of Indigenous People's Affairs website<sup>47</sup>

<sup>47</sup> <http://moipa.gov.gy>. Accessed on July 10, 2017.



### Annex 3: Profile for the villages visited

The objective for Table 18 is not to offer statistics about the villages, but to provide the reader with an idea about some socio-economic factors in each of the visited villages. Some of the numbers reported below are official statistics, while others were based on qualitative data collected by the research team in the field.

Table 18: General basic information on villages visited

Village	Region	Indigenous Nation	Population	Main Economic Activity	Council	Police in the village	Health <sup>51</sup>
Baramita	1	Carib	3500 (according to the Council)	Strong mining area (main economic activity) Few Farming	12, but reduced to 7 3 Women	Yes. 5 Police Officer	Health Post
River's View	10	Arawaks (mostly) Carib	1400 approx.	Logging	11 people in the Council, but 2 resigned. Most women	No. There is a policing group within the Council for the past 10 years. Police is located across the Essequibo River in Barrica.	Health Post
Santa Rosa / Moruca sub-district	1	Arawak (mostly)	10,000 approx.	Farming, Fishing (small-scale). Remittances	11 + Toshao 6 women 6 men	Yes + 2 Probation Officers	District Hospital
Santa Mission (Santa Mission and Santa Aratack)	3	Arawaks	Around 300	Logging, sustainable logging, handy craft making and tourism	6 members (one has resigned) 2 women 4 men	No.	Health Centre

51 Information from Ministry of Health website. Accessed on July 11, 2017.

Village	Region	Indigenous Nation	Population	Main Economic Activity	Council	Police in the village	Health <sup>51</sup>
Orealla	6	Arawaks and W'arraus	1,500 but people keep coming back. Maybe around 2000	Royalty from logs Royalty from the lumber and The royalty from the sand Sand (main income for the community)	Orealla has 9 members (3 women) Siparuta has 7 members (1 woman)  There is one young girl in the Council (19 yrs.) that was interviewed.	Yes. Always 3 At least a corporal and two constables.	Health Centre
Moraikobai	5	Arawak	Medic: 600 Council: 1200-1500	Logging Trying to expand to ecotourism	8 members (including Toshao), 6 men and 2 women. It was supposed to be 11 due to population size.	No police in the village.	Health Centre
Paramakatoi	8	Patomona	1255 (dorm not included)	Government salaries that are paid to government employees, remittances and commerce generated in the village.	11 people in central area (5 women)	No police in the village. Police is distant about 2h by ATV from the village.	Health Centre
Micobie	8	Majority is Patomona (60-70%) and the W'apishana.	543	Gold (royalties). Small scale farming for own consumption	9 people (4 females, 5 males)	No police station in the village. Close in Madhia	Health Post

Village	Region	Indigenous Nation	Population	Main Economic Activity	Council	Police in the village	Health <sup>51</sup>
<b>Saint Ignatius</b>	9	W'apishanas / Macushis / Patomona  Council: Mixed community, but predominantly Macushi	1625 (Min Indigenous Affairs <sup>52</sup> ) About 1,300 (Village Council)	Brick making, farming, fishing, construction (*)  From interview with Council: farming (44 farms), public service, sales clerks in the village.	9, including the Toshao. 3 women  Toshao is a woman	No police in the village. Village is 5 min from police in Lethem.  There is a community policing group connected to the Village Council.	Does not have. Suburb of Lethem (Regional Hospital)
<b>Aishalton</b>	9	W'apishana	1018 <sup>53</sup> (*) 2 <sup>nd</sup> largest population in the region after Lethem	subsistence farming, fishing, small grocery shops, guest house (*)	13 (3 women)	3 in the village	District Hospital
<b>Chinoweng</b>	7	Akawaio	Around 800	Subsistence farming.	8 people (2 women)	No police in the village	Health Post
<b>Waramadong</b>	7	Akawaio Not a mixed community	960 People + Pop from secondary school	Subsistence farming; small-scale mining; small logging; contribution of G\$ 100 per person per month.	8 + Toshao (4 women)	No police in the village. Near police is in Kamarang (1h by boat)	Health Post

(\*) Some information from the Ministry of Indigenous People's Affairs

52 <http://moipa.gov.gy/indigenous-villages/st-ignatius/>

53 <http://moipa.gov.gy/indigenous-villages/aishalton/>

## Annex 4: Summary of Interviews by village

Table 19: Summary of interviews by village

Location	Interviewees
Baramita	Children, Councillors, GGMC, Medic, MP, Police, Teachers, Toshao, Women.
River's View	Women, Head of Community Security, Council, Health and Education, Former Toshao (female), youth
Santa Rosa	Women, welfare officer, probation officer, teachers, Council, medic, random group
Dorms	16-year-old, administrator, dorm master, students
Santa Mission	Councillor, 23-year-old male, Health worker, 85-year-old man, 39-year-old male, Group Discussion with 11 years old, 33-year-old woman, mixed group of women from two missions, female teachers, male teacher, woman with disability and women at craft shop
Orealla	Councillor and guesthouse owner, Nursery School Teachers, Primary Top Students, Primary Top Teachers, Teenage Council Member, Police, Midwife, Female Peanut Farmers
Moraikobai	Medic, women, school, Council, Toshao
Paramakatoi	Group of Elders, Junior Teachers, Medic, Students, Women, Group of Teachers, Toshao and Council
Micobie	Village Council, Regional Education Officer, Mahdia Secondary School Head Teacher, Malaria, Two girls with opposing perspectives, Regional Health Officer, Community Health Worker, Group of Women
St. Ignatius	Dorm Representative, Nursery School Teacher, Community Policing Group, Toshao and Council, Adolescents, Secondary School Teachers, Peanut Group, Group of Students, Health, Regional Educational Department
Aishalton	Teenage mother, adolescents, church members, welfare, health worker, DDO, Dorm Representative, CDO, Women, School Representatives, Toshao and Council
Waramadong / Kamarang	Students, Teachers, Health, Women, Tosaos and Council, District Education Officer and Doctor
Chinoweng	Town Hall Meeting, Teachers, Health Post, Women, Toshao and Council
Georgetown	Ministry of Indigenous Peoples' Affairs, Ministry of Social Protection, Ministry of Health, Ministry of Education, Amerindian Peoples Association (APA), Guyana Women Miners Association, UNDP, UNFPA, women in the Indigenous dorm in Georgetown.

## Annex 5: Indigenous Nations in Guyana

Information from Ministry of Indigenous Peoples' Affairs (<https://moipa.gov.gy/Indigenous-nations/>)

### AKAWAIOS

This warlike tribe travelled from village to village, carrying the news and trading other tribes. They also, love to use the blow-pipe. Members of the tribe are located in the Upper Mazaruni area, on the Barama, Upper Pomeroon, Demerara Wenamu and the Upper Cuyuni rivers.

### ARAWAKS

These coastal dwellers are skilled in fishing. They also plant cassava in abundance. This is their staple food, which is used to prepare many dishes and alcoholic drink called piwari.

### ARECUNAS

Originating from the Caron, a large tributary of the Orinoco, this tribe is located on the banks of the Kamarang River. In the olden days, they grew cotton in commercial quantities, which they traded to the other tribes. Their weapon of choice was the blow-gun and they were experts in its manufacture.

### CARIBS

The Caribbean was named in honour of this tribe. This is a warlike tribe who called themselves “*Karina*” and were feared and respected by more peaceful communities. Caribs have settled in the Barama and Pomeroon rivers and on the coast of the North West district.

The tribe cultivated cotton, which they spun into cloth with spindles and coloured with dyes from the barks and leaves of trees.

### MACUSHIS

Richard Schomburgh described this tribe as one of the most beautiful tribes of Guyana. The curare poison, which they blew, is used on the lips of their arrow and bow. This orderly tribe can be found in the Northern Rupununi Savannah.

### PATOMONAS

This tribe can be found mainly in the Northern Pakaraimas Mountains, as well as in the South Pakaraimas and the Essequibo region. Kaieteur Falls was named after Old Kaie, who was a member of the Patomona tribe.

## **WAI WAIS**

These skilled architects of indigenous dwelling were fittingly tasked with the construction of the landmark Umana Yana. Expert weavers and bead designers, the members of this tribe love to dress up with cotton clothing and beaded ornaments. Their hairstyles are also works of art and they are very sociable people. The Wai Wais occupy the extreme south of the Rupununi Savannah.

## **WAPISHANA**

Described as the most adaptable travellers, this tribe is famous for its industry and trading skills. They are also expert trackers, as well as weavers of hammocks, canoe makers, hunters and farmers.

## **WARRAUS**

This tribe lives in the swamps and marshes of the North West District, in the low-lying areas of the Barima and Pomeroon rivers and their tributaries.



## Annex 6: The Sustainable Development Goals



For more information on the SDGs please access:

<http://www.un.org/sustainabledevelopment/sustainable-development-goals/>

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