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BARBADOS, WEST INDIES

DEPARTMENT OF GOVERNMENT,
SOCIOLOGY, SOCIAL WORK
AND PSYCHOLOGY

POLICY BRIEF SPECIAL EDITION ON THE COVID-19 PANDEMIC

FACULTY OF SOCIAL SCIENCES

UNIVERSITY OF THE WEST INDIES
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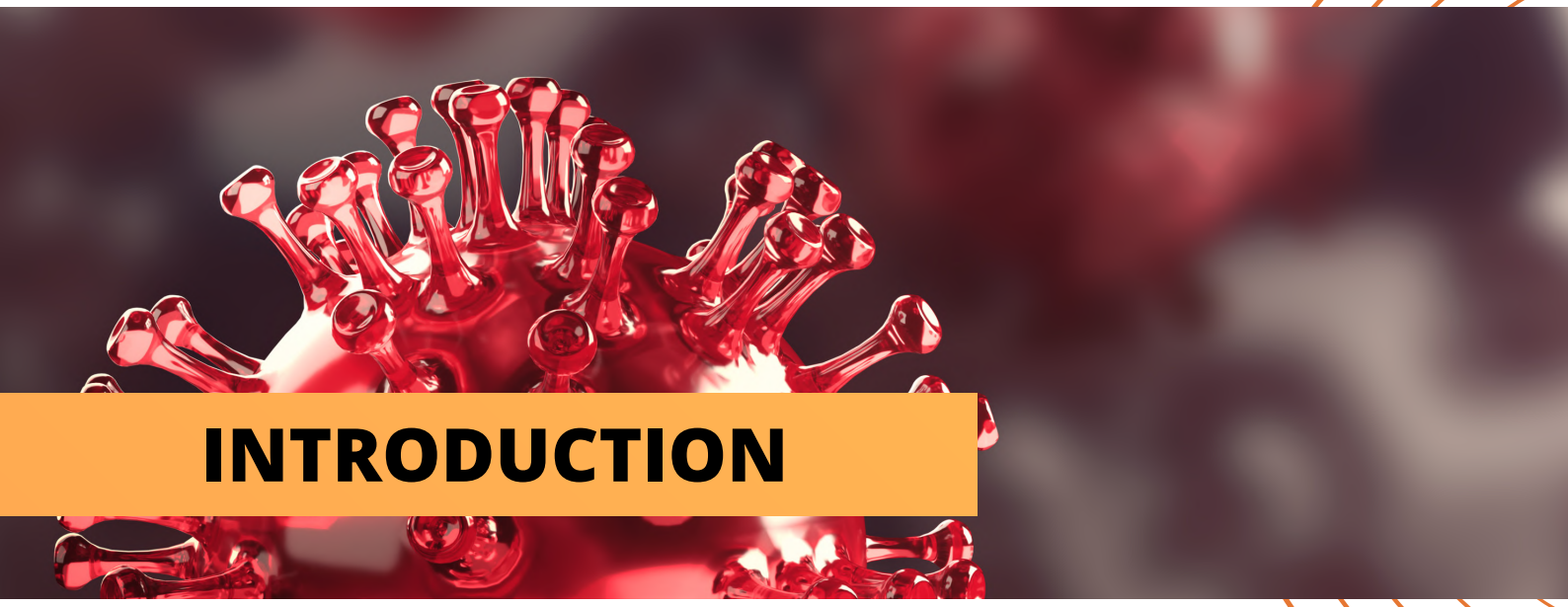

INTRODUCTION

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COVID-19 Pandemic and its Implications for Societal Well-being in the Caribbean

The COVID-19 pandemic has swept through every country across the globe. Consequently, it is widely considered a public health emergency of international concern. In order to deal with this epidemiological crisis and flatten the curve, most economies locked down for a period of time. However, the artificial suppression of economic activity, also known as placing economies in a "self-induced coma", resulted in massive unemployment and loss of income, with a devastating impact on the wellbeing of society—as many people plunged into penury. Thus, the COVID-19 pandemic is one of the most dramatic and unprecedented social, economic, psychological, and political crises confronting the world in general and the Caribbean society in particular- radically changing the rhythms of people's lives, lifestyles, and livelihoods systems. This policy brief explores the socio-economic, psychological and political implications of the COVID-19 pandemic in the context of the Caribbean.

A defining characteristic of this Special Edition Policy Brief is that the authors specialise in several disciplines, such as political science, psychology, economics, development communication, international relations and environmental science. They are also engaged in research at international and regional institutions such as the United Nations Children's Fund (UNICEF), The United Nations Framework Convention on Climate Change (UNFCCC), and the University of the West Indies (UWI). These authors contribute their knowledge and expertise to provide much–needed insight into the COVID-19 pandemic and its implications for societal wellbeing in the Caribbean.

This Special Edition Policy Brief consists of two parts, A and B. Part A focuses on the effects of COVID-19 on women and children. In contrast, Part B proposes alternatives to the political and economic models which shape Caribbean business, governance and development in response to COVID-19, respectively.

The article by Destinee Eastmond introduces us to the gendered impacts of COVID-19, specifically on women. Ms Eastmond's article is entitled "The Feminisation of COVID-19." In her view, the COVID-19 pandemic has led

to significant global structural shifts, with women as one of the main vulnerable groups negatively affected.

In that context, the negative socio-economic cum political effects of the COVID-19 pandemic disproportionally affect women—manifested in terms of employment cuts, impoverishment, and gender-blind legislation. Examples of these protocols include quarantine or stay-at-home measures, which further restrict the autonomy of women. Additionally, quarantine may have psychological and socially disruptive consequences, such as a surge in incidences of gender-based violence. Thus pre-existing social issues must be integrated into COVID-19-related policymaking.

Another pre-existing issue that the pandemic has exacerbated is that of women's reproductive health. April Louis' article examines women's reproductive health during the COVID-19 pandemic as a crisis within a crisis. Women suffer disproportionately from sexual violence, high mortality rates due to reproductive health problems and lack of adequate family planning services. Unfortunately, these women are simultaneously burdened with domestic, social and economic responsibilities. Ms Louis contends that a multifaceted approach to resolving gender disparities in health requires a systemic change. This would involve fundamentally disintegrating underlying issues of patriarchy, misogyny, classism, and racism—which conspire to marginalise women through an overburden of domestic work and care work, unfair wages and inadequate access to healthcare, and others. She calls for urgent consultations between government, non-governmental organisations and civil society groups in order to craft effective ways of raising awareness about women's reproductive health concerns.

The next article in Part A, by Cheryl Cadogan-McClean and Joan Cuffie offer a fascinating look at the psychological impact of COVID-19 on women. The COVID-19 pandemic poses a threat to the wellbeing of women and girls across Latin America and the Caribbean. It has exacerbated women's earnings, economic hardship, unpaid care and domestic workloads, contributing to feelings of psychological distress. These pandemic-induced developments have set back any progress made to reduce gender inequality. In that context, the authors noted the importance of providing women's physical and economic needs through care packages, supporting women's work balance with flexible work arrangement policies coupled with increased psychological support services aimed at dealing with mental health concerns within and outside their workplaces.

Nonetheless, women are not the only recipients of COVID-19's adverse social impacts. In fact, as key contributors to the Caribbean family and household, the gendered impacts extend to other vulnerable members, including children. Catherine Trotman authored the article titled "Adverse Childhood Experiences and COVID-19." Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur during childhood and may include experiences such as emotional and physical abuse, neglect, household violence and others. She argues that many of the risk factors associated with ACEs have increased or become exacerbated with the COVID-19 pandemic since they are now confined in their homes with little to no support from the outside world. Furthermore, it is notable that apart from the moral rationale for protecting children from harm, ACEs have high economic costs—justifying the economic benefits of policy interventions to prevent and reduce ACEs.

Thérèse James continues the discussion on the pandemic's effects on children, arguing that it

has forced them into social isolation, disrupted and inhibited their access to regular support systems, including their schools, peers, coaches, extended family, churches and social service agencies—creating vulnerable conditions for child abuse and mental health challenges. In order to avoid long-term mental health challenges resulting from the pandemic, the following, among others, must be given urgent consideration by policymakers. Ms James recommends the development of clear protocols concerning isolation and quarantine, as well as technical support and tele-counselling services.

Lastly, Lisa McClean-Trotman's paper explores the issue of student participation in a COVID-19 environment at primary and secondary school levels. She provides policy recommendations to ensure meaningful student participation in situations where any emergencies disrupt education systems. These student's participation is critical in developing policies and protocols that deal with their issues diplomatically and democratically, rather than imposing ineffective and insensitive regulations that may hurt rather than assist students in a difficult time. Dr McClean-Trotman's article outline how civil organisations are often left out of decision-making and, in so doing, help to disenfranchise vulnerable groups in Caribbean society even further.

Overall, the authors in Part A shed light on the unique experiences of women and children and the urgency of gender-sensitive and family-oriented policies, especially in a public health emergency that has deteriorated even the basic social services and support that were accessible to Caribbean communities.

In addition to the gendered impacts of the current pandemic, Part B explores other economic and political structures that have been tested by the COVID-19 pandemic.

Similarly to Part A, the authors recognise the pre-existing infrastructural, industrial and sociological issues which made the Caribbean even more susceptible to economic, political and social decline. In this vein, the paper by Dulal-Arthur Teixiera explores the effects of unemployment on mental health during the pandemic. She indicated that the COVID-19 pandemic has resulted in social disruptions such as 24-hour curfews, border closures, and temporary or permanent shutdowns of businesses. This may indirectly or directly cause some citizens to lose their jobs. Traditionally, the effects of unemployment tend to be only limited to financial struggles. However, due to changing perspectives, unemployment can be linked to mental health issues. Ms Dulal-Arthur suggests dealing with the mental health issues induced by the pandemic at the community, family and individual levels. This approach may provide encouragement and optimism to the unemployed about their work-related futures.

In the spirit of constructing new and innovative approaches to dealing with challenges induced by the COVID-19 crisis, the next article Wendy Grenade is titled "The COVID-19 Crisis: Rethinking New Pathways for the Caribbean." Her paper examines the multidimensionality of the COVID-19 crisis and specifically discusses two interrelated themes: political economy and political governance. The paper's main argument is that the COVID-19 crisis has presented a narrow window of opportunity to reflect, re-imagine, and reset our world to create a more equitable and prosperous future. The gravity of the crisis demands new thinking and bold action for the way forward. In that context, Grenade argues that tragedy need not be the only legacy of the pandemic.

Taking a similar approach, Chelceé Brathwaite's paper examines the re-imagining of tourism in

the context of leveraging digital technologies to revive the Caribbean tourism industry. As she aptly noted, COVID-19's disruptive impact on the tourism sector forces the Caribbean and other regions to rethink their traditional approaches toward tourism. She further noted that in order to remain competitive, the region's tourism sector must be guided by real-time insights, which digital technologies are capable of providing. Notably, this is the much-needed forward thinking necessary to revive the region's tourism industry and enhance its global competitiveness.

This much-needed forward-thinking noted earlier is not limited to the tourism sector and political economy spheres. It is also applicable to climate change and sustainable development challenges facing the Caribbean. The paper by Hugh Sealy, Vintura Silva and Ama Kissiwah Boateng seek to address the challenges faced by Caribbean countries economically devastated by COVID-19 whilst simultaneously confronted by climate change. Unfortunately, Caribbean governments' response to COVID-19 has directly impacted the Nationally Determined Contribution (NDC) process mainly due to delayed financial and technical support. For that matter, climate change solutions (in terms of NDCs and National Adaptation Plans) disaster risk reduction in planning and implementation must be integrated with COVID-19 economic recovery and addressing safeguards of COVID-19 prevention. The authors suggest the "Platform for Redesign 2020" under the Green Recovery Package as an innovative and forward-thinking solution, which has the objective of helping countries redesign their economic and social systems during the dual crisis of COVID-19 and climate change.

Finally, I would like to take this opportunity to graciously thank all authors for their unique contributions to this Policy Brief. I hope their valuable contributions will shape policy in relation to the socio-economic, psychological and political implications of the COVID-19 pandemic in the context of the Caribbean.

THE FEMINISATION OF COVID-19

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What is the issue?

"[This] pandemic will push 96 million people into extreme poverty by 2021, 47 million of whom are women and girls" (UN Women 2020). The presence of the novel coronavirus, COVID-19, has led to significant structural shifts globally, causing massive social fallouts amongst vulnerable groups. However, women continue to be at the centre of this vulnerability, highlighting the feminisation of the pandemic. The feminisation of COVID-19 refers to the process by which women as a group are disproportionately affected by the negative socio-economic and political impacts of the COVID-19 pandemic. This is similar to Pearce's (1978) conceptualisation of the "feminisation of poverty", which was later highlighted in Haq's (2019) popular phraseology "poverty carries a woman's face". Both of these terms bring attention to the prevalence of the impoverishment of women due to the unique vulnerabilities caused by their gender. Within the context of the feminisation of COVID-19, these vulnerabilities can be explicitly seen through employment cuts or implicitly through gender-blind legislation.

As held by the Director-General of the World Health Organisation (WHO 2020), "all countries must strike a fine balance between protecting health, minimising economic and social disruption, and respecting human rights". Governments have been faced with immense pressure to ensure that all of these societal elements are managed simultaneously. This difficulty is primarily based on the nature of the virus, its rapid spread, and the need for policy planning at rapid rates. Healthcare has been prioritised through the implementation of various COVID-19 protocols to control community spread and ultimately avoid death. Despite governments working in favour of the public interest by encouraging safe health practices and protecting citizens' health, the gendered impacts of these policies, which contribute to the feminisation of COVID-19, are hardly recognised, exacerbating women's socioeconomic hardships. Within the context of the Caribbean, some of these impacts are (1) Structural Adjustment Programs (SAPS), (2) the increase in domestic violence, and (3) the economic recession in the tourism industry.

Within the region, states have actively contri-

buted to the perpetuation of gender inequality due to the unconsidered gendered impacts of their policies. These existing gender inequalities further reinforce women's disadvantaged position in the midst of this global pandemic. For example, SAPS have aided in the disruption of women's social and economic conditions in these societies, enabling the feminisation of poverty.

Not only are women faced with the burden of aiding in the financial stability of the household, but they serve the duty of housekeeper, teacher, nurturer, and caretaker. Despite these burdens being paired with limited economic resources, the state still expects women to meet the basic needs for food, shelter, and clothing for their families (Barriteau 1996). Barriteau (1996) also explains that the state continuously exploits Caribbean women, as they depend on them to produce human capital. Despite the cut of basic social services under the recommendations of SAPs, women continue to raise future generations of workers, taxpayers, and citizens without much or any state assistance and, unfortunately, in many cases, without the presence and aid of men and fathers. As Brown (1992) states, "the state can be masculinist without intentionally or overtly pursuing the interests of men." The conditionalities that accompany SAPs reflect an indirectly masculinist narrative that places the burden and performance of domesticity on women by relinquishing social services once provided by the state. Although women survive under the hardships of SAPs, further proving their resilience, it does not justify the hands-off approach assumed by the state as a result of these conditionalities. This approach ignores the needs of women, forcing them to manage their struggles by themselves while intensifying their vulnerability.

The implementation of SAPs is not foreign to the Caribbean region, given that they consist of fixed and direct policies that aid in economic development to assist islands in need of financial stabilisation. Despite its subtle nature, there is a close link between structural adjustment programs and the feminisation of poverty. One of the primary recommendations under the SAPs, is the defunding/cuts of government spending on social sectors and services, affecting working-class women (and their children) who are the main beneficiaries of these services (free health care, free education, public daycares, housing, and food assistance). This conditionality plays a direct role in the overburdening of women, as they must assume the state's role by providing social services, such as taking care of the household, children, and in some cases, the elderly.

"When a country borrows from the IMF, its government agrees to adjust its economic policies to overcome the problems that led it to seek financial aid. These policy adjustments are conditions for IMF loans and serve to ensure that the country will be able to repay the IMF. This system of conditionality is designed to promote national ownership of strong and effective policies."

-imf.org

Outside of the economic constraints caused by the aforementioned SAPs, the prevalence of violence against women in the region is another area of concern. It has been stated that the lack of data within the region "...cast[s] a shadow over a pandemic that we knew existed… [and] nearly half of the Caribbean women surveyed within five Caribbean countries have faced at least one form of violence: physical, sexual, economic or emotional" (Sayed and Bland 2020). When these unequal conditions are combined with the newly implemented COVID-19 protocols, women are profoundly disadvantaged. Governments have enforced gender-blind

protocols such as quarantine or 'stay-at-home' measures which further restrict the autonomy of women, exacerbating the experiences of violence within their homes (UN Women 2020). This is referred to as the 'quarantine paradox' (Mittal and Singh 2020), where governments are actively serving citizens by enforcing health protocols and policy, whilst paradoxically, disregarding pre-existing societal issues, such as domestic violence. Is the 'public's best interest' all-inclusive? The gendered effects of COVID-19 are particularly alarming for the Caribbean region. Since data is generally limited with certain gender issues, making it difficult to identify and alleviate these issues effectively.

Governments have enforced gender-blind protocols such as quarantine or 'stay-at-home' measures which further restrict the autonomy of women, exacerbating the experiences of violence within their homes.

Why is it important?

Although the circumstances of SAPs and COVID-19 are incredibly different, they are aligned in their outcomes. They reinforce women's marginalisation and exploitation by increasing their financial and social responsibilities and decreasing financial autonomy. As highlighted within the gendered impacts of SAPs, women are further burdened due to cuts in social sectors. COVID-19 has brought about a similar outcome. Governments have only allowed businesses and services that are deemed "essential" to remain open. For example, "...services such as shelters for survivors of domestic violence have not been deemed 'essential' (UN Women, 2020). Based on the closure of these shelters, states are disregarding the wellbeing of victims. Those who are residing with their perpetrators are now exposed to higher risks of violence due to limited social support.

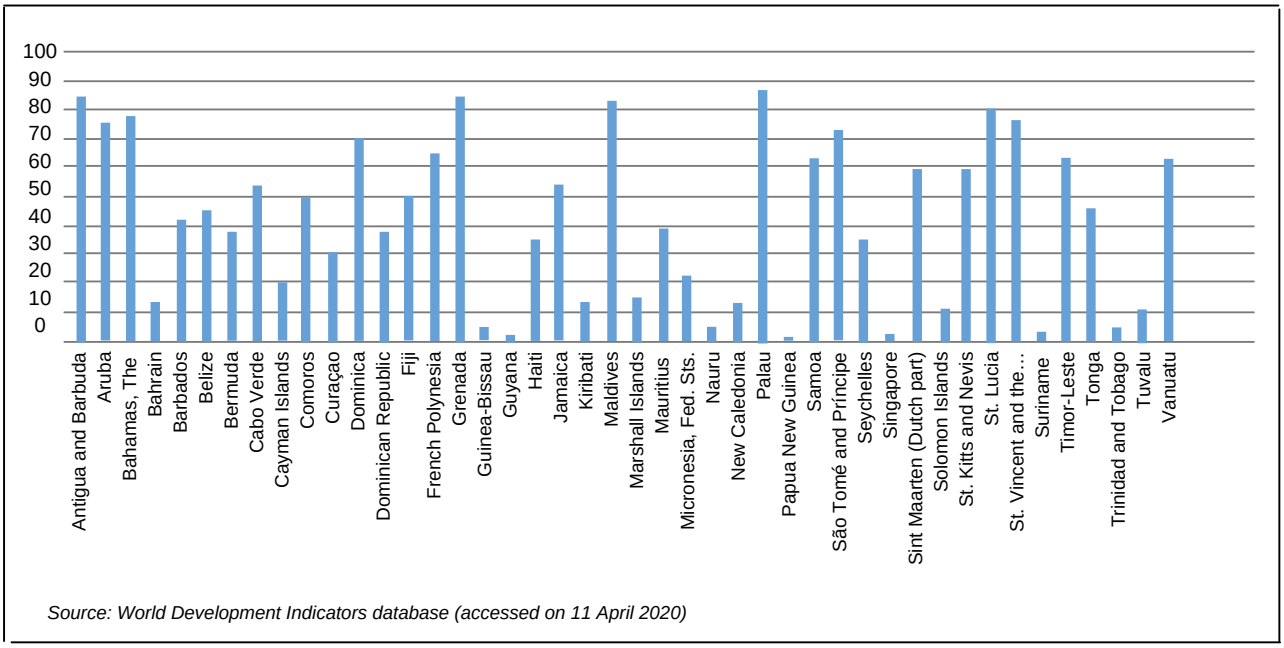
Another issue is the closing of educational institutions such as schools and daycares in order to manage the spread of the virus. Women now have to work from home (if employed), supervise and assist their child(ren) with virtual schooling while managing the household and its affairs. In this case, COVID-19 has aided in deepening women's domestication, a process that was already enforced through 'cut-back' policies under SAPs. The link between economic crises and gender crises has been explained by Bedford (2008), who holds that under times of crisis, men are "wounded" while women are "exhausted." This saying refers to the diminishing of masculinity (based on patriarchal expectations that assign men to the role of "breadwinner" or financial provider) through male unemployment and women's increased labour during crisis conditions.

Outside of the negative effects of male unemployment, female unemployment is just as alarming and needs more attention due to their diverse gendered experiences. Within the context of the feminisation of poverty, this diversity was highlighted by Saaed (2013), who stated that the poverty faced by women is "...not only lack of income but also of nutrition and health; they are denied education and the ability to earn an adequate income, their vulnerability prevents them from advancing their innate capabilities." She also mentioned that these factors created a 'triple burden' for women. Although the term 'triple burden' depicts an image of the amount of hardship endured by women living in poverty, their daily lived experiences surpass any numerical value.

Despite unemployment being an issue of concern for the general population, women's

places within the labour force continue the cycle of burden and dependence that has been enforced through patriarchal systems. This problem is particularly alarming for the Caribbean region in regard to the tourism sector. Due to COVID-19 protocols, travel restrictions were enforced by almost all Caribbean islands, which directly impacted their tourism-dependent economies. According to Zarrili and Aydiner-Avsar (2020), tourism provides half the export revenue in 20 Small Island Developing States (shown in Figure 1).

Figure 1: International tourism, receipts (%) of total exports) in SIDS



Source: World Development Indicators database (accessed on 11 April 2020)

The economic effects within the Caribbean tourism sector are highly gendered as women make up most of the industry's labour force. Zarrili and Aydiner-Avsar (2020) also explain that women face the most risk of unemployment since enterprises are inclined to lay off workers in "...low skilled, casual, seasonal, and informal jobs." This places women in a state of vulnerability. They must now depend on other employed individuals within the household, contributing to men's unequal patriarchal ideology as 'financial providers'. Based on this unequal financial power, COVID-19 has indirectly assisted in undermining previous efforts made by feminist organisations regarding the reconstruction of gender roles in the domestic sphere and the economic empowerment of women.

According to evidence produced by UN Women (2019), a loss of income for women in abusive situations makes it harder for them to escape. Considering the prevalence of violence against women in the Caribbean prior to COVID-19, one can only imagine the negative effects this has on victims who are unemployed. Barrow's (2008) study, for example, found that young Barbadian girls who enter relationships for economic/material gain are at greater risk for physical and sexual violence. When faced with issues concerning access to basic resources such as housing and food, women are forced to stay in abusive relationships to 'get by'. Based on the pandemic's volatile nature, it causes one to wonder how long women will have to face these unequal circumstances.

What should be done?

As a way forward, states need to ensure that a gendered analysis of all macroeconomic policies, micro-level projects, and sectoral programmes are primary and central to all plans (Antrobus 1993). Issues of gender, along with women's vulnerability, are often undermined in the Caribbean region as it pertains to what constitutes "national importance". This in itself is ironic, considering that ALL Caribbean countries have signed the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW). Although some Caribbean countries have demonstrated their commitment through the formulation of National Gender Policies to address gender disparities, there are still other Caribbean countries with no set Gender Policy, one being Barbados.

This absence of state protection indirectly fuels the perpetuation of disparities women face. Rather than treating the implementation of gender analysis as a 'marginal requirement' that is fulfilled through a reactive attitude (seeking to create gender policies only when the problems occurred), Caribbean states need to recognise the importance of protecting women's lives, livelihoods and rights. Therefore, states should seek to prioritise the implementation of Gender Policies and frameworks that aid in protecting women during a time of risk or crisis. As Antrobus (1993) demonstrates, there is a direct relationship between the productive (public) and the reproductive (private), and if women's reproductive roles are undermined, the productive capacity of society is also undermined, impacting the effectiveness and efficiency of policies. COVID-19 has further demonstrated that women are a part of the vulnerable populations liable to fall (even further) in between the cracks.

Secondly, as it pertains to the risk of unemployment for women, there needs to be some level of diversification or provision that would reduce their likelihood of occupying insecure fields. One's social background often determines their outcomes in the job market, highlighting the need for educational opportunities and the ability to develop transferable skills. As mentioned, women face the most risk due to businesses laying off workers in "low skilled, casual, seasonal and informal jobs" (Zarilli and Aydiner-Avsar 2020). Assessments need to be conducted in Caribbean countries to target these informal sectors in order to identify why women tend to dominate these fields and why some women are more at risk than others. Considering the pandemic's outcomes, we can see that female unemployment tends to have multiple layers, especially if children are involved. If governments can identify a trend in female unemployment, vulnerability, and low skilled labour, efforts should be put in place to create women-centred development programmes to ensure that they get a chance to increase their skills and be eligible for more secure jobs.

Lastly, some Caribbean countries still need to push for the provision of effective protection services centred around the gender disparities the pandemic has caused. Although countries like Guyana and Barbados have implemented plans to accommodate survivors of domestic violence, under the circumstances of COVID-19 (i.e. the expansion of helplines and the establishment of a virtual court setting), services are still needed within the region (UNDP 2020). For example, Anguilla has reported an increase of 88% in domestic violence cases (PAHO 2020), with no identified state plans or services. Hotlines and shelters should always be available for victims, especially during crises, to eliminate the feeling of complete isolation. The establishment of efficient and accessible social support systems regionally can help alleviate the normalisation of the silencing of victims within Caribbean culture – a factor contributing to the perpetuation of violence against women.

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A CRISIS WITHIN A CRISIS: WOMEN'S REPRODUCTIVE HEALTH DURING THE COVID-19 PANDEMIC

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What is the issue?

The Covid-19 pandemic is a theatre of crises where political, economic, social, cultural and educational issues all play a role in undermining the sanctity of human life and livelihoods. Alas, the pandemic, has collided with pre-existing crises, exacerbating its disastrous impacts. One such crisis is that of women's reproductive health. Women's reproductive health can be said to be in crisis, as women still suffer disproportionately from sexual violence, high mortality rates from reproductive health problems (specifically in developing countries) and lack access to adequate family planning services (UNFPA 2020). Additionally, in developing countries especially, black women and women of colour, suffer disproportionately from certain reproductive illnesses. For example, the Pan-American Health Organisation (PAHO) estimates that 56 000 women in Latin America and the Caribbean are diagnosed with cervical cancer and 28 000 die from the disease, although it is highly preventable (Mitchell, Baldwin, and Linn 2019). Consequently, must contend with their biological reproductive issues in the face of socio-political inequality. In a context where the state of women's reproductive health issues was already precarious, the crisis of the pandemic further destabilises the situation.

Impact of Gender on Reproductive Health

According to the World Health Organisation (WHO), "Pandemics and outbreaks have differential impacts on women and men. From risk of exposure and biological susceptibility to infection... to the social and economic implications, individuals' experiences are likely to vary according to their biological and gender characteristics and their interaction with other social determinants" (WHO Secretariat 2020, 1). According to Low and Binns (2016), "gender is one of the most important considerations in public health research and program implementation." They add that gender inequality within and outside the health system is "linked with poverty, ethnicity, and sociocultural practices that hinder women's advancement." This imbalance translates to "poor access to health resources, discrimination, sexual abuse, and violence." In the Caribbean, traditional roles, child-bearing, parenting, household management, and domestic duties were found to be disproportio-

nately allocated to women (Powell 1984).

However, Caribbean women's responsibilities do not always fit within these traditional roles, as they have historically worked outside of the home participating in the formal and informal economy (Powell 1984). These combined duties place considerable emotional, physical, and mental pressure on women, which impact their health through stress, anxiety, overwork, and exhaustion.

The 1994 Programme of Action of the International Conference on Population Development (ICPD) defines reproductive health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes." Fathalla (2008) notes that women's health should not be framed solely within the reproductive function and system, but she also recognises that women have special health needs related to their sexual and reproductive health, because of the female reproductive system's complexity and the social roles and expectations attributed to their gender.

Reproductive illnesses are among the many issues women experience, while they also contend with their gendered social realities and responsibilities. In this paper, reproductive illnesses refer to diseases, disorders, or conditions that negatively disrupt or impact the functioning of the reproductive system. Some of these illnesses of the female reproductive system include breast cancer, premenstrual dysphoric disorder (PMDD), uterine fibroids, adenomyosis, endometriosis, and Polycystic Ovarian Syndrome (PCOS). These illnesses pose a threat to women's physical, emotional, and mental wellbeing.

Unfortunately, the data for most of these illnesses are scarce or non-existent in the Caribbean. This means that the women impacted by these illnesses are invisible in policy and research, leaving their specific medical and social needs unaddressed and unresolved. Coupled with the stigma and discrimination associated with reproductive dysfunctionality and sexuality, they may also be extremely reluctant to share their experiences. For instance, in a study of women with uterine fibroids in Trinidad and Tobago, Cambridge and Sealy (2012) conclude that while fibroids are discussed in private settings, there is "public silence" since that discussion would necessitate conversations on the womb, intimacy and human sexuality which are considered private rather than public discussions. Additionally, many women "lack the courage" to speak out and defy these social norms (Cambridge and Sealy 2012).

Therefore, women's reproductive health should be discussed in terms of biology and its psychological, sociological, gendered, and political dimensions. This multi-faceted approach to health is extremely important when considering the complex impact the Covid-19 pandemic has had on Caribbean human and social infrastructure.

Why is it important?

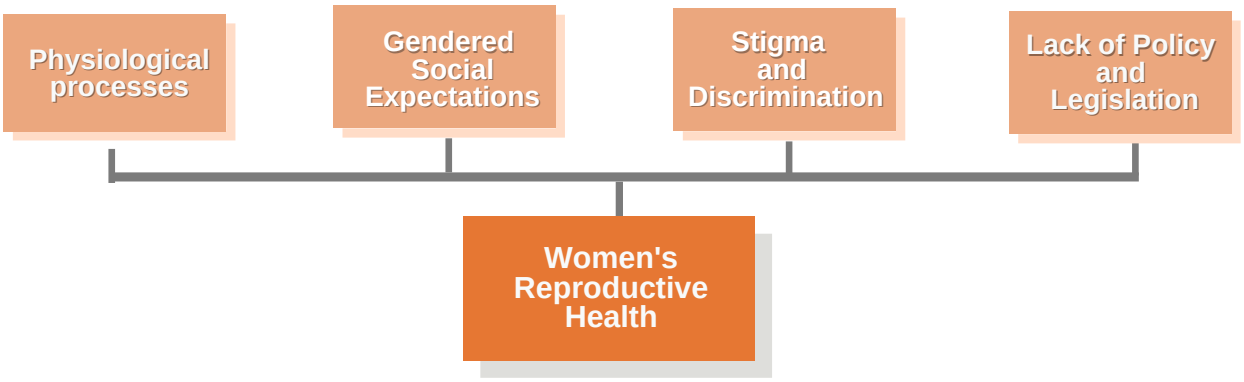
The Covid-19 Pandemic and Reproductive Health

The pandemic has emerged as yet another obstacle to adequate reproductive healthcare for women. Firstly, it has strained medical resources and funding, as states have had to rapidly alter how healthcare assistance is accessed in order to prevent the spread of the

1. Endometriosis is a disorder where tissue, similar to that which lines the uterus, grows outside of the uterus and reproductive system. The disease is extremely painful and at worse debilitating, and many patients rely on laparoscopy and excision surgery for treatment. Additionally, pharmaceutical medication, hormonal and physical therapy treatments are managed and prescribed by their doctors.

virus (Scarpetta et al. 2020; WHO 2020). Additionally, care for Covid-19 patients has also stretched medical resources, especially in countries where there have been many confirmed cases. For example, Endometriosis UK, a United Kingdom endometriosis organisation, has devoted resources on its website to inform those living with the disorder that they may experience "delays or cancellations" of appointments, as endometriosis-related surgeries have been labelled as "non-urgent elective surgery" (Endometriosis UK 2020).

Figure 1: Dimensions of Women's Reproductive Health



In Trinidad and Tobago, elective surgeries were postponed at the onset of the pandemic in 2020, which caused friction between the Ministry of Health officials and members of the medical community. Former medical director, Dr Anand Chatoorgoon, explained that the San Fernando General Hospital (SFGH) offers "adult and paediatric surgery in orthopaedics, general surgery, ears-nose-throat, eyes, plastic and burns, neurosurgery, obstetrics and gynaecology, vascular surgery, oncology and urology" and the decision to suspend elective surgery would extend the backlog of surgeries (De Silva 2020). The Minister of Health, Terrance Deyalsingh, rebutted saying that surgeries would be resumed as soon as personal protective equipment was obtained and that the suspension was done "out of an abundance of caution" (Rodriguez 2020). The surgeries were shortly resumed.

In Saint Lucia, at the initial stages, the country created respiratory clinics and rearranged its health services amongst its facilities to accommodate them. Some of its health facilities were either closed or scaled back as a result.

The Sexual and Reproductive Health Clinic in the North of the island, at the Victoria Hospital was suspended to facilitate the hospital's use for Covid-19 patients. The Clinic located in the south of the island at the Vieux-Fort Wellness Centre remained open and would process patient prescriptions, while the Clinic's services in the North were suspended indefinitely (Government of St. Lucia 2020). The clinic was suspended on March 25 and reopened on October 6, 2020. As the country continues to grapple with over 1000 active cases, The Prime Minister of St. Lucia, Allen Chastanet, extended Covid-19 protocols to February 16, 2021, and the State of Emergency until May 16, 2021. However, the Government has allowed public and private health services to remain open as they are listed as essential services. Hopefully, this decision would give women the opportunities for reproductive medical treatment and care at their private physician's office, although private medical attention may be more costly than at public health facilities.

WHO has highlighted how gender differences

may also provoke differences in the pandemic's impact. Nonetheless, according to WHO, any gendered analyses are hindered by the lack of disaggregated data according to sex and age that is submitted by member states (WHO Secretariat 2020). WHO, however, has been able to identify several factors that negatively impact women's health which include increased incidences of violence against women, reduced access to sexual and reproductive rights, high vulnerability of social and health workers (the majority of which are women) and stigma and discrimination (WHO Secretariat 2020).

Further to this, there is limited data on how Covid-19 may affect the bodies of those living with reproductive illnesses. Authors Kyrou et al. (2020), for example, argue that some of the symptoms/features of PCOS:- hyperandrogenism, obesity and Type 2 diabetes- overlap with the risk factors that are believed to make patients more susceptible to severe Covid-19. As a result, they conclude that a special medical care plan should be formulated for women with PCOS who have been diagnosed with the virus (Kyrou et al. 2020). Additionally, clinicians should carry out a risk assessment on these patients and inform them of their specific risk profile and precautions which they should take (Kyrou et al. 2020).

While these illnesses may be linked to the reproductive system, the symptoms may cause metabolic ailments that may increase the risk of non-communicable diseases (NCDs). For instance, PCOS, an endocrine disorder, known to affect the metabolic functions of the body is the best example of such an illness. Dr. Laura Lovell (2020) explains that people with PCOS tend to be overweight and have a higher risk of developing Type 2 diabetes than people of average weight living with PCOS. In addition, Lovell (2020) indicates that for those living in the Americas, there is a four times higher risk of diabetes/impaired glucose intolerance for the risk of developing PCOS was five times higher. For the Caribbean, which is multi-ethnic in composition, with large African and Indian populations, this data is alarming. Yet, there is limited data on the link between PCOS and ethnicity or race, especially for this region. Consequently, Dr Lovell (2020) concludes that research into PCOS in the Caribbean would be extremely useful in investigating the prevalence and causation of diabetes. Reproductive health illnesses such as PCOS should not be side-lined as secondary to a larger health issue but are crucial in a holistic understanding of health problems in the Caribbean.

In terms of quantitative data, research outside the Caribbean has shown a significant link between fibroids and women of African descent. According to Ghat et al. (2015), fibroids occur in up to 65% of women before age 50. This percentage increases with age and race, with black women having a higher prevalence of symptomatic fibroids compared to white women. They are believed to be at least 2-3 times more likely to be found in women of Afro-Caribbean descent. Advocates and medical professionals have even coined the high incidence of fibroids in Black women across the diaspora as the "Fibroid epidemic". While fibroids are sometimes asymptomatic, symptoms such as "heavy menstrual bleeding, non-cyclic pain, abdominal protuberance, painful intercourse or pelvic pressure and bowel/bladder dysfunction" can considerably reduce the quality of life of those living with these benign tumours (Ghant et al. 2015, 499). Consequently, fibroids have adverse impacts on their psychological and emotional wellbeing.

For instance, Ghant et al. (2015) investigated the impact of symptomatic uterine fibroids on women's emotional and psychosocial health and reported that the participants described feeling helpless, sad, depressed, and worried.

Additionally, they also experienced feelings of inadequacy when it came to their appearance (abdomen protuberance made them feel less attractive), while the reproductive dysfunction associated with fibroids made others feel "less like a woman." The high incidence of fibroids combined with its adverse physical, psychosocial, and emotional impacts means that there is a figurative silent majority of the region living with acute pain and distress and possibly without treatment. Dr. Gomez-Carrion (2020) explains that women of colour in lower socioeconomic brackets tend to wait longer to seek treatment for fibroids due to a lack of access to healthcare or personal medical knowledge. The later treatment is sought, the higher the chances of more invasive procedures such as surgery would be needed to treat the disorder.

Using the framework of women's reproductive health outlined in this paper, being impacted by psychological, sociological, gendered, and political factors, the reproductive health crisis is especially alarming. These women must contend with their physical and emotional pain while simultaneously carrying the burden of domestic, social and economic responsibilities. Furthermore, the economic and social crises engendered by the Covid-19 pandemic has helped to further burden Caribbean women with economic and social responsibilities since governments have suspended or rolled back services in attempts to manage the spread of the virus. For example, in a HEAT (Human and Economic Assessment of Impact) report of Barbados, the UNDP (United Nations Development Programme) and UN (United Nations) Women Eastern Caribbean reported that there exists a gender wage gap in the Tourism sector, where women averaged an income of BBD $1768 and men averaged BBD $2600 per month. With tourism income expecting to fall by 13% to 32%, low-income workers will be pushed into poverty, with that category compromising primarily women (UNICEF, UNDP, and UN Women Eastern Caribbean 2020).

Furthermore, the report adds that care duties are increased during the pandemic, while female unemployment has also increased (UNICEF, UNDP, and UN Women Eastern Caribbean 2020). The mental, emotional, and psychosocial impacts of unemployment and overwork can also catalyse or initiate reproductive dysfunction. Cortisol, for example, one of the core hormones involved in the body's response to danger, fear, and stress, represses ovulation and other "non-essential" biological processes to optimise its use of energy. Additionally, unhealthy coping mechanisms to stress and depression, such as drinking and smoking, can also deteriorate reproductive function, especially infertility (Vitale et al. 2017). Nonetheless, assuming that these women could afford adequate healthcare prior to the pandemic, with a decrease in unemployment and increase in care duties (childcaring, elderly care, domestic duties), it is highly debatable whether they would prioritise their reproductive health or health in general in a time of crisis.

Why should be done?

In regard to short-term policies, governments should engage regional and local organisations and other entities to carry out research so that there is at minimum some data available for policymakers to understand the depth and width of reproductive issues faced by women in the current crisis. The data would not be expedient since reproductive health issues have long predated COVID-19 and will exist after. Consequently, having such information available, authorities can guide their decision-making appropriately when it comes to health. For example, in Barbados, persons with NCD's have been asked to submit their information to receive the vaccine. Depending on the reports received, perhaps women with reproductive

illnesses could also be prioritised to be vaccinated.

Consultation with medical practitioners, specifically those who treat and manage patients with reproductive health issues, should be consulted to identify the challenges their patients have faced during this time. As Kyrou et al. (2020) suggested, doctors should make special recommendations to the patients based on their risk assessments. This information should not only be shared within the medical community but also citizens through public service announcements that could advise the nation as to the specific risks individuals living with reproductive illnesses may face, and how they could seek support in a context of lockdown or quarantine. The medical community and other stakeholders should help create a special programme devoted to maintaining adequate access and support for reproductive health issues and women in general. Castro (2020) recommends that public policies and actions be directed to locating women for whom it is difficult to access treatment for Covid-19 since they are responsible for taking care of their families.

These efforts should also be merged with the mental health interventions, which some islands have initiated to help battle the pandemic's psychosocial impacts. For instance, in Grenada, a helpline for counselling services was created by the Psychosocial Unit within the Ministry of Social Development Housing and Community Empowerment (Campbell 2020). The link between reproductive health and mental health should be emphasised, so women can be aware that stress, depression and anxiety can cause hormonal imbalances that may trigger their periods to be heavier, longer or disappear for several months. Severe and prolonged changes in the menstrual cycle should trigger women to visit the doctor and seek mental health support. This "personal medical knowledge," as Dr Gomez-Carrion (2020) called it, can save lives and make dealing with their social realities much easier.

Lastly, non-governmental organisations and civil society groups geared towards raising awareness of reproductive health should be consulted (see Table 1). These organisations have the expertise that even government officials may not possess due to the consistent and long-term engagement with women with reproductive health issues. Civil society groups are important stakeholders who should be enlisted to assess the needs and amplify the voices of those who otherwise may not have an opportunity to the proverbial "seat at the table." In Barbados, for example, the Government has ensured that there is rigorous stakeholder intervention. These stakeholders included members of the business community, public service vehicle operators, trade unionists, and banking communities (Austin 2020; Prime Minister's Office 2020). Consultation with these members is significant, as they represent many social groups' interests and can give special insight based on their experiences.

Similarly, these organisations can bring the same special insight through their communal, national and regional work. Furthermore, they can even lessen government officials' load since they already have an audience and an intimate relationship with their communities. They already host seminars, workshops and participate in online advocacy. In turn, the Government would provide them with the skills, resources, and finances they require to launch the programmes or initiatives needed to help their community.

In conclusion, addressing the impact of COVID-19 on women's reproductive health cannot be accomplished in one or even a few policies. A holistic approach to resolving gender disparities in health calls for a systematic change. These changes must erode the underlying issues of patriarchy, misogyny,

classism, and racism, which work together to marginalise women through an overburden of domestic and care work, unfair wages, lack of political representation, and inadequate access to healthcare and gender insensitive legislation

Table 1: Advocacy Organisations for Women's Reproductive/Sexual Health and Rights in the Caribbean

Country	Organisation
Barbados	Barbados Association of Endometriosis and P.C.O.S I am A Girl NGO National Organisation of Women Jabez House She (Sexuality Health Empowerment) Barbados
Dominica	I Have a Right Foundation Dominica PCOS Association
St. Kitts and Nevis	Lake Health and Wellbeing Girls Illuminated SKN
St. Lucia	Girls of a Feather Herstoire Collective Empowering Our Women St. Lucia Raise Your Voice St. Lucia
St. Vincent and the Grenadines	She is Lotus
Trinidad and Tobago	Trinidad and Tobago Endometriosis Association Fibroid Awareness Trinidad and Tobago
Jamaica	Her Flow Foundation WE-Change Jamaica

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COVID-19 AND WOMEN: THE PSYCHOLOGICAL IMPACT

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What is the issue?

Women who make up 67% of the population in Latin America and the Caribbean (World Bank, 2019b), and 52% of the workforce (World Bank, 2019a) and who are fulfilling multiple roles in and outside of the home need stronger support to meet their economic, social, physical and mental health needs. Though the fatality rate has been twice higher for men than for women, the pandemic has affected women more than men (Thibaut & van Wijngaarden-Cremers, 2020, 1). Women have become unemployed faster because they are the majority of workers in the hardest-hit economic sectors. It is estimated that by 2021 around 435 million women and girls will be living on less than $1.90 a day – including 47 million pushed into poverty as a result of COVID-19. They will experience reductions in access to healthcare, including sexual and reproductive health, and increases in unpaid care and violence against women (UN Women, 2020).

In the labour force, women make up a large proportion of the informal economy, healthcare workers and hospitality workers. Globally, women make up 70 percent of the health and social care workforce, and they are more likely to be frontline health workers, especially nurses, midwives and community health workers (Boniol et al., 2019). Women, who are the majority of employees in paid domestic work, have been hard hit due to the level of informality in that sector (Bergallo et al., 2021). This level of exposure increases the risk of infection as well. Across the globe, women earn less, save less, hold less secure jobs, and are more likely to be employed in the informal sector. According to Burki (2020, 904), "they have less access to protections and are the majority of single-parent households, resulting in a diminished ability to absorb economic shocks."

Women have always engaged in unpaid care work, that is, unpaid services provided within a household, including the care of persons and housework (Xue & McMunn, 2021, 1). The pandemic has intensified women's unpaid care and domestic workloads in areas such as

cleaning, physical childcare, teaching children, cooking and serving meals and shopping for the family (UN Women, 2020, 9). In addition, they are engaged in caring for sick family members while working from home or working on the frontline. The increasing demand on women leads to feelings of psychological distress through reduced time for sleep and leisure and the stress of attempting to meet competing demands. Role overload stress has been found to have a greater effect on women than on men (Xue & McMunn, 2021, 11).

Globally, an estimated 243 million women and girls aged 15 to 49 have been subjected to sexual and/or physical violence by an intimate partner in the last year. Women with disabilities are at increased risk for sexual violence (UN Women, 2020, 11). Many women are trapped with their abuser at home due to stay-at-home orders during the pandemic (Burki, 2020, 904).

It has become more difficult for women and girls to receive treatment and health services, including maternal and reproductive health care and healthcare-related to gender-based violence related services (United Nations, 2020, 10). The COVID-19 pandemic is impacting access to modern contraception (UNFPA, 2020, 13). The diverted attention away from these services may lead to increased maternal mortality and morbidity, increased rates of adolescent pregnancies, HIV and sexually transmitted diseases (United Nations Population, 2020, 10).

The focus on COVID-19 as a health care priority has taken the spotlight away from routine health care and what was the major focus before COVID-19 – non-communicable diseases (NCDs). In the Caribbean region, NCDs account for 76.8% of total deaths (the Non-Latin Caribbean excluding Haiti) and most of the ever-increasing preventable health care costs in the region (Caribbean Public Health Agency, 2018). Routine clinics and appointments have been cancelled, and elective surgeries have been delayed. Importantly, routine care and assessment of NCD patients have been abandoned (Alert, 2021). This has led to delayed or missed diagnoses resulting in sicker patients and likely poorer outcomes, and the development of other related health issues like kidney disease (Alert, 2021). At varying times of lockdown, COVID-19 restrictions and precautions make it difficult for persons with NCDs to follow through with recommended health behaviours – eat fresh fruits and vegetables, engage in exercise, and take prescribed medication.

Women who become seriously ill with COVID-19 require rehabilitative care to adjust to the cognitive changes that occur in attention and memory, post-traumatic stress disorder that may be rooted in their hospital and intensive care treatment experience, and cardiac, pulmonary and other physical effects. Survivor guilt is also another mental health challenge facing some patients (Huff, 2020).

Women who become seriously ill with COVID-19 require rehabilitative care to adjust to the cognitive changes that occur in attention and memory, post-traumatic stress disorder that may be rooted in their hospital and intensive care treatment experience, and cardiac, pulmonary and other physical effects.

Why is it important?

The COVID-19 pandemic threatens the well-being of women and girls across Latin America and the Caribbean, and more significantly, threatens to undo the work that has been done in the region to reduce gender inequality (Bergallo et al., 2021). The economic fallout is placing women who escaped extreme poverty at risk of falling back into poverty (United Nations, 2020, 10). Many women have lost jobs in the public and private sectors, and those who operate small business establishments

have been adversely affected by the pandemic. This situation is further exacerbated for women who work in the informal economy and rely on public spaces and social interactions to conduct their business, which are now restricted to contain the spread of COVID-19 (UN Women, 2020). Special attention must be paid to women whose businesses provide self-care opportunities for other women, such as massage therapists, cosmetologists, nail technicians, hairdressers, to name a few, which are viewed by the wider society as non-essential work, but which provide essential wellness services for a significant number of women, as they have been impacted severely by the shut-down that occurred across the globe. Additionally, the potential outcome of neglected physical health care for NCDs, sexual and reproductive health, and other health concerns potentially has dire consequences for women, leading to increased morbidity and mortality from NCDs, and sexual and reproductive health issues, including the physical effects of sexual violence.

With the pandemic ongoing, the prolonged stress leads to psychological distress with an inability to manage traumatic and negative emotions, anxiety and depression (Saladino, Algeri & Aurlemma, 2020, 1). The burden of fulfilling work obligations outside of the home and unpaid care and domestic work at home is driving some women to the breaking point (UN Women, 2020, 3). These mental health outcomes do not only affect women but also those they nurture. Young children are vulnerable to maternal mental illness due to their reliance on caregivers to meet health and safety needs (Roos & Tomfohr-Madsen, 2020). Consideration must also be given to the mental health needs of girls, particularly adolescent girls, whose child and elderly care and household chores have increased during the pandemic as they support their mothers who are outside the home, engaged in essential services to their communities. There are educational implications for adolescent girls, especially those who live under impoverished conditions and those with disabilities since according to UN Women (2020), evidence from past epidemics indicates that these girls are at increased risk of dropout and not returning to school even 'after the crisis is over.'

There are also severe psychological consequences for marital and intimate partner relationships since marital and relationship dissatisfaction could result when the domains of work and family overlap, causing a spillover of attitudes, emotions, beliefs, and behaviours related to work spilling over into the family, impacting relations with family members (Carnes, 2017.) Women's and girls' physical and psychological health have been adversely affected by their heightened vulnerability to gender-based violence due to the pandemic as they are not only confined to homes with their abusers, but they are also living in more crowded households with diminishing resources and less access to health services and peer support facilities (UN Women, 2020).

The resultant economic displacement, social, mental and physical health issues leading to reduced work performance of women, inside and outside of the home, will have deleterious consequences for work productivity, national, regional and global economic performance, as well as for women, men and families.

What should be done?

A gendered lens is needed to assess needs and allocate assistance, including reconciling paid and unpaid work. Start by collecting gender-disaggregated data for all economic, social, psychological, and health purposes to remain conscious of women's inequality and resulting needs (UN Women, 2020, 13).

Women's lesser access to land, financial capital and other assets makes it harder for them to weather a crisis, bounce back and rebuild their small businesses (UN Women, 2020, 4). Providing for women's physical and economic

needs through care packages, grants to enable women to rebuild their small businesses in the informal sector will cushion the blow of COVID-19 and set women on their way to recovery post-COVID-19.

Supporting women's work-life balance with flexible work arrangement policies is a step in the right direction. During the COVID-19 pandemic, the Government of Barbados Flexible Work Arrangement Policy came into effect (Austin, 2021). However, there is a need for private sector entities to adopt also flexible work policies, not only for the purpose of business continuity (Barbados Employers' Confederation, 2020) but to better accommodate women balancing multiple roles. Paid leave for primary caregivers, monetary compensation for parents in the face of school and day-care closures, and the provision of improved care services post COVID-19 for dependents, children and the elderly.

There is a need for an increase in psychological support services to address mental health concerns both inside and outside the workplace. Women can reduce the effects of work stressors on their relationships at home by addressing work stressors rather than having them spill over into the home (Carnes, 2017, 171). Women need mental health support to better cope with domestic violence, economic stress and the role overload caused by an increase in unpaid care work and other mental health concerns. In workplace wellness programmes, employee-sponsored counselling provisions in employee assistance programmes should be extended to provide adequate treatment for women to cope with mental health concerns free of cost to the employees. The use of helplines, and enabling other avenues for women to report domestic abuse, and an increase in shelters are essential services that need increasing (Lopéz-Calva, 2020). The increased reliance on teletherapy developed through the COVID-19 pandemic will likely make mental health services accessible to more persons. Beyond workplaces, there is a role for community-based governmental organizations, mental health NGOs, and religious organizations to provide mental health assistance to women and their families.

During and post-COVID, programmes should be established that target women to prevent and treat NCDs and routine reproductive and sexual health care. At the service provider level, both private and governmental, develop programmes to encourage women to return to primary health care, both private and service providers, including polyclinics, should seek out clients who have missed their regularly scheduled appointments and annual examinations.

In addition, provide post-COVID monitoring and rehabilitative care for persons recovering from serious illnesses related to COVID-19 (Huff, 2020).

Develop community care programmes to bring health care services to women and other family members who need in-home services. Programmes need to be targeted, and funds need to be secured to encourage women, especially those in the informal sector, to get health insurance coverage and contribute to national insurance schemes.

Conclusion

Addressing women's economic, social, mental and physical health needs during and after the COVID-19 pandemic will increase their well-being and make them more resilient to future disruptions to regular life. Keep more women out of poverty with increased economic stability, develop psychologically healthy households that address women's mental and physical health needs as the primary caregivers, and enable women to meet organizational work performance needs.

On a positive note, the pandemic can be considered an opportunity to build better,

stronger, more resilient societies that could bring relief and hope to all women on earth (Thibaut & van Wijngaarden-Cremers, 2020, 5).

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ADVERSE CHILDHOOD EXPERIENCES AND COVID-19

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What is the issue?

Violence in the home encompasses all types of violence against children, often referred to as Adverse Childhood Experiences. The Centers for Disease Control and Prevention (CDC) defines Adverse Childhood Experiences (ACEs) as any potentially traumatic events that occur during childhood (CDC, 2020, April 3).

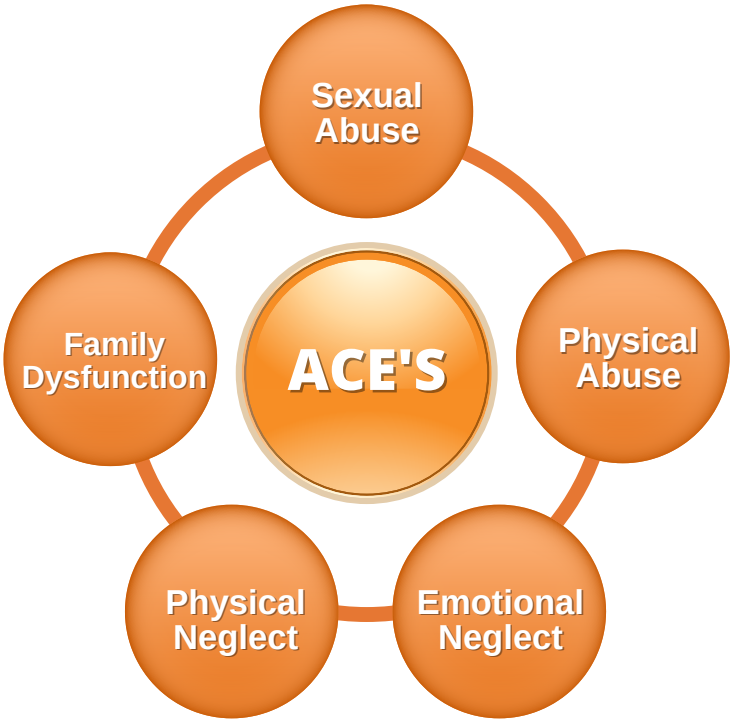
ACEs include physical, sexual, and emotional abuse, as well as emotional and physical neglect. However, ACEs also include household dysfunctions that affect the child's sense of safety and stability, such as witnessing violence in the home, having a family member attempt or die by suicide, growing up in a household where there is substance misuse, living with those who have untreated mental health problems, parental separation, and having a member of the household incarcerated (Boullier & Blair, 2018; Campbell, Walker & Egede, 2016; CDC, 2020, April 3).

Why is Reducing Adverse Childhood Experiences Important?

Aside from the moral rationale for protecting children from harm, ACEs have significant economic costs. A systematic review investigating the annual costs of ACEs estimated expenditure of US$581 billion in Europe and $748 billion in North America (Bellis et al, 2019). Therefore, programmes to prevent and reduce the effects of ACEs are economically beneficial.

The presence of ACEs has long been related to psychological and physical dysfunction in adulthood, with studies describing increased risks for substance misuse disorders, depressive disorders, suicide, sexually transmitted diseases, physical inactivity and obesity (Campbell, Walker & Egede, 2016; Chapman et al, 2004; Felitti et al, 1998). Indeed, increased incidence and severity of ACEs show a graded relationship with adult physical diseases such as heart disease, cancer, chronic lung diseases, and liver disease (Campbell, Walker & Egede, 2016; Felitti et al, 1998; Iniguez & Stankowski, 2016). A 2010 analysis of the World Health Organizations' (WHO) World Mental Health Survey postulated that ACEs account for almost 30% of all mental health disorders across the world (Kessler et al, 2010).

Figure 1: Contributing Factors to Adverse Childhood Experiences



Research on ACEs in Barbados is limited; however, studies indicate a relationship between ACEs and symptoms of personality disorders in adulthood (Hock et al, 2018), and that maternal depression negatively affects infant cognitive function and motor development (Galler et al, 2000). In addition, Barbadian children who were malnourished as infants are more likely to experience conduct problems in childhood and adolescence (Galler et al, 2012), and those who were abused were more likely to engage in violent and hostile behaviours (Debowska et al, 2018). Finally, research on clients in drug rehabilitation centres in Trinidad and Barbados indicated that more than half of participants experienced rejection or abandonment in childhood and that childhood experiences of domestic violence and adult alcoholism co-occurred (Valtonen, Padmore, Sogren & Rock, 2009). This relationship between childhood experiences of maltreatment and increased use of alcohol and cannabis has been found throughout the Caribbean and Latin America (Longman-Mills et al, 2013). Research conducted in other Caribbean nations indicated that ACEs in childhood appear to be related to the likelihood of being in a relationship with a domestic abuser as an adult, that childhood maltreatment is related to increased psychological distress, and that sexual abuse in childhood is related to lower average grades (Jeremiah, Quinn & Alexis, 2017; Longman-Mills, 2013).

This relationship between childhood experiences of maltreatment and increased use of alcohol and cannabis has been found throughout the Caribbean and Latin America

Risk & Protective Factors for ACEs

There are several risk factors that are associated with adverse childhood experiences. While risk does not equal causation, it is

important to take risk factors into consideration when suggesting intervention strategies.

Younger children are at higher risk for experiencing adverse childhood experiences, as are those with special needs (such as physical or mental disabilities) that may increase the burden on caregivers (CDC, 2020, March 5). Parental perpetrator risk factors include young parental age, single parenthood, a large number of dependent children in the home, poor parenting skills and a lack of parental understanding of child development (CDC, 2020, March 5; Development Services Group, 2015).

A 2006 UNICEF study indicated that Barbadian children living in poverty are the most vulnerable (UNICEF, 2006). At the household level, the risk for ACE is related to low income, active substance misuse, untreated mental health disorders, intimate partner violence, social isolation, the presence of nonbiological and transient carers in the home, and familial history of abuse or neglect (CDC, 2020, March 5). At the community level, violence in the community, poor social connections, and living in disadvantaged areas with high unemployment, residential instability and high levels of poverty are all risk factors for ACEs (CDC, 2020, March 5; Development Services Group, 2015).

Protective factors may reduce the likelihood that children experience ACEs, and include good interpersonal, self-regulation and problem-solving skills, as well as positive involvement in educational and extra-curricular activities, and the presence of positive peers and caring adults (CDC, 2020, March 5; Development Services Group, 2015; Loukas, Roalson, & Herrera, 2010). Parenting skills and the presence of positive parent-child interactions reduce the risk of ACEs, as does the presence of supportive family and social networks. Finally, parental employment, living in a socially cohesive community, having safe and adequate housing, and having access to health care and social services are all protective factors (CDC, 2020, March 5; Development Services Group, 2015).

The Relationship between ACE Risk Factors & COVID-19

Many of the risk factors associated with ACEs have increased or become exacerbated with the COVID-19 pandemic- as children who are victims of household ACEs are now trapped in their homes with little to no support from the outside world. Since lockdown measures were initiated, reporting of intimate partner violence and family violence has risen (Kofman & Garfin, 2020; Usher, Bhullar, Durkin, Gyamfi & Jackson, 2020), social isolation, loneliness, depression and suicidal ideation have increased (Killgore, Cloonan, Taylor & Dailey, 2020), and levels of employment have dropped (Kawohl & Nordt, 2020).

In many countries, schools have also closed or are leaning heavily on online learning, causing ripple effects in several areas. Protective factors for ACEs include positive involvement in educational and extra-curricular activities, and the presence of positive peers and caring adults – with the closing of schools, these protective factors are much decreased. In addition, many cases of abuse and neglect are flagged up and reported via the school system. As many schools are closed or engaging in online teaching, there is decreased face-to-face interaction between teachers and students, and as a result, it appears as though cases of child maltreatment are not being reported (Baron, Goldstein, & Wallace, 2020). Finally, there are concerns that online learning may increase a child's risk of exposure to inappropriate content and online predators (The United Nations, 2020).

In addition to the above, it is important to note that ACEs include living with those with

untreated mental health disorders and living with persons who misuse substances. As we are still in the early stage of the COVID-19 pandemic, research on its mental health correlates is limited. However, initial investigation suggests a psychological toll, with increased levels of depression, anxiety, post-traumatic-disorder, stress, and fear (Dutheil, Monfillon & Navel, 2020; Lee, Mathis, Jobe & Pappalardo, 2020; Torales, O'Higgins, Castaldelli-Maia & Ventriglio, 2020; Zheng, 2020). Indeed, recent research on COVID stress syndrome indicates that while 2% of participants had been diagnosed with COVID-19, and 6% were personally acquainted with someone with a diagnosis, a significant psychological impact of COVID-19 was seen in 38% of the sample population (Taylor et al, 2020). In addition, a systematic review of previous COVID outbreaks indicated an increased incidence of anxiety, depression, fatigue and post-traumatic stress disorder post epidemic (Rogers et al, 2020).

What should be done?

While ACEs have a significant and long-term effect, especially during times of scarcity and worldwide emotional upheaval, many things can be done to mitigate their effects. Previous Caribbean research has indicated that the major blocks to curbing violence in the family are insufficient research, ineffective policy, and lack of public-health interventions (Jeremiah, Quinn & Alexis, 2017). However, there is little research on the ways in which other forms of ACEs can be mediated within the Caribbean context.

Legislation mandating the reporting of child abuse and neglect.

According to Newman and Barrow (2008), in order for child abuse and neglect to be recognised as an important social problem, it needs to be recognised within the health, legal, and public and social policy contexts. The Barbados Child Care Board (CCB) is responsible for the protection of children in Barbados. However, cases cannot be investigated unless they are brought to the attention of the CCB. Pre-pandemic, most cases of abuse or neglect of children were reported by medical staff, teachers, and other childcare professionals. However, with the COVID-19 pandemic came the decreased ability of professionals to monitor children's health and safety.

Scholars and practitioners have been calling for a mandatory child abuse reporting protocol for several years, but Barbados still does not have legislation mandating the reporting of child abuse and neglect (Newman & Barrow, 2008).

In the Caribbean context, there may be a "culture of silence" around violence in the family, which makes curbing this violence difficult (Jeremiah, Quinn & Alexis, 2017). Scholars and practitioners have been calling for a mandatory child abuse reporting protocol for several years, but Barbados still does not have legislation mandating the reporting of child abuse and neglect (Newman & Barrow, 2008). In order to increase the likelihood of reporting, a protocol for mandated reporting of abuse and neglect must be introduced.

Interventions for at-risk families

The World Health Organisation (WHO) has identified mental health care as an integral component of the COVID-19 response (WHO, 2020). However, the results of a global survey conducted between June and August 2020 indicate that services aimed at preventing psychological ill health and promoting mental health were disrupted due to the pandemic. Services that were disrupted included

interventions for children and services for those with substance use disorders – all-important services which aim to reduce the incidence and manage the effects of ACEs (WHO, 2020).

This disruption or discontinuation of services means that we are likely to see an uptick in the later dysfunction caused by ACEs, as both parents and children are not getting the support they need. As such, a major recommendation to decrease the incidence of ACEs, and to provide support for children who have been victims of ACEs is the provision of increased psychological services, in the form of teletherapy. These services should be aimed to assist parents and household family members who may fall into ACE risk categories, such as those who are struggling financially, who have mental health disorders, or who may be struggling with substance misuse issues. A specific focus should be placed on maternal mental health, both pre- and post-partum, especially as many new mothers are more isolated due to the pandemic. In addition, children who have been the victim of ACEs and their families should receive psychological interventions in order to mediate the later disruption that is associated with these experiences.

Further Research & Education

Recommendations for future research include large scale studies to examine the occurrence of ACEs in the country, to determine the most frequent types of ACEs, and to help us understand the long- and short-term effects of ACEs in Barbadian children. In addition, studies geared towards acquiring an understanding of the cultural factors which influence the incidence and conceptualisation of child abuse and neglect in the island are needed.

In order to refer children, adults and families to the appropriate social and psychological services, Barbadian teachers, and healthcare providers in the island's many polyclinics should be educated in understanding the risk factors and recognising the signs which indicate current ACEs in children. In addition, healthcare providers should be trained to ask their adult patients about previous ACEs, in order to either refer them for psychological assistance or to integrate this information into their holistic health care plan for the patient.

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THE PSYCHOLOGICAL IMPACT OF COVID-19 ON CHILDREN IN BARBADOS

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CHILDREN'S MENTAL HEALTH DURING COVID-19

The definition of a child is a nebulous concept. The Oxford Dictionary defines a child as "a young human being below the age of puberty or below the legal age of majority". Rayan Najeeb, in a UNICEF Blog post on July 30 2020, argues that since there is no universal agreement on the word "child", "what defines a child is not just a number, but it also depends on many factors in order to know the moment a child becomes an adult. We should also take into consideration the differences between societies when determining the age childhood ends". This policy brief seeks to analyse and identify actions that government can implement in relation to the impact of the COVID-19 pandemic and drive policy decisions on children's mental health in Barbados.

The Convention on the Rights of the Child (CRC), states that at a policy level governments must respect human rights, including those of children with psychosocial disabilities since they are vulnerable and special safeguards and policies during their mental development must conform to this principle (World Health Organization; 2017).

The imposition of face-to-face restrictions, physical distancing, government lockdowns, and restrictions in movement have negatively impacted the overall mental health of children. The pandemic has forced children into social isolation, inhibited their access to regular support systems, including their schools, peers, coaches, extended family, churches and the social service agencies, which are either closed, oversubscribed or inaccessible. Therefore, making children more vulnerable to child abuse and mental health challenges.

The May 2020 editorial section of The Barbados Advocate newspaper highlighted that "the authorities must find it fit to have psychological professionals come into the classroom, to work with children and talk them through the whole COVID-19 experience". They also asserted that "some students may be in need of psychological interventions during the post-COVID-19 period." In 2020, COVID-19 negatively impacted many children who wrote the amended Caribbean Secondary Education Certificate (CSEC) and Caribbean Advanced Proficiency Examination (CAPE)

examinations as administered by the Caribbean Examinations Council (CXC). The January 19, 2021 article in the Jamaican Gleaner highlighted that parents of Barbadian students who wrote the CSEC and CAPE examinations filed a class-action suit against the Caribbean Examinations Council (CXC) over the results claiming that "since September 22, 2020, students and their parents in Barbados and across the region have suffered the inexcusable fallout of CSEC and CAPE results, which were manifestly flawed, and which has occasioned mental angst" and students lost scholarship opportunities. In December 2020, an upper sixth form student at St. Francois Girl's School in Trinidad, stated that "the discrepancies caused mental anguish among her peers". I have had to take on the responsibility of comforting suicidal students across the region" and that "CXC has done nothing to assist the students of the region who are suffering from the terrible bouts of depression" (Radio Jamaica News, 2020). Head Boy at Queens College in Barbados, said the discrepancies were damaging as some students had matriculated to universities but would have been removed from universities where they had been accepted conditionally based on the strength of their Unit 1 results, others have been allowed to stay at universities but have lost scholarships they were offered"(Radio Jamaica News, 2020). "In a climate of apprehension and nervousness, CXC's delayed and piecemeal approach to reviews is frustrating and reviews need to be communicated to schools with clarity and alacrity" (Radio Jamaica News, 2020).

Furthermore, although statistical data on the impact of COVID-19 on the psychological wellbeing of children in Barbados and the region is sadly lacking, in 2020, The United Nations International Children's Emergency Fund (UNICEF), in collaboration with the Caribbean Policy Research Institute (CAPRI), surveyed 500 households with children in Jamaica and the results of the survey identified that did indeed impact children's emotional and physical health. They noted that households reported increases in children's level of anxiety by 23% and fear by 21%. Forty per cent of the respondents admitted that adults in the household are shouting, yelling and screaming more frequently.

Xie et al. (2020) conducted research in Hubei Province, China in order to determine how COVID-19 impacts the mental health of children. The results concluded that 22.6% of children reported an increase in depressive symptoms attributed to decreased social interactions and outdoor activities. According to Leung et al. (2021), "insufficient social support and prolonged acute stress during the COVID-19 outbreak may cause adverse long-term mental health outcomes. Social isolation would also make it harder for people to return to regular personal contact when the shelter-in-place or lock-down periods are over" (p.4).

Research by Loades (2020) found that children who suffer prolonged loneliness due to the closure of schools and social distancing measures experience mental health problems such as depression and anxiety years later. Governments' quarantine measures and social distancing COVID-19 protocols resulted in more children requiring mental health services for behavioural manifestations of anxiety and post-traumatic stress.

The COVID-19 pandemic had also disrupted traditional face to face mental health services for children. These services must now be implemented remotely, many times utilising a virtual platform. Digital divides, and domestic circumstances can affect access. According to Grist et al. (2019), the use of technology can provide increased access to psychological treatment services for adolescents who are experiencing depression and anxiety. Hilty (2013) claims that telehealth services have proven to be effective for diagnosis and assessment, across many populations, including children, and in many settings,

including home, while being equivalent to in-person care.

In February 2021, Psychiatry Investigation published the results of a study entitled Effects of COVID-19 Outbreak on Children's Mental Health: A Comparative Study with Children Diagnosed and Isolated from Their Parents, in which they concluded that "parental quarantine and isolation, especially in children who are vulnerable and with poor quality of life, have negative effects on children's mental health" (p.6). Guessoum et al. (2020) claim that healthcare systems must adapt to increased psychiatric disorders among adolescents due to the pandemic and that interfamilial violence associated with home confinement has increased. According to Sprang & Silman (2013), children who experienced being quarantined are four times more likely than children who have not experienced quarantine to develop post-traumatic stress disorder. The Alliance for Child Protection in Humanitarian Action and UNICEF (2020) posits that "while implementing public health measures to reduce transmission of COVID-19, such as restrictions of movement, childcare and school closures, and quarantine and isolation of suspected and confirmed cases, it is important to anticipate and address risks and vulnerabilities for already vulnerable groups, including children" (p.1). They go on to confer that being quarantined can cause fear and panic in children, and therefore government must collaborate with other sectors to prevent child-family separation.

Serafini et al. (2020) claim that clear behavioural strategies aimed at reducing the mental health consequences during COVID-19 must be a public health priority for authorities and policymakers. The United Nations Convention on the Rights of the Child also states that "In all actions concerning children, whether undertaken by public or private social welfare institutions, courts of law, administrative authorities or legislative bodies, the best interests of the child shall be a primary consideration" (Part 1, Article 1).

THE NEGATIVE IMPACTS OF THE MENTAL HEALTH OF CHILDREN DURING COVID-19

COVID-19 has hampered children's ability to flourish, eroding the very structure, security and stability they desire in order to feel safe and protected within their families and communities. The pandemic has negatively impacted their education, mental health, security, as well as their physical and social development with lasting effects in the following areas:

1. Anxiety, Insecurity and Fear In Children

The effects of social isolation and restrictions, especially during frequent governmental lockdowns, can increase children's levels of fear, insecurity, stress, anger and anxiety. Separation from their traditional support systems, the loss of freedom and uncertainty during this period can cause depression, fatigue and general feelings of apathy in children.

Extended governmental lockdowns and restrictions can also interfere with children's normal educational activities and interrupt their social networking, leading to feelings of loneliness. High levels of uncertainty among children impact their ability to positively plan for their future, especially for children who plan to transition to secondary and tertiary level education. Unfortunately, social isolation for some children can also result in alcohol, substance abuse, self-harm activities and suicidal ideations. The New York Times reported that during 2020 eighteen students in Nevada committed suicide over a span of nine months due to the pressures of the COVID-19 pandemic (Carney, 2021).

2. Maltreatment And Child Abuse

A child's home environment should be a place of safety and security. However, for many children, their home is a place of tension and violence since acts of violence are more likely to occur while families are confined in their homes. Due to the lockdowns and restrictions of COVID-19, many children may not only witness domestic abuse but also may become victims themselves. Government-mandated restrictions and lockdowns provide easy access for child abusers to engage in physical, mental and sexual abuse of children in their own homes. This is even direr during COVID-19 when children confined to their homes are unable to seek help from the relevant authorities in cases of abuse due to the suspension and the scaling down of child protection services. On March 15, 2021, Nation Newspaper, the President of The National Organisation of Women (NOW) said they are receiving more reports of domestic violence during the ongoing coronavirus (COVID-19) curfew. She also stated that "The systemic response to domestic violence coming into this pandemic was not great. The system is lacking in a number of ways and so the pandemic exacerbated those gaps in the system" (quoted in (Carter, 2020).

3. Children's Development and Transitional Challenges

The 2021 official website of the Barbados government states that children enter primary school at age four until age 11+, when they transition to secondary school, after sitting the Barbados Secondary Schools' Entrance Examination (BSSEE). At age 16, students sit CSEC, and by age 18, they sit CAPE examinations. The Barbados governments prolonged closure of educational institutions and social distancing measures can adversely impact children's life skills, acquisition, social development, neurological development and the normal progressive transitioning through their developmental stages. Although all children found the transition to learning on a remote online platform very stressful, it is particularly stressful for younger children. Children who wrote the BSSEE exams were never afforded the opportunity to transition to their new secondary school successfully. The inability to socialise and engage in face to face interactions will hamper their ability to form long term peer attachments. The development of peer attachments lay the foundation for how adolescents interact with the world around them, how they learn to depend on and trust others. For children who wrote the CSEC and CAPE examinations, their mental anguish has long-term negative consequences, including the inability to transition into tertiary education, lack of motivation, and personal trauma.

4. Children's Response to Bereavement, Separation and Grief

Children who are exposed to personal trauma, family breakdown, separation and death during the pandemic can experience high levels of stress, even post-traumatic stress, without the normal support channels available to them prior to COVID-19. Children rely on child protection services to keep them safe but COVID-19 has made previously challenged child protection systems response worse. In 2020 UNICEF conducted several surveys on the impact of COVID-19 on children in the Caribbean and found that children and their families are suffering large scale disruptions of basic social services and vulnerable groups are at risk of falling through the cracks. Governments must have immediate and long-term measures that protect children by designating and investing in social services. (UNICEF, 2020).

STRATEGIES AIMED AT REDUCING CHILDREN'S MENTAL HEALTH CONSEQUENCES DURING COVID-19

The research shows that the COVID-19 pandemic has disrupted children's education,

impacted their social connections, placed them in abusive environments, impacting their mental health. The Government's restrictive response to COVID-19 must be balanced by lending support to children during and after the pandemic. Therefore the Barbados government, while fighting to curtail the spread of COVID-19, must also prioritise responses geared at preventing long term mental health challenges in Barbadian children by considering the following:

1. Seek Expert Advisement on Matters Relating to Child Welfare

Seek expert advisement on the psychological wellbeing of children when drafting national restriction plans before their implementation. Experts in child welfare should sit on advisory boards regarding national policy decisions, including lockdown restrictions and return to school protocols. The government must explore opportunities for children to participate in COVID-19 response plans geared towards them.

2. Improve Current Services for Children and Outsource Additional Resources

The government must improve the implementation of child protection policies, standards and regulations towards the mental health of children. Governmental departments that currently provide mental health services for children must be upgraded in order to be more effective in their delivery of services, while resources must be made available to enhance their overall efficiency. Government should also outsource mental health clinicians to supplement the demand placed on child welfare services and guidance counsellors within secondary schools and lend support to community-based programmes that have adjusted to the specific needs of children during COVID-19.

3. Develop Clear Protocols Concerning Isolation and Quarantine

There must be clear protocols regarding children in isolation facilities in order to prevent family separation and child maltreatment. Policies should allow for children to quarantine at home due to child protection concerns while at isolation facilities.

In the event that a child is placed at an isolation facility, the accommodation must be child friendly, specifically geared towards the special needs of children with relevant support and safety concerns employed. In order to facilitate this, all isolation facilities must be staffed with Social Workers trained in child protection to be the emergency focal point for any child protection issues that may arise. These designated social workers will provide mental health and psychosocial support and other services in order to mitigate separation anxiety for children and their families while supporting children's safety and wellness. Isolation facilities must also ensure that continuous communication is allowed for children in isolation with their caregivers at home.

4. Provide All Children With Technical Support and Tele-Counselling Services

The government must provide landlines, Wi-Fi networks, digital devices, technology literacy and support for all children in order to afford them the right to quality education during the closure of schools. Children must also be able to access around the clock tele-counselling services, such as hotline numbers for mental health concerns and emergencies that children can access on a 24/7 basis, allowing those who do not have this facility the opportunity to receive mental health counselling in their homes effectively.

5. Monitor Online Classes, Conduct Research and Advocate for Barbadian Children

All online classes should be monitored for quality of delivery. Research should be conducted as to the impact of the COVID-19 pandemic on children, the government must advocate for Barbadian children with regards to regional examination bodies so that children are not disadvantaged.

CONCLUSION

The above five strategies will inform the government of Barbados on measures to take to ensure the mental health and wellbeing of our most precious resource, our children.

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COVID-19 PANDEMIC AND EDUCATION- WHITHER YOUTH PARTICIPATION IN SCHOOL DECISION-MAKING

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Background

In January 2020, the World Health Organization (WHO) declared the outbreak of the novel coronavirus - COVID 19 - to be a public health emergency of international concern, and by March 2020, it was declared a pandemic. Educational institutions across the Eastern Caribbean, from early childhood through to tertiary, were all affected. They were forced to halt face-to-face classes in line with the COVID-19 physical distancing protocols to reduce the spread of the virus ("The Socio-Economic Impact Of Covid-19", 2020). For example, the UNICEF Office for the Eastern Caribbean Area (UNICEF ECA), which has a Programme of Cooperation with the Organisation of Eastern Caribbean States (OECS) Member States, Barbados, Trinidad and Tobago and the Turks and Caicos Islands, noted in its March 2020 situation monitoring report that approximately 500,000 students aged 16 years and under were not physically at school ("COVID-19 HPM Monitoring Report",2020).

In April 2020, Ministries of Education resumed school using online teaching modalities with limited face-to-face interactions for those students preparing for examinations. By September 2020, they also commenced the 2020-2021 academic school year using different teaching modalities. These included blended approaches (a combination of face-to-face teaching with online teaching); full face-to-face teaching, though for some countries, like St. Kitts & Nevis, this was done in shifts. This trend is confirmed by the findings of a recent UNICEF survey among teachers in eight Eastern Caribbean countries, where 52% of teachers reported that during the first term of the 2020-2021 academic school year, they were using blended approaches, while 27% reported that they engaged only in teaching face-to-face ("Rapid Assessment of The Effectiveness of Communication Interventions," 2021).

What is the issue?

One of the areas challenged by the disruption to the education system was student participation in school governance decision-making. This paper explores the issue of student participation in a COVID-19 environment at primary and secondary schools in Barbados and the OECS Member States. It then makes policy recommendations for ensur-

1. The views in this paper represent that of the author and not that of the UNICEF Office for the Eastern Caribbean Area

ing meaningful student participation when education systems become disrupted by any emergencies.

Why Is Student Participation Important?

Mager and Novak (2012) defined student participation as a process that involves dialogue with students and school administrators, where students are involved in decision-making either at the school or the class level. Schmerler, cited in Mariame (2001), noted that there are four arguments that are given in support of student participation. These are the moral reason, the decisional reason, and the educational reason (Mariame, 2021). The moral perspective takes a right-based approach and posits that anyone living in a free society affected by a social policy has an inalienable right to have a say in that policy. The moral reason is based on the premise that participation in decision-making boosts students' self-esteem; the decisional perspective is based on the idea that students have special knowledge and information that may not be considered or taken into account by administrators students are not involved in the consultative process. Finally, the educational perspective is based on the premise that one of the primary goals of education is to prepare students to live in a democratic society and build their sense of citizenship (Mariame, 2001).

A review of studies on student participation by Griebler, Rojatz, Simovska and Forster (2017) found that student participation in decision-making had a positive impact on students' personal development and student-adult relationships. In terms of personal development, it improved students' self-esteem; it helped build their life skills and led to higher academic development. Student participation also positively affects school ethos as students develop a greater sense of ownership of their school.

In a presentation to the Child-friendly schools focal points meeting in May 2018 in Grenada, Psychologist Nicole Lynch underscored the importance of meaningful student participation in Caribbean schools. According to her, meaningful student participation was important because it ensured that policies and services genuinely met students' needs and made school a more creative, pleasant and productive environment (Lynch, 2018).

In examining student participation and mental well-being, Weare (2016) argued that student participation was also important for their emotional health and well-being. She noted that mental health and emotional well-being are dependent on persons feeling a sense of control and that allowing students a voice on matters that affect them gives them a sense of responsibility and control over their learning (Weare, 2016). This view was supported by an earlier study by John-Akinola and Nic-Gabhainn (2014), whose survey among primary school students found that students reported that participation in school- decision making contributed to their emotional well-being.

Most of the perspectives on student participation in the literature pertaining to students being physically in school. However, it can be argued that in a COVID-19 environment, where students had a heightened sense of uncertainty and anxiety about their safety, exams, being able to fulfil curriculum, among other issues, that student participation could have the added value of easing anxiety and helping them to feel a sense of ownership about the various decisions that would be impacted on their learning.

Pre-Covid-19 - Student Participation in The Eastern Caribbean

One of the bases for student participation is the UN Convention on the Rights of the Child (UNCRC), which all Caribbean countries

have signed and ratified. Defining a child as anyone who is 18 years and under, Articles 12 and 13 of this international Convention articulate children's right to be heard on matters affecting their lives, in keeping with their developmental capacity (United Nations Convention on the Rights of the Child, n.d).

The Governments of Barbados and of the Organisation of the Eastern Caribbean States (OECS) Member States have recognized the right of students and young people to participate in issues affecting their lives and have articulated this right to participate in their national youth policies. For example, Antigua and Barbuda and St. Vincent and the Grenadines' draft national youth policies specifically mention youth participation in decision-making in educational institutions. In addition to having a national youth policy that mentions the importance of young people's participation, Barbados also has a specific national handbook about the students' councils. It is important to note that all the national youth policies include school-aged children in their definition of youth, as shown in Table 1 below.

Table 1: Age of Youth as defined by National Youth Policies

Country	Type of document that acknowledges the right to participation	Age of Youth
St Kitts & Nevis	National Youth policy	15-35
Saint Lucia	National Youth Policy	10-35
BVI	National Youth Policy	15-29
St Vincent & the Grenadines	National Youth Policy	15-30
Anguilla	National Youth policy	13-30
Barbados	National Youth Policy	15-29
Antigua	National Youth policy	0-35 with ages 12-30 being priority group
Dominica	National Youth policy	15-30
Grenada	National Youth policy	15-24

Source: Information taken from countries' national youth policies

Prior to the onset of COVID-19, Ministries of Education were making deliberate efforts to promote students' participation in decision-making in schools. This effort is one of the key components of the Effective Schools Framework/Child-friendly Schools Framework implemented by Ministries of Education in their primary and secondary schools ("Introduction to the Effective School Framework", 2014). To this end, Ministries of Education, with the support of UNICEF ECA, engaged in several capacity-building workshops for principals and teachers on how to implement meaningful student participation in schools. In addition, training was invested in student leaders from primary and secondary schools to enhance their leadership skills.

One of the main mechanisms for student involvement in decision-making was through students' councils. These councils were

established at both primary and secondary schools in some countries. Students' councils were also launched nationally and at the school level in some countries like Barbados (Students Councils in the Pipeline, 2009). Unlike the prefect system, where students are selected by academic staff, councils' members comprise students nominated and elected by their peers, usually through democratic processes such as voting. Students' council representatives meet with principals and discuss issues of concern. They also play an active role in providing solutions to problems in collaboration with management or through students' council's projects.

Student Participation In the COVID-19 Environment

With the closure of physical schools due to the pandemic, the emphasis of Ministries of Education in Barbados and the OECS Member States was on ensuring that all students had access to online learning through the provision of devices. Another emphasis was on the development of protocols for a safe return to school. However, key questions must be asked to ascertain the level of students' participation in a COVID-19 environment. These questions include:

- During the initial phase of online learning in 2020, were schools encouraged to activate their students' councils to get feedback on the online teaching and learning modalities?

- During the transition to blended approaches or the transition back to face-to-face learning at the start of the 2020 -2021 academic school year, were students' representatives or students consulted to develop protocols for the safe return to school consulted in general?

- In general, has students' participation in school decision-making resumed whether schools are presently online, using blended or engaging in face-to-face teaching?

Gleaning answers to these questions will require in-depth research with students' council members and their faculty advisors. However, to get some understanding of what has happened in countries since being impacted by COVID-19, this author corresponded with the focal points for the Effective School's Framework in the Ministries of Education. The responses received from some of them were as follows: Anguilla's focal point reported that school-based clubs have resumed (B. Romney, personal communication, January 28 2021). Dominica representative in the Ministry of Education also reported that the council and other school-based clubs have resumed since September (D. Durand, personal communication January 28 2021). Antigua and Barbuda's focal point indicated that students' councils have resumed in some schools (D. Antonio, personal communication, January 29 2021). St. Lucia's focal point reported that there were very few consultations with students but that the National Youth Council was vocal in the media (S. Edwards, personal communication, January 28 2021). St. Vincent and the Grenadines' focal point indicated that students' councils are presently not functioning (K. Martin-Jack, personal communication, January 28 2021). During the first term of the 2020-2021 academic school year, Barbados mainly had a blended approach to learning but has been fully online since January 2021; however, the focal point reported that the Minister of Education had consultations with students in December prior to the start of the second term of the 2020-2021 academic school year (J. Reid, personal communication, January 29 2021).

In summary, there appears to have been limited consultations with students during the COVID-19 pandemic. The consequences of not involving them can lead to decision-making that students may consider to not be in their best interest or well-being. This was reflected at one school in St. Lucia when the Ministry's decision to reopen face-to-face school was met unfavourably by the students who feared that this decision would increase their risk of contracting COVID-19 and decided to boycott the face-to-face classes (HTSnews4orce, 2021). On the other hand, consultation with students proved beneficial for Barbados, as the Ministry was able to ascertain some of the household issues impacting their learning when they engaged in online schooling (Students to Minister, 2020). Underscoring the importance of having students' council in schools, the Minister of Education noted that "If we get it wrong and don't listen to them obviously, they will feel disillusioned by the entire experience of school. It is important that they leave here feeling the Ministry cares, the Minister cares, the Government cares and that we are able to modify some of what we are doing to make the school system better for them." (Students to minister, 2020, para 13).

Policy Direction

The Eastern Caribbean region is prone to many natural hazards, including floods, hurricanes, droughts, and volcanic eruptions. The COVID-19 pandemic has shown that these natural hazards are not the only emergencies that can disrupt the education system in our region. In this regard, it is important to realize that student participation is not only relevant in times of normalcy but needs to be seen as important when emergencies cause students not to be engaged in face-to-face learning. That is, where possible, students should still be consulted on matters that affect them when they are not physically in school due to an emergency caused by a natural or man-made disaster or by a pandemic, such as COVID-19. This is especially so since research has shown that student participation in decision-making is critical to students' growth and development and contributes to their emotional well-being. Consulting students can be done through student leaders or through general consultations with students. However, to ensure that student engagement is not dependent on the will or discretion of any principal or Minister of Education, it is important that it is embedded in national safe school policies.

What Should Such Policies Involve?

It is being recommended that these policies should be proactive as well as reactive. From a proactive perspective, the policy should mandate training for student advisors, principals, and student leaders on face-to-face student engagement and virtual student engagement. This training should cover topics such as: how to conduct online meetings, decision-making, action planning, leadership skills, communication skills, conflict resolution and project management in virtual settings.

In addition to capacity building, the policy should address student leaders having access to technology. COVID-19 has shown that it is not always possible to consult persons in face-to-face meetings. If students are going to be involved in school decision-making, student leaders must have access to the relevant technology. It should be stipulated, as part of the policy, that once a person is elected as a President or Head of a students' council, they are provided with a device with internet capability to be reached if needed. The device should be returned to the academic institution when the student leader's tenure has ended. Recognising that this can be an expensive venture for most schools, it is recommended that, should such policy be implemented, fundraising efforts or

soliciting funding from donor agencies can be explored.

Finally, it should be written into policy that in the event of disruption of face-to-face learning, it is mandatory for education stakeholders to make all efforts to hear students' voices on plans that can impact their education.

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