

Two Sides of the Same Coin: Discrimination Against Women and Exclusion of Children in Jamaica and Niger

Caroline Jones

Abstract

This article seeks to examine key issues related to the discrimination of women and the exclusion of children in example countries Jamaica and Niger. The women and children of both countries face marginalization, though the case in Niger is more extreme. While the United Nations Convention on the Rights of the Child has been ratified in both countries, there are still significant existing infringements on children's rights. In Jamaica, women and children face violence, while in Niger, child marriage is a pervasive problem. This article finds that the discrimination women face in both countries are related to the exclusion that children face. Thus, this article argues that women's and children's issues should be examined together for policy interventions to have the utmost positive impact on the issues plaguing women and children in developing countries.

I. Introduction

Women and children in developing countries often face infringements of their rights that inhibit development, such as discrimination and exclusion. The United Nations Convention on the Rights of the Child (CRC) has been introduced in many countries to set a standard of wellbeing for children. Despite its introduction, many countries that have ratified it have not been able to uphold it. This leaves children in oftentimes dangerous places.

This article examines key issues related to women and children in Jamaica and Niger, both of which have ratified and struggled to uphold the CRC. Jamaican women and children face violence, and in Niger, child marriage has been deemed a health crisis. In both countries, the issues that affect women and children are highly correlated.

This article is structured into six sections. After the introduction, section II is a brief literature review, that provides an overview of both women's discrimination and children's exclusion in Jamaica and Niger. Section III is a socioeconomic background, which provides details on the GDP per capita, life expectancy and literacy of each country. Then, section IV is an analysis of facts that examines key data related to the issues of both women and children. Section V is an ethical analysis that explains the current ethical frameworks for the key issues and argues for new ethical

frameworks to be used in future interventions for women and children. Finally, section VI is the conclusion.

II. Literature Review

There is much literature related to women's discrimination and children's exclusion in both Jamaica and Niger. These two issues are highly related to one another, and, thus, the literature often discusses both. All of the research and reports in this review are from the last two decades. De Groot (2021) and Henry-Lee (2008) focus on Jamaica, while the International Monetary Fund (2017) and Crawford (2022) focus on Niger.

- De Groot (2021) is a United Nations (UN) press release that discusses Gender Based Violence (GBV) in Jamaica. The author reported that the Jamaican Economy Panel (JEP) published a sixth round of discussion, which focused on violence against women and children. Referring to some UN statistics, De Groot reports that 28 percent of Jamaican women have suffered intimate partner violence (IPV), and 23 percent have suffered sexual violence from someone other than their partner. De Groot also suggests that the COVID-19 pandemic likely increased these rates. The discussion among the JEP centered around both women and children. De Groot also refers to a report by the United Nations Children's Fund (UNICEF), which states that up to 85 percent of Jamaican children have been subjected to violent discipline. De Groot also draws on research stating that exposure to violent discipline can promote violence in the overall culture. The JEP discussed multiple actions forward, including stronger laws and punishment, and increased support of youth seeking help in these situations. The JEP also discussed a potential linkage between large unemployment rates for women in Jamaica and IPV, as this issue can put pressure on couples. Solutions, which the JEP discussed regarding GBV, included education on a structural level and community-based interventions.
- Henry-Lee (2008) explores the continuous critical situation of Jamaican children, despite that Jamaica ratified the CRC in 1991. The article takes a specific focus on the comparison of Jamaican boys to girls and highlights how their respective situations differ. In doing so, the article states that there is a high prevalence of children being excluded and invisible in Jamaica, despite the ratification of the CRC. For example, only 10 percent of Jamaican children who are disabled are enrolled in some form of formal education program. In addition, though the CRC states that children should be protected from economic exploitation, 16,000 Jamaican children engage in economic activity, including in child prostitution. The article also states that 9 percent of Acquired Immunodeficiency Syndrome (AIDS) cases in Jamaica are children. Furthermore, some 50 percent of young women reported having sex with partners 5 to 10 years older than them. And 20 percent of girls have been subjected to forced sex. These are some of the main ways in which Jamaica is failing at implementing the CRC, according to Henry-Lee (2008).
- A selected issues report by the International Monetary Fund (IMF) (2017) explores gender inequality in Niger. The report highlights that Niger scored 0.713 on the United Nations Development Programme (UNDP)'s Gender Inequality Index (GII), where 0 is considered complete equality between men and women, and 1 is considered complete inequality. Despite the bad score, the report notes how the situation has improved for Nigerien women since the Millennium Development Goals (MDGs) have been introduced in 2000. In Niger,

maternal mortality, female life expectancy and enrollment in primary and secondary education have all improved since then. However, considerable gender inequality still prevails in Niger.

- Crawford (2022) situates child marriage as a health issue in Niger. Early marriage is a pervasive issue for children in Niger, with some 76 percent of women who got married in Niger between 2015 and 2021 having been under the age of 18. There are several reasons for these high rates of child marriage in Niger; some include insufficient legislation, discriminatory gender norms, high levels of poverty and religious ideals. Crawford reports that Niger has ratified the CRC as well as the African Charter on the Rights and Welfare of the Child (ACRWC) and has largely approached the child marriage issue as a rights-of-women issue. However, there are many health concerns related to children getting married, such as a high risk of sexually transmitted infection and cervical cancer, a high risk of death during childbirth, and a risk of other long-term psychological problems, like anxiety and depression. Crawford reports that 35 percent of fatalities among women from the ages of 15 to 19 are due to maternal mortality. Based on this, Crawford puts forward that reframing child marriage as a health issue will result in better success in eradicating the practice.

III. Socioeconomic Background

Figure 1 shows the evolution of GDP per capita, adjusted for purchasing power parity (PPP), for Jamaica, Niger and the world. The respective per capita GDPs of Jamaica and Niger are similar only in that they largely have not changed much during 1990–2023. In 1990, Jamaica’s GDP per capita was \$8,742, which then increased steadily until 1995, when it was \$10,099. Between 1995 and 2023, Jamaica’s GDP per capita remained relatively stable, ranging from the low \$9,000s to the mid \$10,000s. The highest point was in 2007, at \$10,458. There was a decline from \$10,216 in 2019 to \$9,178 in 2020, which is congruent with the timing of the COVID-19 pandemic. Jamaica’s economy depends on remittances and tourism, and unemployment is as high as 12.4 percent of the population.¹ Thus, it makes sense that the pandemic would negatively impact Jamaica’s GDP per capita.

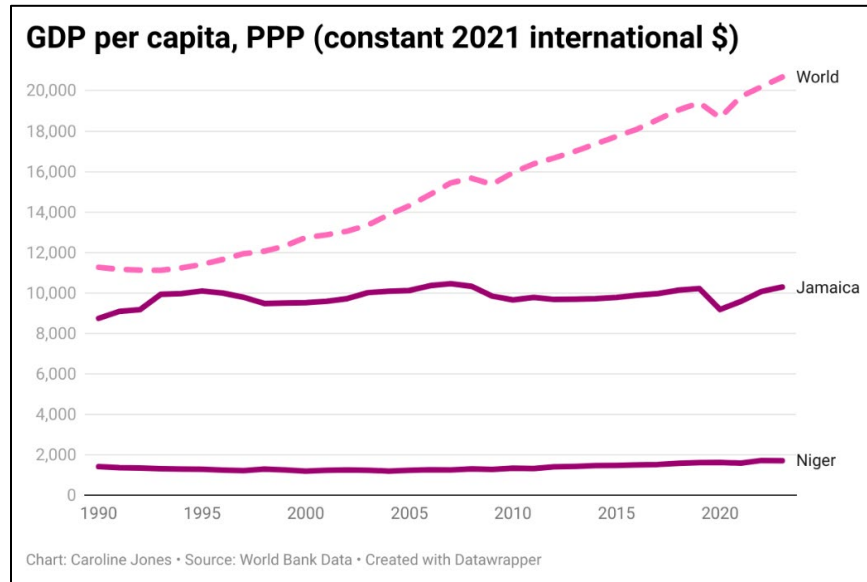
Niger’s per capita GDP was \$1,412 in 1990 and decreased until 1997 to \$1,217. From 1997 to 2023, Niger’s GDP per capita fluctuated by relatively small amounts. It returned to the \$1,400s in 2012 and continued increasing until 2020, when it reached \$1,616. It then dipped in 2021 before experiencing an all-time high of \$1,718 in 2022, before declining marginally to \$1,703 in 2023. Niger’s low GDP per capita reflects that it has some of the highest poverty rates in the world. Niger also ranked last in the UNDP’s 2014 Human Development Index (HDI).²

Figure 2 demonstrates the life expectancy at birth of individuals in the world, Jamaica and Niger. In 1990, the life expectancy in Jamaica was 72.3 years, similar to the world average. Since then, it has fluctuated only slightly, staying within 70 and 73 years. In Niger, life expectancy has been steadily climbing since 1990, when it was 41.8 years. In 2002, it reached 50.6 years, and in 2013 it reached 60.8 years. The most recent data is from 2022 and shows Niger’s life expectancy at 62.1 years.

¹ See Henry-Lee (2008), p. 53.

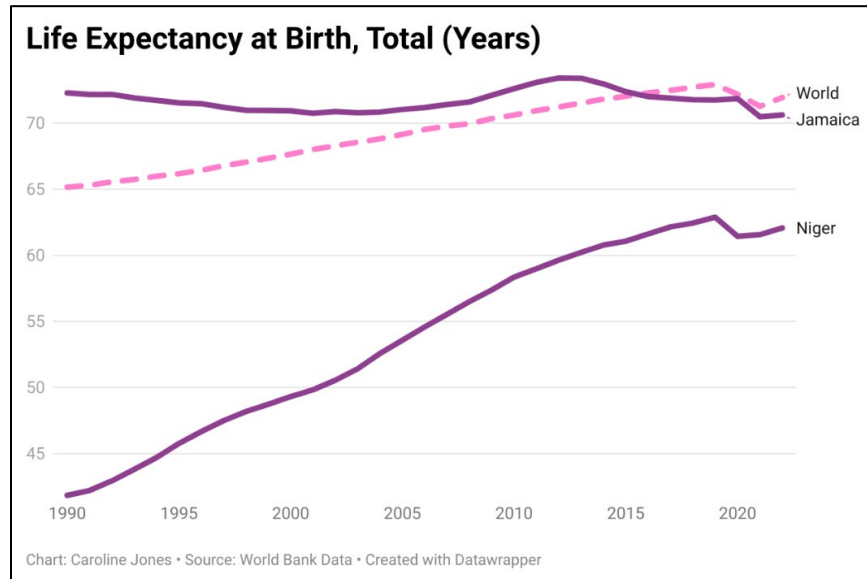
² See International Monetary Fund (2017), p. 25.

Figure 1: GDP per capita, adjusted for PPP, 1990–2023



Source: Created by author based on World Bank (2025).

Figure 2: Total Life Expectancy at Birth (years), 1990–2022



Source: Created by author based on World Bank (2025).

In 2017, the leading causes of death in Niger were malaria, diarrheal diseases and lower respiratory infections.³ This reveals the lack of proper healthcare in Niger. There have been several healthcare interventions in Niger by UNICEF in recent years.⁴ The benefits of these interventions are

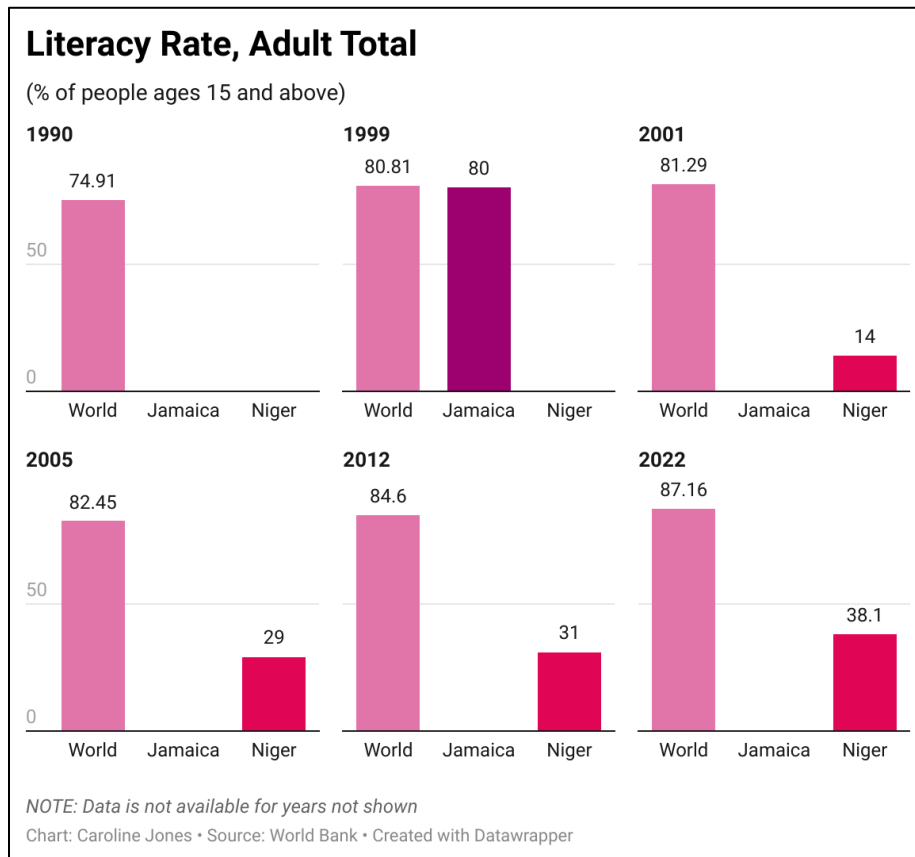
³ See The Borgen Project (2019).

⁴ See The Borgen Project (2019).

reflected in the growing life expectancy. A dip in life expectancy can be seen in the chart for Niger, Jamaica and the World around 2020; this can be attributed to the COVID-19 pandemic.

Figure 3 shows all the literacy rates for Jamaica, Niger and the world available by the World Bank (2025) since 1990. In 1999, Jamaica’s literacy rate of 80.0 percent was similar to the world’s literacy rate (80.8 percent). Since 2001, the literacy rate for the world has continued to climb, reaching 87.4 percent in 2023. In Niger, literacy rates increased across the years that data is available. In 2001, Niger’s literacy rate was 14.0 percent. By 2005, it had increased to 29.0 percent. In 2012, it was 31.0 percent. And by 2022 it was 38.1 percent. Despite the small increases, these numbers show that adult literacy has overall been getting better in Niger since 2001.

Figure 3: Adult Literacy Rate (in percent), all available years for Jamaica and Niger



Source: Created by author based on World Bank (2025).

Comparing the data for GDP per capita, life expectancy and literacy in the world, Jamaica and Niger shows that Niger is at the bottom for all three variables. As of the most recent data, Niger is behind Jamaica in GDP per capita by \$8,400 and in life expectancy by 8.5 years. Literacy is harder to track given the lack of data, but Niger’s literacy in 2022 was 41.9 percentage points below that of Jamaica’s in 1999. These numbers demonstrate the degree to which Niger is behind Jamaica. However, the increasing life expectancy in Niger despite its low GDP per capita growth shows that human development is getting better in the country. Additionally, Jamaica’s relatively high literacy rate of 80.0 percent in 1999, only marginally below the world average of 80.8 percent, is

noteworthy, taking into account that Jamaica's GDP per capita was 22.9 percent below the world average GDP per capita in that year.

IV. Analysis of Facts

This section is composed of three subsections. Subsection IV.1 examines women's discrimination in Jamaica and Niger, while subsection IV.2 focuses on children's exclusion in Jamaica and Niger. Both subsections will review key data related to the respective issues in conversation with sources. Throughout each subsection, comparisons of the countries' specific elements and applications of the respective issues will be made. Finally, each subsection will close with a brief paragraph recounting the full picture of the findings from both the data and applications of the data. A third subsection emphasizes that the issues women and children face are interrelated—two sides of the same coin.

IV.1. Discrimination Against Women in Jamaica and Niger

As already referred to in section II above, GBV is a pervasive problem in Jamaica. Furthermore, the Pan Caribbean Partnership against HIV and AIDS (PANCAP) released a policy brief in 2020 that provides a brief yet informative overview of GBV. This type of violence comes in many forms, but the most common one is IPV. Several factors can increase a woman's vulnerability to GBV, such as being younger in age, having less education, being pregnant, having experienced childhood violence, and cohabitating with a male partner at a young age.

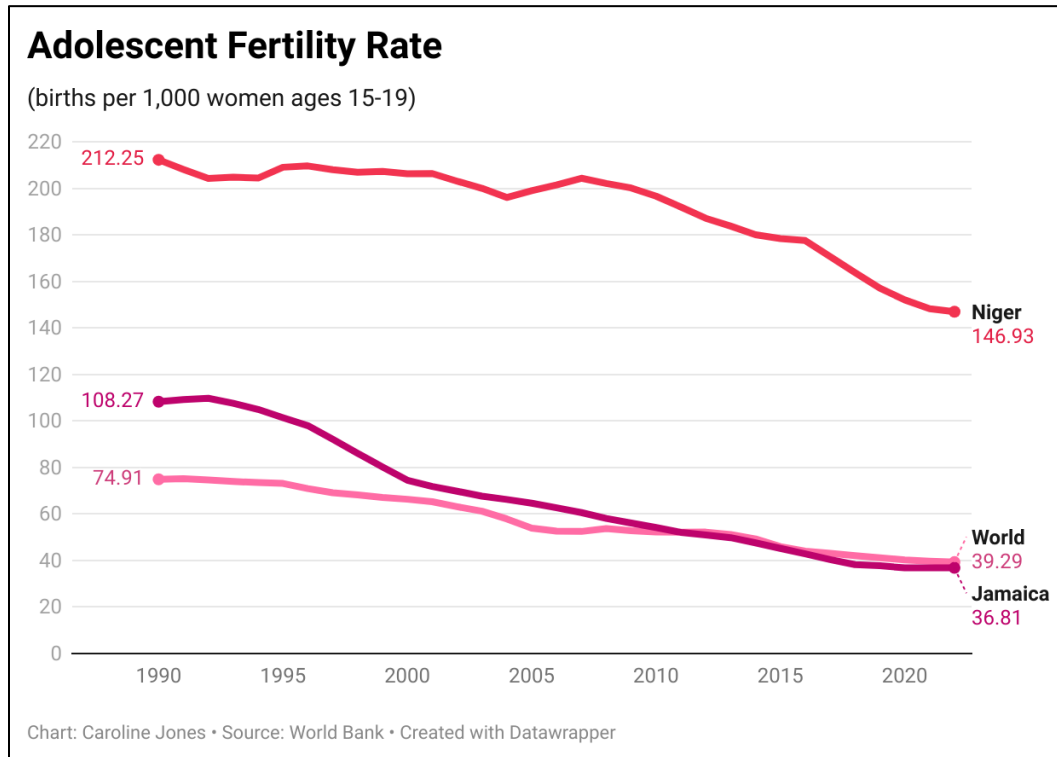
PANCAP (2020) uses data from the *Women's Health Survey 2016 Jamaica* to highlight the fact that, in Jamaica, women's experience of GBV cuts across all socioeconomic backgrounds. Thus, it is not just women in poverty experiencing GBV. Some 25 percent of women experience physical violence by a current or ex-spouse. The survey also found that younger women were disproportionately affected. In 2015, 83 percent of reported rapes were of women below 24 years old. PANCAP (2020) attributes GBV, at least in part, to the pervasive beliefs held by society, which includes that 77.4 percent of women (who were interviewed) believe that it is natural for a man to be the head of the household. And 32.2 percent of the women surveyed believe that wives should do what their husbands say even if they disagree. It is impossible to overlook these beliefs held by society when analyzing the GBV problem.

Figure 4 shows the adolescent fertility rate for Jamaica, Niger and the world. More specifically, this chart shows the number of girls aged 15-19 years old who gave birth per 1,000. Comparing this data to the world demonstrates that Jamaica's adolescent fertility rate is rather high. Jamaica's rate in 1990 shows that over 10 percent of births were to adolescent mothers, whereas across the whole world only roughly 7 percent of births were to adolescent mothers. This seems to indicate that GBV in Jamaica and the general societal views on relations between men and women in Jamaica have resulted in a higher adolescent fertility rate.

As already referred to above, Crawford (2022) describes child marriage in Niger as a construct that highly affects women. While Crawford refers to both women's and children's issues, in this section, it will be discussed as it pertains to women specifically. Crawford (2022, p. 101) stated that 76 percent of women who got married in Niger between 2015 and 2021 did so before their 18th birthday. Crawford also provided reasons for why the rate is so high. Firstly, there is insufficient legislation in Niger to prevent child marriage. In addition, marriage is viewed as a defining goal for a woman in Niger, and thus attaining it early is viewed as a success. Another

reason given to explain the high child marriage rate is related to poverty. Due to being impoverished, some families are forced into marrying off a daughter for dowry money. Crawford also considers the high adolescent fertility rate in Niger (shown in Figure 4) being the result of the high child marriage rate. over 20 percent of births were to women ages 15 to 19. Though Niger’s adolescent fertility rate decreased considerably from 212 births per 1,000 women ages 15-19 in 1990 to 147 births per 1,000 women ages 15-19, compared to the world average, adolescent fertility continues to be rather high in Niger.

Figure 4: Adolescent Fertility Rate in the World, Jamaica and Niger, 1990–2022

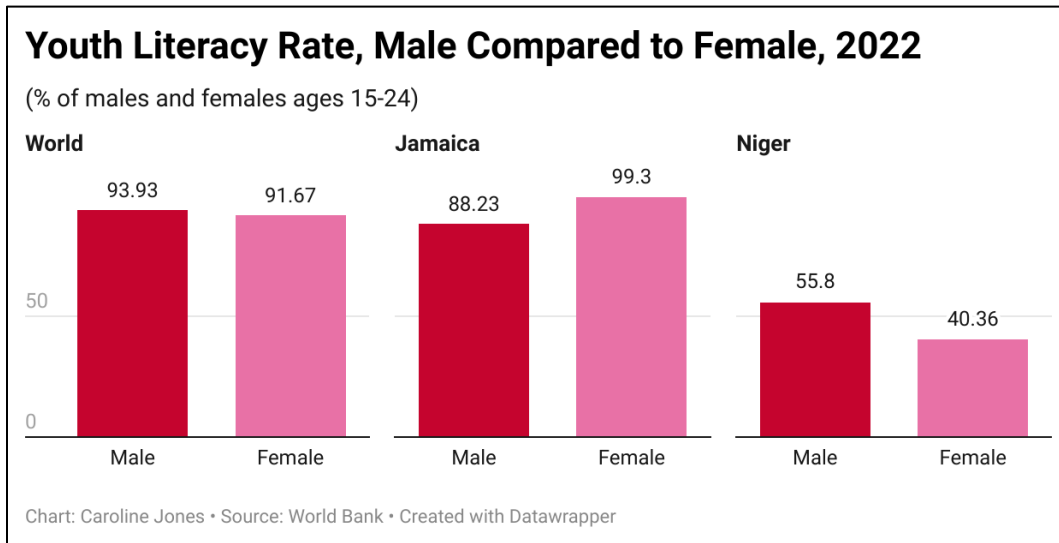


Source: Created by author based on World Bank (2025).

Also relating to gender issues in Niger, the International Monetary Fund (2017) highlights Niger’s high scores in UNDP’s GII, meaning that, in Niger, women experience a high level of inequality compared to men. The many practical applications of this can be demonstrated by World Bank data in a myriad of ways, including low literacy rates. Figure 5 shows the literacy rates for youth (defined as ages 15 to 24) in the world, Jamaica and Niger in 2022. Only 40.4 percent of female youth in Niger were literate, compared to 55.8 percent of male youth.

The IMF report (p. 27) does highlight how women’s situation in Niger has improved since the adoption of the MDGs in 2000, specifically with regards to progress made between 2000 and 2014 in terms of maternal mortality, female life expectancy, contraceptive use, primary education enrollment and secondary education enrollment. These are important indicators. However, Figure 5 still shows that female literacy is behind male literacy in Niger. Conversely, it is important to note that youth female literacy in Jamaica was higher than that of the males in 2022. This shows that, though GBV is a pervasive problem in Jamaica, it does not seem to disadvantage women over men in terms of literacy.

Figure 5: Female and Male Adult Literacy Rates for Jamaica, Niger and the World in 2022



Source: Created by author based on World Bank (2025).

The data explored in this section shows that women are disadvantaged compared to men in nearly every way shown in the data. This is partly because of GBV in Jamaica and child marriage in Niger. However, this data also shows a broader problem in both countries, that women are often left powerless. Due to young marriage and violence in marriage, many women are unable to contribute to society and the economy, hence the stagnating GDP per capita of both countries.

IV.2. Exclusion of Children in Jamaica and Niger

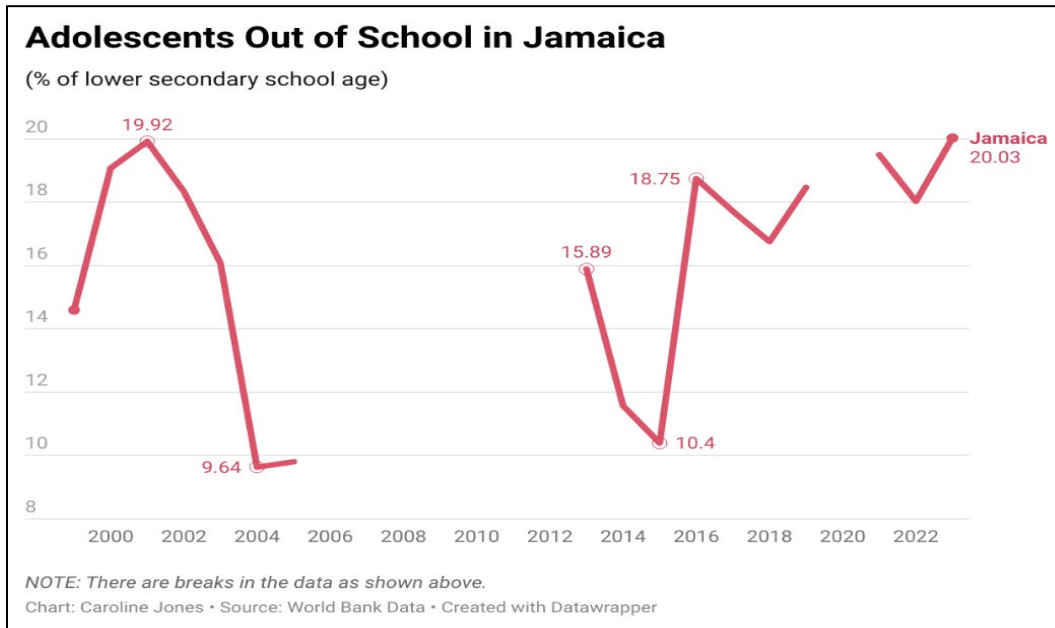
The UNICEF (2005) report on *The State of the World's Children 2006* provides information on the definition of excluded and invisible children. With regards to being excluded, it states that children in many different life situations across the world are “almost certainly excluded from essential goods and services – vaccines, micronutrients, schools, health-care facilities, water and sanitation, among others – and denied the protection from exploitation, violence, abuse and neglect, and the ability to participate fully in society, which is their right.”⁵ The report also acknowledges the importance of the CRC for giving children rights.

Henry-Lee (2008) reviews important information for assessing the exclusion of children in Jamaica. Overall, Henry-Lee finds that Jamaica is not implementing the standards that the CRC set for children, though Jamaica ratified it in 1991. Henry-Lee (2008) holds that crime is one of Jamaica’s most pervasive social problems, which also have great impacts on children. De Groot (2021) reported that, according to UNICEF, 85 percent of Jamaican children are subjected to violent discipline, which reveals that the violence that follows women in Jamaica also follows children. Additionally, Henry-Lee (2008) reported that in Jamaica, 3.86 percent of children live with disabilities. Despite the fact that a majority of these children are of school age, only 10 percent of children with disabilities are enrolled in a formal educational institution. Henry-Lee (2008) then concludes that children with disabilities are largely excluded from educational opportunities.

⁵ See UNICEF (2005), p. 11.

Figures 6 and 7 show data on adolescents who are not attending school (as percent of lower secondary school age) in Jamaica and Niger.⁶ Figure 6 corroborates Henry-Lee (2008). Even though there are gaps in the data, and the data are quite volatile, it can be seen that the percentage of Jamaican adolescents who do not attend school has overall been growing from 2013 to 2023, voiding the drastic decrease from 19.9 percent in 2001 to 9.6 percent in 2004. Based on the data reported by Henry-Lee (2008), it can be concluded that many of these adolescents not attending school are disabled, and, thus, are being excluded because they are disabled.

Figure 6: Jamaican Adolescents Not Attending School, all available years



Source: Created by author based on World Bank (2025).

Henry-Lee (2008) reports that 9 percent of HIV and AIDS cases are children. Henry-Lee also states that AIDS is the second leading cause of death for children ages 1 to 4. There is also a high rate of early sexual activity in girls, with some 50 percent of young women having had sex with partners who were 5 to 10 years older than them, with some 20 percent of girls experiencing some form of forced sex in Jamaica.⁷ These are all issues that culminate in the exclusion of many children, especially girls, in Jamaica.

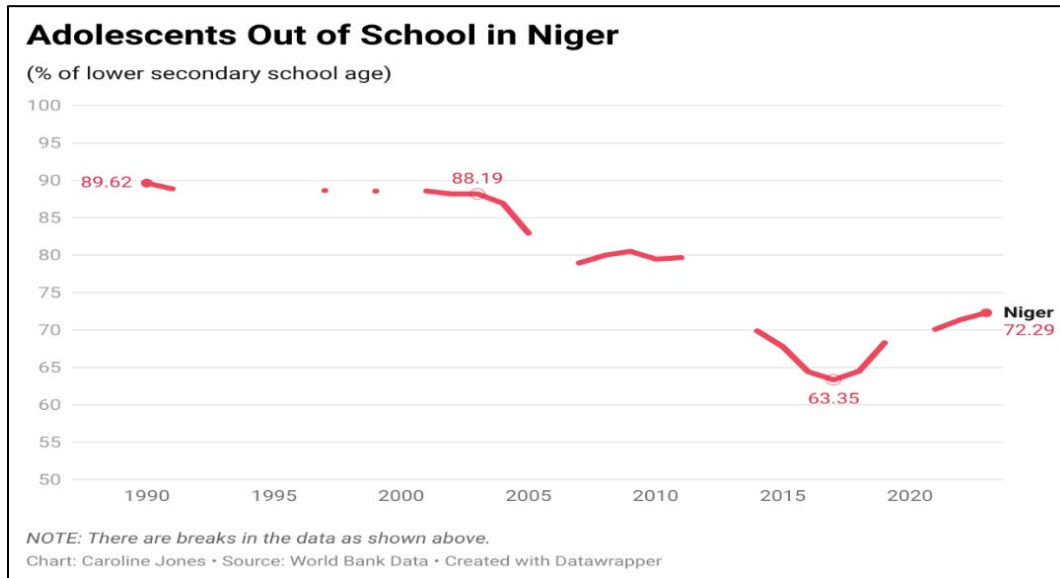
Figure 7 demonstrates the percentage of adolescents not attending school in Niger. It shows that, as of 2023, 72.3 percent of adolescents in Niger do not attend school. The World Bank also breaks down the data by gender. While the percentages are roughly equal, there is a slightly higher percentage of males attending school than females. The exact figures are as follows: 72.97 percent of female adolescents do not attend school in Niger versus 71.63 percent of male adolescents. While these numbers are only slightly different, they do indicate a disadvantage of girls that surely can be attributed partly to the high rates of both child marriage and subsequently high adolescent

⁶ They are presented as two separate charts for visual clarity.

⁷ Henry-Lee (2008).

fertility. Still, these numbers show that both girls and boys in Niger are being excluded from having a formal education.

Figure 7: Nigerien Adolescents Not Attending School, all available years



Source: Created by author based on World Bank (2025).

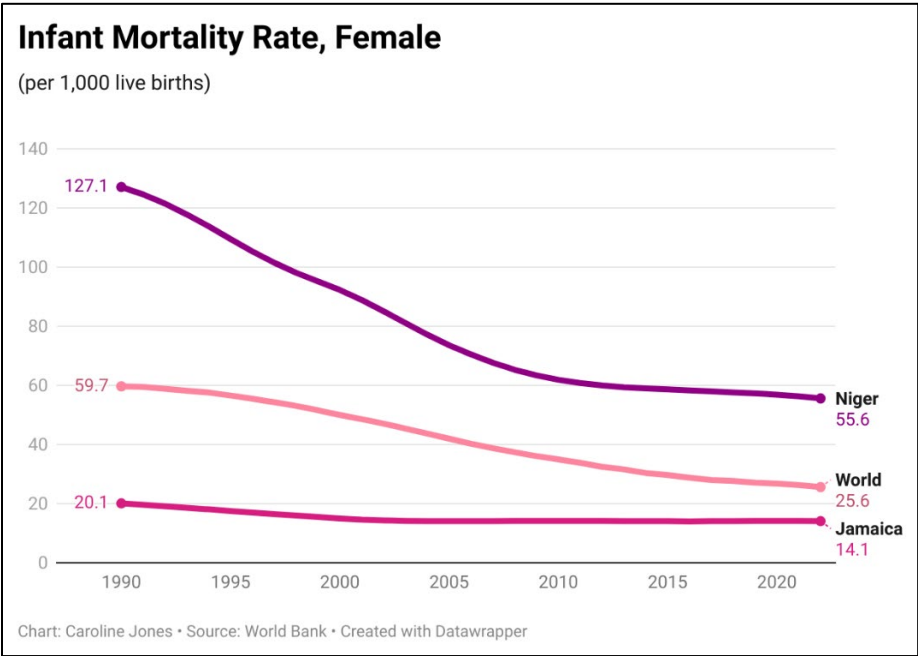
As already partly mentioned in the literature review, Crawford (2022) highlights child marriage as a major health concern for children in Niger, and on those grounds holds that Niger is not upholding the CRC, which it ratified in 1990. Crawford (2022, p. 102) summarizes child marriage as a health issue:

Relevant academic literature has identified a number of health consequences associated with child marriage, including isolation and depression, high risk of sexually transmitted infection and cervical cancer, high risk of death during labor and delivery, and other long-term gynecological and psychological problems.

Figure 4 in the above section reviewed the adolescent fertility rates, and showed that Niger's adolescent fertility rate is very high. Crawford (2022) noted that, because girls' bodies are not developed fully, pregnancy can come with additional complications and health risks, even life-threatening ones. And, early marriage can lead to early sexual activity in girls, which is what creates the high adolescent fertility rate in Niger. This is how child marriage is a major health risk for children, particularly girls, in Niger.

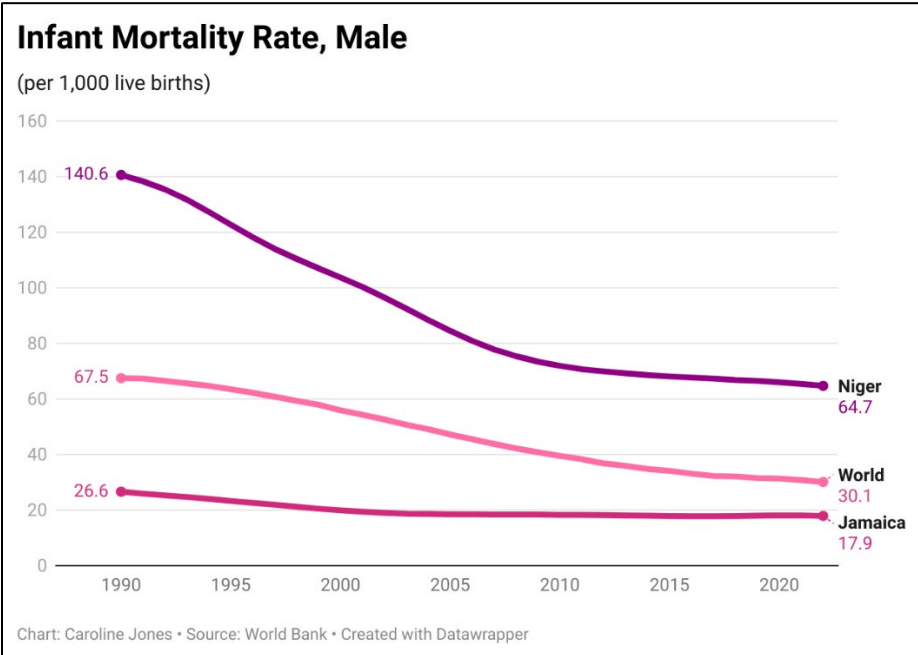
In addition, Figures 8 and 9 show, respectively, the infant mortality rate for female and male babies, from 1990 to 2022. Among Niger, Jamaica and the world, Niger's numbers are the highest. The rate was 127.1 per 1,000 female infants, and 140.6 per 1,000 for male infants in 1990. Those numbers have decreased considerably since then but remain more than double that of the world. In 2022, Niger's rate for females was 55.6 per 1,000 and for males was 64.7 per 1,000. This data shows an additional way how children are suffering in Niger, despite the considerable progress made in reducing infant mortality in Niger from 1990 to 2022.

Figure 8: Female Infant Mortality in Jamaica, Niger and the World, 1990–2022



Source: Created by author based on World Bank (2025).

Figure 9: Male Infant Mortality in Jamaica, Niger and the World, 1990–2022



Source: Created by author based on World Bank (2025).

The data explored in this section shows to what degree children are excluded and neglected in Jamaica and Niger. Neither Jamaica, nor Niger are upholding the standards set by the CRC for children's wellbeing. As of 2023, 72.3 percent of Nigerian adolescents and 20.0 percent of Jamaican adolescents do not attend school. In Niger, child marriage is a problem that leads to health concerns for children. In that way, children are often left powerless and are certainly not being protected from exclusion in these countries.

IV.3. Two Sides of the Same Coin

It is important to note that in both Jamaica and Niger, the issues pertaining to women and children respectively are tied together. In Jamaica, women suffer from GBV, while 85 percent of children also suffer from a similar violence that is discipline based. In Niger, child marriage pertains to mostly to girls, which then also suffer as mothers from a variety of health issues, including maternal mortality. This shows that these two issues are highly related to each other and should be considered in conversation with one another.

V. Ethical Analysis

This section is composed of three subsections. Subsection V.1. examines the existing ethical structures for children in Jamaica and Niger, focusing mostly on the CRC. Subsection V.2. applies additional ethical frameworks to Jamaica and Niger by showing a broader view of development ethics related to women. Subsection V.3. argues for a more comprehensive approach to development for women and children.

V.1. Ethical Framework for Children

The Markkula Center discusses several approaches to ethical decision making that are relevant for the interventions made by Jamaica and Niger on behalf of children.⁸ The CRC is largely based on the rights approach to ethical reasoning, which “starts from the belief that humans have a dignity based on their human nature.”⁹ For instance, the CRC mandates that countries that ratify it uphold standards for children, mostly related to quality of life.

Both Jamaica and Niger have rightly recognized the ethical need to care for children and thus have ratified the CRC. However, as several sources have demonstrated, neither country has fully applied the CRC. In Jamaica, De Groot (2021) reported that violence is committed against children and Henry-Lee (2008) reported that many children, including disabled children are being excluded from formal education institutions. In Niger, Crawford (2022) showed that child marriage is a barrier to the wellbeing of children.

The issues for women explored in this article were often related to the issues for children explored. In Niger, for example, adult women must suffer the consequences of being barred from education and proper health in their childhood because they were married off as children. And, when women are married off young, they tend to give birth young, which has contributed to the high infant mortality rate. And the high infant mortality rate in itself is yet another example of children being excluded from a proper standard of health in Niger. This is how child marriage in Niger can be viewed as a cycle that bars generations of women and children from, for example, education and

⁸ See Markkula Center (2021).

⁹ See Markkula Center (2021).

health. In Jamaica, GBV, especially IPV affects women. Household violence can trickle down to affect children, and UNICEF reports that 85 percent of Jamaican children experience discipline violence. Also, the per capita GDPs of both Jamaica and Niger are stagnating. It is no coincidence, then, that this is happening in two countries whose barriers make it difficult for women to contribute to economic prosperity for the country.

It has been the finding of both Henry-Lee (2008) and Crawford (2022) that Jamaica and Niger are both falling short of applying the CRC. In an alternate view, given the fact that children in both countries are still struggling to secure basic rights, the effectiveness of the CRC can be called into question. The rights approach was chosen as the lens to view the issues children face because children are unable to provide themselves with the kind of care they need, but are still deserving of this care, according to their rights. This is the framework that the CRC is built on. However, one potential pitfall of the rights approach is that it may constitute an overly simplistic view of uplifting children.

V.2. Ethical Frameworks for Women

Providing a deeper view on the ethics of development for women, Drydyk (2013, pp. 5–6) provides seven key ethical values that need to be upheld during the development of countries, which are: people’s wellbeing, equity, empowerment, environmental sustainability, the strengthening of human rights, the reduction of social exclusion and enhancement of cultural freedom, and the lack of being carried out by corrupt means or for corrupt purposes. These seven key values relate to any development process or project, not only women’s issues. When considering how Jamaica and Niger approach development in the context of this article, these values are relevant for women and children.

Drydyk (2013) then uses an example of research done by Ester Boserup in the 1970s for how development can be unethical for women. Boserup found that the modernization of agriculture could negatively impact women’s lives in numerous ways. This shows that wellbeing is not the same for men and women. The seven values cannot be assumed to be a binary for both genders. Women can be affected differently by development than men. Drydyk (2013, p. 7) states that “the values of worthwhile development cannot be achieved by policies that are oblivious to gender. One size simply does not fit all.” The same general idea that Drydyk is invoking for women can relate to children. When it comes to development, children should be considered in relation to the seven values.

Mitchell (1994) explores the necessary ingredients for development to be ethical for women. They are as follows: the empowerment of women, the need to access strategic concerns, and gender analysis in project design. Mitchell also touches on the issue of women’s invisibility. Women’s roles, though instrumental in the running of a household or community, are often overlooked as completely unrelated to development. There is a pervasive idea that roles, like homemaking, are sacred for women and have nothing to do with development. In reality, the work that everyday women do in developing countries is essential to how households and communities can run effectively. Thus, it is counterintuitive not to consider women’s roles when designing development projects.

V.3. A Comprehensive Approach to Development for Women and Children

The approaches to development for women and children covered in the last two subsections are highly dynamic. They view women as people, and the roles women tend to take as valuable. As many women are mothers charged with the care of children, it makes sense that interventions to empower women would also benefit many children. As children's issues often relate to women's issues, a framework that considers both issues as one may yield better outcomes, as this type of framework would honor the connected nature of these issues.

Another ethical approach discussed by the Markkula Center is the care ethics lens, which is a more holistic approach. According to the Markkula Center (2021, p. 3), "[c]are ethics is rooted in relationships and in the need to listen and respond to individuals in their specific circumstances, rather than merely following rules or calculating utility."¹⁰ As care ethics is a more holistic approach, it is the argument of this article that, going forward, development ethics related to women and children be approached through a care ethics lens, and these approaches may denote better outcomes than those of the CRC, which is based mostly on the rights approach.

VI. Conclusion

Women and children in Jamaica face violence that infringes against their rights. Similarly, women and children in Niger are up against child marriage, which has been categorized as a health crisis. Both countries ratified the CRC in the early 1990s, and despite its interventions, children are still experiencing rights violations in both countries.

Eradicating the violations of the rights of children in these countries will require a reframing of the ethical structures that the CRC is built on, because the existing structures view children's exclusion as separate from women's discrimination. In Jamaica, women face GBV and children face discipline violence. These issues need to be addressed as a united entity if they are to be eradicated. In Niger, young women are often forced into marriage which affects them negatively as they enter into adulthood. Child marriage must be addressed as both a women's and children's issue if it is to be eradicated.

In moving forward, care ethics is an ethical approach that can assist policymakers in coming up with solutions for Jamaica and Niger. Additionally, Drydyk (2013) and Mitchell (1994) place an emphasis on women being a part of the development conversation, especially when it comes to women and children. The frameworks brought about by care ethics will aid developing countries in the protection of the rights of both women and children and will uplift both groups by promoting a togetherness necessary to deal with the issues plaguing women and children.

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¹⁰ See Markkula Center (2021).

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