Sports, Recreation and Play: A quantitative study of young people & their families in the Haiti Olympic Center zones

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Introduction

The area surrounding the new Olympic Center has changed dramatically in recently years. With the influx of new residents new challenges have emerged, as well as new opportunities for innovative community development. The purpose of this report is to detail the demographics, strengths, and vulnerabilities of young people and their families in neighborhoods near the new Olympic Center. The study was commissioned by Viva Rio (Haiti) on behalf of the International Olympic Committee and included three household surveys fielded in November/December 2013 (Greater Bon Repos, n=3391), January-March 2014(all other areas, n=2860), April 2014 (all zones, n=2230), as well as secondary analysis of existing datasets of household surveys conducted in recent years. Areas surveyed included greater Bon Repos, Moleria, Zoranje, Canaan, Onaville, Merger, and Leurbourgs.

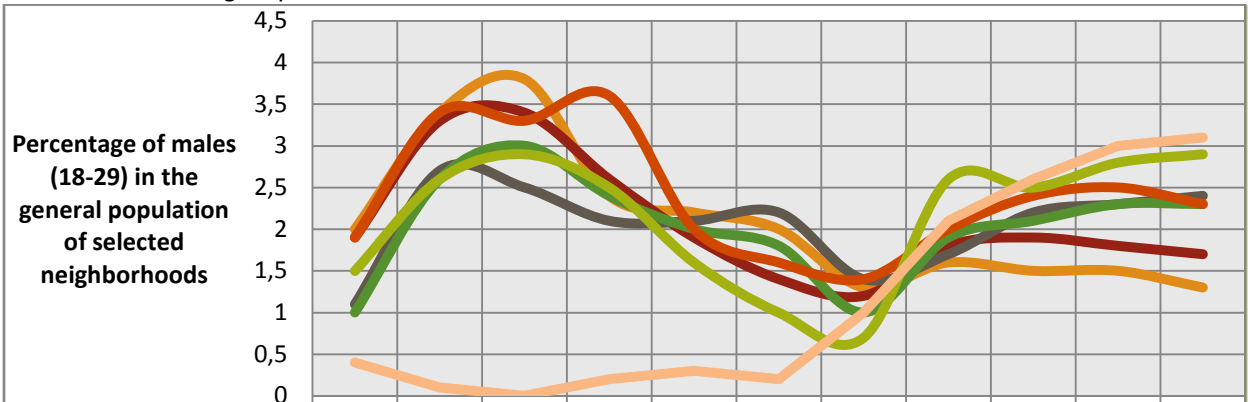
The primary research questions included determining the demographics, needs and interests of children and youth in the study areas including both schooled and out-of-school minors, assessing caregiver opinion regarding involvement in play and organized recreational activities, and establishing the vulnerabilities and strengths of young people in the area which could be used as baseline or framework for developing an evaluation of the project outcomes. The April 2014 survey included a series of questions assessing awareness of,and agreement with, the Olympic Center and Olympic values.

Background

The geography and community demographics of the areas surrounding the new Olympic Center have changed dramatically in the past five years. In the year prior to the January 2010 earthquake the zone experienced modest economic growth with a slight increase in population (+2.8 new residents per 100,000 residents per year, adjusted for births, deaths and departures) during 2009. The 2km area surrounding the Center was, at that time, a mixed income zone with low rates of crime and higher than average employment rates. In 2009 children aged 7-14 living in this area were slightly more likely to attend school than residents of other zones in the greater Port-au-Prince metropolitan area (RR: 1.01).

In 2010 this situation changed dramatically with the creation of both planned and informal settlements as well as the staggering growth of Bon Repos, Croix-des-Bouquets, and surrounding communities. Not surprising, given the infrastructural weaknesses in the Haitian government, the local municipalities have been unable to meet the increased needs of residents for public services. Policing in the area has improved but remains weak. Similarly, economic growth has not kept up with the increase in population and the percentage of unemployed adults has reached levels on par with the urban popular zones of Bel Air and Martissant. Crime has also increased since 2010. In January 2014, youth unemployment in the area reached 92.2% (+/- 2.7) and increase from 57.6% (+/- 1.9) in January 2009. At the same time, the involvement of young men in gangs increased (see figure 1), with neighborhoods around the Olympic Center experiencing new problems with gang activity and associated violence.

Figure 1: Percentage of males (18-29) in selected neighborhoods of Port-au-Prince claiming affiliation with armed urban groups[1]



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
Bel Air	2	3,4	3,8	2,4	2,2	2	1,3	1,6	1,5	1,5	1,3
Delmas 2	1,9	3,3	3,4	2,6	1,9	1,4	1,2	1,8	1,9	1,8	1,7
Martissant	1,1	2,7	2,5	2,1	2,1	2,2	1,4	1,7	2,2	2,3	2,4
Gran Ravine	1	2,6	3	2,4	2	1,8	1	1,9	2,1	2,3	2,3
Cite Soley	1,9	3,4	3,3	3,6	2	1,6	1,4	2	2,4	2,5	2,3
Greater Carrefour	1,5	2,6	2,9	2,5	1,6	1	0,7	2,6	2,5	2,8	2,9
Greater Bon Repos	0,4	0,1	0	0,2	0,3	0,2	1	2,1	2,6	3	3,1

[1] Data was gathered random household interviews; sample sizes ranged from 600 to 3,800 households with response rates ranging from 82.4-95.1%. (Kolbe, 2013)

Methodology

The data from this study was gathered in three separate, but coordinated, household surveys. The research team has been gathering data nationally on health, human security, and experiences of crime and violence since 2006; in 2013 and 2014 two additional feasibility studies were included in the Port-au-Prince area surveys to assess the need for, and responsiveness to, the development of social work interventions utilizing art therapy, play therapy, and drama or movement therapy. Data from these household surveys are included in this report as they are relevant to the research questions being asked. Additionally, the research team fielded a third household survey in the Olympic Center zones in April 2014 to assess knowledge of the Center and agreement with Olympic values. See figure 2 for a breakdown of the various surveys, their dates, and the response rates.

Figure 2: Populations included in the Olympic Center Study

	Total	Response Rate	Dates	Sampling Process
Adults (Greater Bon Repos)	3391	89.2%	Nov. & Dec. 2013	1. Geographic boundaries of area were demarcated. 2. Generated a list of random GPS coordinates within the area. 3. Each household within 20 m identified 4. One household randomly chosen 5. Respondent randomly chosen from amongst all adult household members 6. Respondent completed informed consent process.
Adults (all other zones)	2860	92.3%	Jan. – Mar. 2014	
Adults (all zones)	2230	87.5%	April 2014	
Children aged 7-17 (all zones)	4904	97.7%	Nov. 2013 – Mar. 2014	1. Adult completed survey and identified child household members. 2. During surveys conducted between November 2013 and March 2014, one child meeting study criteria between the ages of 7-17 was randomly chosen to participate. 3. Child completed informed assent process.

Survey Sampling

A multi-stage approach was used to identify households and main respondentsfor the surveys. A list of random GPS locations within the sampled areas was generated. Within camps and informal settlements, contact will be made with the camp leadership and permission to enter the camp was be secured first. The boundaries of the camp were obtained on foot using GPS locators and the boundaries were marked using GIS software. A number of GPS coordinates within the camp were generated similarly to established neighborhood zones.

Each GPS location was visited. For each location interviewers identified all households within a 10m radius.When a GPS location was not within 10m of a household so defined, another location was used. One household was randomly chosen to participate using a random number table generated in Microsoft Excel. The numbers of households within 10m of each location were recorded for later use in determining the probability of selecting the household and determining the sampling weight. The interviewer recorded the total number of adults in the household and chose the one with the most recent birthday (at the date of the interview) to be the main respondent.

Thesurveywas structured and was completed orally by a research team member using handheld tablet devices. In addition to the information presented in this report, the survey included extensive information on household demographics, experiences of crime and human rights violations, access to

basic needs, health and mental health screenings, nutritional information, and quality of life indicators. The survey lasted roughly 80 minutes. The primary respondent provided information on these areas for themselves and all over household members. A household was defined for respondents as "you and all the other people you live in this same place with, with whom you share food, money and living space; a household may include not only your family but also a boyfriend/girlfriend, another person's child that you care for, or a roommate." A household's residence or home is defined as "the living place of the household members which is unique to this particular group of people who live together"; the residence includes the household's yard, toilet, cooking hut and roof even if it is shared with other households, so long as all members of the household have unhindered access to the shared yard, toilet, cooking hut or roof.)

Of the 6251 households included in the first two household surveys, 5018 had children between the ages of 7-17.[2]One child aged 7-17 who resided in the home for at least 6 of the previous 7 months and who was able to communicate and had the intellectual capacity to consent, was randomly chosen from all eligible children in the household to complete the child survey. The child survey began with a short "ice breaker" in which the child was asked to draw a picture of their household and their home. This served to establish that the child was indeed a member of the household and lived in that particular home.[3] The child then completed a 20 minute orally administered survey. Child participants were given a gift (an inflatable ball and two packages of cookies) at the conclusion of their interview.

Interviewers were trained, Creole-speaking and university-educated men and women who have extensive experience in survey research methods. Interviewers received a total of 35 hours of training for these projects in 2014.

[2] Of these, 32 were ineligible to participate due to cognitive disabilities which hindered their ability to give consent. Three more children had disabilities that prevented them from communicating and thus, did not participate. One other child, whose parents initially said she was unable to communicate, did end up participating in the study using a sign language interpreter provided by the research team. An additional 81 children were unavailable or uninterested in participating in the study. It should be noted that when the randomly chosen child was a *restavek* (child domestic servant living with the as a foster child and working without pay to cover the costs of food and accommodations) the child was often discouraged from participating by other household members. Thus, one limitation of this study is that this particularly vulnerable population of children is underrepresented.

[3] In previous studies by the research team it was discovered that some childless households were passing neighbor's children off as their own in the mistaken belief that survey participants would receive aid or access to Food-for-Work jobs.

Demographics

The demographics of the Olympic Center zones are similar to other mixed income peri-urban zones in the country.[4] Children (aged 7-17) were present in 80.3% (n=5018). The average household size was 5.4 individuals. Overall, children comprised 62.7% of the population. See figure 3 for a description of the survey respondents.

Figure 3: Demographics of Child Survey Respondents

	Male (n=2483)	Female (n=2421)	All (n=4904)
Aged 7-12	51.5% (1280)	51.4% (1244)	51.5% (2524)
Aged 13-17	48.4% (1203)	48.6% (1177)	48.5% (2380)
Schooled	51.8% (1286)	44.0% (1065)	47.9% (2351)
Unschooled	48.2% (1197)	56.0% (1356)	52.1% (2553)
Has a physical disability	1.2% (31)	1.7% (40)	1.4% (71)
Has a identified learning disability	0.5% (12)	0.7% (18)	0.6% (30)
Has an emotional disability	0.6% (15)	0.9% (22)	0.8% (37)
Has a chronic illness	2.9% (74)	3.8% (91)	3.4% (165)
Does not live with at least one parent[5]	10.8% (268)	16.6% (403)	13.7% (671)

The areas included in the study can be considered mixed income and residents from very poor, poor, working class, and upper working class income levels were present in all neighborhoods, including informal settlements. The mean annual income was USD $1093 (SD: $506). Despite marked variation in household income, respondents in the Olympic Center areas reported fewer household possessions and external financial resources when compared to other Port-au-Prince area residents. Lack of household goods (such as a refrigerator or radio) and few or no external financial resources are both associated with decreased educational opportunities for children and youth and a higher gender differential in primary school enrollment (fewer girl children than boy children attending school).

Chronic Illness and Disability

Children with disabilities were reported less frequently than in other Caribbean countries; children with any disability[6] at allcomprised3.3% (n= 163)of the entire sample (see figure 4); this includes those who did not participate in the child survey because of a cognitive disability.[7]Children with chronic illness such as diabetes or asthma comprised 3.6% (n=182) of the entire sample. Of the entire sample, 12 children(0.2%) had more than one disability and 32 children (0.6%) had a cognitive disability.[8] Allergies

[4] In Port-au-Prince area zones with similar socioeconomic make ups, the average household size was 4.21 people (SD: 4.2) with mean number of 1.35 children (SD: 1.6) in a household. Of these, a mean of 0.14 (SD: 0.4) babies under the age of 2 years were present. (Kolbe, 2012)

[5] "Parent" was defined as either adoptive or biological.

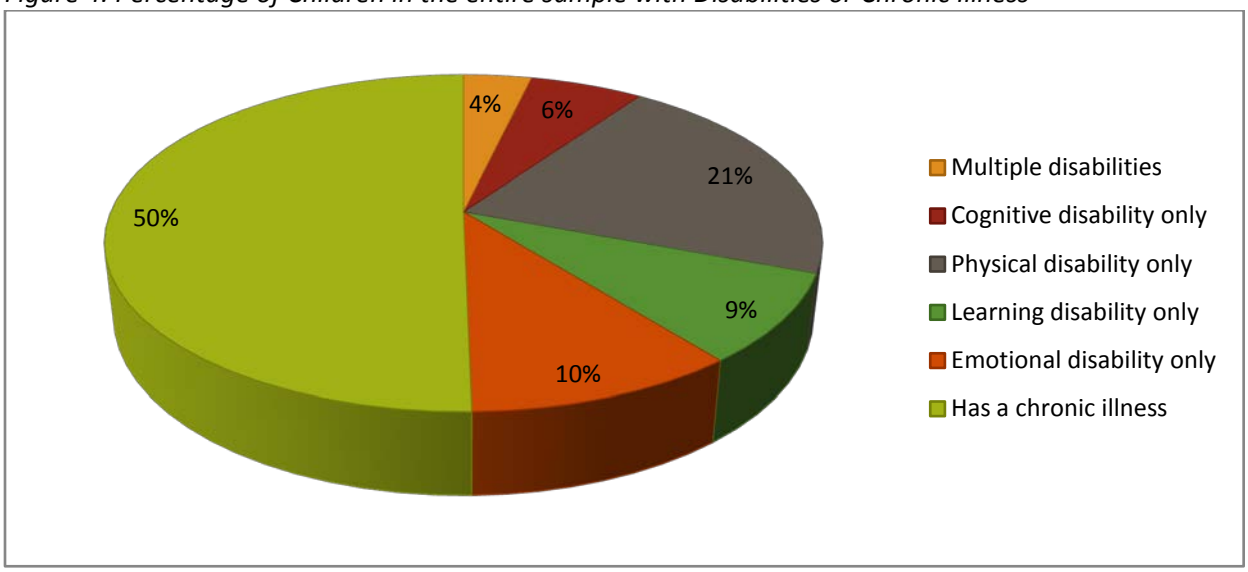
[6] This includes only disabilities which would, without significant assistance or accommodations, limit the child's ability to work, attend school, communicate, or participate in activities of daily living.

[7] Percentages and numbers differ slightly from those in the table above as the above table included only children who responded to the child survey and these figures are inclusive of children whose parent or caregiver responded to the survey (n=5018).

[8] Children residing in residential homes and orphanages were not included in this study; as many families are forced to place children with disabilities in residential care this figure should be seen as representative of disabled children still residing in the community rather than a percentage of disabled children relative to the entire population.

to food, medications and the environment were reported in only four of the study participants. Children, even those with health conditions, had little access to medical care. When asked if they had seen a doctor in the past year for a check-up or for treatment, only 97 children (2.0%) responded in the affirmative. When asked if they had seen a dentist ever in their lifetime, only 201 children (4.1%) responded that they had seen a dentist. Most caregivers relied on traditional medicine practitioners for diagnosis and treatment and relied on pharmacists or people selling medications on the street for treatment advice and procuring medications.

Figure 4: Percentage of Children in the entire sample with Disabilities or Chronic Illness



Food Security and Other Health Indicators

The food security section of the survey began by asking adult respondents to describe their food consumption and the food consumption of other household members. Children were asked about their own food consumption only. When the adult was asked about number of meals per day that the child consumed, the mean number was 2.09 (SD: 0.4) meals per day. There was no statistically significance difference between households in different zones for the number of meals.

Next the adult respondent was asked a series of questions from the USDA Food Security Survey. This measure assessed the previous 30 days relative to hunger and food insecurity. When compared to residents of other zones, those living in the Olympic Center neighborhoods were less likely to be food secure and much more likely to be food insecure with severe hunger during the past 30 days. Residents of the Olympic Center zones were more likely than residents of other Port-au-Prince neighborhoods to say that they ran out of food and to say they ate less than they felt they should because there wasn't enough money for food. (See figure 6).

The World Food Program Food Consumption Score (FCS) was calculated using a record of all foods consumed by household members during the previous week (see figure 5). When analyzing the FCS based on standard cut points at 21 and below for poor/above 35 for adequate, two thirds of residents consumed an adequate amount of food. The mean FCS was 43.2.However, these figures could appear to be artificially high based on the consumption of oil. Community members in the areas served by the Olympic Center routinely eat large quantities carbohydrates and oils. Frying in vegetable oil or rendered

animal fat is one of the preferred methods of cooking, particularly among low-income families who are more apt to use charcoal as a cooking fuel. Charcoal use can limit cooking methods as both baking and broiling are difficult to achieve with this fuel; instead low-income households often cook foods, including spaghetti (one of the most commonly consumed foods in the communities served by the Olympic Center) by frying it in oil. Also peanut butter, which is commonly eaten as a spread in place of butter or margarine on bread (particularly by children) is coded as an oil on this measure. Indeed, the mean number of days oil was consumed by respondents was 5.2 days (SD: 1.3 days).

Recommendations from the WFP VAM Unit/Rome stipulate that in cases like Haiti, where the consumption of oil or sugar is particularly high, a more accurate FCS may be found by using alternate cut offs of 28 and below for poor/42 and above for acceptable. Previous analysis in Haiti has used both cut off schemas in examining food security. When the FCS is recoded with this alternative cut off point, a lower percentage of respondents continue to score in the "acceptable" range.

Figure 5: Adequate Food Consumption of Households as Measured by the FCS (Standard and Alternative Scoring)

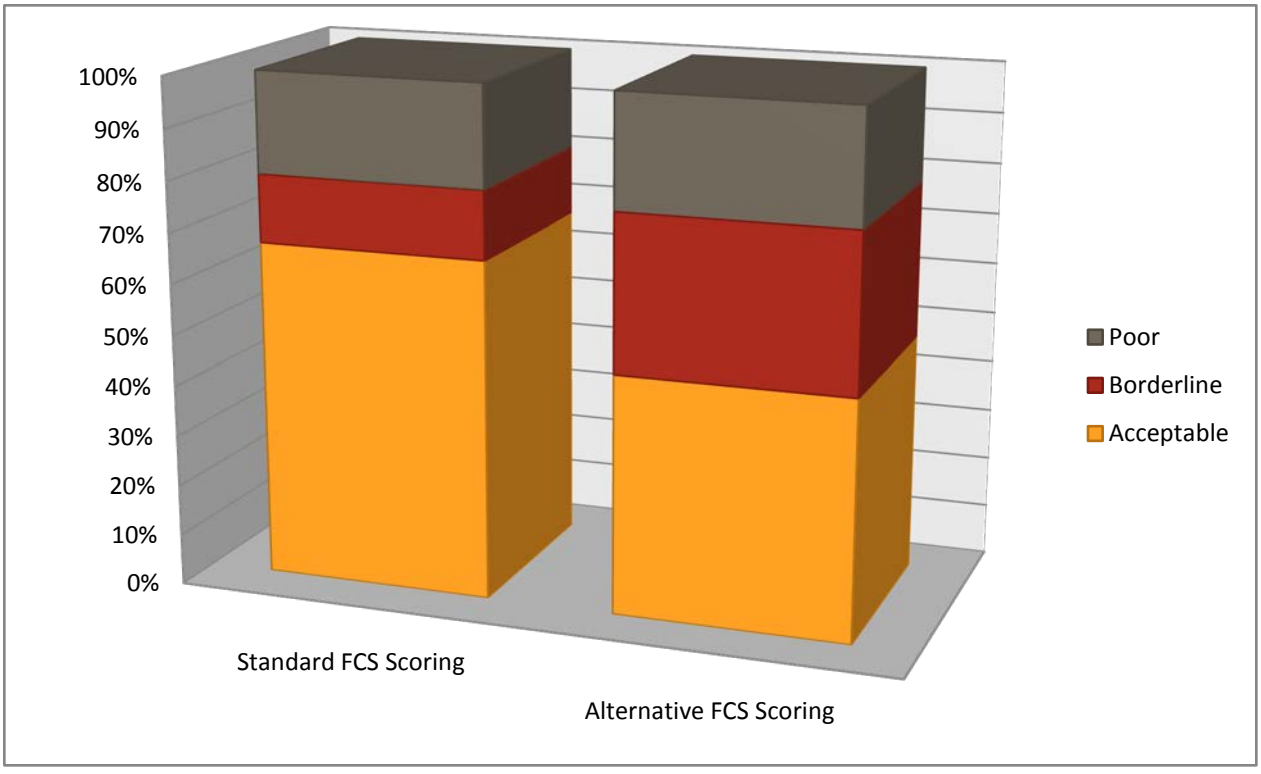
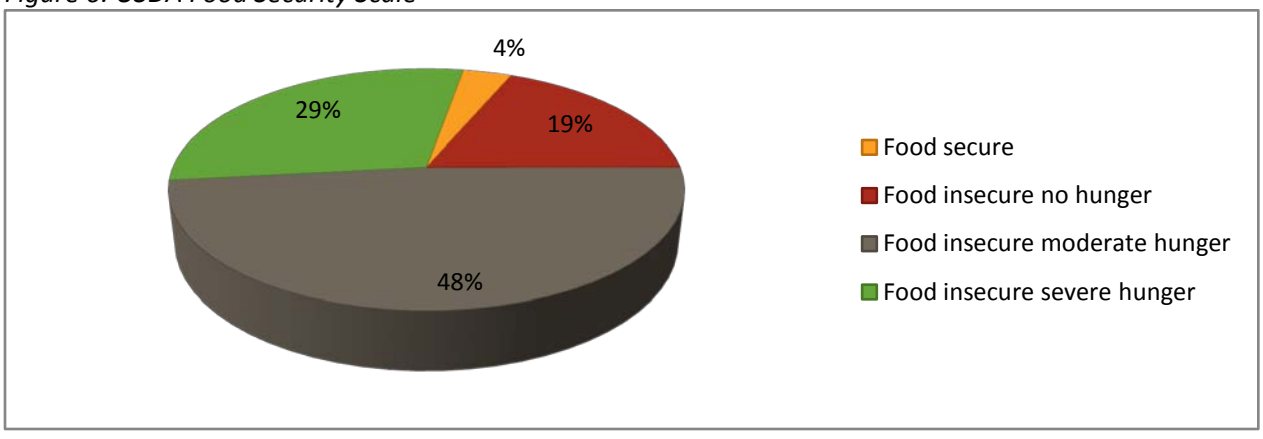


Figure 6: USDA Food Security Scale



Although many respondents (both children and adults) reported experiencing hunger at a weekly basis, at the time of the survey, severe hunger was much less common than in the same area two and three years prior. Still, those experiencing food shortages, particularly residents of informal settlements and popular zones, routinely complained of going without meals, limiting the amounts of food served to children, and, serving less nutritious or balanced meals. Those experiencing hunger complained of physical symptoms including dizziness, sharp and stabbing stomach pains, headaches and backaches, and excessive fatigue. See figures 7-12.

Figure 7: Child survey response to the item "Sometimes I must go to bed hungry because there is no food in the house and my family has no money to buy food."

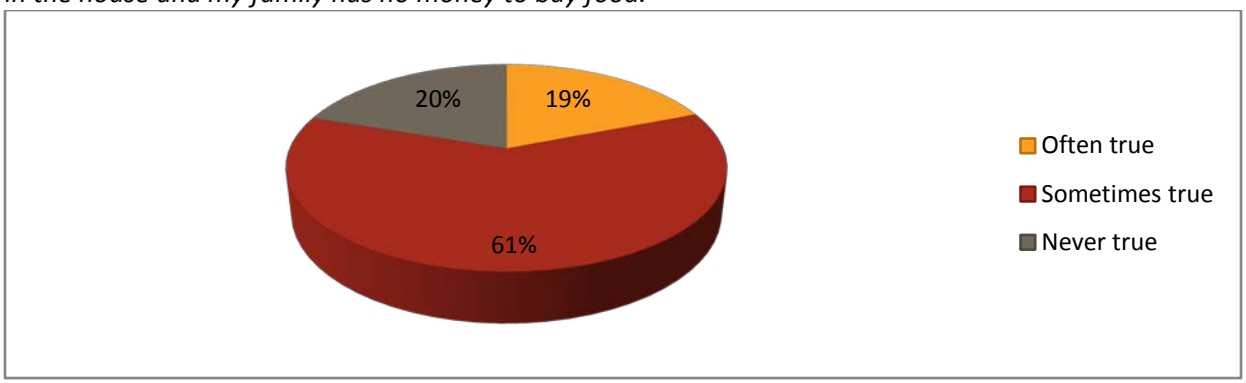


Figure 8: Child survey responses to the item "In the last month I had trouble playing, helping with chores, or doing schoolwork because I was so hungry."

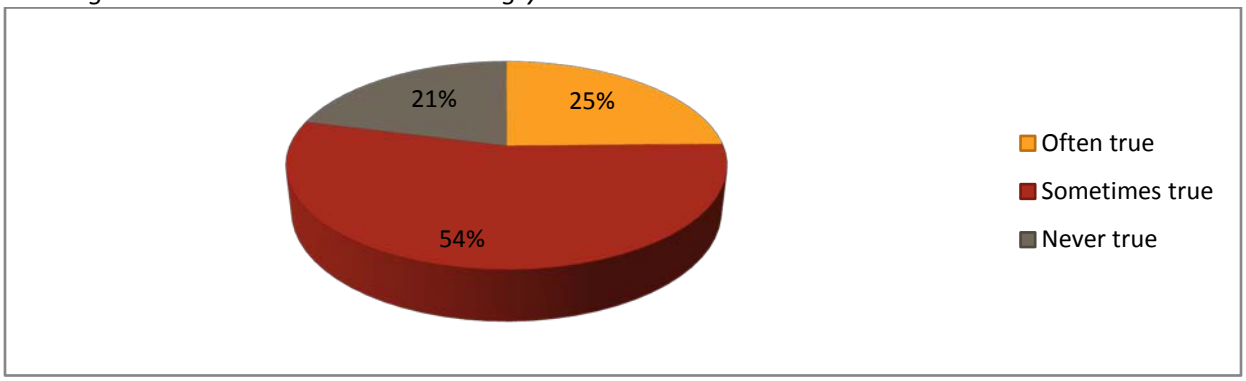


Figure 9: Child survey responses to the item "In the last month I went an entire day without eating because there was no food."

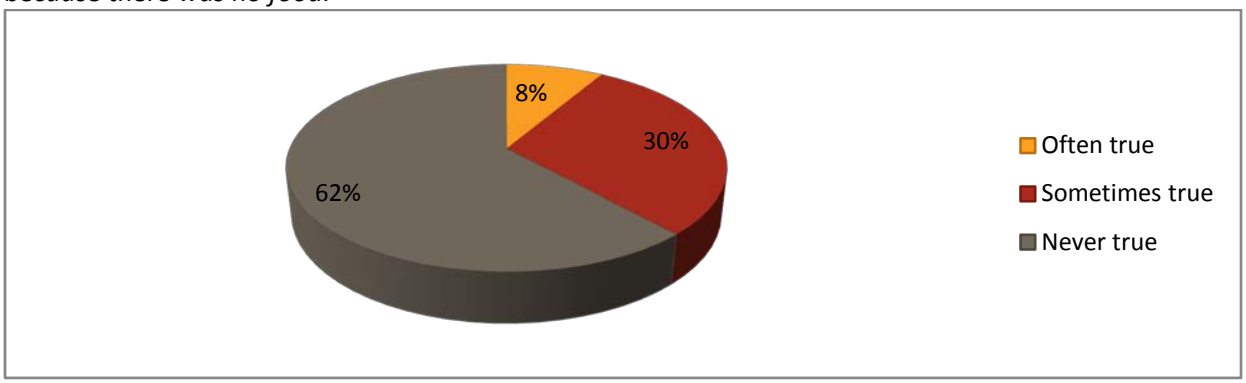


Figure 10: Adult survey responses to the item: "In the last month I ate less than I felt I should because there wasn't enough money for food."

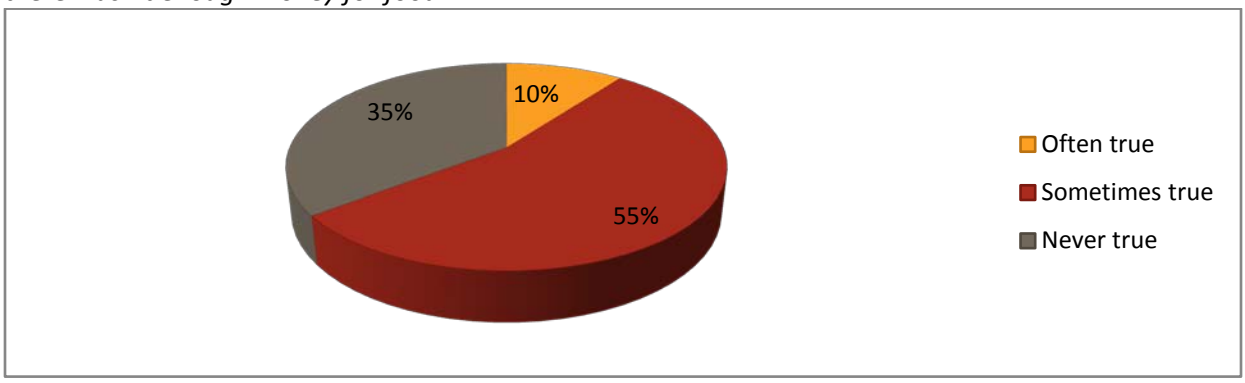


Figure 11: Adult survey responses to the item "In the last month, the food that we bought just didn't last, and we didn't have money to get more."

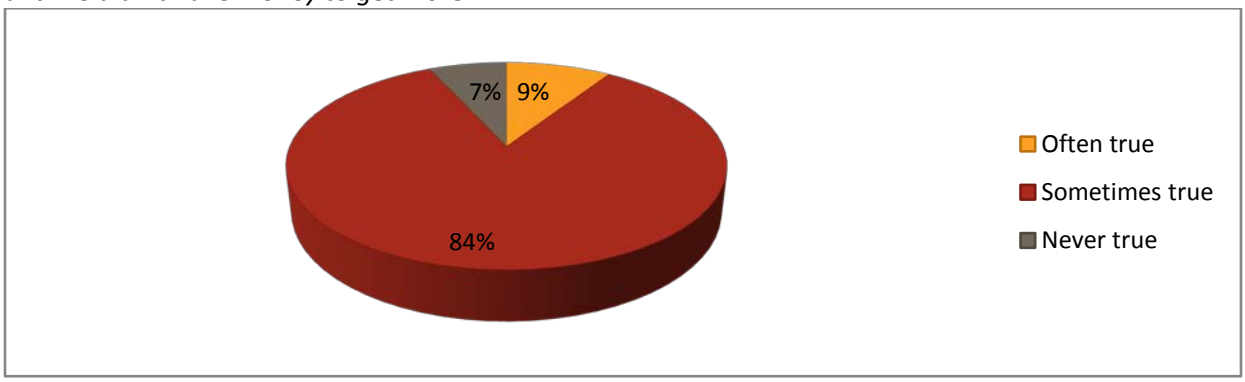
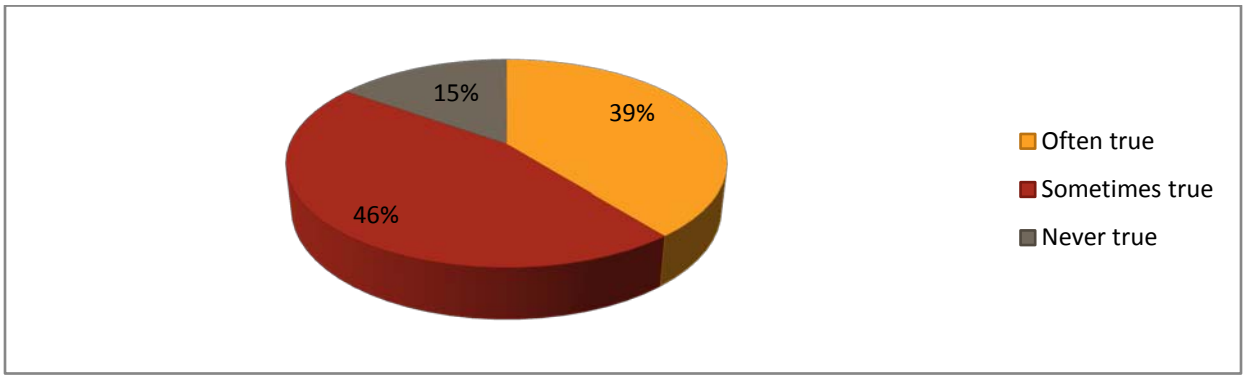


Figure 12: Adult survey responses to the item "In the last month, I/we couldn't afford to eat balanced meals."



In general children in the Olympic Center neighborhoods were slightly less healthy and were under-weight and size when compared to other Port-au-Prince area children. This difference was reduced significantly when residents of IDP camps and informal settlements were removed from the sample, though even in Bon Repos, an area which historically had lower rates of poverty than it does currently, children were more likely to be underweight and size for their age and gender (see figures 13 and 14).

Figure 13: Average Weight (in kg) of Children in the Olympic Center (OC) areas Compared to Other Port-au-Prince zones and Healthy Median Weight, by Gender and Age of Child

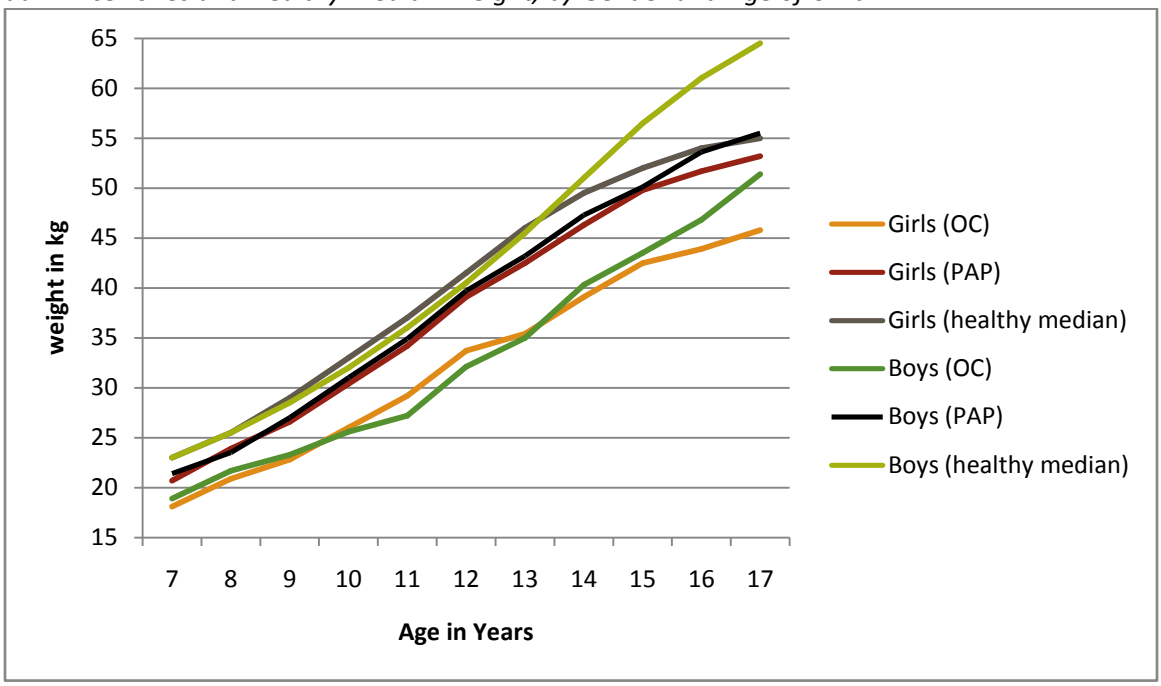
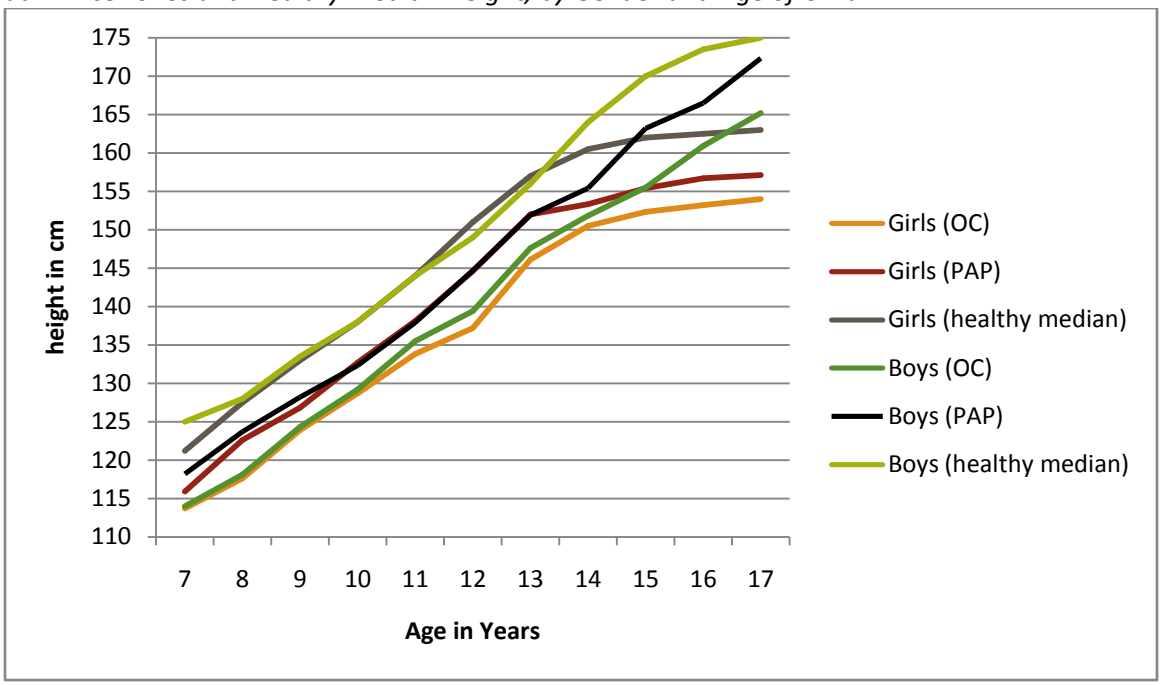


Figure 14: Average Height (in cm) of Children in the Olympic Center (OC) areas Compared to Other Port-au-Prince zones and Healthy Median Height, by Gender and Age of Child



Sports, Recreation, and Unsupervised Play

Children participated in a variety of structured and unstructured play activities. Caregivers valued completion of household chores and schoolwork before organized youth activities and play (see figure 15) and children – both schooled and unschooled – exhibited a significant gender gap in regards to the amount of time they were allowed to play unsupervised each day (see figure 17). Supervised play was more common with schooled than unschooled children; schooled children, however, engaged in only 66.4 minutes (SD: 21.8 minutes) of supervised play per week. When asked if children needed to engage in sports, recreation or play, responses from caregivers were mixed with most indicating that play was only a "necessity" for boy children (see figure 16).

Figure 15: Adult survey responses to the item "During the week, what's the best way for your child to spend their out-of-school time?"

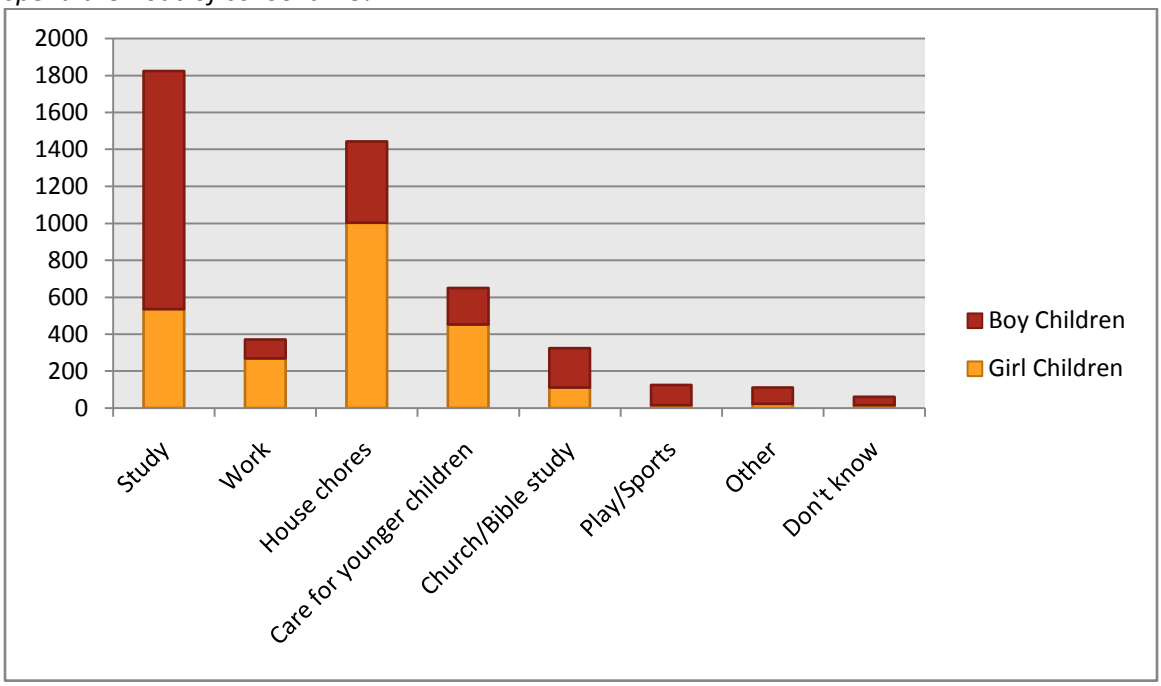


Figure 16: Adult survey responses to the item "Are sports, recreation, and play necessary for children to be healthy and strong, or are they a waste of time?"

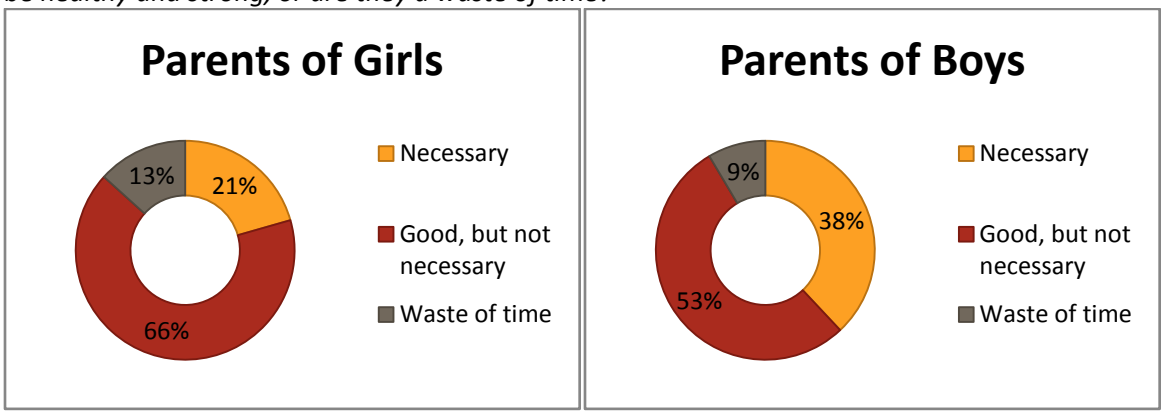
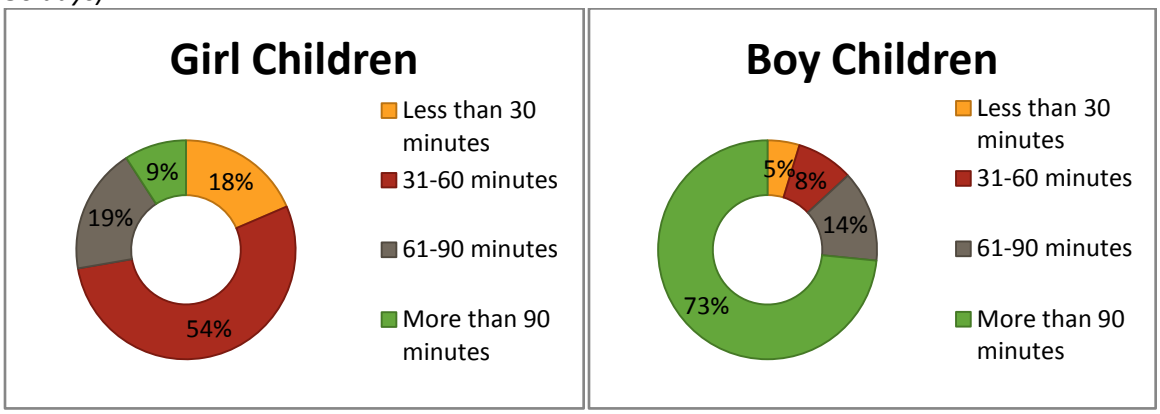


Figure 17: Amount of time child spends in unsupervised sports, recreation or play per day (mean of last 30 days)



Despite their many responsibilities in the home and commitment to schoolwork, children still found time to engage in play activities. The preferred activities for both boy and girl children did not vary significantly relative to age; a surprising finding in comparison to children in developed countries where particular toys (dolls, jacks, etc.) and games (hide and find, role play, etc.) are seen by children as too babyish for older school aged children and youth. Children frequently created new games and designed and made their own toys using recycled materials. Trash and items in the environment such as oil barrels, tarps, and buckets were repurposed as pretend buildings, boats, musical instruments, and vehicles. Scraps of plastic and twigs were made into kites. Wire and metal scraps were made into toy cars, trucks and helicopters.

Figure 18: The last time you played with a toy, what kind of toy was it?

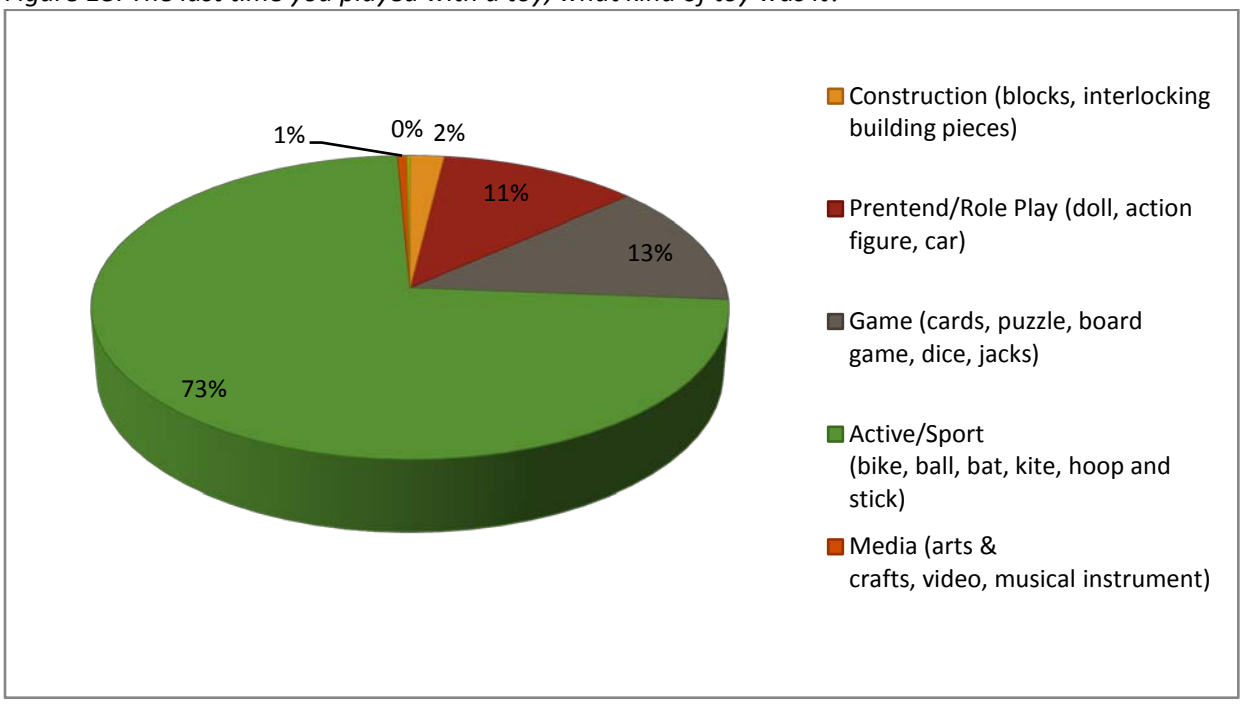
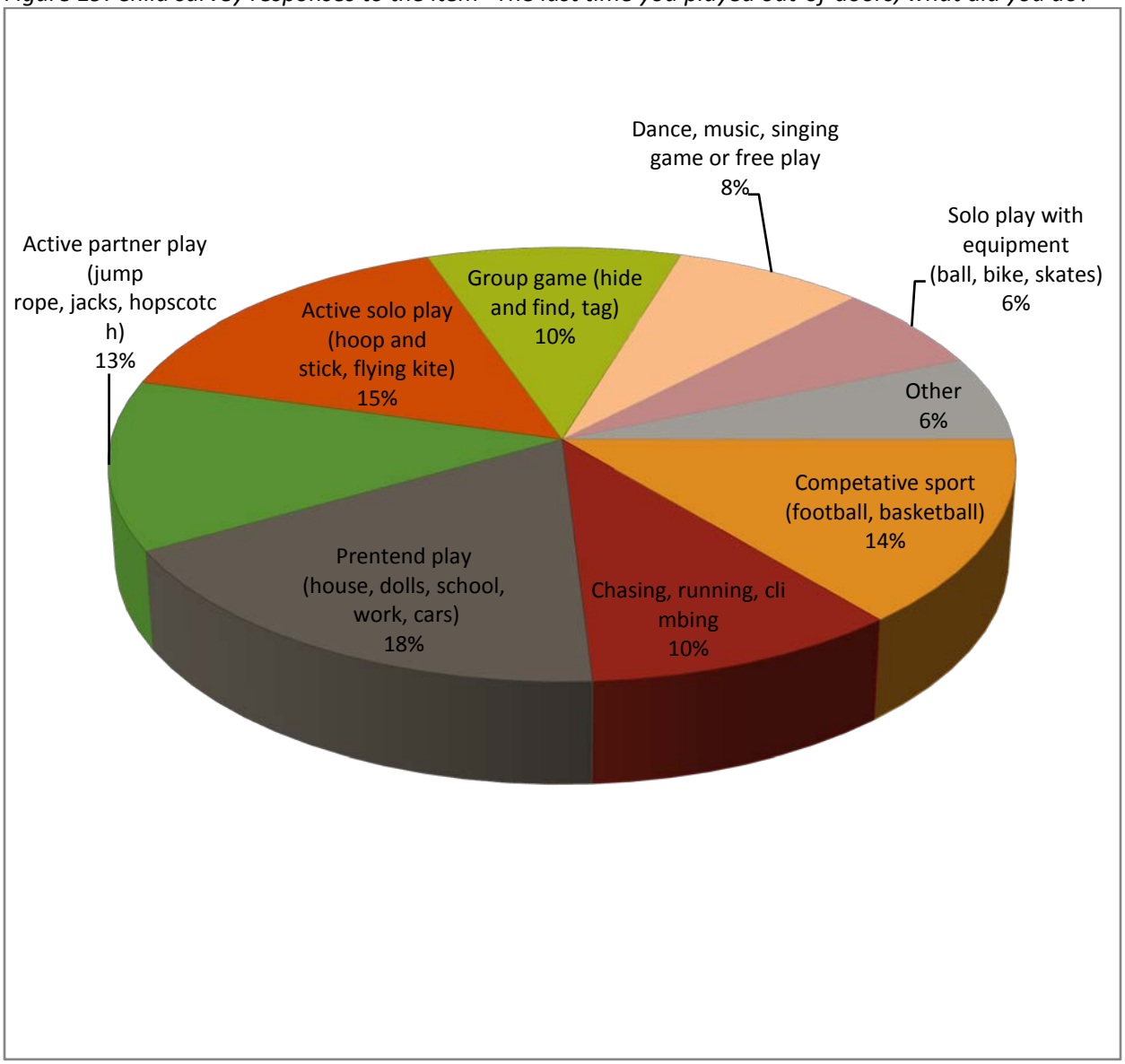


Figure 19: Child survey responses to the item "The last time you played out-of-doors, what did you do?"

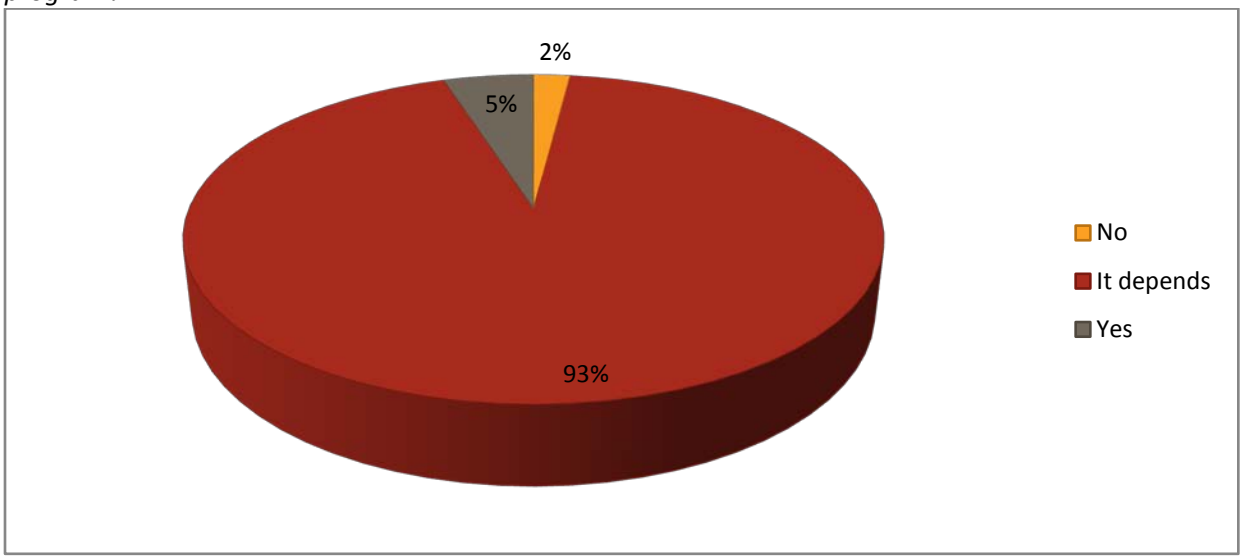


Parental Concerns Regarding Extracurricular Activities

Parents were asked a series of closed and open-ended questions regarding the decision to allow their child to participate in extracurricular activities. There no statistically significant difference in responses when examining neighborhood, socioeconomic status, employment status of the parent, or school status of the child. There were some differences based on the gender of the child to some questions, which are noted below.

First, parents were asked if their child had ever participated in an organized child or youth activity. Examples were provided including church youth groups, YMCA and YWCA programs, scouts, NGO youth development programs such as Compassion International or World Vision, Kiwo, and vacation camp. Only 218 girls (9.0%) and 473 boys (19.0%) had participated in such programs in the past. Nearly half the programs were religious in nature. The shortest program duration was one day and the longest was 4.6 years. Parents were then asked, if there child had the opportunity to participate in a youth program today, would they be amendable to giving permission. Only a small percentage said no; the vast majority responded that "it depends." (see figure 20)

Figure 20: Adult survey responses to item "Would you give your child permission to be in a youth program?"



When asked what "it depended on" parents presented a number of concerns (see figure 21).[9]Nearly half of all parents were concerned with liability and who would be responsible for their child. If the child was being transported or staying overnight, parents wanted to know if the school which referred their child[10] or the program itself would be responsible should anything happen to their child. Parents brought up possibilities such as auto accidents and injuries during sports or play activities when illustrating this concern.

A second concern expressed by roughly a third of all parents related to the idea of a guarantee. Parents wanted to be assured that any program was vetted by the authorities and authorized, that foreign staffers (if any) were carefully screened, and that programs which started would continue and would

[9] Percentages on this graph do not add up to 100 as a single respondent may have presented multiple concerns.
[10] Children typically enter a youth program by being referred through their school, or occasionally, their church. Children are rarely enrolled in a program directly by their parent.

provide the services they purported to offer. Parents offered examples of programs that enrolled children and collected foreign aid money to offer services to people in their area and then claimed the children were receiving services that were never given.

A third concern expressed slightly more than a quarter of all parents related to what other children would attend the program. Parents clarified that they worked hard to prevent their children from interacting with poorly behaved children and that they would not want their children attending a program if children from particular social backgrounds (such as *restaveks*[11], orphanage residents, or street children) were included or if children from particular zones (Corail, Cite Soleil) were included. Parents were concerned about the negative influence of children who lacked respect for authority or didn't have good manners would have on their own children. Some parents were also concerned about fighting, bullying, or exposure to sexual harassment that they felt was more likely with these other children.

A forth concern was of the educational advantage of the program. Parents wanted to know if their child would earn a certificate or award for participating in the program or if there would be an opportunity for recognition that could aid their educational advancement. Parents were repeatedly concerned that an extracurricular program would take time and energy away from studying or that their child would develop outside interests which distracted them from schoolwork. The main question parents asked in this area was "is this really worth the time away from studying their lessons?" Parents wanted to know specifically how an extracurricular program could aid their child's learning skills and improvement in academic knowledge or grades.

Corruption and the cost of getting their child into a program was a concern for one in five parents. As one mother said, "you never get something for nothing"; parents anticipated that any program (even a free one) would necessitate payment of a gift or favor (several female caregivers specifically said "sexual favor") to get their child a spot in the program. This fear was not misplaced as nearly half of all parents who reported that their child had attended a youth program before said they had to pay a bribe or do a favor to get their child in (even when the program was free, organized by local community members, or operated by an NGO). Indeed, in another section of the survey detailing household expenses, a quarter of adult respondents reported paying a bribe in the previous six months. Parents did not want to get their child excited about attending a program which would cost them a bribe they couldn't afford (or necessitate a favor – sexual or otherwise – that they were not willing or able to give).

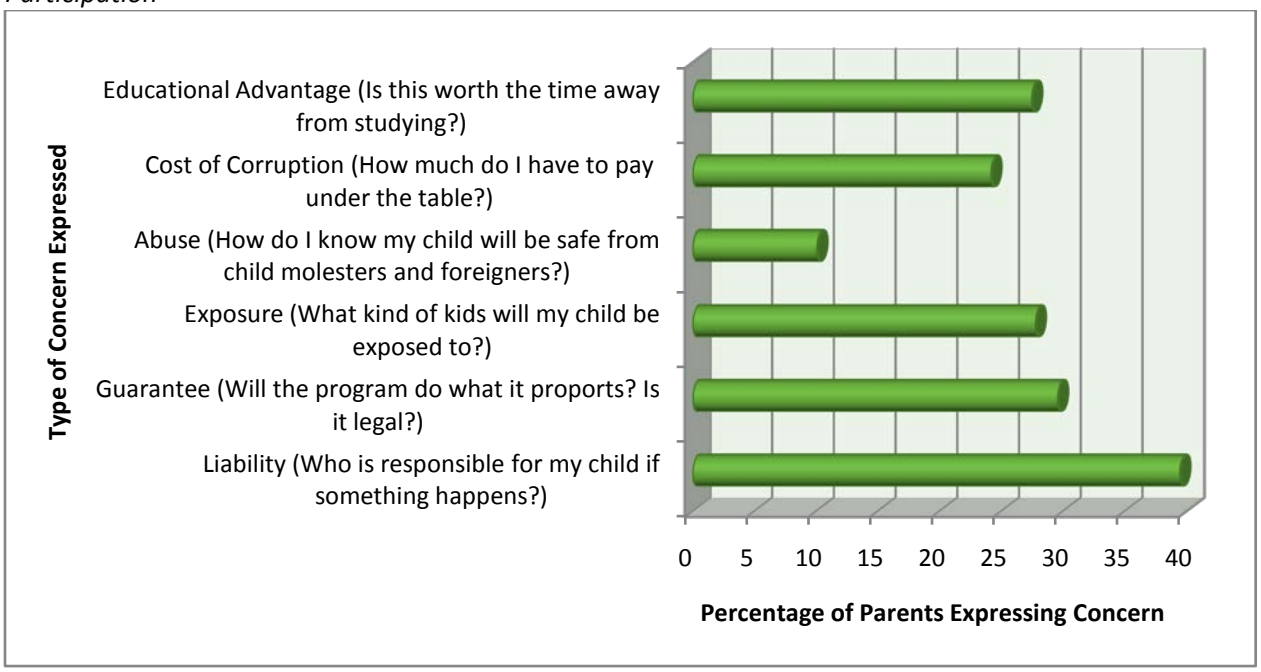
A final concern was of abuse. This included both concerns that the child could be abused by a program staff member (nearly all of those who cited this concern were parents of girl children) as well as concerns that the program itself could abuse the household. Parents were suspicious that in signing permission documents to allow their child to participate in a program that they might inadvertently be giving permission for foreigners to take their child away permanently. Several parents who have *restaveks*[12] in their home cited examples of incidents in the past where foreigners had chastised them or

[11] Child domestic servants from very poor families (often in the countryside) who live with other families and work in exchange for room and board.

[12] Some of the children's right literature refers to restavek children as "slaves". While restaveks are particularly at risk for sexual and physical abuse and are often emotionally abused or neglected, not all restaveks are mistreated, nor are restaveks commonly bought or sold. A family whose children have grown may take a restavek into their home to do children's chores (carrying water, washing dishes, etc.) in order to keep the household running. The host family is obligated to provide food, housing, clothing and to send the child to school. Some families raise the

reported them to the authorities for having a *restavek*, under the assumption that all *restaveks* are victims in need of saving. Parents were also concerned that foreigners, operating under the protection of an NGO or the government, could potentially come to their area and abuse their child and that they would be powerless to respond or hold the abuser accountable because of his position with an NGO. Some parents suggested that Haitian staff might want to have sex with their female (teenage) children and be allowed to if the program was sponsored or funded by foreigners. This was of greater concern to parents of girls than to parents of boys though several parents of male teenagers also raised it.

Figure 21: Percentage of Parents who Expressed Specific Concerns Regarding Organized Youth Program Participation



child as one of their own, but in others the restavek is first to be pulled out of school to work and she may be disciplined more harshly than other children in the home.

Strengths and Vulnerabilities

A number of character strengths were identified by parents and caregivers when asked an open-ended question about their child's strengths good attributes. See figure 22. In the word cloud below, the size of the font represents how frequently it was mentioned by parents as a strength or good attribute that their child has. Many children were also able to identify strengths when asked what aspects of themselves or their life situation made it easier for them to be successful (see figure 23.)

Figure 22: Word Cloud Representing "My Child's Strengths"

Figure 23: Child survey response to the open-ended question "What is it about you or your situation that makes it easier for you to be successful?"[13]

	Male (n=2483)	Female (n=2421)	All (n=4904)
Supportive/Caring family	352 (14.2%)	554 (22.9%)	906 (18.5%)
Have good friends	102 (4.1%)	81 (3.3%)	183 (3.7%)
Good at school/learning	278 (11.2%)	416 (17.2%)	694 (14.2%)
Have adults who look out for me	335 (13.5%)	208 (8.6%)	543 (11.1%)
Have a good place to live	67 (2.7%)	50 (2.1%)	117 (2.4%)
Skilled/Talented/Have hobbies	311 (12.5%)	124 (5.1%)	435 (8.9%)
Have good health	78 (3.1%)	81 (3.3%)	159 (3.2%)
Competent/Able to do things on my own	444 (17.9%)	183 (7.6%)	627 (12.8%)
Adults respond when I ask for help	89 (3.6%)	265 (10.9%)	354 (7.2%)
God helps me/I go to church	269 (10.8%)	305 (12.6%)	574 (11.7%)
I obey the rules/I listen to adults/Manners	62 (2.5%)	119 (4.9%)	181 (3.7%)
Hard-worker/Helps adults & peers	41 (1.7%)	130 (5.4)	171 (3.5%)
Other	22 (0.9%)	38 (1.6%)	60 (1.2%)
Nothing/I don't know	1367 (55.1%)	1602 (66.2%)	2969 (60.5%)

[13] Percentages do not equal 100 as more than one response may have been given by a single respondent.

However, when asked using an open-ended question to identify particular talents, skills, or abilities, most children had difficulty spontaneously responding with a substantive answer. Using a five-point likert scale (strongly agree to strongly disagree) children were asked to say if the statements in figure 24 were true about them. The statements were embedded in a longer survey with similar questions to reduce bias. Still, children had, overall, a poor sense of themselves as capable or skilled in the areas of art, music, sports, drama, dance, and academics. After obtaining their answer children were asked to elaborate on their response, these responses were quite telling and reflected the gendered nature of participation in sport in Haiti (see figure 25). When asked if they had the material resources to engage in art, music, sports, dance or academics, the vast majority of children and caregivers replied in the negative (see figure 26).

Figure 24: Child Assessment of Talent in the Areas of Art, Music, Dance, Drama, Sports & Academics

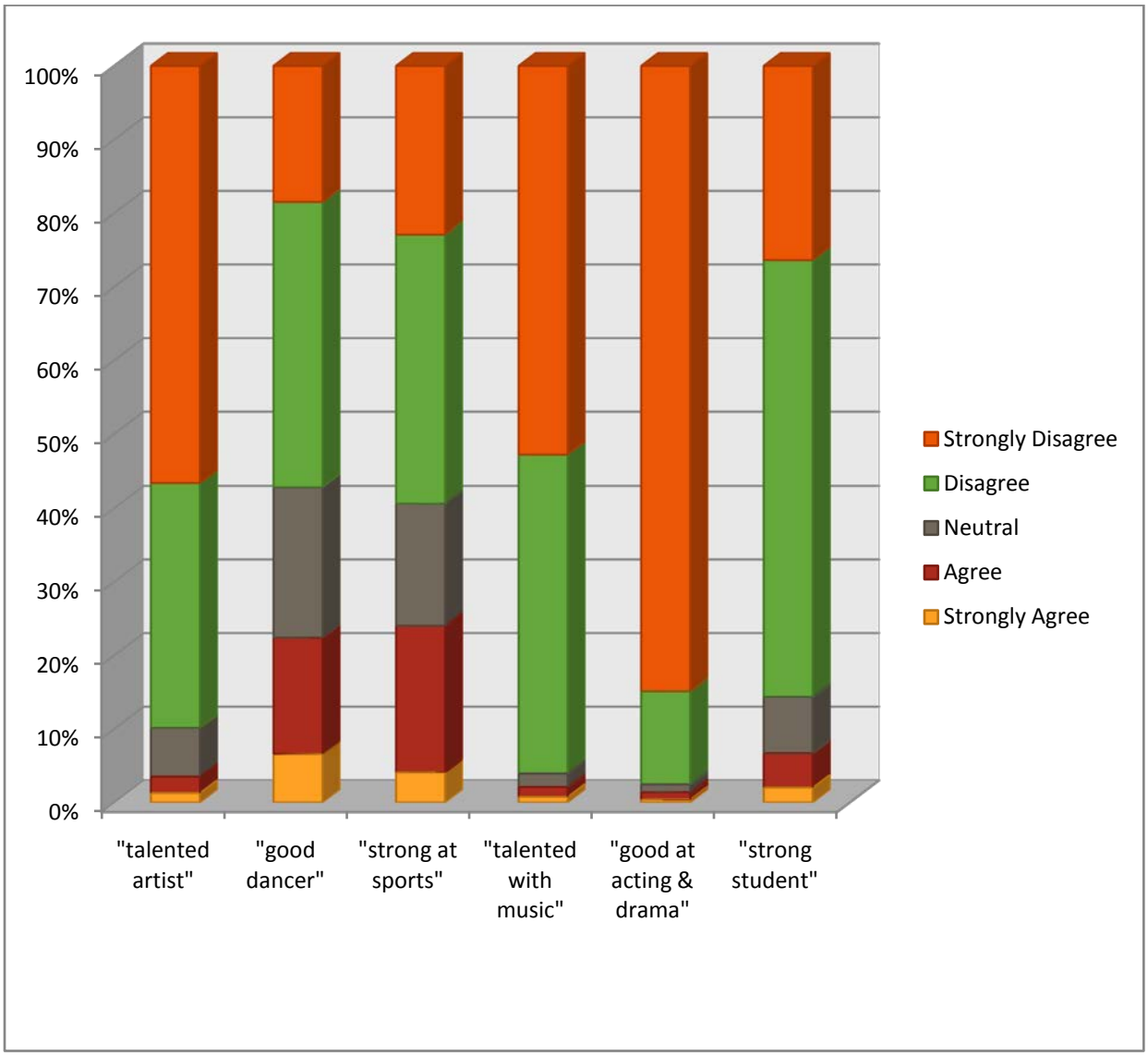
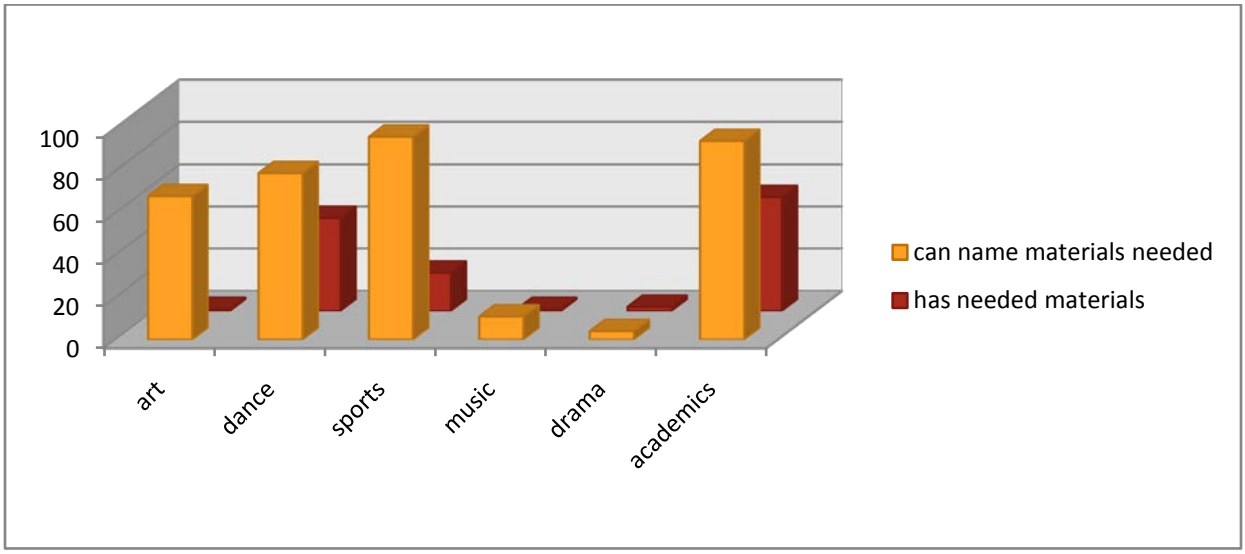


Figure 25: Selected Responses to Child Survey item (by Gender) "Why did you disagree/agree with..."

	Boy Children	Girl Children
"Why did you disagree a lot with the statement 'I am strong at sports'"?	*Because I don't have a ball to play with, so I'm not good.* *I'm not big.* *I get tired easily.* *I am weak. I don't have that talent.* *My brother is better at football than I am. He is tall and big.* *I am not a very strong person so I don't run as fast as the others.* *I'm just not any good at sports.*	*I am not as strong as the boys.* *I don't run fast and besides the boys don't let me play with them.* *My mother prefers I stay in the house rather than play sports.* *I don't know how to play sports because I was never showed how to do them.* *I am a good swimmer but that's not a sport. Sports are things that boys do like football.* *I don't enjoy sports.* *I am too small and thin for sports.*
Why did you say you agreed a lot with the statement 'I am strong at sports'?	*I can run faster than [child's name] and all the other kids.* *I'm good at football and basketball.* *I can catch a ball. I can run far without being tired.* *I have quick feet.* *When I'm big I want to be a footballer so I practice a lot!* *I'm the strongest at sports in my whole class.*	*I can kick farther than my brother.* *Because I can run fast and jump over those things [Interviewer: you mean hurdles?]. Yes. I can jump high over the bars when I run.* *I like to play sports like basketball.* *I am good at catching, throwing and juggling.* *When we play games at school I'm stronger than the other girls.* *I can run without being losing my breath.*
"Why did you disagree a lot with the statement 'I am a strong student'"?	*I have low marks.* *I know that I'm not very intelligent.* *Because I'm not good at French or mathematics.* *I am not a student that is favored by the teacher.* *I can't learn as fast as others. I forget my lessons.* *Sometimes I think I am just stupid.* *Because school is so hard. I'm always behind. I leave [school] and then when I come back they are learning something I*	*Because I cannot get high marks, even when I try very hard.* *My brothers and sisters are smarter than I am.* *I missed too much school and now I'm in a class with kids who are younger.* *Because I don't understand French.* *I hate school. I feel stupid in the classroom.* *When I try to memorize my lessons I get them all mixed up in my head and then I will be punished.* *My mother works hard to send me to school*

	haven't heard of before. *The teacher never calls on me except to tell me to shut up.*	*but I'm too slow at my lessons. She is disappointed in me. I want to get high marks but I cannot.*
Why did you say you agreed a lot with the statement 'I am a strong student'"?	*Because I am good at reading.* *I can do figures.* *When I put up my hand to answer the teacher always tells me I got the answer correct.* *I get high marks.* *I work hard at my lessons so I can make my family proud of me.* *My father says that I'm a good student because I get good marks and I'm respectful to the teachers.*	*I always do well on exams, especially in science, mathematics and hygiene.* *My teacher says I have good penmanship and that I do well in grammar and spelling.* *I don't have a lot of other talents but I get good marks.* *I know all my lessons and I never get in trouble.* *I can do multiplication to the 12 by 12s.* *The teacher has me help other students who are slower than I am.*

Figure 26: Percentage of caregivers with access to materials for art, dance, music, sport, drama and academics[14]



[14] Caregivers were first asked to name what materials were needed for a child to engage in art, dance, music, sports, drama, or academics. Most responded that "lessons" were needed. The question was then clarified to ask what things – other than lessons – would a child need to engage in these activities. The parent or caregiver was then asked if the child had access to those materials (through purchase or borrowing them). For art common materials named were paper, crayons, paint, glue, metal, metal tools, and paint brushes. For dance common materials were music, CD player, special shoes, and dance clothes. For sports responses included balls (football, basketball), uniforms, and shoes/cleats. For music the materials included musical instruments, sheet music, music on CDs and CD players. Most could not name what materials would be used for drama but several mentioned books with plays in them or costumes and one person said "access to a theater." For academics the list included typical school supplies such as books, lesson books, pens, pencils, rulers, crayons, a backpack, etc. Several parents mentioned "light" or "electricity" to enable the child to see at night to study.

A number of vulnerabilities were identified among the sample including lack of access to resources, domestic discord, and poverty (see figure 27). Children were asked if they had a magic wand and could have the power to solve one problem, what would be the most important problem to solve in their own life. Most responses related to poverty and its effects (such as lack of food) or intra-family conflicts (see figure 28). Female children exhibited multiple vulnerabilities including sexual abuse histories, less access to education (when compared to male children), and lower self-confidence. Girls were more likely that boys to be taken out of school to work, care for younger children in the home, or do household chores. See figures 29 and 30.

One item to note in figure 30 is that female children are often held out of school when menstruating if the family cannot pay for feminine hygiene supplies. In the child sample the average of first menses was 13.4 years (SD: 1.8 years), which is slightly later than the worldwide average for female children of African descent (late onset of menses can be attributed to malnutrition, which was present in this sample). When children who did not attend school during the previous month were asked why they were out of school, ten percent of girls stated that they were home from school because they were menstruating (this does not include girls who missed school due to menstrual cramps, who are coded as "ill" in figure 30). This could be a barrier for female children who wish to participate in programs at the Center.

Figure 27: Adult survey response "What is the biggest problem facing your family right now?"

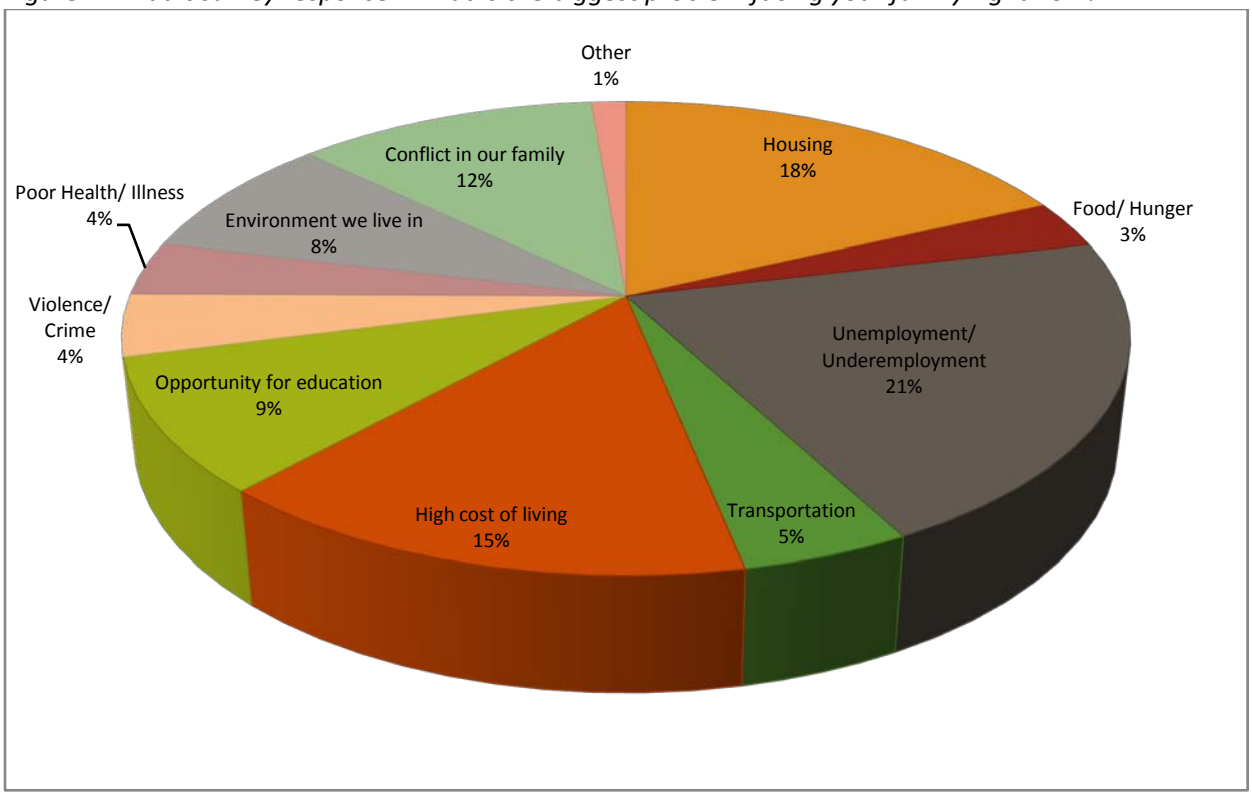


Figure 28: Child survey responses to the item "What's the most important problem in your life that needs to be resolved?"

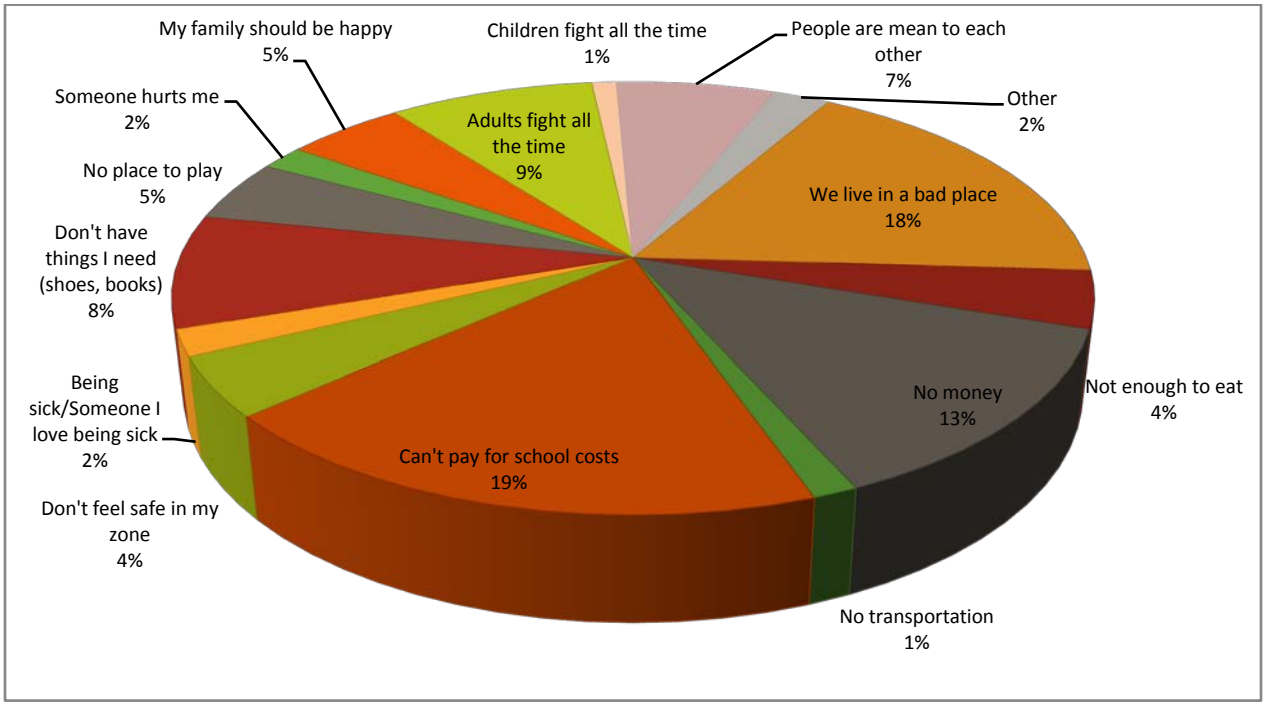


Figure 29: Percentage of Children Who Have Experienced Physical Abuse, Sexual Abuse, Neglect, or Emotional Abuseat Any Point in their Lifetime (by Gender)

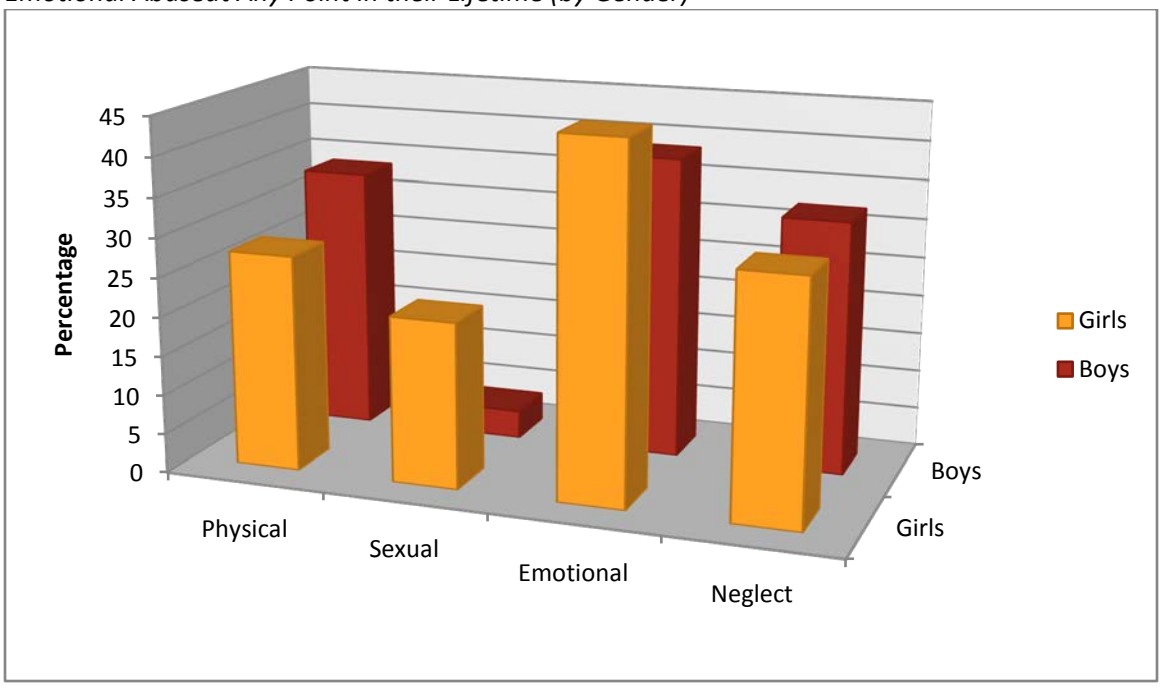
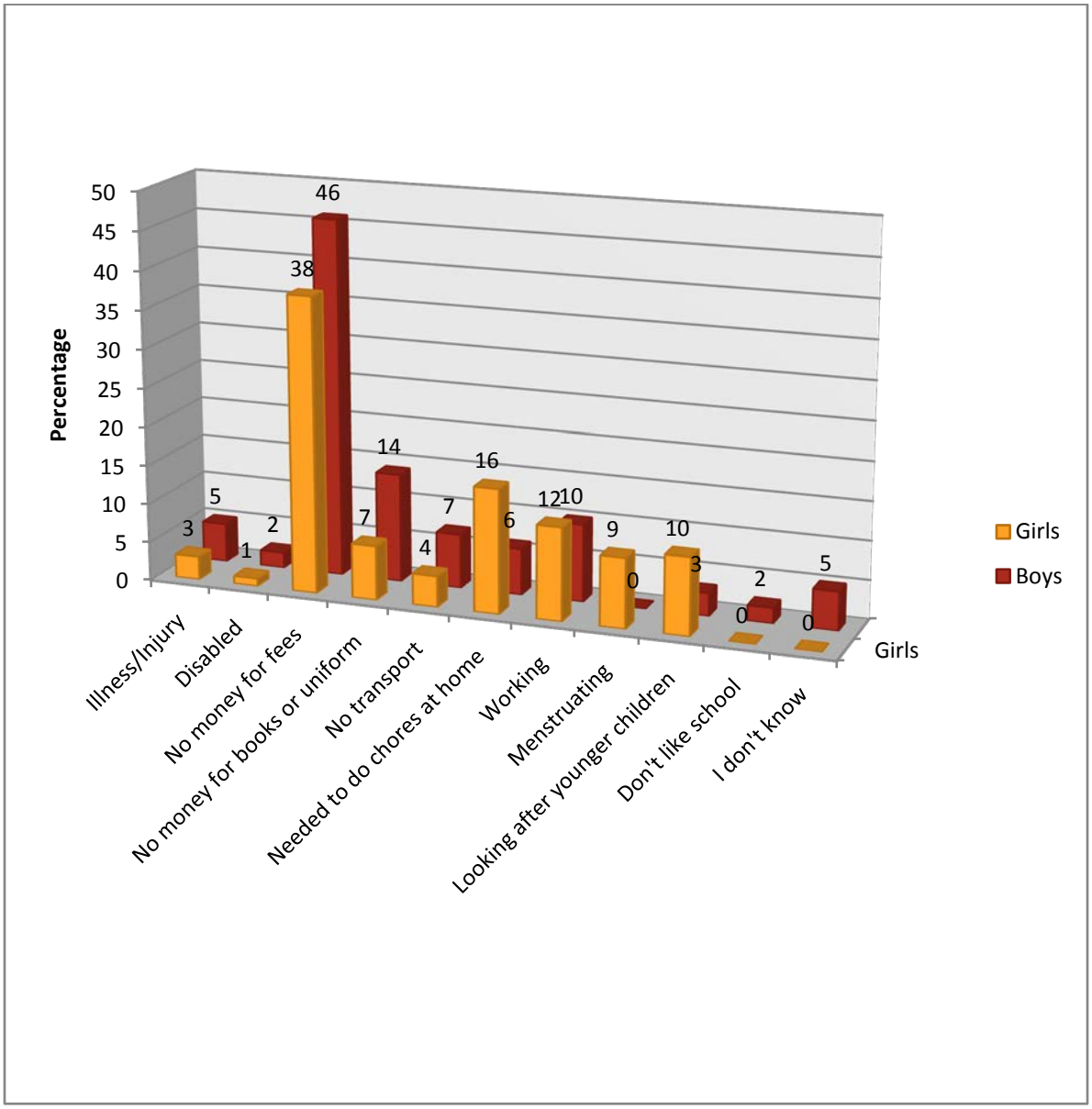


Figure 30: Main Reason Child Did Not Attend School (Percentage by Gender) – Asked of Children Not in School the Previous Month



Opinion Regarding the Olympic Center

In April 2014, 2230 adults in the zones served by the Olympic Center were surveyed regarding their knowledge of and opinions about the Center. Of all adults surveyed, 1577 (70.7%) knew of the Center. Most were under the impression that it was a specialized training facility for adults and that it would have no community based programs (see figure 31). When told of the Center's objectives and asked if they approved of such as program in their community, the vast majority of respondents were supportive (see figure 32). The few individuals who objected raised concerns that such a program would only serve people from outside and not benefit the neighborhood itself or that it was possibly a scam created to win foreign aid contracts and that no programming would ever actually take place in the Center. Respondents were asked if they agreed with the values of the Olympic Committee and if they thought such values were in concert with Haitian values. (See figure 33). Respondents were also positive about the idea of having a program for children and youth at the Center.

Figure 31: Adult survey responses to "What will happen at the new Olympic Center?"

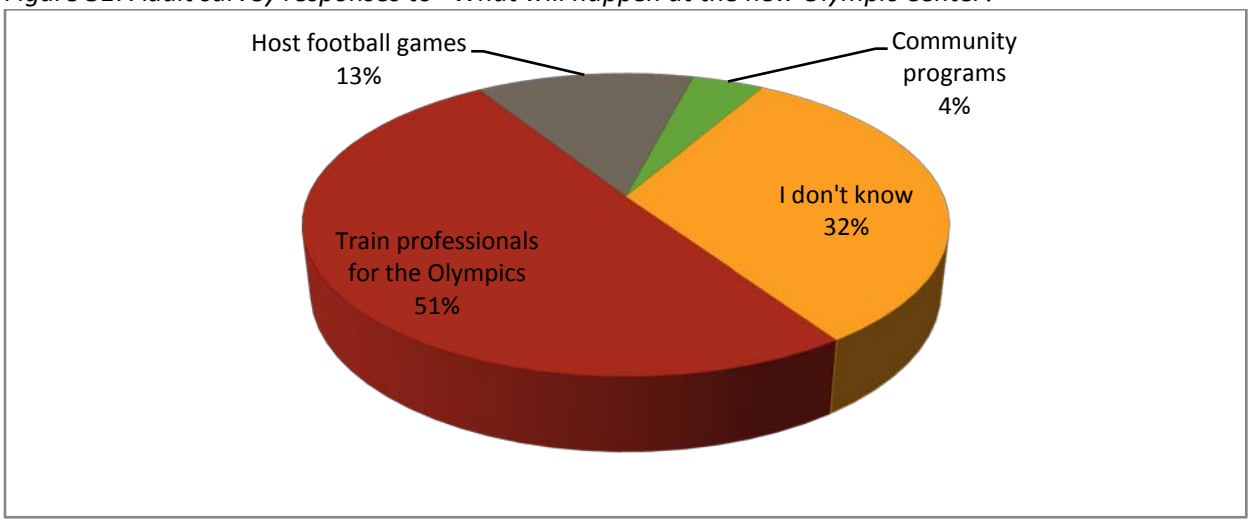


Figure 32: Adult survey responses to "Do you approve of this center opening in your community?"

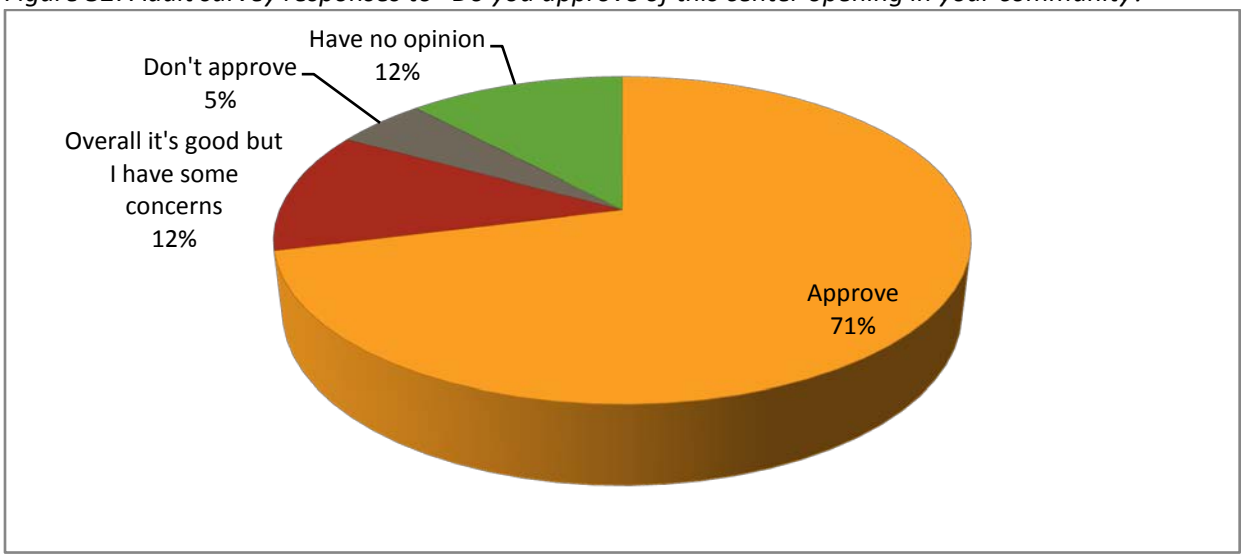


Figure 33: Adult survey responses to "Do you agree or disagree that the Olympic values I just described in harmony with Haitian values?"

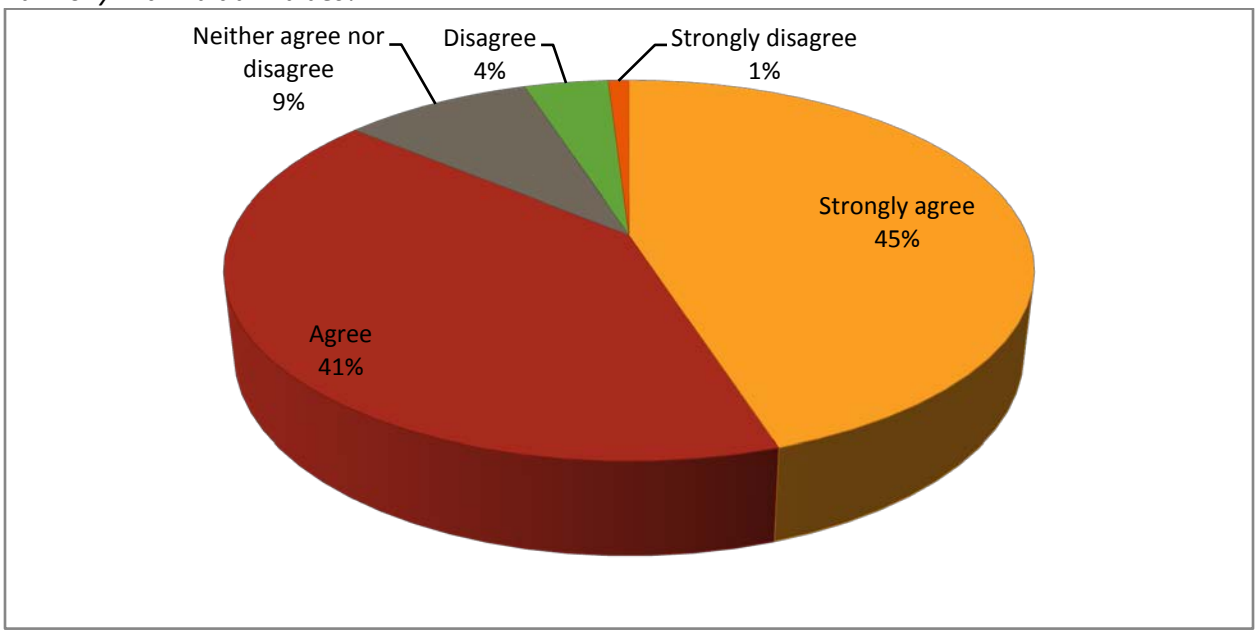
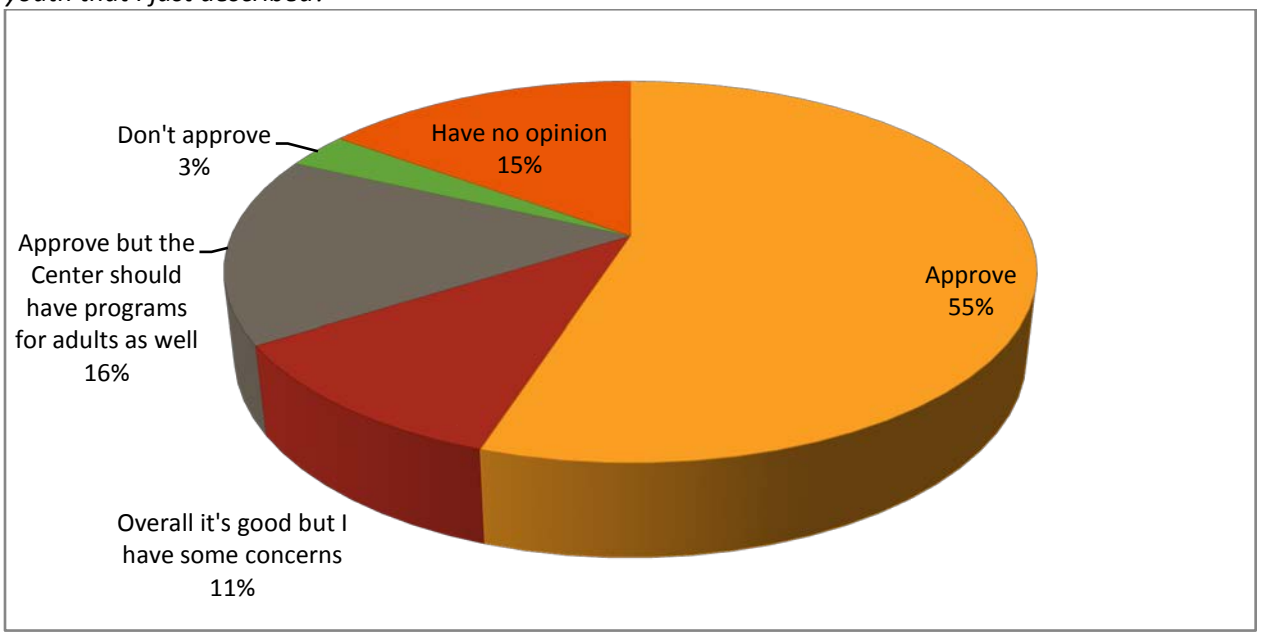


Figure 34: Adult survey responses to "Do you approve of the Center having the programs for children and youth that I just described?"



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