A Baseline Assessment of Haitian Migrant Communities in Nassau and Abaco, Bahamas

John Mazzeo, DePaul University
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Chapter 1: Introduction

This report summarizes the findings of an ongoing research project in the Bahamas that examines the structural obstacles to health faced by Haitian migrants. In 2009, a team of six undergraduates and one faculty member from DePaul University traveled to the Bahamas for three weeks to collect baseline information about several Haitian communities on the islands of New Providence and Abaco. The goal of this project is to provide a contemporary ethnographic account of Haitian communities in the Bahamas and their health challenges. Its findings will have a direct impact on the communities being studied because it will engage community organizations in the research process for the purposes of generating meaningful and practical information for local initiatives. The project will also help to build public awareness about Haitian migrants in the Bahamas and identify opportunities for government and non-governmental organizations to work with communities to address the health problems they face. Furthermore, its findings will be relevant to other scholars working on migration, health and community development. An ethnographic approach will demonstrate the lived realities within different settlements and how local social, political and economic environments influence health conditions and disparities.

The Bahamas archipelago consists of 29 islands covering a total of 5,400 square miles. All of the islands are low lying and built on a beds of limestone formed from precipitating seawater. The soils in the Bahamas are poor for agriculture and the dominant sectors in the national economy are tourism and commerce. Haitian migration to the Bahamas has accelerated since the 1950s due to a combination of increasing poverty in Haiti and the increase of jobs linked to the growth of tourism sector in the Bahamas. The majority of Haitians in the Bahamas originate from the north and northwestern coasts of Haiti from rural localities and secondary towns or
cities. Most are males and possess the necessary skills, such as masonry and carpentry, to find employment in the construction sector. Nearly everyone has a personal connection in the Bahamas, a relative or friend, who can help them find housing and a job. Many settle in what some Haitians call “Haitian Villages” or what Bahamians describe as “shantytowns.” These areas are densely populated informal settlements with weak infrastructure. Some who live in the Haitian Villages have built their own home on land they do not own, but most pay rent and purchase electricity at a high cost from someone with a generator. The residents of these communities face some of the greatest challenges of health access and outcomes, compared to other Haitians who live in more affluent areas with larger incomes.

A. Research Context

The Haitian Diaspora, perhaps the largest movement of people from the Caribbean, is a response to intense poverty due to a lack of economic opportunities, chronic food insecurity, and the erosion of traditional livelihood strategies such as farming and small scale commercial trade. The tremendous loss of property and life during the 2010 earthquake has also been a contributing factor to recent outmigration in search of employment. The establishment of migrant settlements within foreign, and at times, hostile societies has forced Haitians to adapt to their new environments subsequently it has led to fundamental transformations in their cultural identities (Glick Schiller and Fournon, 2006). The Dominican Republic and the United States are the most well studied destinations for Haitian immigrants (Martínez, 1999; Stepick, 1997).

The Haitian Diaspora, perhaps the largest movement of people from the Caribbean, is a response to intense poverty due to a lack of economic opportunities, chronic food insecurity, and the erosion of traditional livelihood strategies such as farming and small scale commercial trade. The establishment of migrant settlements within foreign, and at times, hostile societies has
forced Haitians to adapt to their new environments subsequently it has led to fundamental transformations in their cultural identities (Glick Schiller and Fouron, 2006). The Dominican Republic and the United States are the most well studied destinations for Haitian immigrants (Martínez, 1999; Stepick, 1997). Wherever they settle, Haitians are a stigmatized ethnic group and face marginalization by the dominant society through restrictive immigration policies, the threat of deportation, and the uncertainties of poorly paid, exploitative employment (Brodwin, 2003). Despite the challenges of resettlement, migrants maintain links with their homes. Migrants send cash remittances and commodities to help alleviate poverty and maintain transnational households. Their contributions were critical during the global food crisis of 2008 when the price of basic food commodities spiked (Mazzeo, 2009). Remittances are estimated to account for approximately one-third or more than 1 billion US dollars of the Haitian economy.

Despite the available literature on the Haitian diaspora, little is known about Haitians living in the Bahamas. Even less is known about the health of Haitian migrants once they have resettled. Only a few studies of Haitian communities in the Bahamas and their transnational relationships have been conducted. This is surprising given the fact that an estimated 40-50,000 or 10 to 20 percent of the total population are Haitian or of Haitian descent. The most recent work, a report for the International Organization for Migration, summarizes the results of a survey conducted in Haitian communities across the Bahamas (College of the Bahamas, 2005). This report captures quantitative data for many key aspects of Haitian migrants, including migration patterns, household structure, employment, and living conditions. The only existing study of Haitian community was conducted by Dawn Marshall (1979) and examines the Carmichael Road area of Nassau. Her study, now thirty year old, describes the factors promoting migration and to assess immigration policy.
Recent income data from the Bahamas describes Haitians as the nation’s most economically disadvantaged group. The percent of Haitians living below the poverty line is 25 percent, compared to Bahamians at nine percent. At the household level, 16 percent of Haitian households have an income below the poverty line, in contrast to only four percent of Bahamians. Eighty-four percent of recent Haitian immigrants have a per-capita expenditure of less than $8,524, the national food basket estimate, while 56 percent of those migrating from other Caribbean countries have a per-capita expenditure higher than that (Department of Statistics, 2004). The data captured by the Bahamian government about Haitians is likely to be skewed toward Haitians that are documented and probably have higher levels of wealth. The reality faced by many Haitians, especially those who are undocumented, is likely to be far worse.

The health challenges associated with transnational migration are among the most complicated and least studied aspects of globalization (Chavez, 2003). The ways in which receiving nations address the health of migrants varies. In many countries, government’s inattention to health care has spurred the mobilization of community-based organizations to take primary responsibility for migrants’ health needs (Nijhawan, 2005; Torres and Sanz, 2000). In the Bahamas, Haitian migrants encounter formal and informal structural barriers designed to restrict their utilization of health services. In addition to the cost of care, especially from prescription medication, language, requests for documentation and the fear of deportation are examples of structural barriers at clinical settings. The ways in which receiving nations address the health of migrants varies, and in the Bahamas the type of care extended to Haitians is marginal. In other contexts, government’s inattention to health care has spurred the mobilization of community-based organizations to take primary responsibility for migrants’ health needs (Nijhawan, 2005; Torres and Sanz, 2000). In the case of the Bahamas, there are few
organizations that advocate for or work in partnership with Haitian communities to promote health. There is an opportunity for cross-disciplinary research to better understand issues of health and human rights, health inequalities and health disparities (Willen and Castañeda, 2008; Willen, 2006). The contributions of medical anthropologists to this problem include the production of cross-cultural case studies, use of ethnographic approaches to present an ‘on the ground’ or ‘insiders’ perspective, and discussing why migration and health is a critical national, as well as global, concern (Castañeda, 2007; Fassin, 2004; Ho, 2003; Rosenthal, 2007).

Disparities and inequalities in health access and outcomes among migrants in the Caribbean is an ideal opportunity for collaboration between several fields including public health, nursing and anthropology (Willen and Castañeda, 2008; Willen, 2006). The contributions of medical anthropologists to this question includes the production of cross-cultural case studies, use of ethnographic approaches to present an ‘on the ground’ or ‘insiders’ perspective, and discussing why migration and health is a critical national, as well as global, concern (Castañeda, 2007; Fassin, 2004; Ho, 2003; Rosenthal, 2007). Anthropologists also make for excellent cultural brokers or intermediaries between the communities with which they work and the health sector, including government public health programs and community clinics.

B. Community Health Concerns

National health statistics are the only relevant source of epidemiological data available for this research. To date, there has been no systematic study of the health problems faced by Haitians despite the fact that this group experiences higher than average levels of poverty and restricted access to care. The following national-level data probably obscure more than they reveal. According to these data (Table 1), the leading cause of death in the Bahamas is HIV/AIDS.
Table 1, Top Ten Leading Causes of Death, All Ages, Both Sexes, All Bahamas, 2006
(Ministry of Health, 2008b)

<table>
<thead>
<tr>
<th>Rank</th>
<th>Condition</th>
<th>Number of Deaths</th>
<th>% of Defined Causes</th>
<th>Number of Deaths, Rate per 100,000, Males</th>
<th>Number of Deaths, Rate per 100,000, Females</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HIV Disease (AIDS)</td>
<td>186</td>
<td>11.0%</td>
<td>56.4</td>
<td>110</td>
</tr>
<tr>
<td>2</td>
<td>Hypertensive Diseases</td>
<td>171</td>
<td>10.1%</td>
<td>51.9</td>
<td>78</td>
</tr>
<tr>
<td>3</td>
<td>Ischemic Heart Diseases</td>
<td>157</td>
<td>9.3%</td>
<td>47.6</td>
<td>98</td>
</tr>
<tr>
<td>4</td>
<td>Cerebrovascular Diseases</td>
<td>105</td>
<td>6.2%</td>
<td>31.9</td>
<td>53</td>
</tr>
<tr>
<td>5</td>
<td>Diabetes</td>
<td>98</td>
<td>5.8%</td>
<td>29.7</td>
<td>51</td>
</tr>
<tr>
<td>6</td>
<td>Perinatal Deaths</td>
<td>61</td>
<td>3.6%</td>
<td>18.5</td>
<td>35</td>
</tr>
<tr>
<td>7</td>
<td>Assault (Homocide)</td>
<td>59</td>
<td>3.5%</td>
<td>17.9</td>
<td>53</td>
</tr>
<tr>
<td>8</td>
<td>Breast Cancer</td>
<td>55</td>
<td>3.3%</td>
<td>16.7</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>Vehicle Accidents</td>
<td>46</td>
<td>2.7%</td>
<td>14.0</td>
<td>36</td>
</tr>
<tr>
<td>10</td>
<td>Prostate Cancer</td>
<td>40</td>
<td>2.4%</td>
<td>12.1</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Total Deaths, Leading Causes</td>
<td>978</td>
<td>57.8%</td>
<td>296.8</td>
<td>na</td>
</tr>
<tr>
<td></td>
<td>Total Deaths, Defined Causes</td>
<td>1692</td>
<td>100.0%</td>
<td>513.5</td>
<td>923</td>
</tr>
<tr>
<td></td>
<td>Total Deaths, All Causes</td>
<td>1730</td>
<td>100.0%</td>
<td>525.0</td>
<td>940</td>
</tr>
</tbody>
</table>

Epidemiological data kept over the past decade shows the rate of new HIV infections declining, but stabilizing at around 100 per 100,000 (Table 2). The trends are nearly the same for males and females. The trend for mortality rate shows a similar pattern of decline and plateau, but mortality rates are significantly higher for males in all years than females (Table 3). In 2006, the mortality rate was 69 per 100,000 for males and 45 per 100,000 for females (Ministry of Health 2008b). In 2006, the majority of HIV/AIDS cases in the Bahamas are among Bahamians and the remaining 25 percent are among non-Bahamians. Most of these cases, about 84 percent, are on the island of New Providence.
Table 2, New HIV Infections (Non-AIDS) by Year, 1996-2007, All Bahamas (Ministry of Health, 2008a)

Table 3, Deaths due to HIV/AIDS by Year, 1993-2006, All Bahamas (Ministry of Health, 2008a)

To date, there has not been a study about HIV/AIDS within the Haitian community. Despite assumptions by Bahamians that Haitians have higher rates of HIV, no data supports this perception (Ministry of Health, 2008a). To quote a recent study of HIV/AIDS among Caribbean migrants by Borland, “Though migrants are sometimes perceived as contributing to the spread of HIV/AIDS across borders, studies have shown that migrants are often more vulnerable than local populations and face greater obstacles in accessing care and support if living with HIV/AIDS.
The circumstances of movement – e.g. whether voluntary or involuntary, or whether
documented or clandestine – directly affect the potential risk of HIV- infection for migrants. A better understanding of the interaction between HIV/AIDS and population movements in the Caribbean is essential in order to develop effective AIDS intervention strategies (Borland et al., 2004:vii).”

Other health concerns relevant to this research are hypertension and diabetes, ranked as the second and fifth leading causes of death in 2008. Again, the data has not been disaggregated for Haitians. Following Raj Patel’s argument in his book, Stuffed and Starved, it is likely that Haitians depend on cheap calories because of their low incomes, high food prices and a near complete dependence on the marketplace for food (Patel, 2008). Poorer households have to find ways to stretch their food budget. The mean per capita household food expenditures in 2001 were $755 for poor and $2,548 for non-poors households (Department of Statistics, 2004).

In 2005, rates of obesity in the Bahamas have risen by a third since 2001 (Table 4). Parallel to this rise, is a doubling of diagnosed cases of hypertension and diabetes. Hypertension, or chronic, high blood pressure, is linked to diet as well as stress (Department of Statistics, 2004). As anticipated, levels of stress within the Haitian communities we studied are high often attributed to, for example, lack of cash for basic needs such as housing and food and immigration rAIDS during the middle of the night that force people to sleep in the bush to avoid caught at home while asleep.
Table 4, Weight Status, Hypertension and Diabetes for the Bahamas, 2001 and 2005

The survey used WHO-accepted cutoffs for BMI are: 18.5 (underweight), 18.5–24.9 (normal), 25–29.9 (overweight), 30+ (obesity)

2001 Results of the Bahamas Living Conditions Survey, N=2,169, age 21-60
2005 Preliminary Findings from the Bahamas CNCD Prevalence Study and Risk Factor Survey (Feb-March, 2005) N=1424, age 15-74

C. Fieldwork

In December 2009, the team collected baseline data from several Haitian settlements on two islands. On the island of New Providence, we worked in two adjacent villages along Carmichael Road in the south of the island (Figure 1). New Providence has the largest Haitian population in the Bahamas and Carmichael road is a well-established Haitian neighborhood. This area used to be undeveloped government land, but recently it has since been developed into new residential and commercial zones and many of the former Haitian occupants have had to move out or relocate into smaller, densely populated villages like Yard Mackey and Sou Wosh. Gaining trust in these areas was accomplished by having the parish priest accompany us to each of the localities and introduce us to community members. The parish priest at Queen of Peace parish on Carmichael road provided us with a personal reference and introduction that helped us to gain the initial trust of community members.
Another area we worked in was Centreville, just south of the downtown, and a mixed neighborhood of Bahamian and Haitian residents. We worked with a Haitian hometown association called the AHB\textsuperscript{1}. AHB is a hometown association of people who live in the Bahamas but are originally from Haiti. My connection to this group comes through fieldwork I have been conducting in Haiti since 1996. AHB was founded in 2005 by a resident of Haiti who migrated to the Bahamas and established AHB as a way to transform his hometown through the collective assistance of the Haitian-Bahamian migrant community. The group also provides mutual help to migrants, especially for recent arrivals looking for housing, employment and help with immigration documents.

**Figure 1. Map of New Providence**

\begin{figure}
\centering
\includegraphics[width=\textwidth]{map.png}
\caption{Map of New Providence}
\end{figure}

1. Carmichael Village (Yard Mackey and Sou Wosh)
2. Centreville (AHB)

Abaco island is located northwest of New Providence and has the second largest Haitian population in the Bahamas (Figure 2). The parish priest on Abaco served a similar purpose by introducing us to key members of the community.

\begin{figure}
\centering
\includegraphics[width=\textwidth]{map2.png}
\caption{Map of Abaco}
\end{figure}

\textsuperscript{1} This is a pseudonym to protect the identity of the group
Fieldwork was conducted over the course during a three-week study abroad program.

Table 5 provides a summary of the activities by date and location. Nine days were dedicated to data collection, seven of which were spent in New Providence and two were in Abaco.
Table 5. Field Work Schedule

<table>
<thead>
<tr>
<th>Date (December)</th>
<th>Activity</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>6</td>
<td>Haitian ass and youth group meeting</td>
<td>Queen of Peace Parish, Carmichael Road, Nassau</td>
</tr>
<tr>
<td></td>
<td>Association of Borgenians in the Bahamas (ABB)</td>
<td>ABB Headquarters, Centreville, Nassau</td>
</tr>
<tr>
<td>7</td>
<td>Community mapping, household interviews</td>
<td>Yard Markey, Nassau</td>
</tr>
<tr>
<td>8</td>
<td>Community mapping, household interviews</td>
<td>Sou Woch, Nassau</td>
</tr>
<tr>
<td>9</td>
<td>Community mapping, household interviews</td>
<td>Yard Markey, Nassau</td>
</tr>
<tr>
<td>10</td>
<td>Data entry, no site visits</td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Community mapping, household interviews</td>
<td>Sou Woch, Nassau</td>
</tr>
<tr>
<td>12</td>
<td>Haitian market visit and inventory</td>
<td>Potter's Cay, Nassau</td>
</tr>
<tr>
<td></td>
<td>Haitian youth group meeting</td>
<td>Downtown, Nassau</td>
</tr>
<tr>
<td>13</td>
<td>Haitian mass</td>
<td>Centreville, Nassau</td>
</tr>
<tr>
<td></td>
<td>ABB Meeting</td>
<td>Downtown, Nassau</td>
</tr>
<tr>
<td>14</td>
<td>Travel to Abaco; discussion of the data</td>
<td>Marsh Harbor</td>
</tr>
<tr>
<td>15</td>
<td>Community mapping, household interviews</td>
<td>Mud and Pidgeon Peas, Abaco</td>
</tr>
<tr>
<td>16</td>
<td>Community mapping, household interviews</td>
<td>Sandybank and The Farm, Abaco</td>
</tr>
<tr>
<td>17</td>
<td>Preliminary data analysis</td>
<td>Marsh Harbor</td>
</tr>
</tbody>
</table>

The design of this research draws on an action research framework to guide the research process. The goal of action research is to take action to solve the problem that is the basis of the research (Turnbull and Friesen, 1998). This approach demands that the researchers have a strong and relationship with the community and work with community members in a collaborative effort for the purposes of designing sustainable and culturally appropriate interventions. This form of research works well with an ethnographic approach since it stresses the importance of cultural context and the socioeconomic realities of the group (Whyte, 1991). The action research approach has been successful in community health promotion and is used by medical anthropologists and public health practitioners (Israel et al., 2005; Rains and Ray, 2007).

This is designed to be a longitudinal project with a five-year timeframe (Table 6). The rationale is that follow up with households over time will reveal important trends and will provide the project with time to develop, pilot and implement a project with the community. The following table summarizes the goals by year.
Table 6. Long-Term Objectives for this Project

<table>
<thead>
<tr>
<th>Year</th>
<th>Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td>Collect baseline information from households and about the communities; Begin discussion about collaborative project related to health.</td>
</tr>
<tr>
<td>2010</td>
<td>Create a focused data tool for health; Introduce a small pilot project with the community; follow up with households.</td>
</tr>
<tr>
<td>2012</td>
<td>Expand the pilot project; Create an assessment tool for measuring outcomes and impact; follow up with households.</td>
</tr>
<tr>
<td>2013</td>
<td>Continue the project and follow up activities; Consider possibility of scaling-up model for other Haitian communities.</td>
</tr>
<tr>
<td>2014</td>
<td>Final project evaluation; Final household follow up; Identify prospects for future research and action.</td>
</tr>
</tbody>
</table>

D. Methods and Participants

Information was collected through interviews and participant observation. Participant observation involved the team into day-to-day activities such as Catholic mass, hometown community association meetings, Catholic youth group meetings and community site visits. Working in pairs and sometimes with a Haitian Creole interpreter, the team conducted 32 semi-structured interviews. Participants provided information about themselves and the members of their household in the Bahamas and those living in Haiti. The selection of households to interview was opportunistic, we spoke with people who were at home during the middle of the day and interested in speaking with us. As a result, the majority of interviews were with women and individuals who were did not have formal employment. Interviews were conducted at the homes of participants and followed an interview guide.

Student pairs completed approximately two interviews during a single community visit. Interviews were conducted at the homes of participants and with the help of a Haitian Creole
interpreter. A pair of students conducted the interview and used an interview guide to help structure the conversation. The majority of participants agreed to the interview being audio recorded and these recordings were used to produce verbatim transcripts. This interview guide in both English and Creole is attached in the Annex of this report. Table 7 gives the number of interviews by locality.

**Table 7. Semi-Structured Interviews by Locality**

<table>
<thead>
<tr>
<th>Locality</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Providence</td>
<td>22</td>
<td>69%</td>
</tr>
<tr>
<td>Yard Markey</td>
<td>12</td>
<td>38%</td>
</tr>
<tr>
<td>Sou Woch</td>
<td>10</td>
<td>31%</td>
</tr>
<tr>
<td>Abaco</td>
<td>10</td>
<td>31%</td>
</tr>
<tr>
<td>Mud and Pidgeon Peas</td>
<td>5</td>
<td>16%</td>
</tr>
<tr>
<td>Sandybank</td>
<td>3</td>
<td>9%</td>
</tr>
<tr>
<td>The Farm</td>
<td>2</td>
<td>6%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>32</td>
<td>100%</td>
</tr>
</tbody>
</table>

The 32 households we surveyed are small, usually between two and four members. Half of the households had two or less members, and these arrangements included boyfriend/girlfriend couples, spouses living without their children, male family members, or unrelated roommates. The household head is typically the primary wage earner and decision maker for the domestic unit. Most are employed in the construction sector, even if only intermittently, and during the time of fieldwork the Bahamas was experiencing a slump in construction due to a recession and a decline in tourism (Table 8).
Table 8, Household Head’s Primary Employment

<table>
<thead>
<tr>
<th>Occupation</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Construction - masonry, carpentry, painting</td>
<td>13</td>
</tr>
<tr>
<td>Domestic - nanny, washing clothes, cleaning house</td>
<td>4</td>
</tr>
<tr>
<td>Landscaping</td>
<td>3</td>
</tr>
<tr>
<td>Shopkeeper - owner/operator</td>
<td>2</td>
</tr>
<tr>
<td>Truck Driver</td>
<td>1</td>
</tr>
<tr>
<td>Church Leader</td>
<td>1</td>
</tr>
<tr>
<td>Government</td>
<td>1</td>
</tr>
<tr>
<td>Tailor or Seamstress</td>
<td>1</td>
</tr>
<tr>
<td>Currently Unemployed</td>
<td>6</td>
</tr>
<tr>
<td>Total</td>
<td>32</td>
</tr>
</tbody>
</table>

In most cases, 69 percent, the household head was a male, however the situation in most cases is a Haitian women will defer to her male partner because of gender expectations, but in fact she and her children represent the core domestic unit and she will often have her own means of supporting herself and her children in the case that she and her partner part ways. Additional information about the household head shows this person is on average 43 years old and born in Haiti (94 percent). Most have lived in the Bahamas for a substantial amount of time, on average 14 years, and have additional family members, children in many cases, who still live in Haiti.

The following data summarizes information for all 105 individuals captured during the household interview (Table 9). Our data show these are young communities with half of the individuals aged 30 years or less. Few, less than 10 percent, are over the age of 50. It is not yet clear if this profile says something about migration patterns or the kind of localities we surveyed. The ratio of males to females in our survey population was very similar to findings of the recent Bahamas Census - 56 percent Male and 44 percent female (Department of Statistics). The
majority of people, 59 percent, were born in Haiti and the vast majority of these individuals migrated from rural localities or small towns in the Departments of the Northwest and North in Haiti. Few originated from large cities, and of these only 1 person was from Port-au-Prince. The mean age of Bahamian born individuals was 13 years, compared to 43 years of those who were born in Haiti.

Table 9, Survey Population: Includes All Household Members Living Together at the Time of the Survey

<table>
<thead>
<tr>
<th>Age Group (years)</th>
<th>Total N</th>
<th>%</th>
<th>Male: N</th>
<th>%</th>
<th>Female: N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-10</td>
<td>24</td>
<td>27%</td>
<td>13</td>
<td>31%</td>
<td>11</td>
<td>24%</td>
</tr>
<tr>
<td>11-20</td>
<td>13</td>
<td>15%</td>
<td>4</td>
<td>10%</td>
<td>9</td>
<td>20%</td>
</tr>
<tr>
<td>21-30</td>
<td>11</td>
<td>13%</td>
<td>6</td>
<td>14%</td>
<td>5</td>
<td>11%</td>
</tr>
<tr>
<td>31-40</td>
<td>20</td>
<td>23%</td>
<td>6</td>
<td>14%</td>
<td>14</td>
<td>31%</td>
</tr>
<tr>
<td>41-50</td>
<td>11</td>
<td>13%</td>
<td>8</td>
<td>19%</td>
<td>3</td>
<td>7%</td>
</tr>
<tr>
<td>51-60</td>
<td>5</td>
<td>6%</td>
<td>3</td>
<td>7%</td>
<td>2</td>
<td>4%</td>
</tr>
<tr>
<td>61-70</td>
<td>3</td>
<td>3%</td>
<td>2</td>
<td>5%</td>
<td>1</td>
<td>2%</td>
</tr>
<tr>
<td>Missing</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>105</td>
<td>100%</td>
<td>42</td>
<td>100%</td>
<td>45</td>
<td>100%</td>
</tr>
</tbody>
</table>

E. Chapter Outline

This report provides the findings from the first year of research collected in December 2009. The next chapter, *The Physical Environment of Haitian Settlements*, examines the use of physical space in settlements and homes as well as the structural pressures from the outside that constrain the ability of Haitian communities to fully develop these spaces. Chapter three, *Forms of Social Organization*, begins with the household as the most basic social unit in Haitian communities and examines other forms of social for the purposes of understanding the role of these organizations within the community. The ways in which households meet their basic needs and how they cope with shortfalls in cash is explored in chapter 4, *Making a Living and Survival Strategies*. Chapter 5, *Health and Diet*, summarizes information about diet, common illnesses,
and the experiences of Haitians as they seek out health care. *The Experiences of Women*, chapter 6, is a crosscutting chapter that explores several different themes, including household organization, health, livelihoods and identity, as they relate to women. The last chapter, *Conclusions and Future Research*, summarizing some of the key findings of this research and proposes ways that this research could help inform community-based health projects.
Chapter 2: The Physical Environment of Haitian Settlements

This chapter explores the physical environment in Haitian settlements and the social use of public and private spaces. The first research topic presented in this chapter is a description of the common traits found in settlements. Physical characteristics like gardens, wells, waste and its removal or storage, transportation and the movement of people through the community, the interiors and exteriors of homes, various housing and business structures, and miscellaneous material content of settlements in the Bahamas are shared by all villages. They are the products of the decisions made by those inhabiting and using these spaces within the broader Bahamian environment in which community these communities exist. The second theme of this chapter illustrates the social use of space to engage in activities such as gardening, raising a family and socializing. Lastly, a discussion of each settlement studied will give the reader a first-hand view of these spaces.

A brief historical discussion of Haitian settlements begins with Marshall (1979). She estimates the number of Haitians living in the Bahamas at around 40,000 people or almost 23 percent of the total population of the Bahamas as enumerated by the 1970s Census. In 2009, estimates are 80,000 in a country of about 350,000 people. This number only refers to documented Haitian immigrants. There are many who remain uncounted and who “[disappeared] quickly, quietly, and totally ‘into the bush’ at the slightest sign of ‘trouble’, especially trouble involving any representative of the Bahamas government (1979:96).

Marshall attributes this geographic isolation to “[immigrants’] basic need for a group to which they can belong, with which they can identify and with which they share common experiences” (1979:139). Because of the undocumented status of many immigrants “[they have] to avoid contact with any Bahamians,” resulting in the physical separation of groups of
interrelated and ethnically linked peoples from the Bahamian population (1979:139). Haitian villages are pockets of Haitian lifestyle and are more like clusters of arbitrarily placed homes than the grid-like patterns of other Bahamian neighborhoods. Called “yards,” some of these settlements came about when private landowners gave permission for Haitian caretakers to rent the land and build homes, “but since many of these ‘houses’ were built by Haitians themselves, with any lumber they could find, they were patchwork houses” (1979:151). Marshall estimated that houses average “eight by ten feet each” correlates with our current research, as do her observations that “the two most common methods of cooking were on a kerosene stove or on an open wood fire,” and the fact that the majority of houses lacked running water and electricity (1979:151).

Much has changed in the Carmichael Road area since Marshall first wrote about it in the 1970s, “Carmichael Road as a farming area of “uncleared bush...few modern homes and apartments have been built... In general the Carmichael area cannot yet be considered a residential area (1979:142 & 149).” The development of residential neighborhoods and businesses is on the rise and reducing the amount of space available for settlements. The development of the Carmichael area, and similarly the center for Marsh Harbor on Abaco, is forcing these previously isolated communities to come into physical contact with Bahamian settlements, blurring boundaries and condensing space.

A. Description of the Physical Environment

The configuration houses, yards, gardens, latrines, wells, businesses, trash heaps, latrines, showers, are determined by the decisions of individuals, households, and neighborhoods with consideration of the Bahamian authorities that collect trash and manage settlements, immigration policies, landowners, Bahamian neighbors, and the development of the land around them.
Haitian villages like Yard Mackey, Sou Wosh, and Mud/Pigeon Pea are partitioned from the Bahamian suburbs in which they are nestled by chain link fences or dense vegetation. Access to communities is typically through a parking lot just off the paved road. Parking lots not only contain vehicles, functional or not, but also spare parts, construction materials, furniture and appliances. Trash heaps, where garbage is deposited, sorted and burned, and latrines are located on the peripheries of communities. Trash heaps range from 20 to 50 foot circumferences and consist of plastic materials (food and beverage wrappings/containers, for example), discarded materials like rubber (tires), metals, glass, and linens; and anything non-biodegradable.

As shown in Figure 3, a map of Yard Mackey in the Carmichael Road Area of New Providence, larger gardens are placed are often contiguous with trash heaps or latrines. Gardens range from the verdant and lush to sparse and struggling, but planting techniques and types of produce grown remain the same. Crops are not planted in rows according to type but in interwoven patterns and layers of alternating species on one plot. Gardens are completely organic and rain-fed and “if they get too much sun, everything dies,” explained one gardener. Pigeon peas and plantains can be found in most gardens. Other crops include papaya, cassava, grenadine, coconut, sugarcane, avocado, okra, tarot, bananas, corn, squash, yams, white beans and breadfruit.
Figure 5

Figure 3, Partial Map Sketch of Yard Mackey
Wells are also located closer to gardens and farther from trash heaps, in a second spatial ring around the village immediately inside the first created by gardens and trash heaps. Wells are cement cisterns embedded into the ground: one square foot of black hole in a concrete slab, usually with a wooden or metal hatch. The wells in Sou Wosh are scrubbed with bleach every eight days. Water is drawn from wells using a plastic bucket and synthetic rope and is used for bathing, laundry and cleaning, but not for drinking. One resident warns “I don’t make tea because the water has germs in it.”

Latrines are distant from gardens, occupying spaces at the edges of trash heaps. Narrow and faded wooden shacks elevated over deep pits, the rate at which they fill up is dependent upon the number of people using them, anywhere between one to ten years was the estimate given by one resident. When this occurs, the pits are covered and new latrines are dug on the outskirts of the settlement. Together, gardens, latrines, parking lots/roads and trash heaps create a boundary that separates Haitian communities from Bahamian ones.

Within these boundaries is a maze of structures over uneven terrain. The ground is at times dusty, rocky, muddy, steep, or completely covered in debris. Transportation within villages is via footpaths covered with cardboard, wood or strategically placed rocks to provide mobility over the most difficult passages. A common practice is to cover the bare ground with carpets which, over time, become indistinguishable from the dust in color and texture. Paths between buildings are strung with laundry and low-hanging electrical wires.

Buildings are constructed out of plywood, wooden planks and two by fours. The roofs may be shingled and peaked, but metal sheeting with bulky objects (toys, suitcases, rocks or television sets) are placed on top to prevent the roofs from coming off during a severe storm.
Floors range from ceramic tiles, carpeted boards, and cement (the most common), plywood, packed dirt and cardboard. Buildings are painted in a wide variety of basic colors (greens, blues, reds, pinks, yellows, white, etc.) and are usually one level. Windows are square and in older, Bahamian-built homes, may contain glass panes, but are more typically shuttered with wood or curtained with linens. Freestanding homes and businesses average two rooms, one as a general living room and the other as accessory bedrooms. Not every room has windows, and not every structure has electricity. Privately owned generators supply electricity to settlements and residents pay a monthly utility fee to the owner of the generator.

The surroundings and contents of homes and businesses is also relevant here for understanding the use of space. Chairs, benches, buckets and furniture occupy spaces outside of doorways, on porches, or in clearings between buildings. Some structures have propane tanks to fuel stovetop ranges but most cooking is outside in a single cast-iron pot over a charcoal brazier. Nearby are tables with knives, bowls and accoutrements for food preparation. The ground near homes may be awash with soapsuds of the day’s laundry or bits from the day’s meal. Lean-tos are cordoned off with chicken wire and wooden planks sidle against homes to provide extra space for storage. Bathing rooms are rectangular structures with a sheet in the doorway and a basin inside that is filled with well water. Few livestock are kept in the settlements besides chickens and these can be found on the peripheries of settlements.

Some homes have window and space dedicated to selling goods, such as food, hair and skin products, household items and cold drinks. For example, 39-year-old Ms. M has a home with two rooms, a bedroom and a kitchen, with an attached structure that serves as a food store. Customers make purchases through an open window. In her store are a mini-fridge, large cooler, fan, radio, sleeping cot, plastic chairs and a table. The goods Ms. M sells are varied including
flour, bags of salt, canned vegetables, cooking oils, cereal, pasta, ketchup and other condiments, packaged snack chips, candy, rice, dried beans, spices, plastic silverware, toilet paper, shampoo and conditioner, soaps (laundry detergent, dish soap, and body wash), deodorant, bug spray and fly swatters, batteries, and hair extensions. Within the cooler directly underneath the window are drinks such as beer, juice, soda and Gatorade. Produce such as beans, plantains, potatoes, limes, and squash are in crates on the floor, with five-gallon water cooler bottles next to them.

B. Homes

Private space in densely populated communities is important for the creation of boundaries between the personal and the public. The differences in the use of space between homes are examples of how household structure influences the use of private space. Figure X shows the residences of single men. The room in house 1 is home to Mr. C, 38 years old and a self-described “handy man,” who has lived in the Bahamas for eleven years. His room is one of many within a larger rectangular building on the eastern side of Yard Mackey. It does not have windows, part of his floor is patched over with cardboard, and he hangs a sheet in the doorway to retain privacy and air circulation. Though tiny, Mr. C’s room is very neat and clean.

House 2 belongs to Mr. L, age 32, in Sou Wosh. Mr. L has been living in the Bahamas for ten years and he built his room (complete with balcony) over a previous residence. Also sparsely furnished, Mr. L’s floor is carpeted. There is a mirror over his bed and his toiletries are stacked neatly in hand-made cabinets. A poster depicting a blue ocean hangs on the wall. In homes with more than one room, the larger room acts as a kitchen, storage space and dining room. This is the area in which most social interaction takes place.
House 3 belongs to Ms. N and Mr. G, 39 and 44 years old respectively, living in Sou Wosh. Ms. N has lived in the Bahamas for six years and sells cooked food out of her home and Mr. G is a carpenter and mason by trade who has lived in the Bahamas for twenty-one years.
Ms. N was preparing pork to sell at the table against one wall and chicken for her family to eat on the stovetop at the time of our interview. The kitchen is divided from the rest of the room with a curtain. This second half of the room is storage space for cardboard crates, mattresses, laundry and suitcases, and children’s toys arranged in piles so thick that they hide the concrete floor from view. The children, two of which are Ms. N’s own and several neighbor children, were perched precariously on the bed six-mattresses high watching television in the bedroom.

House 4 is home to Ms. E, 28 years old, and lives with her boyfriend and 11-month-old baby. The floor of the entry room is black and white checkered ceramic tile. Seating is limited to one chair and the doorframe and all other space in the room is occupied by a large television set and entertainment stand, including a stereo. Ms. E’s home is elaborately decorated, with two picture prints hanging on the walls, string lights hung from the ceiling and artificial plants (a small Christmas tree) in the corner, and assorted other knickknacks lining shelves. The second, smaller room is used for storage. Stacks of carpets, cases of soft drinks and beers, linens, at least two unused television sets, multiple mirrors, and toiletries for personal grooming are arranged in ordered yet mountainous piles. The area immediately outside of Ms. E’s home is hers as well. This household has more material belongings and objects of value worth than others. Like many residents in settlements where immigration rAIDS are occur, Ms. E and her child sleep on cardboard mats in the bush, a region of dense vegetation, where they spend the night avoiding immigration officers. As one woman put it, “Plenty people sleep in the bush” and when asked where exactly, she replied “far far far far far.”

The most common form of social action that takes place out of doors, however, is simply sitting and visiting with neighbors on porches, in alleys, and in the flat and open areas in between buildings. Most chores are performed outside of the home and women will talk while peeling
carrots, hanging up laundry to dry, or sweeping. Men socialize while engaged in projects that involve group activity, such as fixing a broken doorframe, playing cards or dominos. The best protection from the sun is under awnings or in the shadow of buildings or the occasional tree. For communities like Mud and Pigeon Pea or Yard Mackey, spaces used for sports games like baseball and basketball are used by youth living in these villages, though older members do not frequent these spaces as often. The basketball court at Yard Mackey consists of an area between the parking lot and the first line of buildings. The net is a milk crate without a bottom nailed to a piece of plywood. The baseball diamond in Pigeon Pea is located right off of the road that divides the two settlements and is partially overgrown with vegetation.

C. Descriptions of Settlements in Nassau

The environments of Haitian villages vary between urban and rural settings. Differences between these types of settings can include access to wage labor, water, electricity, housing and land. All of the settlements in Nassau can be classified as urban. Yard Mackey contains all of the features described in the previous section, latrines, wells and gardens bordering a ring of homes and businesses over uneven and rocky ground. In the figure of Yard Mackey, buildings 4, 7, and 9 are a disco, Mrs. M’s store, and a place to buy cooked food. The boundaries in separating Yard Mackey from the subdivision are permeable, in places it is fence, in others its bush, and still in other places homes abut Bahamian back yards. Yard Mackey has very little vegetation outside of gardens and cars cannot fit through pathways between buildings. Because structures in Yard Mackey are very close together, much use is made of clearings in the rock between buildings for the social interaction mentioned above. We estimated 53 structures in Yard Mackey with an average number of about 4 homes per structure providing from 159 to 212 homes in the community. With an average of three people per household, the population of Yard
Mackey can be estimated to 467 to 636 people. The settlement has an extremely dense population, and with so many people living in such close quarters, earning a living through wage labor in Nassau, and relying solely on the market for food, this settlement can be described as urban.

Sou Wosh is close to Yard Mackey and is similar in many ways. Sou Wosh is more densely populated than Yard Mackey, with about 1,000 to 2,000 people living within the settlement amounting to an average of 1 person per 30 square meters. The land upon which Sou Wosh is built is owned by the Bahamian government and immigration rAIDS are the strictest here taking 20 to 30 people each time by one man’s estimate. Because of this density and threat of deportation, Sou Wosh’s streets are the most labyrinthine of the settlements, erupting in dead ends or spaces between buildings so narrow that only a cat could fit through. Reliance on the bush as place to evade immigration is also heavier in Sou Wosh. There are also more two-story structures, a result of the population density. Because Sou Wosh is rockier than Yard Mackey, there is less available surface area and structures are built vertically instead of horizontally. Running north to south, the settlement opens off of the road to the south with a parking lot, garden, and trash area. In the center of the settlement is a concrete area, once the foundation of a Bahamian building, turned into a trash-burning site. An adjacent well near a low cinder-block wall provides a social space inhabited by mothers, children, and men returning from work. The further north into the community, the more crowded spaces become, ending in a large trash heap and latrine area. The garden, about a half a foot deep in paper, electronic, glass, and organic refuse, marks the end of the settlement to the northwest.
D. Variations Among Settlements in Abaco

The next four sites visited, Mud, Pigeon Pea, Sandy Bank at Treasure Cay are on Abaco Island and range between urban and rural. By far the largest of settlements, Mud and Pigeon Pea are urban, adjacent, have a similar layout and are surrounded by Bahamian homes and businesses. Most residents work in surrounding Marsh Harbor. Nearly all the homes in Mud and Pigeon Pea have indoor plumbing and a private generator in the settlement provides electricity. Consequently, many homes have bathrooms and indoor kitchens. Separated by a road and baseball diamond, they inhabit a depression in the island’s geography, resulting in the flooding when it rains creating puddles of bone-colored, slick clay from which Mud gets its name. Residents have constructed elaborate footpaths of stone and wooden planks so that one could walk around most of the settlement without touching the ground. Many of the structures are Bahamian built, complete with shingled and peaked roofs, glass windows, and porches. There is also much more vegetation than on New Providence, including trees and patches of grass. The space immediately outside the majority of homes in Mud/Pigeon pea is used as a kitchen and extra storage; because houses are farther apart than those of New Providence, these plots are even fenced off, indicating complete private ownership of lots. Though trash is still present in the thoroughfares, an effort has been made to keep refuse lined along the sides of roads and paths. Immigration is less harsh on Abaco, resulting in more space between buildings and wider urban sprawl. The community is also well established and many individuals in their 30s describe being born and raised in Mud.

Sandybank is a 30-minute drive on the S.C. Bootle Highway northwest of Marsh Harbor. This community is in the middle of the spectrum between urban and rural. Residents work in Marsh Harbor, but benefit from jobs in the tourism industry in nearby Treasure Cay. This
settlement has lush vegetation with brightly colored flowers and towering crops growing out of black soil. There is far less debris in the streets and pathways, but homes do not have running water and few have electricity. Most homes are Bahamian built with large porches.

The last settlement is Farm, as its name states, is a rural settlement almost completely geographically isolated by miles of vegetation from economic trade centers. Entry to the community is down an hour-long, bumpy ride pitted unpaved road. Whole meadows of verdant grass separate houses, many of which do not have plumbing or electricity. Houses are less structurally sound than in the urban areas and are more likely to have dirt floors. Because of the increase in open space between buildings, reliance on livestock such as chickens is prevalent and many homes have coops or penned in yards in addition to free-ranging hens and cocks. Farm has always been agriculturally-based; it used to be a US-owned citrus farm. The farm shut down in 2005 when a blight killed off all of the trees. The migrant workers working there stayed on the land and claim informal use rights by planting the largest and most lush garden in the Bahamas. Residents rely upon its yields during times of economic instability. In addition to the use of agricultural trade in economy, immigration officials seldom make rAIDS on Farm, particularly because of its difficult accessibility. The rich and earthy scents of greenery and animals, the quietness of near-isolation, uninterrupted views of vegetation contribute to a feeling of lethargy and tranquility in Farm. The political economy present in immigration policies and labor and modes of production shapes the physical environment of Farm into rural characterizations, Sandy Bank into a suburban space, and the other settlements of interest into areas with urban traits.

E. Conclusions

Population density of places like Sou Wosh and Mud/Pigeon Pea is also a growing problem with the noise and garbage levels. Over half of the residents we interviewed cited too
many people as the cause of both noise and sanitation problems, which in turn affect the way people feel about where they live. Words like “not clean” and “dirty” characterize these complaints, and the coming and going of people (locally to the club or globally in and out of the country) is also noted. People stay in Haitian villages in the Bahamas because they need to in order to survive. Many plan on returning to Haiti and passionately assert their love for their home country and desire to return with statements like “if I could go right now I would.” Plans for the future give hope to Haitian nationals living in the Bahamas in undesirable conditions. They understand their situation to be a temporary one and even though their physical environment is not optimal, they make do with what they have.

An assessment of the strengths of settlements is needed to construct community programs within a collaborative and holistic process. The goals of these programs must include the transformation of spaces within villages into positive places to live. Because villages share common characteristics, programs can remain localized and yet still have this shared goal in sight. A campaign to clean up refuse in the community is both desired by residents and necessary for sanitation, but the questions of where and how to go about doing it must derive from research findings.

As this chapter has demonstrated, spaces such as latrines, trash heaps, and (to some extent) wells are marginalized, meaning no great value is placed upon them and members of the community look upon these structures as neither good nor bad, but merely existent. Instead, focusing on the community values of cleanliness and shared social spaces would allow greater impact for community development. Removing trash from the vicinity of villages by concentrating it into a singular heap or dispensing it from the premises altogether would allow more room in already-dense areas for the use of space for daily chores, socializing, and the
growth and preparation of food. Spaces like the areas immediately outside of peoples’ homes (porches or clearings or larger alleyways) and relatively larger open spaces are valued as places to socialize, including talking, playing cards, and sharing gossip. However, the large amounts of trash and the use of the space for other purposes (laundry, cooking, etc.) in these areas prohibit them from being spaces entirely for recreation. The removal of trash from these places of value to communities is not merely the improvement of sanitation. Focusing on the removal of trash from gardens, places of honor, tradition, and identity, would benefit communities greatly by highlighting these cultural values and improving the efficiency of gardens to provide nutrients.

In addition, from our research we can suggest the creation of a place akin to a town common: a centralized, shaded outdoor area unimpeded by man-made structures that includes seating, vegetation, and perhaps a field on which members could partake in physical recreation. A shared space located at the center of villages and treated like a private space specifically for the use of residents for social purposes would fuel the promotion of environmental (and consequently, community) pride. Feelings of solidarity that transcend the national level into the personal level would arise from individual interactions within this social space. As previously discussed, most people living in these settlements relieve stress by simply talking about it with others, friends, neighbors, and family. A designated social space would increase interpersonal interactions, introduce new dialogic discourse between people, and provide more outlets for stress. The collaboration with people and pre-existing structures within settlements in the Bahamas is necessary to create programs for the betterment of the physical environments within these communities.
Chapter 3: Forms of Social Organization

This chapter examines the forms of social organization found in settlements beginning at the level of the household. The chapter explains different forms of organization outside of the household and highlights the absence of complex social organization. This is perhaps a strategy to remain hidden since more organization or community-appointed leaders would lead to a greater conspicuousness and the government could target these groups for harassment (College of the Bahamas 2005: vii).

Communities appear to be cohesive, however the situation is more like networks of individual households working for their self-interest and in the interest of related households, so pockets of relative wealth will emerge in ramshackle settlements. There are multiple instances of homes being built around or over existing ones to expand area and all new material possessions such as cars (regardless of condition), electronics, kitchen appliances, and upholstery become status markers in a community of households that exist for the most part with very limited luxuries. Opportunities to make money and express it physically are met with excitement and anticipation. Jealousies do not always erupt into physical violence, but there is a culture of accusations in Haitian society that debates ownership, challenges power dynamics, and suspects anyone rising too quickly in society. Virtually everyone in the settlements is supporting some family in Haiti. Self-reliance is the only way to guarantee some security as the community has no extra funds for struggling households and family or friends can offer only minimal assistance to the out of work and out of money.

A. Household Organization

Households range of one to more than twelve people living together, but this is dependent on setting and socioeconomic level. Many homes are just single rooms that are all part of one
building but families with greater incomes or who have been established longer in the Bahamas can afford or have built multi-room homes, a few of whom (on Abaco primarily) have land lines, running water, wired in electricity, and multiple lights. The average size of households has varied over the years since data was collected, but there are some definite trends. Statistics from Marshall’s 1971 census of Haitian communities show that the average household size is three and that the average wage earner per household supports about two others (1979:145). In the 2000 census, almost 50 percent of households were composed of only one or two people (College of the Bahamas 2005: 22). This survey did not account for how many people are actually financed by wage earners in this household, but the fact that about half the homes were comprised of two or less inhabitants might show how individuals find it better to leave families in Haiti until there is: A. enough money to bring family to the Bahamas B. enough money to support family in Haiti but not leave the Bahamas C. enough money to leave the Bahamas for Haiti or another location.

The lower number of occupants per household is also a testament to the significant number of single men who leave Haiti in search of better employment and to support families. Of the total number of household heads, 69 percent are male and 31 percent are female, and the vast majority was born in Haiti. On average, persons who are in charge of their own homes have been living in the Bahamas for about 14 years. The two person households are mostly expressed as boyfriend/girlfriend couples, spouses, male family members, or unrelated roommates. There are many instances of dyadic relationships among Haitians living in the Bahamas, or partnerships that are built on one to one ties (such as selling things together and working together to support single a household) even if no familial or marital tie exists. The need to support one’s children with regular meals, schooling, clothing, and shelter drives single parents to partnerships where
they and their children can be supported, to an extent. Varying levels of commitment lead to some relationships that do not result in sharing a home, but often the relatively high cost of rent for newcomers drives couples under one roof. Relationships are mutual-need; most men do not know how to cook or do not own kitchen supplies, and women often need men to supply an income for them. Having a live-in boyfriend or girlfriend sometimes entails another commitment, having a child together. The care of his children in the Bahamas is a more permanent way of keeping a man loyal to the same woman, but it creates a tighter rationing of resources to all families involved and forces a certain kind of prioritizing for each partner concerned.

Finding a new partner if the first one fails to support the household, as in when a man cannot find work and hence cannot support his girlfriend, is not looked down upon and there is not pressure to remain loyal if the relationship is founded mostly for economic stability. As such, boyfriend/girlfriend dyadic relationships vary in ending: some lead to marriages while others result in more children born out of wedlock, but temporarily at least single parents in the Bahamas can find someone else with similar circumstances to share parts of their life with. The serial monogamy of singles in the Bahamas, characterized by a relationship between two exclusive partners for an extended period of time, is a common way to support children and create a safer, combined household with increased stability. It is an ungoverned practice when self-preservation is concerned, and failing relationships are not kept for long if times look dire.

Marriage remains a very strong bond where it does exist, but in some cases it is not the predominant form of household structure. Haitian culture greatly values marital ties as an institution and it is respected in the community, never challenged publicly or with any real strength. It is acceptable to have a partner in the Bahamas while raising money for a different
family, but this by no means is what every person traveling individually to the Bahamas does. The theme of “shared misery” is one that permeates different aspects of household and community life.

For the other half of households (with more than two members), occupants can be multi-generational and of different familial backgrounds. There are some examples of households, where a number of orphaned children were all supported by a single family and in others where two different large families are living in the same household. For Haitians who arrived in the 1960s, 1980s, and in various earlier waves of migration, households could contain children, grandparents, grandchildren and a whole variety of generations. Oftentimes these households are the ones that possess permanent status it is easier to find work to support family in the Bahamas and elsewhere. There is also a better physical quality of home for people who have been present in the settlements. Still, commitments to family in Haiti cause many Haitians to live a more Spartan existence in the Bahamas to bring home and send back as much as they can to their loved ones in need.

The question of providing for family elsewhere leads migrants to start new bonds, relationships, and lives in their new country while maintaining old ties and aiding family back home (Treco, 2002: 2). This makes the definition of a household much broader since one person can be responsible for some of the income of anywhere from three to ten members of a family. Because of this, some Haitians bring their children to the Bahamas since it is of course much easier to look after and care for them when they are not in a different country.

B. Neighbors and Friends

Neighbors are the next stage in the social strata of communities and are arguably where the strongest non-familial bonds exist. It is common to find parts of settlements where the
majority of residents are from the same part of Haiti. Over time, Haitian communities in the Bahamas can be made of many different common factors: date of establishment, hometowns in Haiti, parish, etc. The tone of these settlements between neighbors is one that can be with some tension because of the cramped living conditions, but overall there is a decidedly kind manner to it. There is a common understanding that most every person is as bad off as the next so what little excess households can generate is usually kept within the home and not reinvested or given away very easily. Joseph, a sixty-seven year old living alone in Mud on Abaco, sums up neighborly lending like this: “[People] can’t if you live for yourself. You live for yourself. Everybody have to look out for there own self. They can’t give [or] they’d be starving to death.”

Examples where aid is being given to nonrelated neighbors are gifts such as a meal or a ride into town to go shopping. Since most extra resources, if not put to longer term savings for homes in the Bahamas, are sent back to Haiti as remittances, neighborliness comes from lending tools and favors that are to be repaid when possible, much like the aforementioned credit economy at in-village shops. The various degrees in level of complexity in relationships between related and unrelated households are an abstract web of mutual support that is explored more in the next section. The inability to get help for those in most in need is an ongoing purpose communities strive to change, even if individual households hold their own preservation chief.

Perhaps this amounts to one of the most important aspects of communities in the Bahamas. While there is a collective understanding that mutual problems are community-wide concerns, collective activity does not coalesce to a community level. For the most part there are no elected representatives, neighborhood organizations, village meetings, or fundraising opportunities. Aid can come in multiple ways: it could be wiring electricity into adjacent homes and charging a flat rate to renters or types of less formal agreements like feeding elderly


neighbors or minding a store while the main operator or owner sleeps, a practice evident in the
Carmichael Road Area establishment, Yard Mackey. Neighborly bonds could be as
unceremonious as daily socializing in the village during work and leisure hours. But, it should
be understood that there is a limited range of community organization beyond the neighborhood
level.

Some neighbor groups work together to save money and preserve resources for long term
plans like college and professional schooling. Community is not something linked to geography
either: villages dozens of miles away may all belong to one or two churches and share in larger
celebrations with other parishes together. Despite the strong bond Haitians have with one
another in the Bahamas, limited resources and opportunities continue the trend of communities in
isolation. Neighborhood bonds remain the largest en masse form of community organization
Haitian immigrants in the Bahamas possess.

C. Church

Church is a very valuable part of Haitian society in the Bahamas. It provides a major
activity for children, teens, and adults in the community and brings populations from all over the
islands together weekly to support one another and rally as one. Parishes constitute the largest
network of Haitians in the Bahamas. Various churches on New Providence and Abaco are
important as they are vital in bringing communities together weekly from across neighborhoods
and villages. The churches probably wield the most power in the communities because of this
regular attendance and good turnout.

Church is an area of life that involves almost everyone and the groups that the churches
sponsor include members from all walks of life and status. There are two principal churches
amongst Haitians: the Baptist church and the Catholic Church. The Catholic congregations are
the more popular of the two denominations, and the two priests who serve the Carmichael Road
congregations preach three or four times each Sunday. The Baptist minister living in Yard
Mackey said he held services once a day every week and multiple times each Sunday.

D. Hometown Associations

Neighborhood-based organizations meet to address the issues of their members. Made of
Haitian immigrants from similar areas in Haiti and hence close proximity neighborhoods in the
Bahamas, members can work together to save money, get documentation, send remittances,
avoid deportation, and get education for children and adults. The most notable of these groups is
AHB, the Association for Haitians in the Bahamas.

Founded in 2005, AHB helps residents of Haiti who migrate to the Bahamas and are in
need of assistance obtaining documentation and transmitting remittances back to family in Haiti.
The group is somewhere between 40 and 75 members strong; (organization meetings vary in size
based on the threat of deportation that month). All in all, members of AHB are families that
have decided to remain in the Bahamas for an extended period of time and have little intent on
returning to Haiti in the near future. As a result, they live in much nicer homes outside of regular
settlements, but they are still tied to those villages by church.

AHB tries to provide as many opportunities for education as it can to its adults and
children. English classes have been an item of great interest in the group since at least 2008 as
are classes for job training outside the labor industry. In 2010, the reverend of the church the
members of AHB attend was scheduled to begin teaching computer literacy classes to aid adults
with professional office skills like typing and Internet use. But it is not the work for the
intellectual betterment that is AHB’s greatest accomplishment.
That honor falls to the concept of *sol*, or rotating savings, that AHB has in place amongst its members. How *sol* works is that each member of the group contributes a share to a collective pot. Each week the cash gets collected, and then the sum is given to the member whose turn it is to collect based on the rotation. *Sol* becomes a useful tool to both build trust and mutual support for neighbors and friendly households, and get money to Haitians who do not possess a passport and thus cannot transfer money or write checks at a bank without an account.

Like the rest of AHB, *sol* is a very clandestine operation that is dealt with behind closed doors away from suspicious Bahamian eyes. As Mr. M was to point out at a December 2009 meeting, the need for more formal representation of their efforts to support their community should not be going unnoticed by any related government, be it Bahamian, Haitian, British, or American. The dire lack of political power for Haitians in the Bahamas is a sort of ultimate challenge for a neighborhood organization like AHB to rectify: achieving legitimacy in the eyes of the law would be an enormous success for the organization and Haitians in the Bahamas. Until that time, AHB will remain focused on bettering the lives of their people in the Bahamas and helping them to help families back in Haiti.

E. Conclusion

At the neighborhood organizational level, programs can be put in place to target community activity development, that is, the neighborhood is the best spot to support aid programs. Community-assistance medical programs, where medical professionals and nursing staff enter communities to conduct free check ups, do blood tests, and check blood pressure can be run at the village neighborhood level. Educational aid programs like English and computer training can focus on students in certain areas and teachers can travel by settlement. At this stage, community is a collection often of like households with historical ties to the same cities
and towns in Haiti who all live in nearby places in the Bahamas. Neighborhood organizations are able to reach effectively to people with similar pasts and bring them together to debate solutions to their problems and implement their own temporary fixes while they hold out for more jobs and better assistance.

The most notable example of a successful neighborhood organization amongst Haitian communities exists on New Providence with the Association for Haitians in the Bahamas, or AHB. AHB runs a rotating savings collection called sol which provides one member’s household with a large sum of cash every few weeks so long as each week that member pay an equal share into the communal pot. Members of AHB also support children’s programs, attend the same church, and all participate in educational programs that teach English and professional skills. The success of AHB is substantial at the neighborhood level, and even at a broader scale when taking a whole parish into consideration; they have done miraculously well in continuing to find the resources to aid one another and reach out internationally for aid. The search for representation is a long one.
Chapter 4: Making a Living and Survival Strategies

By examining what the members of these communities are spending their income on, the means by which they earned that money, and the challenges they face when they are unable to obtain those financial means, we can better understand their way of life. Access to daily necessities can come at a high price. Haitian migrants in the Bahamas often struggle to provide for themselves and their families with these needs while attempting to maintain a level of steady income. While living in these communities many of the members are unable to pay for most of their utilities, as simple as they may be. Many of the families that have homes in Yard Mackey do not have to pay rent, because it is a privately owned unit of land.

One of the participants stated in an interview, “Everybody living here they ain’t paying no money for rent.” This illustrates the ability to build your own home, and not have to pay for your home because of that. Rent is usually a nonnegotiable entity, but people in these areas find ways around them, such as building their own homes and living with relatives. One of our participants was a new comer to the community and previously had lived in an apartment, when we asked her about rent she said, “mmhmm I can’t pay rent, now I just made that, this house.” This is just one of the many who had given this reason for moving to the community. Although Sou Wosh is government owned, some residents are not obliged to pay rent simply because of infrequent regulation of the land. Many of the people who recently entered Sou Wosh create homes from the already broken apart houses. The government leaves the garbage and torn down materials there, and do not allow them to pile it out of the way. When asked about this one of the participants said, “you can’t put no garbage in the back; you put garbage in the back the government have to come in and take it down.” People build their homes from the materials left behind by the government, and if someone builds it for them then they pay rent. Also, if
someone has extra room in their house or store, they rent out rooms. Rent is one of the largest expenses however when it comes to the necessities of life in the Bahamas.

The members of the communities have come at different intervals throughout their lives. Some of the members we spoke with discussed coming to the community straight from Haiti, because they knew someone already there who they were going to stay with. Others however have been forced to live in these communities, because of lose of their previous homes or apartments. Whereas, other interviewees lived in homes and apartments without trouble, due to their more steady income. The members of the hometown association we worked with AHB spoke of their bias toward these communities, and their thoughts on the people who lived there. The members of this group had come to the Bahamas as part of the network, which allowed for them to be more financially stable when they arrived. This is one method of achieving a better way of life in the Bahamas.

Joining this association has allowed for the members to better acclimate themselves to the surrounding environment and situation of living. One aspect of the association is a method of saving money, which is a rotating savings group know as Au Sol. It is a collective savings that is distributed to contributors as seen fit. The members who contribute are allowed to collect the money in their time of need, and then contribute to it again. This is a process that is meant to assist the members of this group in maintaining a way of life. It also allows for and assurance that one’s money will not be lost during immigration rAIDS. This is one of the main reasons as to why the people in this group are in better financial standing than the members of the other communities. It is also a way to keep the money has been earned to send back as remittances is not stolen, as obtaining a bank account requires extensive paper work and proof of citizenship.
Monetary value is important to many members of the Haitian community, because it allows them to support themselves.

The monetary value comes of more importance than that of status, but as a way of obtaining citizenship and working papers. The trip from Haiti to the Bahamas is an expensive one, which causes many travelers to borrow money from friends and family members. One of the men we spoke with discussed his process of coming to the Bahamas, “My mother, see my mother was working and get the money for me, when I come, after leaving school I come to the Bahamas, I no have time to be working, my family help me.” The primary objective of Haitian migration to the Bahamas, and/or elsewhere, is not only self-promotion, but to support the entire transnational family, locally and abroad. These three entities usually occur within a person's first few months of relocation. We were often surprised to the cost of travel in relation to the amount of income in most of the communities. The man, who spoke of his travels to the Bahamas after school, also told us how much it cost him to get here to start raising money to send back to his family, he stated, “3000 dollars, Haitian Money.” The reasoning behind acquiring a loan from others, and some graciously contributing, is emanated through the evaluation of costs and outcomes. When one enters the Bahamas they must acquire working papers in order to do most normal activities, such as going to the bank or sending money home to Haiti. Many things come for a price in the Bahamas for Haitian migrants, including sending money back to their families in Haiti.

B. Remittances

The money sent back to the families in Haiti supports of the transnational family. The men who come across to the Bahamas do so as a means to capture a better life for them and their families, both locally and abroad. The women who travel as well, do so for similar reasons, but
to support their family abroad more so than locally. The families back in Haiti depend on this money as a means of income, because of the poor economic status of the country. This is one of the main appeals of AHB, it allows their members to get settled in, and then send money back to their families. The members we spoke to discuss the Sol as being helpful, but many are documented, and living in apartments, which allows for less stress and more opportunities. The remittances being sent back to Haiti through AHB are usually used for schoolhouse projects and funding educational opportunities back in Haiti. The other participants we spoke to about remittances discussed the need to support their families and children they had to leave behind in Haiti. Many of them came to the Bahamas in hope for more opportunities to make money, not be stuck in the same situation.

Remittances cause for an economic strain to be placed on the member of the family that has to send the money back to Haiti, because it is part of their income, but also because it is a complicated and expensive process to do so. For people to send money back to Haiti they have to do cash transfers, which in the Bahamas requires a bank account, and with the complications of receiving one this poses an issue for most. There are formal and informal companies that have established ways to help the members of these communities, but at a fee for them. There is the cost of the transfer, which is usually five to ten percent of the amount being transferred. Then depending on the formality of the company it is another fifteen to twenty percent of the amount being transferred, on top of the transfer charge. In the end of their transfer anywhere from twenty to thirty percent of the money simply being spent on sending it, this does not allow for small amounts to be sent. When the cash is received in Haiti, it is spent on the basic necessities of life there. For the members of AHB it is to help better the lives of their family members, because the status quo follows across the ocean. For the other participants we spoke with, it goes
to paying for anything from food to clothes for school. One participant stated that all of his eight children and twenty-six children are all sent money for school, food, and housing when he has the money to do so. This is the common practice for the members of all of these communities. Only when there is work and extra cash flow through the household in the Bahamas is there money sent to Haiti.

C. Expenditures

The people send money home to their families, which cause them to spend less money on necessary items of life. Such things as food, fuel to cook that food, and something as simple as electricity are all items that can be pushed aside during hard times. Most homes in Yard Mackey only had one light to begin with, but with the high price of electricity and the need to support a family; the amenity becomes one of expendable nature. Many people in the community use propane tanks to fuel their ovens to cook food, and when it is gone and they are unable to purchase more they resort to their alternative means. Such as eating raw food, purchasing cooked meals from others around the community, or purchasing charcoal from members of the community who happen to be selling it at the time. Purchasing cooked food from other members of the community is also something that many of the young single me do, because they themselves do not know how to cook, which will be discussed in a later chapter. The traditional roles transcend from country to country, but also fall in line with status and location from the previous one. A community we visited called "The Farm" we witnessed charcoal drying, which is not the norm for the urban communities found in the Bahamas. This is a tradition carried from rural Haiti into the now common understanding of rural life in the Bahamas. The cultural traditions following Haitians to the Bahamas is what the Bahamians fear is changing their cultural norms.
One highly regarded tradition to Haitians is the need for education. They believe that if a child receives a good education they can go on to change the lives of their family. The investment of parents into their child's education is seen in the amount of money sent via remittances to the other family members in Haiti. This is also one of the things that never seemed to be questioned as a way of saving money for the family. Of the children we encountered all of those who were of school age were enrolled, even though it seemed to be a pattern that many of their parents had not finished school, because of the necessity to leave. When we asked one of the participants if he could go back to school, would he and he responded, "Yes. If I will have the money I will go back. But I have two of my daughters they are in school and then only it took time to push them, I will push them. If I have the possibility, I will push myself, to do, I will push myself, but it is better for them if I try to find a job to push them."

The health of children in the communities did not seem apparent at the beginning of our research; however we later became aware of the importance of the well-being of their children. The Haitian women of the Bahamas do receive better health care, but upon our speculation this seems to be due to the prenatal health care and not preventative measures. The prenatal care of the women is of a pleasant nature, but they eventually receive the care they are warranted. From here however they take the children to get the necessary shots and check-ups, but they do not continue after that usually due to the lack of money. Many of the people we talked to about their children discussed how they had not been to the doctor before their children, and how they only continue taking their children after they have them for their vaccinations. They do not go to the clinics unless they have to however, because they wait until all of the Bahamian patients have gone through, and this can be all day or several day events. The health status of the children in the community is expanded upon in a following chapter. The care of children in the community
however is not in question. Even when non-family members are deported, someone can be found to help care for children left behind. An interviewee explained her responsibility of childcare, work, and household matters. Her and her sister both work cleaning houses, and sometimes work together, but when they do not they take turns caring for the children to save money. This responsibility is one that is upheld throughout the Haitian communities.

D. Investment and Income Generation

The production of these commodities, service or material, allows for there to be a consumption of such commodity, as well as an exchange if there is a surplus. Members of this community must be willing to place an investment into production of goods and other services, in order to meet the consumption needs of the people in their lives. When these members decide to invest their capital into a more profitable entity, such as a stove for cooking food to sell or begin selling items out of their home, they are exploring the more reasonable options for making a living. When a person makes a more calculated decision based upon their income and investment thereof, they are able to create a profit and either expand this business venture into a primary means of income or send the extra money they are earning back to Haiti. One of the women we spoke with upon entering the community owed a store right inside of the property, which we documented a wide array of items being sold. She later explained to us that the extra doors on the structure were small quarters that she rented out to single men looking for a place to stay. Situations such as these allow for a direct benefit of their invested skills into a means of obtaining their goals and creating new opportunities. It is likely these members who gain access to such luxury items such as electricity, cable, and something as simple as a private bathroom connected to their home.
Many of the participants spoke of the work they did in Haiti, also being the work they performed in the Bahamas as well. Both the husband and wife that we interviewed discussed how they had worked as a landscaper/farmer and market women in Haiti, but due to the hard times were unable to find work now. The universal objective to living in these communities is to obtain a significant wage labor and documentation associated with it. Documentation did not significantly increase job opportunities; networking seemed to be the primary method for procuring wage labor. The young men of these communities discussed their hardship of finding work, and how it was mainly obtained through word of mouth. A young, single male explained his working situation as, “My problem is, I don’t have nobody really to give me a job ‘cuz I don’t find jobs. I go to the person who knows me and he’ll give me a job when he has any to give. Like I have a job for a day.” This reinforces the need for networking and finding work, which also leads to the money earned and the necessities provided with that money. Without a job many members of these communities are unable to provide for themselves, let alone for the other members of their families. This forces them to find other means of creating an income.

Diversification is a technique of risk management, which allows for someone to spread their investments, in this case their income, into different areas. They not only do this as a way of protecting their earnings, but also as a way of creating a more plausible method of creating income. By investing their time into different avenues of making money, as well as, keeping the money, they are able to diversify their income strategies. This is not a simple task for the people of this community, because of the risks they face every day with immigration and the other possible occurrences. While conducting our field research we were able to see differences in the processes of doing so not only between the communities of the islands, but also among the
different shantytowns on each island. The different methods of employing these strategies range from small-scale commerce attempts to larger ways of earning an income.

There are many alternative means to making a living, which are exemplified in these shantytowns. The need to support themselves and their families causes a person to go beyond their normal means and access other possibilities that allow for them to do so. Some small examples of these ranges from such things as selling phone cards on the side of the road to passersby and tourists who are looking to make a cheaper phone call. While we road to the site everyday on our bus ride we would see small stands on the side of the road selling a wide range of items. Most seemed to be home grown items, but other things such as bottled water and other travel size drinks were available for purchase as well. The members selling these items on the side of the road would buy them in bulk from larger stores and up-sell the items, as to make a profit. That is however only for the previously purchased items, for the naturally grown items, those were extras from their gardens, or gardens grown for sale, which allowed them to make a profit by selling them. The small stands were another means for diversifying the income of the household; they were not however the primary means of income.

The primary income is usually associated with the head of the household, which is usually male. This means that much of the income is originating from construction and other labor-intensive occupations. The men are usually employed in the construction field with positions such as mason, carpenter, or painter. Forty-one percent of the people we interviewed were in some form of construction, which in the Bahamas is mainly performed by men. Another commonly held position is that of a landscaper. The women of these communities are seen as the greater power in the household, but this does not flow into the work sector. They are usually performing the domestic labor. The necessity for this is that women are less likely to obtain a
job for reasons of pride and inaccessibility. The women of these communities are not granted the same opportunities as men, because the women usually do not have the same language skills as the men, who normally acquire theirs via working in the public sector more so than the women. As one interviewee put it, “she say a man have a possibility to work but a woman doesn’t have the possibility to find job just wake up and sit down.” The women also have to watch the children usually, because of the lack of available childcare for the communities. The traditional roles of men in women in relation to the household will be expanded upon in a later chapter.

E. Gendered Division of Labor

The roles that women fulfill in the households are the domestic tasks, and the men are not taught many of these tasks, which further illustrate the fluidity of cultural norms across place and time. The women are usually at home so that they can care for the children, in which time they are doing so they are doing the daily chores, which are the same as in the United States. Yet, without running and underground piping the process is more difficult and time consuming. The women wash the clothing by hand with detergent in tubs of water, which they have fetched from the wells situated throughout the communities. One of our female interviewees was working on her laundry as we were conducting our interview. Also, through our many site visits we were walking through and around the large amounts of laundry that was hanging from the lines in between the houses. Aside from doing laundry, another one of our female interviewees was washing the dishes she uses for selling food out of her home. As we conducted our interview we found she used to live in an apartment and just recently moved to the community, in which she sold cooked food as a means of living. This interviewee also has a garden next to her home where she grows food for her family. If they have a surplus they use the food to cook or sell.
The following exchange reinforces the sale of cooked food, but also the diversity methods to make money:

Ms. G: “When I do I just find the money. So my husband workin’ I sell food.”

Interviewer: “You sell cooked food?”

Ms. G: Food. “Yeah. I sell food to cook. I sell food. I go sell it on the road. Every Saturday, Sunday. Saturday I go in the road I go to all those people and they like fish and pomme frite and I go sell it. I ain’t starve. I ain’t sit in the house, I go everywhere. I try and make money.”

Gardens are an important part of life in the Bahamas and Haiti. This is a way that some people support themselves, by growing their own food for consumption. Some members of these communities have gardens along the sides of their homes for their consumption, and own larger gardens, in which they grow a surplus of food to sell to other members of the community. These were seen in places like Sou Wosh, which had a large garden in the back, owned by one person. This garden contained a wide range of items, which can be harvested year round, and used for many different types of food and health treatments. This was also something new to the members of Pigeon Peas, a large community garden was started in their recently, but was still privately owned. The food that is being sold in these stands is also sold on a regular basis at markets, found in Potter’s Cay in Nassau. At this market we took an inventory of the items being sold, which matched many of which we had inventoried in the gardens. We spoke with one of the women at the market, and she explained to us how she was there almost every day, except Sunday, selling her goods. She also described how many of her items were imported from other places, because she was there every day and had to travel to the market to sell her goods. When goods are not in demand, they should not be supplied, but if you can only grow
certain items this creates and issue. Gardens and markets allow for one way of implementing diversification, but when these are not available due to means of income or accessibility then one has to find other means.

While conducting our fieldwork we noticed there were piles upon piles of bottles, and inquired about these. One woman stopped and explained to us that they were all hers. She used to be a market woman at the straw market in Nassau, but could no longer do so for personal reasons, and began collecting bottles. She also had a pallet of creased boxes, which she described to us as the boxes in which she returned the bottles to the bottling company. There is a large bottling company on Nassau, and they buy back clean, boxed bottles, and recycle them. This was her primary means of income, seeing as her husband only received work when it was available. The following exchange exemplifies her lifestyle:

Interviewer: “Yeah what kind of work do they do?”

Ms. N: “I be working at the straw market now I stop. I stop because I am sick sometimes you know plenty reason, I retired you know. Then I come home you know my foot swell. I stop working for other people and now I work for myself.”

Interviewer: “What do you do for yourself?”


Interviewer: “What does your husband do?”

Ms. N: “He be working now he stop working... He be working in the field, he be building stuff... [But,] He be working not all the time just sometimes.”

She explained to us earlier, before we interviewed her, that they clean the bottles, box them, and sell them to the company. The company then writes her a check, they pay her two dollars for a case of twenty-four bottles, and she then cashes the check at the bank, who does not
give her any trouble. This is not the common standard for the interaction with the banks, but she is an established member of the Bahamian community and is able to speak English rather well. This is a great asset to have as a female. As we continued our field work we began seeing the bottles in all areas of these communities, which allowed us to understand the importance of diversification among them, but also brought to light some issues of income.

The women of these communities being at home with the children and taking care of the household chores, limits their possibilities of earning and income. Women are confined by their language skills and everyday responsibilities in relation to their economic standpoint, which makes it necessary for them to find another means of supporting themselves. The use of a conjugal contract is used in this situation. Almost all of the women stressed the importance of having a boyfriend to survive in this situation. We were told many stories about travels to the Bahamas and the issues that were faced, but following these were the hardships of maintaining a life. This comes with a monetary value. A common practice of women is to create a conjugal contract with their boyfriends, which establishes a relationship of care-taking both monetarily and basically. The women take care of the everyday tasks, as described above, in exchange for a place to stay. This can either be their own place, or one that they share with their boyfriends. The women usually have children with these men as to ensure that they are supported financially for a time to come. The members of these contracts usually have families back in Haiti, as well as, here in the Bahamas. This is why it is seen as a contract and not a relationship. The women who come to the Bahamas have a hard time finding work, which was described earlier, and causes them to create this contract. When asked why one of our interviewees did not live with her boyfriend if she was having money trouble and she replied, "she say this, the gentleman has a wife in Haiti they are only friends." This is the common understanding of this agreement, and it
is a norm practiced here and in Haiti. The contract not only allows for monetary security, but sometimes prefaces emotional support.

F. Coping Strategies

When people are faced with troubles that seem to never end or better they need to find ways of coping with such circumstances. This process is structured differently for different cultures. Within the Haitian Diaspora the conjugal contract allows for the women to be financially taken care of and the men domestically, but it is also a way for them to form a bond. This bond can lead to future endeavors, which allow for the members to grow. Most stated that church was where they met their current partner. The spirituality of the members of these communities was able shine through, in opposition to their troubled lives they were describing to us. People reach out to many means to get through their days.

The church can lead to a network of people, which can further not only one’s life in a spiritual way, but also socially. We attended two masses, which held events after or before. They ranged from youth group meeting to simple social settings. After our first attended mass, we met with the youth group and discussed questions they had for us as well as us for them. This interaction did not get as in depth as the next meeting with the youth group, since it was our first time in the field. We all were interested and wanted to ask questions, but with the spread of ages were intimidated in doing so. The second meeting with the youth group however, got into more issues such as identity and school. These are things that cause great stress upon people, and the church is a common ground that allows for these youth to make a friendship and support system. We did not record our encounters here, but a lot of the members of the youth groups went to school together, and this was apparent when we brought together two separate church groups. The first was the youth group from Queen of Peace Parish and the second was the choir.
group from Our Lady Parish. We were more familiar with the Queen of Peace youth, because we had met with some of them the week before and met others in the field.

The youth group, choir, and the communities all focused around the churches. One thing we noted in our discussions as a group on the bus rides home were how the different communities each had their own Church they attended, which also entrenched the fluidity of class status into these communities. The church being a way of creating a bond between these people also allows for a greater difference to be illuminated. The members of AHB were scattered about the parishes, but it was the association that had brought them together, and allowed for a support system to be created. There is a common theme seen throughout these communities, which is the relationship established between all Haitians in these communities is one that is individually beneficial to all involved. There is an established camaraderie between the members based upon their origin. The portion of the country they originate from seems to relate to the people they come in contact with in the Bahamas, and they support the members of their community, based upon Haitian community, not local community. Everyone needs a way of coping with the issues they are faced with everyday, and the community is not exempt from this.

They find creative networks of relationships that allow for them to acclimate to their situation and create an understanding of life. The livelihoods of the members of these communities are shown through the diversification of their lives and the fluidity and flexibility of doing so. The members of these communities use the surrounding materials and relationships to better the lives of their families and themselves. They take part in a capitalist system that continues to work against them, and benefit from it, whether on an economical level or personal level. From the positions they are placed in and put they in they are able to create connections
that allow them lead into future endeavors. The livelihoods of the members are maintained through coping with the arrangements posed to them. The different methods used in assisting them through these are demonstrated in their everyday actions of diversifying their lives. This ranges from the ways they create an income to the different methods of dealing with the stresses of life faced living in these communities.

G. Conclusions

The creation of a community based, educational program on the understanding of finances and consumption, may further the future of these communities. Implementing an informal economy within and expanding it into the Bahamian market, may assent to the lessening need for variation. Until then, the process of diversifying the income in to the household and the allocation of goods to support it, allows for a surplus the many ways of livelihood and coping to the condition. Future research into the fluidity of wage labor of the Haitian community and incorporation of such into the Bahamian market needs to be done, but the ground work for understanding the process is beginning to be understood. Finding different methods of surviving these harsh conditions they are able analyze their expenditures and create a better future. The examination what the members of these communities are spending their income on, the means by which they earned that money, and the challenges they face when they are unable to obtain those financial means, has created an understanding of life based upon the situations and surroundings that allow for the maintenance of their livelihood.
Chapter 5: Health and Diet

This chapter will discuss the ways in which residents experience structural barriers that restrict their access to health care and experience of illness. Medical Anthropologist Paul Farmer, describes the relationship between preventable sickness and denial of care based on social status, “Their sickness is a result of structural violence; neither culture nor pure individual will is at fault; rather, historically given (and often economically driven) processes and forces conspire to constrain individual agency. Structural violence is visited upon all those whose social status denies them access to the fruits of scientific and social progress (Farmer, 1999: 79).”

Structural violence can be understood as the disparities that societal, governmental, educational and economic structures create as a result of perpetuating inequalities and violating human rights. For Haitian immigrants living in the Bahamas it is a concern of access to quality care, mutual understanding between care provider and patient, cost of care, and respect for immigrants. Often the structures of a society tend to separate the affluent from those with other struggles, and in the case of the Bahamas, the policies concerning immigrants are creating a clear divide between Bahamians, the Bahamian government and Haitians. Paul Farmer, who has focused much of his work on issues of public health in Haiti, explains this cycle, “…The suffering of the world’s poor intrudes only rarely into the consciousness of the affluent…This is true even when spectacular human rights violations are at issue, and it is even more true when the topic at hand is the everyday violation of social and economic rights,” (31).

For Haitian immigrants the disparities in health care resources, whether that be medical or other remedies, are huge. The Bahamian government has made it clear that Haitians using their public systems is a problem for Bahamians and the government. The role of social and
economic rights, when understanding and analyzing health concerns, has a large impact on the
day to day maintaining health and sustaining of illness.

Interviews with people, questioning their past health status is the first step to analyzing
the health of Haitians living in the Bahamas. This lends the question, what types of illnesses
have the community experienced as a whole? These answers allow us to make connections
about the health statuses of Haitians in Haiti, the Bahamas, and the U.S. Moreover, it is even
more important to understand the ways in which Haitians access care. How do Haitians living in
the Bahamas care for any health related issues? What hospitals and clinics do Haitians visit?
How are they treated inside of the hospitals and clinics? How accessible are these resources? If
an individual chooses not to use or is denied access to health services, what are some alternative
practices used to care for an illness?

These questions are important when assessing the health status of an immigrant
population. The data and analysis presented later in this essay will work to provide an
understanding of the health of Haitians living in the Bahamas in a holistic manner. By addressing
diet, symptoms, common illnesses, types of care and access to care, this research project will
work to create a better understanding of health conditions of both Haitians living in the Bahamas
and immigrant populations throughout North America. The presentation of data, themes and
connections made throughout this essay will work to not only provide for an understanding of
the health and illness found in the Haitian immigrant communities, but it will also be used as a
step towards finding applicable resources for Haitians living in the Bahamas.

A. Diet and Nutrition

When exploring issues surrounding health, it is necessary to evaluate diet and nutrition.
As such, for this research, we conducted a series of observations, recorded inventory of local
food shops, and gardens that Haitian immigrants frequent, and we produced a chart of a 24-hour food recall of each research participant in order to create a picture of the dietary and nutritious value found within these communities. Not only can assessing diets help to explain illnesses, but it can also help to predict what future health problems may arise. Diets show the patterns in food intake of an individual or a community, which in turn helps to understand nutrition.

The importance of gardening can be seen within each community. In Haiti many people survive by living off of the food they can produce from their farms. A lot of emphasis is placed on the ability to farm because it demonstrates family independence, a hard work ethic and also is embedded in Haitian culture of using fresh food to cook. A male individual in the village of Sou Wosh explained that he often relies on the intake of nutrients from fresh fruits and vegetables to keep him from getting sick and to help care for any illnesses he may have. Another man, whose cousin owned a garden in Yard Mackey explained that having these fruits and vegetables is vital in order to feed the community. Furthermore, he went on to say that resources such as the garden are part of God’s way of taking care of his people.

Most all of the six communities in Nassau and Abaco were laid out very similarly. A large number of small homes are condensed into an area with pathways running between two homes through to the main entry and exit of the village. The other more urban settlements (more urban in comparison to one another) are built on land that is often considered undesirable by developers. This land is muddy and/or rocky, and vulnerable to flooding and destructive natural forces. Although there is generally not much land to spare, in many of the communities there are small gardens. The gardens are typically set towards the back of the communities and are kept to different standards depending on the community and the owners of the land; however, the same fruits, vegetables and plants are grown in all of the villages. The common food items grown in
communities are bananas, pigeon peas, pears, squash, avocado, sweet potato, taro, plantain, okra, maize, figs and papaya. There were also a variety of spices and other plants used for home remedies. Each garden had its own owner but the goods are often sold in the small shops within the community or at small stands along the road.

Many community members would talk about their memories of Haiti, having farmland, and access to fresh fruits, vegetables and meats. Haitians have brought various staple foods to the Bahamas that Bahamians do not grow. These gardens are now staples of settlements in the Bahamas. The presence of the banana trees and other garden plants is often a clear distinction of a settlement. It is clear, on many levels, that gardening in the communities is vital to sustaining life and health.

Haitians, particularly those living without family in the Bahamas, often have to rely on other resources to get their day-to-day meals. Many Haitians come to the Bahamas individually to make money in hopes of saving enough to go back to Haiti. In Sou Wosh a large percentage of the Haitians living there are young males, most of which have families of their own in Haiti. Many of these men work all day yet even for those who are not working often, they will not make their own meals. Through a 24-hour diet recall it was discovered that many of these younger men do not cook their own meals but buy, Haitian dishes cooked by women in the community who sell food. Many of these meals are usually fried chicken or pork, in a sauce with white rice, peas and sweet potatoes. The 24-hour diet recall of one 48-year-old man living in Sou Wosh is as follows.

<p>| Breakfast | Rice and tuna with a soda. |</p>
<table>
<thead>
<tr>
<th>Meal Name</th>
<th>Time/Day of Week</th>
<th>Content of Meal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lunch</td>
<td>10 AM/ Tuesday</td>
<td>Plaintain and Porkchop</td>
</tr>
<tr>
<td><em><strong>Got Sick</strong></em></td>
<td>12 PM/ Tuesday</td>
<td><em><strong>Vomited, head/shoulder pain</strong></em></td>
</tr>
<tr>
<td>Dinner</td>
<td>8 PM/ Tuesday</td>
<td>Tea and Ramen noodles <em><strong>felt better</strong></em></td>
</tr>
<tr>
<td>Breakfast</td>
<td>7 AM/ Wednesday</td>
<td>Tea (Water, teabag, cinnamon) and Bread</td>
</tr>
<tr>
<td>Lunch</td>
<td>2:30 PM/ Wednesday</td>
<td>Rice and Fried Chicken</td>
</tr>
</tbody>
</table>

This man bought his dinner from a local woman who was selling food that she cooked herself. Many of the 24-hour food dietary recalls of single males living in the Bahamas were very similar. In this case, this man explained that he does not eat much because he does not have a big appetite and often does not have the money to afford three meals a day. As seen in many of the small shops throughout these communities, many of the meals with sauces use bullion cubes, which are extremely high concentrates of sodium. They are generally used to flavor the food but with too much sodium intake and not enough hydration, this could lead to both minor and serious health problems with daily repetition. Dehydration often results in seizures, kidney failure, exhaustion, low blood pressure, fever, headaches, muscle weakness and the rapid lose of nutrients through sweating. In one case a 40 year old women living in Yard Mackey had been feeling ill during the last 24-hours.

This middle-aged woman vomited fairly early in the day, and after a meal. Although this vomiting could have been caused by a number of things (spoiled food, nervousness, overeating too early in the day, etc) there is also a possibility that these symptoms could be a result of
dehydration. If it had been spoiled food the virus would have most likely caused her a lot more pain and vomiting then she expressed. She explained that she was experiencing muscle pain, which can happen as a result of dehydration. There are varieties of reasons to explain her vomiting episodes but with such a high salt intake on a regular basis, and without intake of water to rehydrate it is possible that in this case her diet could have caused her to get sick.

In many of the 24-hour food dietary recalls, there was not only a large salt intake but often the meal was full of lots of carbohydrates and lacking balance. The reporting of fruit and vegetable intake was often in small amounts only once a day. These items spoil quickly and can be expensive in most cases. It is important to look at the intake levels and use of various liquids when examining health. The liquid intake of individuals it typically consists soda, juice (with a very low pure juice percentage), Gatorade, tea and water as often as two or three times a day. Many of these fluids are high in sugar and at times also high in salt as well. In a climate that is as warm as the Bahamas, many Haitians were not properly hydrating themselves. This can lead to exhaustion, vomiting, muscle pain and other symptoms. Occasionally soda is used as a remedy for symptoms such as acid reflux and gas pain. One man explained that it helped him relieve the pressure and he did not have to go to the doctor for his stomach pains. Soda and other drinks with high amounts of sugar were often reported as the main sources of hydration for the villages.

Many people in these communities access food in various different ways. There are a good number of families who have been living in their communities for over fifteen years and often have a little more financial stability then other individuals who have been in the Bahamas for less time. There is a family living in Yard Mackey who owns their house because the parents built it and are clearly more established in the Bahamas then many other Haitians in the area. This family has lived in the Bahamas for over 20 years. The wife explained that her
responsibility to her family is making their meals each day. She goes on to say that her household often purchases their food from a local small market owned by Chinese immigrants or at City Market. City Market is the local chain grocery store that has a wide selection of food but at relatively expensive prices. Rarely were Haitian families shopping at City Market. More frequently individuals bought food from Haitian food stands or from within the local shops built inside of the village. Generally, these local shops sold processed and pre-packaged food, which lacks in nutritional value. Many of the products were either boxed and canned goods, with very few fruits and vegetables. The shops also sold soda, juice and Gatorade. To access fresh water in the Bahamas it has to be bought in 10-20 gallon water tanks. The cost of water is relative to the cost of other drinks so in many of the communities families and individuals often chose to buy drinks with flavor. These local shops are most accessible in what could be considered food desert communities.

Balancing diet intake is crucial to providing the various systems in the body with the proper nutrients needed to function. That is to say, diet and nutritional intake will parallels some of the more common illnesses seen among this population. Problems of proper nutrition, sodium intake, fresh foods, and dehydration can all help to advance many of the common health problems that Haitians are facing in the Bahamas.

B. Illness

While it is certainly important to gather information about the diet and nutritional intake of these individuals, it is equally important to gain an understanding of the common symptoms and illnesses that arise in this group as well. Illness can be defined as how the sick perceive, live with, and respond to symptoms and disabilities. Symptoms are usually seen as the signs, sensations, pains, and feelings of an individual that are impacting the individual’s day to day
activities (Singer 4). When assessing illnesses and symptoms it is important to note in the defining of illness, in many cases what individuals understand as high blood pressure is different then a common doctoral diagnosis of the illness. In Nassau, the communities of Sou Wosh and Yard Mackey report having similar illnesses and symptoms. Throughout Abaco, the four communities had varying types of illness and will be discussed in a case-by-case manner.

There were common symptoms among Haitians living in Abaco and Nassau in the Bahamas. Figure 5 shows the frequency of common symptoms among all of the communities visited in Abaco and Nassau.

**Figure 5, Frequency of Symptoms**

In this figure, headaches, fever and bodyaches are the most common symptoms that are experienced among these communities. All three symptoms can be the result of a large variety of illness, from diabetes to flu viruses. Figure 6 demonstrates the frequency of the most popular illnesses or reasons for visiting a doctor.
Figure 6, Most Common Self-Reported Illnesses

In Nassau, many of the symptoms and illnesses recorded were work and diet related. High blood pressure was an overall concern for many individuals. At one point in time most of the people who were interviewed have experienced high blood pressure during their time living in the Bahamas. High Blood pressure can be caused by a number of factors, such as stress, diet, exercise, and family history. In the instances that high blood pressure was reported to be temporary--coming and going every few months.

A male aged 52 years living in Sou Wosh could tell when his blood pressure was getting too high because he would gain weight. Another woman living in Yard Mackey explained that she used to have problems with high blood pressure but insisted that she no longer had any problems after being on medication for a period of time. Many of the interviewees who talked about having had high blood pressure were often put on medication for a short period of time but stopped continuation of treatment due to finances and access to continued medical care. Haitians also reported problems with communication, and understanding their diagnosis and treatments.
When asked if she had high blood pressure, one 47-year-old woman living in Yard Mackey responded, “Usually I do, but when I take medicine it goes down”. There were a few other individuals that explained when they could afford to get the medicine for their high blood pressure it helped with the symptoms. Many of these same individuals expressed having had high blood pressure on and off for a number of years. Several individuals explained that they get tested for high blood pressure at the local clinics or hospitals, but others expressed the need for health checkups because of fear surrounding going to Bahamian clinics or hospitals.

Another common condition was type II Diabetes. In all of the cases of Diabetes in individuals found in this study is a type II Diabetes patient. Type II Diabetes is usually diagnosed as an adult and is a result of poor diet, imbalanced food consumption and lack of exercise. One 54-year-old woman living by herself in Yard Mackey has been faced with the impacts of diabetes for quite some time. Many of those interviewed living in this community when asked about diabetes would speak of this woman’s battle with diabetes. In her interview she explained that she has the most pain in her leg and that she takes aspirin for her pain. When asked if she takes insulin she responded “sometimes”. The doctors at Princess Margaret, the local hospital, have told her that she has many health problems, but aside from diabetes she was unable to explain specifics of these other illnesses. When asked to recall what she has eaten in the last 24 hours she explained that she ate rice, chicken, and lamb. She drank tea, water and soda with her meals or to replace her meals. Having explained that she only takes her medicines occasionally and when analyzing her 24 hour diet recall it can be easily seen that there is bound to be a continued insulin imbalance in her system, causing her various other problems and pain.

In Abaco another 63-year-old woman, Ms. P, explained having diabetes and that she has known for 10 years. Her care and treatment of Diabetes was much different than the woman in
Nassau. She takes insulin pills regularly and when asked about if her diet has changed she explained, “Yes, I don’t drink sugary drinks or eat sugary foods either”. Her 24-hour diet recall included drinking a lot of milk, water, juice and eating banana and boiled tarot root. Ms. P explained that the doctor told her that she has to drink a lot of water and milk and take her insulin pill. Ms. P followed stricter diet restrictions and had continued care with a doctor to help sustain a balanced body. Ms. P’s health account shows the variations of care for illness within the community and the differences in resources, education, and understandings of illness.

During an interview outside of Abaco in a community that lives on a farm and about an hour away from downtown Abaco, a 35-year-old woman reported having bad asthma. When asked what she does to treat her asthma she responded, “I have a pump to help me breath. I’m allergic to the dust. I have a prescription for a new pump but do not have the money to buy it yet.” She went onto explain that she had been to the doctor and could get the prescription filled but she does not have money to go into town, which costs $20, and then to buy the medication. She said that she still has some of the one pump left and that she only uses it in extreme circumstances. If her symptoms get really bad she has to go to the hospital at Princess Margaret in Nassau to get treatments. She explained that her two-year-old daughter has had symptoms of the flu and a cold on and off for months but that they do not have the money to get her to a doctor for a check-up. She said that when she is sick she sends for medication if her and her boyfriend have money for it. In this case the daughter could possibly be experience symptoms similar to her asthma and could have asthma as well but without bringing the child to the doctor they are unable to know. Both finances and access to health facilities prevented this family from being able to get the care that they desired.
C. Access to Care

The Bahamas has a nationalized health system that is designed to provide free care, but the reality is that access to care, especially by Haitians, is restricted and the quality of care they receive is variable. Depending on the symptoms, location, finances, and knowledge, Haitian immigrants use various methods of healing in order to minimize the symptoms of their illnesses. There are a number of popular facilities in the Nassau area that are used for care, most popular are Princess Margaret Hospital and the Flamingo Clinic. In Nassau, Haitians will also visit private doctors when there is money to do so. In Abaco, since the island is fairly small, many Haitians have to use private doctors or the local clinic. For more serious situations many Haitians will travel to Nassau to go to the Princess Margaret Hospital or will return to Haiti for a period of time.

The cost of care can often be expensive and vary depending on place and immigrant status. Jennie, an 18-year-old college student, explained that although she was born in the Bahamas, and has never been to Haiti, she has to pay $20 or more than Bahamians do for the same care. For example, when you go to the Flamingo clinic for care, Bahamians are charged $10 to get care and Haitian-Bahamians are charged $30 to be able to see a doctor. Haitians often have to pay $50 to get a check-up or routine care at the clinic in Nassau. The 47-year-old woman mention above who has been diagnosed with diabetes has only visited the hospital twice in the past five years. Many Haitians are afraid to go to the clinics because of immigration, and often cannot afford to go seek medical care as a result of finances. In the case where individuals do not visit hospitals or clinics, many use various methods of healing to help with their symptoms. As above mentioned, the 63 year old woman living with diabetes helps to regulate her system by drinking water and milk and eating boiled tarot root as a home remedy. Other Haitians will work
to keep their immune system strong by eating fruits and consuming other herbs. A 54-year-old woman living in the community of Mud in Abaco has been experiencing pain in her chest for a long time. She traveled back to Haiti to get a lump removed from her breast a few years back but continues to experience the same problems. She described that she owes Princess Margaret money and cannot afford treatment at any of the clinics or at the hospital. Her home remedy for the serious symptoms that she is experiencing, are a mixture of herbs, roots and tree in a jar with rum, which she drinks a little of each day. She chose to go to Haiti for the procedure because it was affordable and she wanted to be able to understand the entire process of care. Her experience of care in the Bahamas was varied, but was often confusing and frustrating. Many Haitians marked upon the complex process of diagnosis and being able to get the correct medications.

Although the reports on the quality of care varied, most Haitians seemed confused as to what their true diagnosis was. With the care of any immigrant population there are going to be concerns of translation and cultural understanding in the relationship between patient and doctor. A few residents of Yard Mackey made it clear that they simply felt unwelcomed and uncomfortable during their visits to Princess Margaret. When asked about the quality of care at the clinics or hospital a man living in Yard Mackey explained, “Bahamian’s don’t help you when you’re sick. You have to help yourself. There is insurance in the country and Haitians get the insurance and pay for it but the papers never come so it’s just a way to get money. Bahamians don’t even want to see Haitians here let alone help them with their medical needs. Even if you’re in the hospital, right there, they’ll arrest you and take you away”. This man made it clear that, from people he knew who were sick and went to Princess Margaret, the care that they received was given by people who did not want to treat them, and who spent minimal time with them. Other individuals explained that they would have to wait up to 12 hours for care because every
Bahamian in line would get care before they would even begin to address the symptoms of Haitians. During care many explained that they had to bring someone to translate for them or get one of the Haitian nurses to explain what was going on. There were many instances in which there was no translation, so the understanding of the illness and treatment plan is little to none. Overall, from the reporting of Haitian immigrants, the quality of care tended to be low and only few had conclusive treatments.

Many who decided to go to the hospital or get doctor care were often prescribed medication for their various symptoms. The individual then has to go to the pharmacy to pick up the medicine and to get refills they generally have to continually go back to the doctor. As a result of these policies, many Haitians after their pills run out will not make another visit to the doctor until they have the money to make another visit. Although some of the Haitians interviewed had insurance, it is not guaranteed to cover enough of the costs of the pills for the patient to be able to afford the medication. As a result of the difficulties in continuing treatment, the symptoms in many of these patients continue to interfere with their lives and worsen their illnesses. Similar to immigrant struggles everywhere, many Haitians do not have consistent diagnosis and care of their health, resulting in suffering and fatality.

It should be noted that the HIV/AIDS epidemic has had a great impact on Haitians and the Caribbean as a whole. During only one interview did a woman mention that she had been suffering from AIDS, and had lost a child during pregnancy as a result of the virus. During many of the interviews there were multiple people present, making it difficult to get more information about the impact that HIV/AIDS is having. With the increased spreading of the epidemic in Haiti and throughout the Caribbean, it is important to acknowledge that HIV/AIDS is most likely causing a great number of the symptoms noted above but in the Haitian community openly
talking about HIV/AIDS is a sensitive subject. Many of those infected will not share that
information with others to avoid stigmatization and social difficulties. Without a understanding
of the HIV/AIDS through the interviews done it is impossible to create solid connections of
symptoms to the epidemic but it is important to acknowledge the great possibility of the impact
that HIV/AIDS may be having on these communities.

Although the symptoms of many Haitians interviewed had similar themes, and the
common illnesses did not vary greatly, it is easy to see the role that politics is playing in the
diagnosis and care of Haitian- Bahamians, and Haitian immigrants. Many communities lack
fresh and nutritious meal options. Without balance of diet and the frequent intake of vital
nutrients, many Haitian are experiencing similar symptoms that are impacting various illnesses.

D. The Environment and Psychological Health

Another common problem is stress and anxiety about finding work, providing for
children, sending money home to family in Haiti, among other things. The stress of providing
for a family is apparent in one man’s lament: “Sometimes I think about sending my children
money home and I get stressed from thinking. Sometimes I can’t send my family in Port-au-
Prince money.” Over half of the interviewees mentioned “thinking” in relation to mental strain.
In this respect, thinking can be likened to worrying about the present and anxiety about the
future. Because of the lack of job opportunities, many men and women cannot provide for their
families.

When asked what they do on days when they are not working, household chores, talking
with neighbors, and “thinking” are common activities. Men and women alike go months at a
time without gainful occupation, causing feelings of uselessness and inadequacy because they
are unable to fulfill their goal of supporting their family, whether it be feeding relatives or
putting children through school. Separation from family back in Haiti is also another contributing factor to mental stress and, at times, depression.

Another man living alone says that “Sometimes I thinking about my girls, my daughters. I can’t see them and that’s why I thinking plenty, plenty ‘cause I don’t find a job to pay for school for them and they can’t call me on my phone to send them money for school for them. When I see I can’t have it, [that] I can’t send them money, I’m not happy. I’m crying.” In the midst of high population densities, it is possible to feel lonely and out of place. The same man expressed the loneliness of living in another country without loved ones, saying “I feel lonely because sometimes I afraid because I didn’t see my family…my mother in Haiti. My daughters are in Haiti and I can’t see them. I don’t know how they’re doing and that make me think and I have stress. Sometimes I cry. Sometimes I go in by the lake…and read my book and I cry and I think about all that. I think about my future because if anything happen to me I don’t have money to leave for them and I don’t think my family will keep on taking care of my kids.”

The biggest cause of “thinking” for residents is the constant threat of Bahamian Immigration and deportation. Anxiety comes at night, when Immigration officers “knock on the door when we are sleeping. That cause stress. Lots of stress.” Officers have also been known to steal from and/or beat people. For some, the overbearing pressure of being caught and hence unable to support their families manifests itself in headaches, anxiety, and depression. Other residents however, particularly young men without children, feel right at home in these communities. One man asserts that “I like it because I have nowhere to go, I have no money to pay rent, I wish I could stay with my family in Haiti…there are a lot of Haitians, my nations, so that is what I like.”
D. Conclusions

Through researching and analysis of the overall conditions of health and systems of healing, it is apparent that the structures that perpetuate this violence need to be restrucured. Basic diagnosis, monitoring, and options for care could go a long way in helping individuals living in these communities to sustain a healthy life. It is apparent that many of the clinics where Haitians will go for care have long waits, and generally make the process of healing more confusing and useless than anything. Providing care for a immigrant population can be difficult, “Especially at the local level, where resources may be scarce, the influx of a new cultural group to the area can significatly challenge health departments to educate staff with the skills required for providing effective and sensitive health care (Johnson, 2004:213).” Although it would be difficult to find the resources to open a clinic close to these communities, it is possible to provide training and education within each community. In general, the Bahamian government is unwilling to acknowledge the problems in these communities, but when organized at the community level, education and discussion can go a long way. With a specialized plan to meet each communities needs, training sessions and educational materials could go a long way in developing health treatment for a community. With the designation and training of local community leaders, tests, symptoms checks, and basic care could be administered throughout each of these Haitian villages.

It is clear that Haitian immigrants living in the Bahamas have to be resilient to the everyday challenges of living in a place where there is great animosity towards their communities. These challenges, on top of financial and physical challenges of those experiencing health problems relate directly to the quality and continuation of care. As a result of the governmental and social structures in the Bahamas, people have a hard time assessing,
diagnosing, and following through a long-term treatment plan for various different health concerns. With diabetes, and high blood pressure being some of the leading illnesses impacting these communities, it is important to recognize and address issues of access to fresh and balanced food. With diet regulation and proper nutrition intake, the human body has the ability to function more efficiently, processes and breaking down toxins and unneeded byproducts of food intake. Lacking a space for waste disposal, the spread of virus and parasites is a great concern for the health of Haitian immigrants. Considering the diet and environmental factors that are playing into the general health profile of many of these communities, the role of medical and cultural care remedies are vital to the maintaining of health. As a result of the injustices and inequalities that Haitian immigrants face in the Bahamas, several Haitians are unable to access the care needed to care for the illness and reduce symptoms. Facing structural violence can be difficult when approaching a long-term plan for health care options for Haitian communities in the Bahamas. Through the utilization of community leaders and training session, information and minor diagnoses can be administered at a local level, in hopes of creating more comprehensive medical and cultural care for the community, while also working to prevent future occurrences of these common illnesses.
Chapter 6: The Experiences of Women

Marie Fadette* immigrated from Port au Paix, Haiti to the Bahamas five years ago. She came by boat, leaving her three children behind. When she arrived in Nassau she found her brother and stayed with him until she was able to get a job and home of her own. She earns a living doing housekeeping sporadically for a Bahamian family. In order to help supplement this limited income, she often cooks food and sells it to the single men in her community. She built a small house for herself in Sou Wosh, the same shantytown that her brother lives in, but moved four and a half years ago into another nearby “town” with her boyfriend, Jean-Baptiste*. They have three children together, a daughter of four, a boy of two years and another daughter who is one. Since having the Marie Fadette works less and primarily relies on Jean-Baptiste’s income from his work as a mason to feed the family. Jean-Baptiste regularly visits his wife and two children in Haiti. Marie Fadette has let her working papers expire because of her reduced income. She is concerned daily about how to feed her children and herself and experiences stress due to her reliance on Jean-Baptiste. She hopes to eventually move her family to Miami.

The story of Marie Fadette exemplifies the pressures and stresses of a typical women living in the Bahamas. While both men and women often leave behind children and significant others when immigrating to the Bahamas, the experiences of women once they reach the islands differ in some significant ways from men. Our research made obvious that there are experiences unique to women, however this does not indicate that some men do not share some similar difficulties. In attempts to identify and expand upon these differences, there are some key categories that must be examined. These categories include a very brief historical understanding, family structure, roles and responsibilities, work/jobs, access to health care, and a look at children and adolescents.
The preceding chapters in this report examine similar topics, however in this chapter I hope to expand upon these ideas as they relate to men and women. It is obvious that each individual will have a different story and history. That said, few women live alone, while many men live as “bachelors,” sometimes for extended periods of time. Due to the propensity towards a matrifocal family in Haitian culture, women tend to be head of household, it is no surprise that we found similar evidence in the Bahamas. In this case, as in other Caribbean locations, the matrifocal family emphasizes the: “…mother-child and sibling relationship, while the conjugal relationship is expected to be less solidarity, and less affectively intense. It is this aspect of familial relations which is crucial in producing matrifocal family structure” (Smith 1973:5). It is these relationships that help to define the other gender roles and differences that appear in Haitian communities.

While gathering data a few questions became apparent. If women are responsible for child rearing why do they continue to reproduce beyond the means of their income? Why did so many women stress the importance of finding a boyfriend as a prime objective of new immigrant women? Why would women continue to immigrate when work is limited and threats of deportation are always looming? Does access to healthcare have a dependency on gender? And what role do children and youth play in gender differences?

A. Connection with Haiti

Although the story of Marie Fadette is not atypical, the amount of time spent in the Bahamas ranges for all women and this often correlates with other factors, those being: a husband in the Bahamas, children, immigration issues, and working papers. It is these personal histories and what they mean as migrants move into Nassau that help affect their current situations. Those born in Haiti often have a desire to return to Haiti while those born in the
Bahamas tend to seem content where they are. Children educated in the Bahamas often have aspirations of moving to the United States to obtain a higher degree.

Members of AHB often seemed to have a different lifestyle than the other groups we spoke with. They often wore nicer clothing and jewelry as well as drove cars and owned homes or rented apartments. Many had never seen the communities of Yard Mackey and Sou Wosh and expressed what may have been sadness and disgust at the conditions that members of such communities were living in. When asked why these differences occurred it became clear that class was not something that was easily crossed even when one moved into a new nation. They made it clear that they felt you lived as you always had lived. So living conditions in the Bahamas were a reflection of living conditions in Haiti. In some cases this may be true, however we did speak with a few households that had to move into the communities because they could no longer afford the apartments they had been residing in.

All Haitians have some connection to Haiti. Even those born in the Bahamas, had Haitian parents or grandparents that played a part in their life. They often enjoy the same foods, leisure activities and faith practices of their ancestors and countrymen. The number of children one has and the economic conditions in Haiti are typical reasons for migration, particularly among men. For women, while these factors are also primary cause for migration, relationships with men who have migrated also plays a role.

It is the family and household that is most often cause for migration. Either a husband or boyfriend migrated and a woman later migrates to join him or another family member or friend of the family has migrated and helps provide some support while the new migrant establishes a home.
B. The Old and New Family Unit: A Multi-local Family System

While this case study deals primarily with immigrants living in the Bahamas, there is a correlation with experience and cultural norms within Haiti. Understanding fertility rates and reproduction trends in Haiti might help to illuminate the situation happening in the Bahamas. In our research we found those interviewed to have a range of children from none and up to twenty. One interviewee estimated her own siblings at a somewhat startling 28 plus “even more and more,” claiming her father’s position as a boat captain gave him great appeal: “You know when captain...a captain, he have boat, plenty women like him and he make children with all them.”

In light of Haiti’s poor economic conditions, and steady birth rate, family planning has been a big push from foreign aid agencies, including the USAID. In almost all “world’s poorest countries...institutions are created, maintained, and often reinforced...” in order to help curb the increasing population (Maternowska 2006:33). In the case of Haiti, the family planning did not work. Maternowska points out that the family planning in Haiti falls into realm of political, social, and economic currents rather than simply biological. The attempts to transform the biological patterning of reproduction while ignoring the social implications to control populations have been unsuccessful. As Haitians immigrate into foreign nations, they bring with them these cultural norms and perpetuate the reproductive strategies they employ for survival.

Maternowska’s research in Cité Soleil, a community on the outskirts of the Haitian capital Port au Prince, found that most women were not in relationships for a connection but for financial support (50). She states, “…having children is women’s major source of bargaining power in relationships. Women are conscious of the value of their genitalia...(50)” This means of survival transfers across the ocean and into the Haitian communities where we conducted our research. On multiple occasions, across the various communities and social classes, women
stressed the necessity of finding a boyfriend as a means of support. Ms. M, a 32-year-old mother of four living in the Bahamas since 1999, expressed: “If you want some for, for yourself, you can’t take care of yourself and you just looking for boyfriend to help you. If you got boyfriend [and] he don’t help you, you can’t help yourself, because woman need this man to take care of you. Woman can’t take care of herself.”

Ms. M had moved from an apartment and into the community of Yard Makey two weeks prior her interview. She stated a lack of income from both her and her boyfriend as the primary reason for the transition. During the interview Ms. M came to tears when talking about her two daughters, thirteen and sixteen, living in Haiti; at the time, the eldest was hospitalized due to a bad heart and fever. Her children in the Bahamas are significantly younger, her son four and her daughter who had just turned one, and sat through our entire interview.

Ms. M provided us with some enlightening glimpses into what life in a community in the Bahamas is like for some women. She exemplifies much of the fictional story of Marie Fadette however it is important to highlight some additional family situations and the use of the conjugal contract for survival. Ms. N, in Nassau for less than two years, lives alone but has a boyfriend, whom she depends on for support. Ms. L moved to Abaco in 2005 to join her husband Philogene, but while she was a market woman in Haiti, she no longer works. All of their eight children and 26 grandchildren reside in Haiti and ask for remittances on a frequent basis. After the deportation of her boyfriend, Ms. L is on her own, for the third time, to support her three children until he can return. Again, lack of work makes it hard for her to provide for her household and she requested our help, as she had not fed her children or herself in three days.

Those who are living more comfortable lives have similar arrangements, yet these women did not seem to feel the eminent threat of being left by the supporting male in their life.
Relationship type and familial structure transcend social and economic class, however the sustainability of these relationships seems to be more fragile as income and living conditions are diminished. Female members of the group AHB did not express the same insecurities as women within the poorer communities. Many of these women are married and often hold a more steady job.

In Haitian society, it is generally accepted for men to lead polygamous lives, yet women are expected to remain faithful. Although ideals may shift after immigration it is unlikely that women practice much more than serial monogamy. In light of “…multiple unions, they [men] also split an already thin supply of cash across several households” (Maternowska 2006:58). The majority of men will do what they can to support their families. There are some cases however, such as that of the boat captain, where he has little or no contact with some or all of his children. Even those men who expressed a desire to provide for their offspring would more often then not explain that they were unable to send any financial support due to a lack of work, “No I um…have no to send” (interview BSAD7, December 15, 2009).

These expressed differences in relationships, social expectations and norms, and experiences do not provide either sex exemption from responsibilities rather it shifts the weight of burden. Unfortunately, women often bear the brunt of responsibility simply due to their roles as not only the bearers of children but also as caretakers.

C. Gender Roles Exemplified in and Out of the Home

As in most cultures, there are different roles and responsibilities taken on by men, women, and children, and often the individual sexes of children take on differing roles. “Where shared households are the norm, there is a strict division between women’s work and men’s work, and these gendered divisions are tied up in the expected gender roles that Haitian society
dictates” (Maternowska 2006:51). These roles are simply stated, women are expected to take
care of domestic tasks, childrearing, and in many cases bring in additional income, while men
“spend most of their time searching for work,” because “earning power is key to men’s identity”
(54).

Much like Marie Fadette and her boyfriend, a typical working household will conform to
the gender roles both inside and outside the home. In many of our interviews we found that
when women were working, they were doing housekeeping, selling goods at the market, or
cooking and selling food out of the home. Men were off looking for jobs doing masonry,
carpentry/painting, and landscaping. Forty-one percent of head of household data shows
construction as primary means of labor. The following exchange reinforces this notion:

Interviewer: What did you do in Haiti? Like how did you work? What type of work were
you looking for?

Mr. G: She goin’ on, she say selling clothes?

Interviewer: Selling clothes?

Mr G: Uh-huh, selling clothes next to the bus. She also work as maid, in houses

Interviewer: What do you do?

Mr. G: I can’t say anything, I can, I do. The masonry, the carpentry, when I don’t find
always I just go on living, you know I just go on living. And I say, what can I find?
Because in Bahamas you can’t get a good job what I always looking for. If I look today,
later I won’t.

Interviewer: Were you working in Haiti or did you leave because you couldn’t find work?

Mr. G.: Yea well in Haiti I was young I worked a bit basing. Yea, and I did some
 carpentry with it and some flooring and yea
Again it is demonstrated in work outside of the house, the culturally defined gendered roles that men and women fall into.

Ms. E’s husband was an exception to most other men we interviewed. He held a steady job driving a cement truck for an established company and they lived in what other’s referred to as “the mansion in the mud.” Their home in Abaco not only had a television and running water, but Internet and they owned at least one vehicle. The only other Haitians we encountered who could live such a “luxurious” lifestyle were members of AHB, and even then most did not own computers or have Internet access. These members, never residing in the settlements, enjoy certain comforts but still fall into the gender role patterns. Men were typically laborers, and women domestic workers. As always, a few exceptions existed, even among the women; one was a secretary and had excellent English writing skills.

During a conversation with a group of three men, they unanimously agreed that having a girlfriend was costly and if children came into the picture these costs kept increasing. That said, men are reluctant to use birth control and women are subject to the cultural stigmas attached to women who cannot bear children. “Women’s rationale against family planning was equally and persuasively linked not only to men’s expectations of women but to women’s expectations of themselves, defined by men’s gendered preferences” (Maternowska 2006:72-73).

In a study done in rural Haiti during the late 1970’s and early 80’s, Ira Paul Lowenthal found that there is not a cultural belief that men are endangered physically or mentally by doing household chores, only that, “For a man in union, performing women’s work reveals one rf more things about him, his situation, and his character – all of them damaging.” (Lowenthal 1987:59). Either raising questions of trust or sexuality, both are demeaning to a man. This does not mean that under no circumstances may a man perform such chores. In the case of a single man with no
nearby family who can provide for him, he will not receive criticism for performing housework unless he allows the situation to persist. This cultural norm is also demonstrated in the Bahamas, hence the propensity for men to seek out a girlfriend even when they struggle to provide for themselves.

D. Access to Health Education and Care

Haitian understanding of health is remarkably different than in the United States. The cultural differences between what illness, sickness, disease and health means became apparent through the interviews. This made getting answers more difficult and required that we redesign some of our questions in order to get the information we desired. Men often seemed to disregard the question while women seemed more willing to have a discussion. It seemed as though women had a lot more detailed information to contribute and this could be due to a couple of factors; a desire to uphold one’s masculinity or because women had broader knowledge of and greater access to health related experiences. In the communities in Nassau it seems as though the later was more accurate. Since women not only take care of children and their health, but also go through pregnancy and birth, the numbers of times they frequent the hospitals and clinics greatly outnumber the men.

The majority of the men spoken to did not go to clinics or hospitals often. Women on the other hand, especially those with small children often spent long days sitting at the clinics waiting to be seen. Annette, living in Yard Mackey, attributed her high blood pressure to her jealousy, even making it sound as though the doctors agreed with this diagnosis. In a very full household, Annette, said the children go to the clinic every three months until they are “…’til they become child.”
In Sou Wosh, Lynda mentioned that she had been screened for a multitude of illnesses while pregnant. She listed these off as "sugar, blood pressure, AIDS, squash, allergy, all kid of things" and mentioned there was one thing she had been given medication to treat that she could no longer remember. Due to the frequency of pregnancy, it seems as though women are probably screened on a fairly regular basis in comparison to men, at least during the ages at which they are conceiving children. In this way there is definitely a bias when it comes to gender and access to health care.

The frequency that one attends the clinic during pregnancy varies by term. When describing her sister’s pre-natal care, Ms. M, informed us her sister went to the Flamingo Gardens Clinic, and that “Over here id depends on how much months you are. If you are not close to labor it is every month, if you are close its like every week.” Along with the necessary pregnancy care, women have access, albeit still limited, to family planning. When asked about condoms, one woman mentioned that they were for family planning seemingly unaware of the other health benefits they provide. Maternowska discusses men’s aversion to condoms that is likely one reason for the limited knowledge demonstrated during that interview.

Ms. M, still attending high school, was also able to provide us with knowledge that she, like her fellow classmates, was given regular checkups from the school nurse. While they are not screened for illness, she mentioned that their lungs, hear rate, and blood pressure are taken. Later in the interview when asked about sex education, Ms. M, mentioned a woman with HIV came to speak to the class and that, “it was good”. When asked if the clinic had contraception, she said it was necessary to go to the store to purchase it. Unfortunately, she was not exactly sure what that meant, not able to say if pills, condoms, or both were available. Before moving onto a new topic, she did mention that the youth group at Our Lady was supposed to have people
come to speak with them about the topic but that it had not yet occurred. It appears as though sex education is limited across age and gender.

In our discussions of access to health care, gender was not the only variable factor. Location also plays a large part. In the community known as The Farm, a teenage girl was brought to our attention as we were preparing to leave. She had a severe case of scoliosis, causing one of her shoulder blades to jut out of her back and her stance to be compromised. She responded that she has very little pain when asked but the ferocity with which her mother wanted her condition to be seen might suggest otherwise. Aside from physical pain, it isn’t hard to imagine the emotional and psychological stress likely experienced by the entire family. As we were not able to interview this family, it would be problematic to assume that her condition has anything to do with her location. It might however, be safe to assume that no matter the gender, location or condition, access to health care is often compromised within communities.

E. Extra-curricular Activity and De-stressing Methods

Additional areas of gender difference and defined gender roles also show themselves within the extracurricular activities of men and women. During our time within the communities, we often saw men who had returned from looking for day work, loitering in common areas, joking around with one another. In one situation we even witnessed a game of dominoes. In Haitian dominoes, the loser must place numerous clothespins on his arms and legs until he is able to win. As we approached the game, we saw a man wearing what we later found out was one hundred clothespins. With a cheer of happiness and relief, he wound up winning the first round we observed and was finally able to remove the pins, which left painful looking welts all over his arms and legs. A quick second round later, he groaned and quit the game when he
was again declared the loser. While it may not appear like a relaxing time, at least for the loser, this is an activity that men do in order to relax and bond with one another.

The majority of women we observed did not appear to have the same luxury of game play. Women were cooking, cleaning laundry, or watching their children and some doing a combination of all three. In Haitian culture, women are the primary caretakers of children and the home. When children are young, it becomes increasingly difficult for women to spend time alone or for oneself. This does not mean that women do not socialize while men are always out chatting with one another. While cooking or doing the washing, women are often chatting with neighbors who are doing similar tasks.

During one somewhat heated interview, a woman who was washing her daily dishes mentioned that she had no friends. The large crowd that had gathered to listen to the interview included a group of women who cackled and shouted when they heard this statement. Unsure what exactly had transpired, we asked for clarification and found that the interviewees definition of friend was somewhat convoluted. In her opinion, a friend would loan money when necessary, yet these women would not provide help with anything more than chores. It was an interesting and intense exchange that shed a little light on what appeared to be a very big and touchy subject.

Ms. M, during what wound up being her very emotional interview, also expressed a desire for camaraderie. She discusses her boyfriend’s activities when he arrives home from work, and says that he comes home and goes back out to talk with people. She asserts that he goes to parties talking with neighbors and that he does not socialize with her. This information came just after she described a woman’s difficulty in keeping a man faithful as well as money
issues and the swearing associated with her boyfriend. When asked if he was violent with her she adamantly denied it.

In stark contrast, Ms. M’s neighbor seemed more carefree and happy. She had a large family system living in her house as well as the adjoining homes. She had Haitian music playing in the background and was constantly dancing and joking during her interview. When conversation turned towards music, she happily provided a list of Haitian artists that we should check out.

One outlet for stress and a place of strong community was within the church. Nearly all those we spoke with attended church or had at the very least attended church in the past. A very spiritual culture, Haitians find community strength and friendships within the congregation. During two very different masses, we were able to see the way participation within the choirs and youth groups helped provide a foundation of strength. Many of the youth we spoke with mentioned their extracurricular activities revolving around youth group as well as those who mentioned they had a boyfriend or girlfriend stated they had met at church.

The majority of those in the choirs were women, yet the church bands were made entirely of men. Many of the choirs travel from parish to parish. The father we worked with in Nassau seemed well liked by the communities. Church therefore seemed to be a center for community, friendship, strength, and a place to meet and converse. The specific gendered differences seemed to lie mostly in the methods with which men and women chose to deal with stress. The weekly parties held at the “clubs” in both Sou Wosh and Yard Mackey provided a forum for socialization and a way to unwind from the long week. Only a handful of times was alcohol mentioned as method of stress relief and even then it was sometimes connected with violence
following consumption. Only through faith and church did it seem that all ages and genders found a more equal comfort.

F. Youth and Adolescents

Gender roles and differences in Haitian culture are not limited to adults, children and youth are subject to these same roles. “Cooperation between men and women in these terms, based on the complementarity of economic roles assigned on the basis of gender, is not limited to the conjugal pair...Similar arrangements may exist between brother and sister, mother and son, and even father and daughter (Lowenthal 1987:49).” Through our participation in youth group events, we were able to gain some insight into youth as well as observations done within the communities provided a valuable look at the next generation.

Our first youth group event involved a wide age range, from small children only five or six up to young adults nearly eighteen. Held at Our Lady Parish following Sunday mass we were able to have conversations with smaller groups. I worked with eighth to tenth graders, and a mostly male group. These males were constantly leaving and coming back and barely paying attention to what was going on. The lone female however wanted to ask many questions though she was too shy to do so. In our second youth group meeting, we met with one of the choirs, which consisted of an older, mostly out of high, school mixed gender group. One of the major topics of these conversations was pop culture and the U.S., yet some tougher topics did arise. Talk about immigration and sex as well as relations with the opposite sex in the form of relationships were touched upon lightly. Both genders seemed interested in learning more, especially about those in the United States.

In many of the situations we observed, young boys were often playing together and running around. There were far less girls doing the same. In one case, three girls, aged between
ten and twelve, were hanging around our group as we were preparing the leave for the day. The boys were jumping on top of the parked cars and playing with a ball and rope of some sort. Even teenaged girls were seen helping out their mothers and doing some domestic tasks while teenaged boys seemed mysteriously absent.

As pointed out by Lowenthal, the roles of siblings and children are laid out based upon gender. Similarly, Maternowska points out that children have a purpose and found that parents list chores as: carrying water, running errands, helping sell in the markets, washing dishes, making meals, etc. While many of these apply to life in the Bahamas, children are not often selling in markets. They are however involved in the care of other siblings and infant family members. One teenaged girl was absent from the previous days youth group meeting because she had to watch her nephew.

While these chores apply to all children starting at a young age, girls are taught to perform these household tasks, also known as women’s work or travay fann in Kreyol, that they will employ later in life. Once boys reach adolescence, they are no longer required to perform such tasks. This is demonstrated in a household with a single mother, teenage girl and young man in his early twenties. The girl helped with the chores while stating that her brother only helped out, “...when he feel like it.” This just goes to show that the traditional gender roles start young and do not necessarily change across borders.

Although many aspects of life are affected by gender, within Haitian society education and opportunity do not seem to fall under the same bias. The importance of education is stressed. In spite of economic hardships one uncompromising cost seemed to be that of education, books, and uniforms for their children. As children are an important investment for
parents who have little hope of improving their own immediate futures, education is one of the only ways in which children can create better life for themselves.

So many of the youth we spoke with talked about being at the top of their class and having to spend a lot of their free time studying. This was cause for some discrimination from their teachers and fellow classmates. Still, as one young girl adamantly stated, Haitians are proud to be Haitian, no matter what. While these young people seemed to understand the complexity of their situation to an almost disturbing degree, one girl speaking in detail of the immigration AIDS the night before our interview, they still have a happy and hopeful outlook for what their life might have in store for them.

G. Conclusions

In reexamining our collected data, we have begun to shed light on the specific gender roles that occur in the settlements where our research took place. In line with much of the research done within Haiti, we can see how the cultural norms and beliefs travel with immigrants. In this new situation of the Bahamas, with its social and economic restraints, some gender roles are blurred while others may become more defined. Households are shaped much like those in Haiti, however there is a new strain upon finances due to the multiple families that must now be cared for. Additionally, the history and pasts of women differ from men but also exemplify the gender roles that are typical in Haitian culture.

Access to health care and the ways in which men and women spend their time is typically defined by gendered roles. Women’s place as the caretakers of home and children and men’s roles as the provider of the majority of resources plays out in many different situations. While the man is not expected to be the sole provider for the family, he is depended upon and spends his time working or looking for work. A woman is not only in charge of the matrilocal
household, but she when able is looked upon to supplement the man’s income. This places an even larger burden upon a woman who might already be stretched thin.

The children of the house often fall into the same gendered roles as the parent(s). From an early age one can see daughters helping out in ways that boys do not. As these youth move into adolescence and their teenage years the divide only widens. The statements made by one of our sixteen-year-old translators were like those of an adult. While she should be spending her time focused on school and talking to friends she often worries about immigration and harassment by her Bahamian peers. On the island of Abaco the youth and life in general, while hard, seemed to be a little more carefree.

Our research has real implications for the everyday lives of men, women, and children. We found that healthcare is practically none existent, yet the need is there. Also, Haitian feelings and understandings of health, stress, and disease are not the same as how those in the U.S. might view the same topics. The ways in which men and women seek out health care, the way they spend their time and take care of others is critical in creating successful programs. In all aspects of life, gender plays a role and in the research and subsequent development of projects and programs it must be taken into consideration.

In order to do the most effective job, effective research must be employed. During one particular interview, we drew a crowd of both men and women. One of these women had a baby on her lap and when asked about the cut above his eye she told us it occurred when the two were moving into the bush outlying Sou Wosh to sleep for the night. We later found that this woman, Ms. E, would not directly answer a similar question during her solo interview. No matter the reason, whether comfort level or something else, she was willing to share the information at some point. Perhaps this is something to take into consideration. At this point it is likely to late
to deduce why she would answer a prompt in front of a large group of people but not in a smaller more private interview, however it might be necessary for future research to try different methods in order to gather the needed information.

Subjects of intimate or delicate nature, such as sex and violence, also require special attention. Physical abuse was something that was barely touched upon but might call for a closer examination. If physical abuse exists, which was implied by more than one interviewee, it is important to understand what kind of counseling or care is available to women and men who might be experiencing violence. Even teens, who are having negative experiences in school need an outlet to speak about these incidents.

More than anything, it seemed as though most people were willing to open up and talk about their lives and experiences. Some women, men and children felt comfortable sharing intimate details others did not. By looking at the individual experiences of gender, it becomes increasingly important to think about healthcare access for men. Women seem to have better care and screening, and while it may not be entirely adequate, at least they are offered it during pre-natal care. For a man who does not have a serious illness or injury, he may never receive any care or screening.

Finally, one critically important finding from our research, specifically related to gender and gender experiences, is the idea of family planning and disease prevention. While the few women we spoke with about prevention and protection admitted that condoms were available and that birth control was sometimes used, the high birth rates and naïveté of sexually transmitted disease prevention was somewhat alarming. Although it was brought to our attention that girls often did not lose their virginity until marriage, this is not always the case and it is critical that the youth is educated about ways to protect themselves.
In order to provide the appropriate resources and education for these communities, it is important to look at the cultural stigmas and beliefs that are a part of life. As Maternowska pointed out, the family planning done in Haiti by outside agencies failed because cultural practices were not taken into consideration. Before implementing any of these programs more research into how to make them effective is necessary.
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Torres, Alberto M., and Belen Sanz.

Willen, Sarah and Heide Castañeda.

Willen, Sarah.

Household Interview Guide, December 2009

Household ID# = Date+Initials+1-x

*Introduction:* “My name is.. (Introduce everyone) and we are university students at DePaul and live in the United States. We are conducting interviews to learn more about your life in this community. If you decide to participate, we will talk for 90 minutes. The conversation will be private. We will not reveal your identity. Would you permit us to record the interview? No one will hear the recording and it will help us remember what you said. [Show them the audio recorder. If they do not agree, only use handwritten notes.] We want to ask you a few questions, but we want to hear you tell your story. Do you have any questions?

*Interview mechanics:* Take turns asking questions, but both people should be taking written notes about what is being said, non-verbal body language, things going on in the background, descriptions of people and the physical setting (people, house, yard – what do they own, how do they live). Remember that note taking is to facilitate transcription of the interview. Use your written notes as a way to help that process (e.g., emphasis, emotions, and reactions). Remember to be polite and say “Mesi” after they finish answering each question. Try as best to can to make this seem like a conversation.

1. **Objective:** Collect enough information about the household so it can be found again in the future. [end with this at 0:05]

   What is your name? What is the name of this community?

2. **Objective:** Collect a census of household members and their role [0:20]. These are people who sleep, eat and/or make some contribution to the household here in the Bahamas. Create a grid of household members. The first line should be the household head. The second line is for their live-in partner if they have one.

<table>
<thead>
<tr>
<th>#</th>
<th>Relationship to HH Head</th>
<th>Sex (M/F)</th>
<th>Age or DOB (any work)</th>
<th>Current Contributions</th>
<th>Place of Birth (if Haitian, where)</th>
<th># Years Bahamas of school</th>
</tr>
</thead>
</table>

   HH Head

   [ask if they have close relationships with people in Haiti or elsewhere.]

<table>
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<tr>
<th>#</th>
<th>Relationship</th>
<th>Sex (M/F)</th>
<th>Age or DOB</th>
<th>Place of residence</th>
<th>Do you provide material support to them? (Y/N)</th>
<th>If yes, what did they provide? (write out)</th>
</tr>
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</table>

3. **Objective:** To learn the history of this household – How this household become established here in the Bahamas. [0:35] Can you please describe your history beginning with when you lived in Haiti?
4. **Objective:** To learn the immediate goals of this household, how it sets out to accomplish them. [0:50]

   How do you live? What expenses do you have? How do you get those things for it? What work do you have? How do you get cash for food, for your house?

5. **Objective:** To learn about health in the household, health problems members have, and how they dealt with them. [1:05]

   What serious sicknesses have people in your household had? Explain what happened with this person. How did they get better? What about sicknesses like stress, diabetes and high blood pressure?

6. **Objective:** To learn the how households cope with challenges to their survival and meeting their goals. [1:20]

   What problems prevent you from supporting your household? How did you adapt?

7. **Objective:** To learn about the community and its needs. [1:35]

   What do you like about your community? What problems does your community have? What kinds of changes would you like to see? How would you participate in this change?

8. **Objective:** To learn about the future goals of the household. [1:50]

   What do you want for your household 5 years from now?

**Conclusion:** Conclude the interview by thanking the participants for their time. Ask them if they have any questions for you. Ask them if they would be willing to participate in another interview. If we wanted to scheduled another interview this week, what would be a good day and time? Before you leave, ask them if they would show you around their place (house, yard and neighbors). Ask if it would be ok to take some pictures to show people at home what life is like in the Bahamas. Draw a rough sketch of the house and yard.
Entevyou Lakou, Gid Kreyol. Desanm 2009

[end with this part at 0:05]

1. Objective: Collect enough information about the household so it can be found again in the future. [0:05]
Koman ou rele? Koman rele kominate-sa?

2. Objective: Collect a census of household members and their role [0:20].

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<tbody>
<tr>
<td></td>
<td>HH Head</td>
<td></td>
<td></td>
<td>(any work)</td>
<td>(if Haiti, where)</td>
<td></td>
</tr>
</tbody>
</table>

[Once you have everyone here, ask if they have close relationships with people in Haiti or elsewhere. These are people who they send gifts to or visit.]


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3. Objective: To learn the history of this household – How this household become established here in the Bahamas. [0:35]
Eske ou ta dekri istwa-ou? Komanse le ou te rete a Ayati.

4. Objective: To learn the immediate goals of this household, how it sets out to accomplish them. [0:50]
Koman ou viv nan Bahama? Ki depans ou gen? Ki travay ou gen [probe here for informal work]? Koman ou genyen lajan pou manje pou kay-ou?
5. **Objective:** To learn about health in the household, health problems members have, and how they dealt with them. **[1:05]**


6. **Objective:** To learn the how households cope with challenges. **[1:20]**

   Ki pwoblem prevni-ou sipote lakay-ou? Koman ou te adapte?

7. **Objective:** To learn about the community and its needs. **[1:35]**

   Kisa ou remen apropo kominate-ou? Ki pwoblem kominate-ou gen? Ki chanje ou ta vle we? Koman ou ta patisipe nan chanje-la?

8. **Objective:** To learn about the future goals of the household. **[1:50]**

   Kisa ou ta vle pou lakay-ou senk ane nan anvi?