

A BASELINE STUDY OF WOMEN'S ISSUES IN KIRIBATI

A case study submitted for the SPC/PWRB Micronesian sub-regional meeting held in Tarawa, Kiribati.

by
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Executive Summary

The general health status of women and children in Kiribati is poor. The infant mortality rate (IMR) of 62 per 1000 live births is the highest in Micronesia; other Micronesian countries have an IMF of less than 20 per 1000 live births (WHO 1995). Diarrhoeal diseases, respiratory tract infection (RTI), and nutrition-related diseases are recorded as the principal killers of children under five years. Primary health care concerns such as clean drinking water, education, housing, prevention of common diseases, and family planning are broad issues that still remain a challenge for the present government. Women's morbidity is recorded as being caused by vaginal bleeding, ante-partum haemorrhage, post-partum haemorrhage and vaginal offensive discharge. The causes of these and their relationship to local practices and the high death rate from cancer of the cervix¹, needs further research. Anaemia (iron deficiency) is also a problem affecting pregnant women in particular, and which is aggravated by parasitic infections (e.g. hookworm infestation), frequent pregnancies and monthly menstruation. In response to these health issues, the government has been proactive in its reproductive health and nutrition programme in trying to minimise problems. However, continued support in these areas with the support of relevant government agencies, NGOs and regional agencies is essential. The recently reported budget cut of 40% for the Ministry of Health will no doubt impact on the health of all people in Kiribati.

Analysis of the data shows that the gender balance ratio in primary school attendance is almost achieved and the same scenario is observed in secondary school attendance and at local tertiary institutions. More girls qualify for secondary school than boys but the equity policy reduces the number who can attend. Male students who were offered overseas scholarships and in-service courses from 1990 to 1996 outnumbered females by about 50%. More recent statistics² show an increase in the number of women undertaking overseas training. *However, women enrolled at the University of the South Pacific extension centre between 1998 and 1999, mainly on a private basis, are highly represented and performed slightly better than the men.*

The current pattern in Kiribati shows that men are still dominating most of the cash work, with a marked improvement in the participation of women. Both almost equally participate in the subsistence fishing and agriculture activities. During the period 1978 to 1995, the total number of women involved in the formal economy accounted for about 28 per cent of the total men and women employed in the formal sector. So the actual number of women in formal employment is still low. The majority of these women work as professionals and clerical staff. The number of women occupying administration and management positions increased from 1 in 1978 to 101 in 1995. The number of men in the same professions and period increased from 90 to 414. Corresponding to this trend, is a drop in the number of women involved in home duties during the period 1985 to 1995. On average, there was about a 32 per cent drop in rural areas and a 58 per cent drop in the urban areas. Consequently, there is high dependency on grandmothers to look after the children while the parents work, leading to the deterioration of the grandmothers health.

The Women's Development Policy produced by the Ministry of Environment and Social Development in 1995 acknowledges 'violence against women' as a major problem impeding the development of women. The policy estimated that about 80 per cent of violence in Kiribati occurred in the home and it is believed that there are still more unreported cases. There are several projects working to improve the situation but it remains a key area of concern.

The present government, New Zealand and NGOs have undertaken preventive measures to address the different issues, although continued effort and assistance to monitor and provide support services is still required. Some of the preventive measures are in the areas of nutrition and breastfeeding policies; youth health education; reproductive health and family planning; and domestic violence.

¹ In 1991 to 1996, 17 women died from cervical cancer which is more than double the total cases of mortality from any other forms of cancer. Taking into account the number of cases which are not recorded (reported), the number of cases would be higher.

² Digest of Education Statistics 1999 shows that a total of 140 students (82 male; 58 female) were on study overseas to undertake different degrees in the different fields with the arts, education and science programme. The major sponsors are Australia, New Zealand and Kiribati Government. China funds two of these students in education and management.

The Pacific Women's Resource Bureau is encouraged to work closely with concerned programme departments within and outside SPC in collaboration with Aia Maea Ainen Kiribati (AMAK) of the Ministry of Environment and Social Development focusing on these four areas of concern:

- Health
- Domestic violence
- Women's access to credit
- Non-formal education

Similarly, AMAK is encouraged to continue to work closely with various government departments, NGOs, and the community to mobilise the available skills and resources to improve the economic and social status of women and children.

1. Introduction

The baseline study, undertaken between 29 February and 3 March 2000, focused on women's issues in Kiribati. The objective of the study was to identify the critical issues affecting women. The findings of the study were discussed as a case study during the Secretariat of the Pacific Community (SPC)/Pacific Women's Resource Bureau (PWRB) Micronesian sub-regional meeting held from 8 to 11 March 2000. The purpose of presenting the findings was to demonstrate the importance of gender disaggregated data to help policy makers and planners to:

- identify the critical areas of concern affecting women and development;
- develop national policies and strategies and, programme priorities; and
- monitor and evaluate progress on the Pacific Platform for Action (PPA).

According to SPC (1994), the PPA, a regional strategy developed by Pacific women and men and endorsed by the 4th Regional Conference of Women and the 1st Ministerial Conference on Women and Sustainable Development held in Noumea in May 1994, contains thirteen critical areas of concern:

- health
- education and training
- economic empowerment
- agriculture and fishing
- legal and human rights
- shared decision-making
- environment
- culture and the family
- mechanisms to promote the advancement of women
- violence
- peace and justice
- poverty
- indigenous people's rights

Such issues are not just women's issues but concern everyone taking part in development. Intervention must take place across all sectors of the economy, allowing everyone in the family, community, church and nation to take part. The endorsement of the PPA by 22 Pacific Island governments and territories reflects their commitment to gender equity and the advancement of women.

The major sectors covered during the study were health, education, employment and domestic violence. Given the time constraints, other important sectors including fisheries and agriculture were not covered. The visit was co-ordinated by the Ministry of Environment and Social Development through Aia Maea Ainen Kiribati (AMAK), the National Council of Women.

2. Methodology

2.1 Process determination

An outline of the research was prepared to help predetermine the scope of the work:

- i) Objective
- ii) Expected outcome
- iii) Sources of information
- iv) Resources (e.g. funds, materials, transport, computer)
- v) Timeframe

2.2 Literature review

A number of books and reports about Kiribati (and available at SPC) were used for general background information on current women's issues.

2.3 Collection of primary and secondary data

Data was collected between 29 February and 3 March 2000. At the outset of the research, a courtesy call was made to the Officer in Charge of the Ministry of Environment and Social Development to brief him on the purpose of the study. He expressed support for the research and encouraged the women's focal point to assist in facilitating the work in collaboration with other Ministries. A number of staff from the following government departments and non-government organisations were consulted to provide information and insight on the issues.

- Given the sensitivity of some health issues, the author sought endorsement from the Acting Permanent Secretary to obtain information from these sections: Emergency, Laboratory, Reproductive Health, Health Statistics and Nutrition
- Kiribati police headquarter, Betio; police branches in Betio, Bairiki, Bikenibeu and Bonriki
- Loan appraisal section, Development Bank of Kiribati
- Statistics Office, Ministry of Finance and Economic Planning
- Foundation for the People of the South Pacific (FSP).

Other respondents included women in their fifties and sixties who shared their experiences in child care and other women's issues.

2.4 Analysis of data

The final step and the most exciting part, was analysing the data and presenting the results to the delegates at the meeting, which took place between 8 and 11 March 2000.

3 Health issues

The available information indicated that health was an important issue to be discussed at the meeting. The author insisted that key people from the Ministry of Health participate in the meeting, particularly during the discussion of this paper. The presence of two key staff from the Ministry added value to the discussion by elaborating further on the issue of cervical cancer, which is discussed under item 3.4. The presence of more than 18 observers from different government ministries, churches, women's groups, and island councils of Kiribati helped to spread the information and awareness to other women who did not attend the meeting.

The current health status of children is a critical social and development issue for Kiribati that can not be looked at without noting the fact that women are usually responsible for child care and child health. The Republic of Kiribati has ratified the Convention on the Rights of the Child (CRC) and the implementation has to be holistic. The health of children depends very much on the health of women, who need several key things:

- food security,
- adequate potable water,
- sanitation,
- shelter, and
- supportive networks.

The gender role of women, enforced by cultural factors, contributes to the poor health status of women. For example: women eating after men, traditional vaginal cleaning, lack of vegetables in the diet, domestic violence, and the lack of male support and understanding of the value of women's role. Women are largely responsible for domestic work including cooking and child care and these responsibilities are classified as women's unpaid work. Domestic violence against women, although there is inadequate data to support the argument, is widely observed as a family problem that affects the health of women, both mentally and physically and to some degree, affects children as well. The following health indicators highlight the concerns for Kiribati women. They need to be provided with economic and social services including clean

water, health care and family planning education and services and functional literacy to help them provide the best care for the family's basic needs.

3.1 Infant Mortality Rate (IMR) per 1000 live births

1978 : 87
1990 : 65
1992/95: 62

IMR is a good indicator of infant feeding practices, primary health care delivery, water and sanitation and the health status of women. Although the IMR has dropped slightly from 87 per 1000 live births in 1978 to 62 in 1992 and 1995, it is relatively high compared with other countries in Micronesia particularly FSM, Guam, Northern Marianas, Nauru and Palau. Some of these countries have an infant mortality rate of less than 20 per 1000 live births (WHO 1995). About two per cent of the neonatal deaths from prematurity are not supported by neonatal intensive care units (e.g. incubators, respirators) even in the Central Hospital. High risk women often have other medical conditions such as hypertension and diabetes with their pregnancy. The physical remoteness of the outer islands and the lack of basic health care in rural areas also adversely impacts women's health (Lee Clarke, per. comm.). There is a need for strengthening education, information, and awareness campaigns on safe motherhood, family planning and women's diseases in order to reduce IMR statistics, maternal morbidity and mortality, and improve family wellbeing.

Diarrhoeal diseases, respiratory tract infection (RTI) and nutrition-related diseases are claimed to be the principal killers of children under five years (Bain 1995). Indeed, these diseases have epidemiological significance for the nature of Kiribati's health problems. Primary health care, the provision of clean water, education, housing, prevention of common diseases, and support for family planning are all broad issues that still remain a challenge for the government and other agencies.

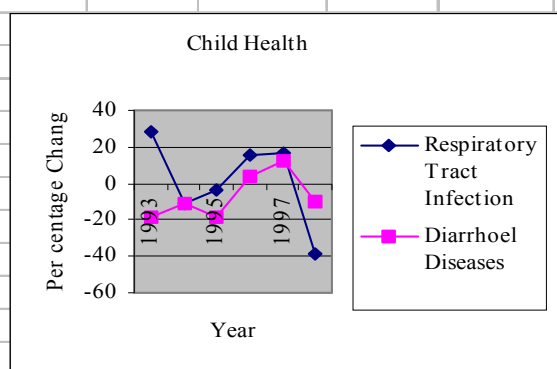
In 1993, there was a 29 per cent increase in the number of children affected by respiratory tract infection followed by a 11 per cent decline the following year. The problem increased again through 1997 and recovered in 1998 by 39 per cent. Similarly, the number of children suffering from diarrhoeal diseases, largely caused by poor water and sanitation, have been reduced by 10 per cent in the period 1997 to 1998.

Preventive measures that are based on information, education and advocacy should be continuously undertaken in all sectors of health care delivery.

Table 1. Trends in child health

Child Priority Health Problems/Diseases							
	1992	1993	1994	1995	1996	1997	1998
1. Respiratory Tract Infection:							
Influenza	69,166	95,709	90,032	93,763	99,764	122,558	69,344
Sore throat	8,200	7,275	4,747	3,400	4,235	5,056	4,054
LRTI	1,581	4,420	2,824	1,298	2,055	4,543	4,029
Bronchitis	13,533	13,409	10,811	6,240	10,430	8,488	7,307
Pneumonia	3,248	2,669	1,011	919	5,365	1,717	1,854
Total	95,728	123,482	109,425	105,620	121,849	142,362	86,588
2. Diarrhoeal Diseases:							
Diarrhoea	19,581	14,113	11,848	9,606	8,842	9,891	8,779
Food Poison	1,765	1,775	1,150	1,084	1,032	1,428	1,078
Dysentery A/B	2,194	3,387	3,999	3,031	4,453	4,801	4,506
Typhoid	116	44	233	302	171	96	263
Total	23,656	19,319	17,230	14,023	14,498	16,216	14,626
3. Per centage Change:							
		1993	1994	1995	1996	1997	1998
Respiratory tract infection		29	-11	-3	15	17	-39
Diarrhoeal diseases		-18	-11	-19	3	12	-10

Figure 1.



Source: Health Statistics Office, Ministry of Health, Kiribati.

3.2 Nutritional problems

Nutrition-related diseases are another critical health concern. There are four major nutritional problems affecting children and women:

- general malnutrition in children;
- vitamin A deficiency;
- anaemia in young children and women of childbearing age; and
- obesity and diet-related non-communicable diseases.

3.2.1 General malnutrition in children

The Kiribati National Nutrition Policy stated that general malnutrition in children generally results from poor nutrition and other infections such as diarrhoea and respiratory ailments. The 1985 National Nutrition Survey that covered 22 per cent of the households, indicated that 10 to 15 per cent of children under five years of age were under weight.

3.2.2 Vitamin A deficiency

The 1989 vitamin A survey of children under six years on six islands indicated mild malnutrition affected 39 per cent of children without xerophthalmia and 49 per cent of children with xerophthalmia. It was found that 14.7 per cent of the children (aged six months to five years) had one or more signs of vitamin A deficiency. The prevalence rate is ten times higher than the World Health Organisation (WHO) criteria for a public health problem (Deo 1992). The programme of universal vitamin A supplementation was implemented in 1991. The Kiribati National Nutrition Policy stated that between 1992 and 1996, there were, on average, 740 cases with vitamin A deficiency per year in Kiribati.

3.2.3 Anaemia (iron deficiency)

The Kiribati National Nutrition Policy reported nutritional anaemia as being the third serious malnutrition problem in Kiribati. Anaemia results primarily from iron deficiency in the diet and is aggravated by hookworm infestation. Anaemia in pregnancy often causes maternal mortality and labour complications. For both adults and children, it affects their physical and intellectual performance.

3.2.4 Obesity and diet-related non-communicable diseases

Obesity, with resultant non-communicable diseases such as diabetes, hypertension, heart disease and some forms of cancer is common in Pacific Island adult population. The 1981 dietary and cardiovascular disease survey in Kiribati showed that in males and females, the prevalence was higher in urban populations compared to rural (Swaminath 1990).

Table 2 Diabetes and Hypertension

	Urban	Rural
Diabetes (%)	9.1	3
Hypertension (%)	14.7	10.5

Source: Swaminath, 1990

Recent health statistics show that in 1992, there were 118 cases of diabetes and in 1996, there were 302 cases.

In response to critical nutritional problems, the Kiribati Government has introduced nutrition and breastfeeding policies to reflect its commitment to improve the nutritional status and quality of life of its people. Such policies provide a guide and directive programmes to concerned ministries, schools, NGOs, other development agencies, and mothers to take part in the development process to address the problem of malnutrition. *However, fathers should also be made understand the importance of breastfeeding to their children.*

Sickly children not only cause anxiety and stress but also create extra work for the mother or grandmother. The latter is largely responsible for looking after the children when the mother is at work or on study leave. During one informal gathering with women in their fifties and sixties, the author was told that grandmothers carry most of the burden of child care, particularly when both parents are working or on study leave. One woman said that when her daughter-in-law discussed her pregnancy, she felt worried and unhappy knowing that the child would be extra work for her. Other women spoke of this as well. Another woman discussed a case where an unusual husband, responsible for most of the domestic work including child care, discussed with his wife (breadwinner) the need for family planning. The wife did not see there was any problem and refused the idea.

3.3 High fertility

In 1990 the total fertility rate of women between the ages of 15 and 49 in Kiribati was recorded at 3.8, which is relatively modest as compared with 7.2 (Marshall Islands) and 7.5 (Nauru) (WHO 1995). Teenage pregnancies appear to be a concern particularly on South Tarawa, as they can lead to high fertility, although limited data is available. The available data from Health Statistics indicates an increasing number of teenage deliveries from 1995 through 1997, but improves in 1996. However, corollary to this observation is the fear that more and more young people are at risk of STD/HIV/AIDS and the dangers of long-term reproductive health problems that may compromise infertility. During the period 1990 to 1998, there were 24 HIV/AIDS cases, of which seven were women. The majority of cases were in the age group of 30 and 39. Early this year, three new cases were found. It is most likely that there will be more cases. The data on teenage pregnancies is deficient as some of the clinics from the outer islands do not submit their records and it is also very likely that some teenage pregnancies, particularly prior to marriage, are considered private and personal and are not recorded.

To address such issues, the Ministry of Health and Family Planning will extend some of the existing clinics on South Tarawa for counselling services to the youth. Peer educators are planned to be trained as trainers to encourage the participation of youth in the programme.

Table 3. Number of HIV/AIDS cases: 1990 - 1998

Cummulative Number of HIV/AIDS cases			
by gender and age.			
Age group	Male	Female	Total
0-9	0	0	0
10-19	1	0	1
20-29	3	1	4
30-39	10	6	16
40-49	3	0	3
50-59	0	0	0
60+	0	0	0
Total	17	7	24
Cummulative number of HIV/AIDS cases			
by year and diagnosis			
Year of diagnosis	Male	Female	Total
1990	0	0	0
1991	2	0	2
1992	0	0	0
1993	0	0	0
1994	0	0	0
1995	1	0	1
1996	10	1	11
1997	3	3	6
1998	1	3	4
Total	17	7	24

Source: Health Statistics Office, Ministry of Health, Kiribati

Women's fertility is influenced by both cultural and religious factors, and male involvement is crucial to the development of family planning programme activities. Mothers over 35 years of age are at the highest risk of frequent pregnancies. It is observed that even women at the age of 40 years of age still opt to bear children. Frequent childbearing with short birth intervals, coupled with inadequate nutrition and multiple women's roles, contributes significantly to the poor health status of women and children.

In the reproductive health programme³ the provision of family planning counselling is encouraging couples' choice and men's active participation in family planning methods and choices. In addition, privacy and confidentiality are ensured to improve the acceptability of child spacing for improving quality of life of the I – Kiribati. The reproductive health programme provides the following services:

- Consultations on women's and adolescent/youth health (male participation is encouraged)
- Family planning methods and counselling
- Mother classes (safemotherhood, antenatal/postpartum care, nutrition, clean and safety delivery)
- STD/HIV/AIDS awareness
- Gender awareness and domestic violence
- Information and communication for health education

In addition, Foundation for the People of the South Pacific (FSP) implemented 'Kiribati Reproductive Health and Family Planning Project'. The goal of the project is to improve the reproductive health and family planning situation in Kiribati. Planned activities include:

- Training for the Maritime Training Centre
- Production of drama
- Distribution of posters
- Training and distribution of flip charts among health clinics in South Tarawa with concerned medical doctors and nurses
- Followup training for youth and church leaders

3.4 Women's Morbidity

Women's health is an issue for all. If women are ill it impacts the entire family. Gender roles and cultural factors greatly contribute to the poor health status of women. Women are expected to have a lower status than men. In Kiribati, males are served first, given the best food, and allocated more social esteem than females. The dominantly patriarchal structure, whether in the home, villages, government and society at large, affects every aspect of women's lives.

The Central Hospital records the following women's diseases as ones which they treat: vaginal bleeding, dysfunctional uterine bleeding (DUB), ante-partum haemorrhage (APH) and post-partum haemorrhage (PPH), vaginal discharge, benign growth and tumours, cancer of the genital tract, especially cervical cancer. Vaginal bleeding, ante-partum haemorrhage, post-partum haemorrhage and vaginal offensive discharge are the main causes of morbidity. The total number of cases reported were 653 in 1997 and 435 in 1998, a drop of 33 per cent. Traditional practices such as vaginal cleansing, local herbs and coral cervical cauterisation may contribute to these conditions. Research has found that smoking is a contributing factor to cervical cancer. Smoking perhaps contributes to the problem as many women in Kiribati smoke, however further research is needed. Over the period 1991 to 1996, 17 women died of cervical cancer. This is more than double the total number of cases (men and women) from any other form of cancer (Tiero Tetabea, pers. comm.). In 1999, two women were found with cervical cancer, one of them with two types of cancer, squamous cell carcinoma and adenocarcinoma. Another nine women have been confirmed in 1999 and early 2000 with precancer lesions. There are few facilities for regular smear tests and no facilities for biopsy or treatment other than hysterectomy.

Anaemia is another problem that particularly affects pregnant women. It is aggravated by frequent pregnancies and monthly menstruation. The 1985 National Nutrition Survey found that seven per cent of preschool children were anaemic (haemoglobin level below 10g). The normal haemoglobin level was about 13.3g. The same survey found that 15 per cent of pregnant women were anaemic (Deo 1992). Micronutrient deficiencies are particularly important in young children and women of child-bearing age.

³ (UNFPA/MOH KIR/98/PO1)

3.5 Women's Mortality

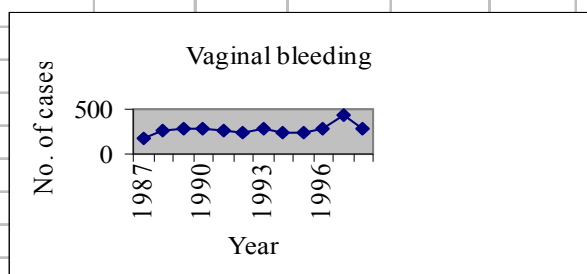
The death of women is largely caused by ill-defined symptoms (52%), intestinal infection (12%), cerebrovascular disease (9%) and chronic liver disease (8%). *A specific breakdown of 'ill defined symptoms' will provide a better idea of the major causes of women's mortality and help develop a clear health policy to reduce the causes of death.* Reports from other countries show that the rate for both incidence and mortality of women increases with age, and that about 75 per cent of the cases and over 80 per cent of the deaths from cervical cancer occur in women aged over 35. This is because cervical cancer takes around 10 to 15 years to develop (Tiero Tetabea, pers. comm.). In response to the problem, the Ministry of Health and Family Planning is:

- Encouraging women to have a regular smear test,
- Increasing public awareness on cervical screening and cervical cancer,
- Providing an effective followup and recall system,
- Increasing the number of screening clinics and smear takers, and
- Training for one or two more laboratory staff in gynaecology and cytology.

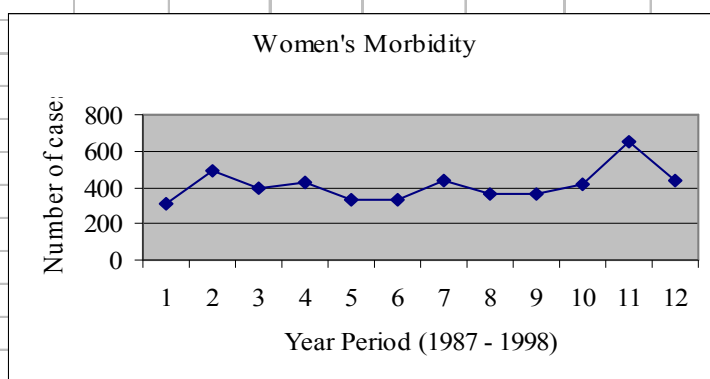
Table 4. Women's Morbidity: 1987 - 1998

Principal Causes of Women's Morbidity, 1987 - 1998												
	1987	1988	1989	1990	1991	1992	1993	1994	1995	1996	1997	1998
1. Vaginal bleeding	176	251	278	276	256	233	279	242	241	284	435	283
2. Ante-partum bleeding	13	23	21	72	27	20	52	35	6	19	28	20
3. Post-partum haemorrhage	28	20	23	15	16	29	36	32	14	13	27	44
4. Vaginal offensive discharge	56	95	48	49	28	34	54	35	73	51	152	69
5. Puerperal pyrexia	31	86	7	3	2	16	17	10	29	47	6	18
6. Toxemia of pregnancy	7	21	16	8	5	4	2	10	2	7	5	1
Total	311	496	393	423	334	336	440	364	365	421	653	435

Figure 2.



2a



2b

Source: Health Statistics Office, Ministry of Health, Kiribati.

Table 5. Cervical Screening Results

Abnormal Smears (1999 - 2000)						
Types	1999	2000	Total			
<i>Cancer:</i>						
Squamous cell carcinoma	2	0	2			
Adenocarcinoma	1*					
<i>Precancer Lesions:</i>						
Carcinoma In Situ (HGSIL)	1	1	2			
CIN 2 and 3 (HGSIL)	2	1	3			
CIN (LGSIL)	1	1	2			
Total	6	3	9			
Note:						
LGSIL = Low Grade Squamous Intraepithelial Lesion						
HGSIL = High Grade Squamous Intraepithelial Lesion						
* = One of the women with squamous cell carcinoma also has adenocarcinoma						
The figures for year 2000 are for January and February only.						

Source: Laboratory Department, Ministry of Health, Kiribati.

Policy Implication

The health indicators have important implications on development policies and programmes. For example:

- IMR determines the need for improved feeding practices, primary health care delivery, water and sanitation and the overall health status of women.
- Poor nutritional status of people determines the demand for improved agricultural services, implementation, monitoring and evaluation of the policies on nutrition, breastfeeding and infant feeding practices. The gender disaggregated data on the different types of nutritional diseases will help planners determine their target group.
- Reducing the number of children per woman would have the following impact:
 - i) slow population growth
 - ii) improve health status of a woman
 - iii) help parents meet the basic needs of their children (e.g. nutrition, education, and clothing)
 - iv) reduce the number of school leavers, which will put less pressure on the labour market to provide jobs.
- Improved recording system of the number of births by age of the mother will help decision makers and planners to determine the age group of women and their husbands requiring family planning and counselling services
- The recording system of HIV/AIDS cases by gender, age and employment status will help the programme coordinator and trainers determine their target groups.
- Reducing the cases of cervical cancer requires increased budget allocation to:
 - i) facilitate public awareness about the nature of the disease
 - ii) train more health staff in gynaecology and other relevant fields
 - iii) construct more screening clinics
 - iv) undertake research on traditional practices (vaginal cleansing, local herbs and coral cervical cauterisation) and their contribution to the disease.

4. Education

About 90 per cent of children of the relevant age group attend primary school, although the total number of girls is slightly higher than the number of boys on the period 1990 to 1996. The academic performance of girls appears very impressive in the primary and early secondary levels as shown in the national entrance exam sit towards the end of class 7. The girls are typically in the top 75 per cent of those who pass for the secondary schools. The selection of children to secondary schools is done on an equity basis, hence about 25 per cent of outstanding girls are forced to give up places at secondary schools to boys of lower performance (Bain 1995). Due to the shortage of secondary schools, only about 20 per cent of children aged 10 to 19 years have a chance of reaching the secondary level. The remaining girls and boys are expected to reach class 9. Some boys can attend the Marine Training Centre but currently, more and more students who leave secondary school are interested to work as seafarers. There is no comparable vocational training for girls. *There is a need for alternative types of non-formal education, catering to the development needs of the remaining 70 to 80 per cent of the population.*

Women are highly represented at local tertiary institutions such as Tarawa Teachers College, Tarawa Technical Institute and the National Nursing School. Perhaps, this is because the training offered is for traditional female jobs such as nursing and teaching. On the other hand, the number of women offered scholarships and in-service training between 1990 and 1996 is much lower than the men. The more recent statistics⁴ shows an increase in the number of women undertaking training overseas. *However, women enrolled at the University of the South Pacific extension centre in 1998 and 1999, mainly on private basis, are highly represented and performed slightly better than the men.*

⁴ Digest of Education Statistics 1999 shows that a total of 140 students (82 male; 58 female) were on study overseas to undertake different degrees in the different fields with the arts, education and science programme. The major sponsors are Australia, New Zealand and Kiribati Government. China funds two of these students in education and management.

Table 6. Primary School Attendance: 1990 - 1996

Primary School Attendance by gender and age group (5-14)							
	Per centage						
	1990	1991	1992	1993	1994	1995	1996
Male	84	89	89	93	96	83	85
Female	85	90	94	94	96	85	87

Figure 3.

Source: Kiribati, Government of, 1997

Table 7. Secondary School Attendance: 1990 - 1996

Secondary School Attendance by gender and age group (10-19)							
	Per centage						
	1990	1991	1992	1993	1994	1995	1996
Male	18	18	20	20	22	19	22
Female	20	21	23	24	25	23	26

Figure 4

Source: Kiribati, Government of, 1997

Table 8. Tertiary Institutions Enrolment

Students enrolled at local tertiary							
	1990	1991	1992	1993	1994	1995	1996
Male	316	289	267	320	151	175	181
Female	203	255	256	381	200	249	256
F/M (%)	0.64	0.88	0.96	1.19	1.32	1.42	1.41
Overseas Scholarships							
	1990	1991	1992	1993	1994	1995	1996
Male	34	33	35	na	32	38	na
Female	20	25	19	na	17	17	na
F/M (%)	0.6	0.8	0.5		0.5	0.4	
Inservice training overseas							
Male	na	3	4	9	7	24	42
Female	na	2	1	0	3	12	12
F/M (%)		0.7	0.3	0.0	0.4	0.5	0.3
Enrollment at USP extension centre, Teoraereke							
		1999		1998			
		Male	Female	Male	Female		
	Enrollment	811	966	642	746		
	Exam	547	706	502	625		
	Pass	349	451	345	466		
	Pass rate	63.80%	63.88%	68.73%	74.56%		

Sources:

i) *Kiribati, Government of, 1997*

ii) *University of the South Pacific Extension Centre, Teoraereke, Tarawa.*

Policy Implication

- The gender disparity in scholarship and in-service awards and, the good performance of women at USP extension centre, determines the demand to send more women for higher education.
- Two out of ten people have chance to attend secondary schools period. This implies that the remaining eight have no chance to attend formal education. This determines the need to assist the remaining population to gain productive skills. Clear national policies need to be formulated in regard to non-formal education in order to complement the system of formal education.

5. Economic Empowerment

The current pattern in Kiribati shows that men dominate most of the cash work, with a marked improvement in the participation of women. Both almost equally participate in the subsistence fishing and agriculture activities. Another distinct feature in the gender roles is the reduction in the number of women participating in home duties during the period 1985 to 1995. On average per year, there was about a 32 per cent drop for the rural and 58 per cent for the urban. Consequently, there is high dependency on grandmothers to look after the children while the parents work, leading to the deterioration of the health of the grandmothers. Over the period 1978 and 1995, the total number of women involved in the formal economy accounted for about 28 per cent of the total men and women employed in the formal sector. So the actual numbers of women who are in formal employment is still low. The majority of these women work as professionals and clerical staff. However, 60 to 70 per cent of women working as professionals are found in traditional occupations such as nursing and teaching.

5.1 Women in leadership

The number of women occupying administrative and management positions increased from 1 in 1978 to 101 in 1995. On the contrary, the number of men increased from 90 in 1978 to 414 in 1995. Between 1984 and 1995 the number of women on meeting boards and commissions increased from 2 to 16.

Between 1971 and 77, Mrs Tekarei Russel was elected to the preindependence government and was the first woman ever appointed as a Minister for Ministry of Health and Family Planning. Mrs Fenua Tcamuera came into in Parliament in 1990 following the death of her husband who was a Member of Parliament and Mrs Koriri Teaiua won the seat in Parliament in 1991 after her husband was forced to resign. Currently, Mrs Teima Onoria is the only lady in parliament selected during her second run for political candidacy. At least eight women stood for the last election.

Table 9. Formal employment: 1978 - 1995

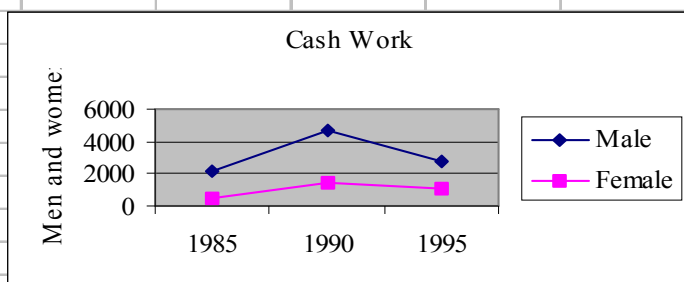
Formal employment by occupation (1978 - 95)								
	1978		1985		1990		1995	
Level of position	Men	Women	Men	Women	Men	Women	Men	Women
Management	90	1	207	10	249	26	414	101
Professional	1,011	552	1,077	659	1,204	861	1,743	1,120
Clerical	594	354	565	490	706	626	385	626
Sales Workers	398	169	368	242	309	214		
Service Workers	578	258	684	202	730	247	1,084	442
Agriculture/fishing	350	8	269	4	292	112	374	98
Production	2,166	69	1,869	91	1,613	248	906	186
Mechanics					230	26	364	17
Not stated	9	9	23	9	43	7	18	6
Total	5,196	1,420	5,062	1,707	5,376	2,367	5,288	2,596
	1978		1985		1990		1995	
female/total employment	0.21		0.25		0.31		0.33	
Percentage increase (decrease) in the women's employment								
Level of position	1985	1990	1995					
Management	9.00	1.60	2.88					
Professional	0.19	0.31	0.30					
Clerical	0.38	0.28	0.00					
Sales Workers	0.43	-0.12						
Service Workers	-0.22	0.22	0.79					
Agriculture/fishing	-0.50	27.00	-0.13					
Production	0.32	1.73	-0.25					
Mechanics			-0.35					
Not stated	0.00	-0.22	-0.14					

Sources: Kiribati, Government of, 1983;1993;1997

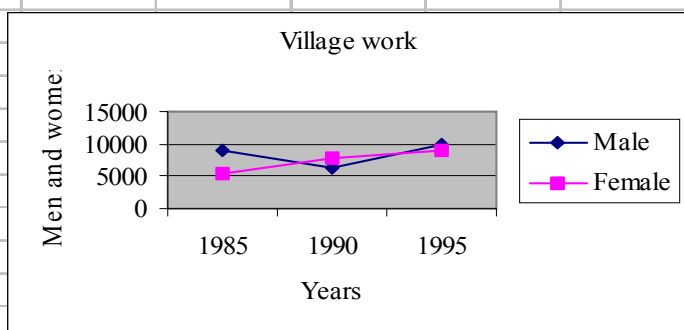
Table 10. Men and Women in Rural Areas: 1985 - 1995

Economically Active Men and Women in the Rural Sector (Age 14 - 49)						
	Rest of Kiribati					
	1985		1990		1995	
	Male	Female	Male	Female	Male	Female
Cash	2,155	538	4,635	1,469	2,715	1,092
village	9,003	5,366	6,346	7,672	9,765	9,133
home	116	6,284	1,122	3,641	78	2,866

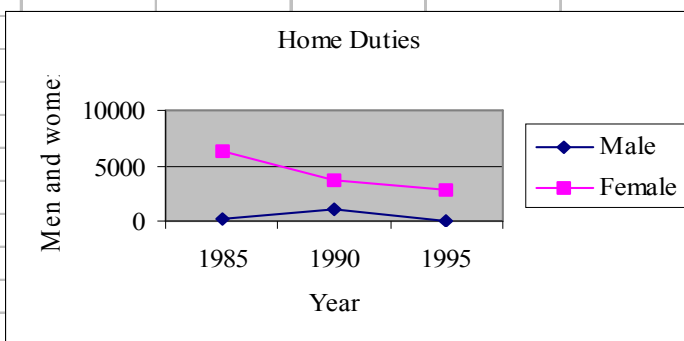
Figure 4.



4a



4b



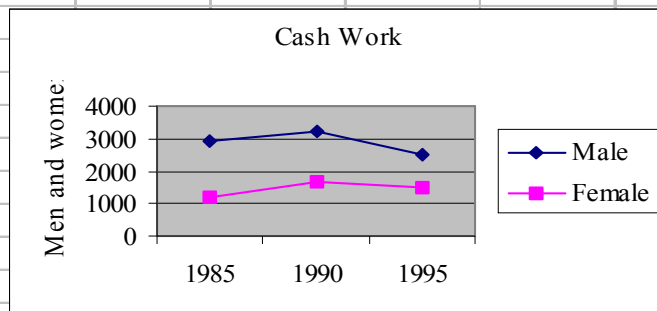
4c

Sources: Kiribati, Government of, 1983; 1993; 1997

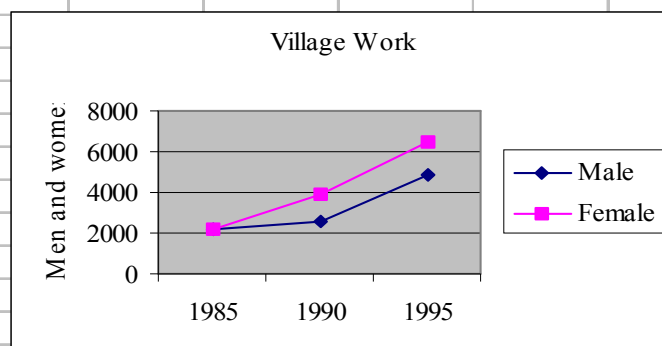
Table 11. Men and Women in Urban Area: 1985 - 1995

Economically Active Men and Women in the Urban Sector (Age 14-49)						
Activities	1985		1990		1995	
	Male	Female	Male	Female	Male	Female
Cash	2,907	1,169	3,221	1,648	2,537	1,504
Village	2,163	2,164	2,570	3,906	4,879	6,487
Home duties	115	2,302	260	1,405	58	338

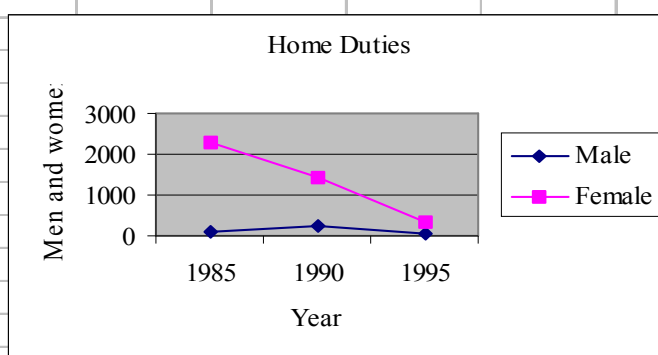
Figure 5



5a



5b



5c

Sources: Kiribati, Government of, 1983;1993;1997

5.2 Division of labour

A statistical profile report (Kiribati 1997) includes the types of subsistence activities commonly practised by men and women in rural areas, based on the experience of Onotoa and Butaritari Islands. There is a marked difference in gender roles in the two islands, which has been influenced by a number of physical environmental factors. Butaritari has regular rainfall and fertile soil suitable for vegetable gardening, and a number of agricultural projects including Pacific Regional Agricultural Programme (PRAP) have been implemented. On the other hand, Onotoa is dry with infertile soil and, therefore, not suitable for such agricultural projects. Women in both islands play significant roles in domestic work and handicraft activities. The marked difference is that women of Butaritari also spend much time on food production including vegetable gardening and the women of Onotoa spend time on copra production. Men on both islands spend most of their time on food production including fishing, babai (giant taro) cultivation and cutting toddy, and copra production for cash. It is important to note that some men on both islands have significantly participated in domestic work. On Butaritari, the men spend significant amount of time as women in cooking. On Onotoa both men and women collect water and on both islands, both genders collect firewood. *A formal timeuse survey for families in both South Tarawa and some outer islands would provide invaluable data for planning future economic empowerment or for use of appropriate technology to relieve the burden of labour.*

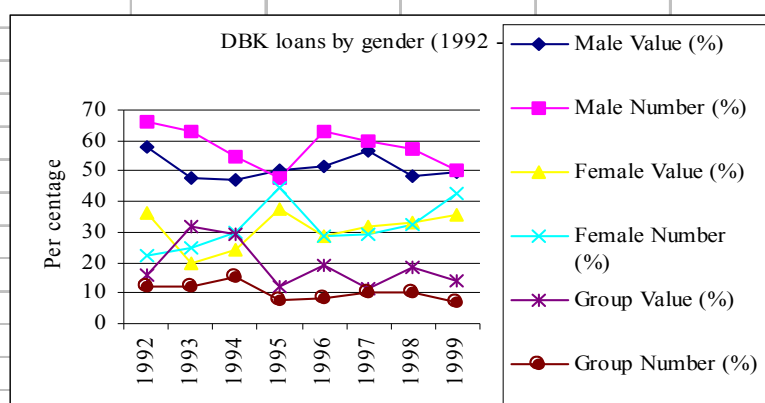
5.3 Access to Credit

There is a traditional practice called *Tekarekare* where women pool their money in order to be able to pay school fees, loans, purchase fishing nets and gears, and other expensive items. The Outer Island Development Plan Implementation and Management Project (OIDPIMP), financed by Forum Secretariat and managed by the Island Councils accessed credit to both men and women. However, by the end of 1993, there were 46 women borrowers compared to 172 men (Bain 1995). The largest lender in the private sector is the Development Bank of Kiribati (DBK). In 1992, 66 per cent of the total number of approved loans were lent to men and 22 per cent to women. By 1999, 50 per cent went to men and 43 per cent to women. However, the value of the loans to women is much lower than those of the loans to men. This has remained the same over the time period. The highest number and value of loans approved to women was in 1995. The radio awareness programme which publicised the loan scheme targeting women could have been a contributing factor. Further work needs to be done on women's access to credit. The New Zealand Gender and Development Project is planning to do this.

Table 12. Loans approved for men and women: 1992-1998

DBK: Loans by gender 1992 -1998						
	Male		Female		Group	
	Value (%)	Number (%)	Value (%)	Number (%)	Value (%)	Number (%)
1992	58	66	36	22	16	12
1993	48	63	20	25	32	12
1994	47	55	24	30	29	15
1995	50	48	38	45	12	7
1996	52	63	29	29	19	9
1997	56	60	32	29	12	10
1998	48	57	33	33	18	10
1999	50	50	36	43	14	7

Figure 6.



Sources: Bain, 1995; Development Bank of Kiribati

Policy implication

The increasing number of women in decision making and professional positions measure the achievement of government support for gender equity and advancement of women.

The low numbers of women with access to credit compared to men implies that:

- women may have problems in providing loan securities (land, deposit, guarantor)
- micro credit scheme is required to meet the need of the disadvantaged women
- there is a need to continue promoting the development bank services to women

6. Domestic Violence

The Women's Development Policy paper produced by the Ministry of Environment and Social Development in 1995 acknowledged 'violence against women' as a major problem impeding the development of women. It is estimated that about 80 per cent of violence in Kiribati occurred at home and it is believed that there are still more unreported cases. During the period 1995 to 1997, there were 82 reported rape cases, of which, 33 were convicted. In 1999, another 12 rape cases were reported to the main public hospital. Records by four police stations on South Tarawa for 1999 indicate there were 55 cases of

common assault against women. Data, however, is incomplete as two of these stations did not report for the entire period. Recording has just begun since police have received training in this area.

The Women's Development Policy paper notes the need for effective measures to address both the causes and consequences of domestic violence. Also, the Commissioner of Police has submitted a proposed amendment to the legislation to the Attorney General office for government approval. The amendment will empower the police to effectively intervene in domestic violence and to provide benefits for public safety and attitude change.

Kiribati Government through Aia Maea Ainen Kiribati (AMAK) has implemented three projects to address this issue. These include the recruitment of a 'Domestic Violence Officer', 'Legal Right Training Officer', and the implementation of the 'Kiribati Women and Development Project' with financial assistance from United Nations Development Fund for Women (UNIFEM) Pacific, Regional Human Rights Education Resource Team (RRRT) (British AID) and New Zealand, respectively.

The Domestic Violence Officer was to conduct training workshops on domestic violence against women covering the Outer Islands. The project started in 1998 covering North and South Tarawa, Maiana, Abaiang and Aranuka, with community members being the target group, and the results are still to be realised.

The Legal Rights Training Officer's primary goal is 'to enhance and improve women's knowledge regarding laws relating to their wellbeing and rights'. The officer has conducted training workshops on South Tarawa and Kiritimati on legal literacy and family law, covering domestic violence, marriage, divorce, custody, maintenance and adoption and other human rights issues. The target groups of the project were representatives from various NGOs including women's organisations, church and youth groups, relevant government officials, and local drama groups. This is an ongoing project which has the potential to be very successful.

The Kiribati Women Development Project began in 1997 with four major objectives, one of which was to 'reduce the incidence of domestic violence, and to improve women's knowledge of their legal rights'. Under this objective, there were several activities:

- A video on domestic violence called *Koria and Kaburoro Buokaia Tanga* was distributed to all women's groups and Outer Island Councils and is available for sale on South Tarawa.
- Several training workshops on domestic violence were conducted at the national level targeting the police staff by a New Zealand Police Inspector. Following such workshops, Bairiki, Bikenibeu and Bonriki police stations on South Tarawa have set up and maintained a database on domestic violence since 1999. The police have also run community workshops and offered training to NGOs since they have received this training. The technical assistance provided included advice on legislative changes needed and the importance of the police working with women groups and the whole community. This assistance will continue until 2002.
- In response to a local request, a trainer from New Zealand ran a number of workshops on the five strategies of the Virtues Project, which was used as a successful initiative for family violence reduction in New Zealand. The materials for this have been translated into the Kiribati language and several local trainers are now running workshops for women's groups and other organisations. Women Interest Workers requested further training for their islands at the National Women's Conference in 1999. Further training of local trainers will continue until 2002.

Policy implication

- Currently, police stations, hospitals and clinics, and the social welfare office keep records on domestic violence. Quite recently, the police have started a database. This database should be improved and maintained, so that researchers and others are better able to identify causes and recommend appropriate preventive measures of violence to policy makers. Ministry of Environment and Social Development will be in a perfect position to set up a national database on domestic violence, pooling all the information from the different sources and submit regular progress report on the issue to cabinet for their information and action.
- The estimate of 80 per cent of all domestic violence occurs in the home (as reported in the Women 's Development Policy paper), determines the need for education addressing not only men but women, children, family and the community. The capacity-building of the formal and non-formal institutions including the Social Welfare office, AMAK and churches should be strengthened to continue providing training and counselling services.

7. Conclusion

The changes in the social, economic and political economy have brought changes in the gender roles of men and women. The data shows that gender equity in the primary and secondary school attendance has been achieved. Although more girls qualify for secondary schools, the government gender equity policy reduces the number who can attend. The gender equity in the awards of scholarships and in-service training overseas has not been achieved. About 50 per cent of the total awards are offered to women, despite outstanding performances of women, not only at primary and secondary schools but at the University of the South Pacific Extension Centre. Women's participation in business ventures has been partly supported by the Development Bank of Kiribati, the major financial lender for the private sector. The number and value of loans approved for women is low compared with men. The participation of women in politics is insignificant. Four women, including the current female politician, have been in Parliament. At least eight women stood for the last election. Women account for about 28 per cent of the total number of employees in the formal sector. The majority of these women are engaged in professional positions. Corresponding to this trend, is a drop in the number of women involved in home duties during the period 1985 to 1995. On average per year, there has been a 32 per cent drop in rural and a 58 per cent drop for urban centres.

The infant mortality rate remains the primary public health concern. It reflects poor infant feeding practices, primary health care delivery, water and sanitation and health status, and low functional literacy of women. Teenage pregnancies, HIV/AIDS, and women's diseases are another health concern. Cervical cancer is of utmost concern. There were seventeen women who died from cervical cancer during the period 1991 to 1996. It is estimated that 80 per cent of all violence occurs in the home. Legislation is limited to provide power to any constable to enter any property any time to prevent any crime should they think will result in serious harm or death.

7.2 Government response

The present government has taken preventive measures to address the issues, however continued effort and assistance to monitor and provide support services is still required.

7.2.1 Health

The Ministry of Health and Family Planning has responded to various health issues by undertaking several programme and project activities including:

- Nutrition and breastfeeding policies as a guide to concerned ministries, schools, NGOs and development agencies to undertake necessary actions to improve the situation.

- Plans to extend some of the existing clinics on South Tarawa for counselling services to the youth. Peer educators are planned to be trained as trainers to encourage the participation of the youth in the programme. The programme is envisaged to reduce teenage pregnancies and other sexual related diseases.
- Cervical screening programme aims to reduce mortality rate of women with cervical cancer aged between 35 and 70. In view of the discovered number of cases of cervical cancer and precancer lesions, more women with the same problems are suspected. *With the available financial resources, the Ministry will be able to increase public awareness on cervical screening and cervical cancer to encourage women to have a regular smear test; provide an effective follow-up and recall system; increase the number of screening clinics and smear takers; training for one or two more laboratory staff in gynaecology and cytology.*
- In addition, Foundation for the People of the South Pacific (FSP) implements ‘Kiribati Reproductive Health & Family Planning Project’. The goal of the project is to improve the reproductive health and family planning situation in Kiribati.

7.2.2 Domestic violence

New Zealand funded the project in 1997 involving the production and distribution of a video on domestic violence; national training workshops on domestic violence for the police staff; and workshops on virtues for women’s groups and other organisations. Following the workshop for the police staff, Bairiki, Bikenibeu and Bonriki police stations have set up and maintained a database on domestic violence.

7.3 Recommendation

The Pacific Women’s Resource Bureau is encouraged to work closely with concerned programme departments within and outside SPC in collaboration with AMAK, Ministry of Environment and Social Development and other relevant ministries and NGOs focusing on these four areas of concern:

- Health
- Domestic violence
- Women’s access to credit
- Non-formal education

Similarly, AMAK is encouraged to continue work closely with the various government departments and NGOs and the community to mobilise the available skills and resources to improve the economic and social status of women and children.

7. List of people consulted

Ms Julie Kingman	Community Participation Initiatives Officer, Community Development Initiatives Project – SAPHE ADB Coffey MPW.
Mrs Tiaen B. Abaiota	Senior Loans Officer, Development Bank of Kiribati
Mr Daniel Kirabuke	Senior Assistant Secretary, Ministry of Environment and Social Development
Mrs Kurinati Tiroa	Project Officer, Ministry of Environment and Social Development
Mrs Aren Teannaki	Women’s Development Officer, Ministry of Environment and Social Development
Mrs Ann Kautu	Legal Right Training Officer, Ministry of Environment and Social Development
Mrs Loria Kamauti	Information Officer, Ministry of Environment and Social Development
Mrs Aren Temwai	Senior Statistics Clerk, Ministry of Finance and Economic Planning
Ms Lioni Smiley	Country Director, Foundation for the People of the South Pacific
Mrs Danfung Binoka	Environmental Education Project Officer Foundation for the People of the South Pacific
Mrs Maria Tioti	Reproductive Health and Family Planning Project Officer, Foundation for the People of the South Pacific
Dr Airam Metai	Acting Permanent Secretary, Ministry of Health
Dr Lee Clarke	Medical Doctor, Ministry of Health
Dr Matikora Itonga	Medical Doctor, Ministry of Health
Mrs Tiero Tetabea	Medical Technologist, Ministry of Health
Mrs Tiretaake Titon	Principal Nursing Officer, Ministry of Health
Mr Booti Nauan	Health Education Officer, Ministry of Health
Mrs Maria Kataua	Assistant Statistician, Ministry of Health
Ms Meria Russel	Assistant Nutritionist, Ministry of Health
Mr Tiram Aaram	Sergeant, Kiribati Police
Mr Teriao Korua	Police Constable, Kiribati Police
Mr Teiwaki Areieta	Inspector, Kiribati Police
Mr Baiteere Aiaimoa	Inspector, Kiribati Police
Dr Ezerkiel Nukuro	Adviser, Secretariat of the Pacific Community, Suva
Mrs Jaimaima Schultz	Healthy Lifestyle Adviser, Secretariat of the Pacific Community, Noumea
Dr Janet O’Connor	Tuberculosis Specialist, Secretariat of the Pacific Community, Noumea
Mr Tangata Vainerere	Youth Development Adviser, Secretariat of the Pacific Community, Noumea
Ms Laufitu Taylor	Adviser, UNIFEM, Suva
Mrs Beta Tentoa	Director, University of the South Pacific Extension Centre, Tarawa
Mrs Margaret Mohamed	New Zealand Consultant.
Mrs Konaia Tebubua	Housewife
Mrs Turiana Tokiua	Housewife,
Mrs Mirata Mweia	Housewife

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