

Gender equality: Where do we stand? The Kingdom of Tonga





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Prepared by the
Ministry of Internal Affairs, Women's Affairs Division
Government of the Kingdom of Tonga



Pacific Community
Suva, Fiji
2019

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The Kingdom of Tonga Ministry of Internal Affairs 2019

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Original text: English

Pacific Community Cataloguing-in-publication data

Gender equality: where do we stand? The Kingdom of Tonga / prepared by the Women's Affairs Division,
Ministry of Internal Affairs, Government of the Kingdom of Tonga

1. Gender — Tonga.
2. Gender mainstreaming — Tonga.
3. Gender Identity — Tonga — Statistics.
4. Tonga — Sex differences — Statistics.
5. Women — Tonga — Statistics.
6. Men — Tonga — Statistics.
7. Youth — Tonga — Statistics.

I. Title II. Tonga III. Pacific Community

305. 3099612

AACR2

ISBN: 978-982-00-1176-2

Prepared for publication at SPC's Suva Regional Office,
Private Mail Bag, Suva, Fiji, 2019
www.spc.int | spc@spc.int

Printed by Office Equipment Ltd., Nukualofa, Tonga, 2019

Acknowledgements

This publication was produced by the Ministry of Internal Affairs (MIA), Women's Affairs Division (WAD) and the Tonga Statistics Department of the Government of the Kingdom of Tonga with assistance from the Pacific Community under the Progressing Gender Equality in Pacific Islands Countries (PGEP) initiative.

PGEP is a five-year project seeking to strengthen the capacities of the governments of the 14 Pacific Island countries (PICs) to mainstream gender and improve the dissemination and use of gender statistics in order to better monitor progress toward gender equality.

PGEP is funded by the Government of Australia's Department of Foreign Affairs and Trade as part of the programme, Pacific Women Shaping Pacific Development (<http://www.pacificwomen.org>).

For more information, visit: <http://www.spc.int/sdp/>

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Foreword

Mālō e lelei

Four core values underpin Tongan society: *Humility; Relationships; Loyalty; and Respect*. **Humility and openness to learning**, has been critical in Tonga's efforts to address gender inequality. Tonga recognises the importance of the participation of both women and men in development and planning. While significant progress has been made in increasing the number of women in leadership positions and in education, Tonga has encountered challenges, notably in the area of women's political participation and in the ratification of *Convention on the Elimination of all Forms of Discrimination against Women (CEDAW)*. Despite widespread misconceptions associated with the implications of *CEDAW* ratification, it is important to consider the positive impacts that this human rights instrument would make in the lives of Tongan women and girls, ensuring their protection from violence and abuse. We are undertaking extensive consultations with all stakeholders to raise awareness about *CEDAW* and to dispel related misconceptions.

Upkeeping and maintaining relationships require resources, commitment and effective policies. For policies to be effective and for women and men to benefit equitably, Tonga must commit to make resources available for initiatives to be implemented. The participation and representation of women and men, girls and boys, is critical to maintain relationships and to foster effective development and planning. Tonga has remained committed to progressing gender equality through the following:

- *Revised Pacific Platform of Action 2018-2030;*
- *Tonga Strategic Development Framework (II) 2015-2025;*
- *Revised National Policy on Gender and Development (RNPAGD) and its Strategic Plan of Action 2014-2018;*
- *SAMOA Pathway 2014;* and
- *Pacific Leaders Gender Equality Declaration 2012.*

Displaying **loyalty, devotion and passion** is both vital and admirable to most Tongans. Tongans have not only remained loyal to traditional beliefs but also devoted to tackling issues relating to gender-based violence (GBV), non-communicable diseases (NCDs) and climate change (CC) while also ensuring women and men enjoy access to equal opportunities, employment and services. Tonga's loyalty, devotion and passion are enshrined in its Constitution, especially the four *Declarations of Rights*, namely the *Declarations of Freedom, Freedom of Worship, Freedom of the Press and Freedom of Petition*.

Acknowledging and returning respect is not only accorded to the Monarch, elders, traditional and political leaders, family, and one another; Tonga also acknowledges the need to respect the marginalised and vulnerable community.

Tonga values and acknowledges the partnership and commitment of communities, civil society organisations (CSOs) and the church in progressing gender equality in Tonga. Tonga is grateful for the support provided by stakeholders in government, partners within the development sector and civil society networks that have supported implementation of *Tonga's Revised National Policy on Gender and Development (RNPGAD)*. Tonga remains committed to creating an enabling environment for all women and men, girls and boys to develop their capacities and fulfil their aspirations and is ready to work together to address the needs and concerns of women and men.

Malo



Honorable Dr Saia Piukala
Minister for Health and Acting Minister for Internal Affairs

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Introduction

The Kingdom of Tonga has long recognised the importance of promoting gender equality to achieve sustainable development outcomes, as development can only be realised if women and men, girls and boys are benefiting equally from services and programmes and if related policies are adequately resourced. Tonga has made contributions toward progressing gender equality through the implementation of the *Revised National Policy on Gender and Development (RNPGAD)* and its *Strategic Plan of Action*. The Tonga *RNPGAD*, launched in May 2014, provides a significant platform to improve the lives of all women and men, girls and boys through strategic objectives and associated interventions. The six priority outcomes of the Tonga *RNPGAD* are geared toward mainstreaming gender equality and the empowerment of women in Tonga:

Six priority outcomes of the Tonga RNPAGAD 2014-2018



The purpose of this publication is to assess and evaluate progress toward gender equality in Tonga using the framework of the *RNPAGAD*. The contents of this publication reflect information gathered from government and civil society partners, with supporting gender analysis of statistical information and information sourced from the latest relevant national reports/studies.



Context and Background

The Kingdom of Tonga is comprised of approximately 170 islands, of which just 36 are inhabited. The *2016 Census* revealed a total population of 100,651 people, slightly lower than the *2011 Census*, which revealed a population of 103,252 people, a decrease of 2.6 per cent. Tonga has a relatively young population, with a median age of 22 years, and almost four-in-ten people (39 per cent) are aged 15 years and younger while a mere 9 per cent is 60 years and older. Most Tongans live in rural areas while 23 per cent of the population (23,221) lives in urban areas, including the villages of Kolofou, Ma'ufanga and Kolomotu'a, which make up Nuku'alofa in Tongatapu. Although Tonga's population density varies widely across island divisions and districts, its average population density is 155 people/km².

Tonga's constitutional monarchy is a unique political system in the Pacific region and, perhaps partly because of this, Tonga is the only country in the region to have maintained its independence from colonial powers. Tonga's 1875 *Constitution* codified the Westminster system of government and judiciary, the royal family and the nobles (collectively) as well as certain ceremonial chiefs and, by exception, everyone else, commonly referred to as 'commoners'. However, the *Constitution* and its subsequent revisions do not specifically guarantee women equal rights to those of men, unlike the constitutions of other countries in the region. Political and constitutional reform has resulted in the introduction of a democratic system in Tonga's political system and amendments to the *Constitution* by the Legislative Assembly, with the introduction of 17 open electoral seats in 2014.

Although the legal framework is progressive and relatively liberal with regard to the promotion of gender equality, some laws discriminate against women, notably those related to land ownership and the distribution of property and wealth during divorce¹. *The Divorce Act* does not take into account non-financial contributions and property accumulated during marriage, which favours men over women. There is no equal employment legislation to ensure just and fair treatment of

¹ Hedditch, Sonali, and Clare Manuel. *Tonga Gender and Investment Climate Reform Assessment*. Washington DC: International Finance Corporation, 2010.

women and men in the workplace. However, recently, public consultations were held for the *Employment Relations Bill*, and some stakeholders were critical of the Bill, noting that it is not progressive enough in terms of provisions to promote gender equality. Despite this, the Bill does provide for a minimum level of protection for workers, sets a minimum working age, and provides for maternity leave entitlements, currently only available to public servants and the Tonga police.

Traditional gender stereotypes in Tonga are consistent with those of other Pacific Island countries (PICs), where women's roles are based around the home, family and extended family, predominantly in caring and nurturing, while men's roles include providing food, income and security for the home and family as well as in leadership and politics. Tongan women are traditionally expected to be virtuous, dignified, submissive and dutiful, mindful of her place in the family, and daughters are expected to accept that they have no right to the family home or land, which will be inherited by their eldest brother or brothers.

Women have traditionally held high social status within Tongan society because of the '*fahu*' system within families, where the eldest sister (or another chosen sister) holds a place of honour and respect and plays an important role in family decision-making. Even though Tongan society is patriarchal, sisters are ranked higher than their brothers in certain contexts, providing that a woman has a brother and her brother (or brothers) has a child. However, this traditional high regard of women (*fahu system*) or the ideology of sisters having a higher position than men is discordant with the reality of relatively high rates of GBV within families because GBV should not exist, increasing hardship, poverty because families should share resources. It could be postulated, that because of the *fahu* system, women do not see the need to engage in western models of decision making and leadership, because of their traditional status.

Land ownership is a highly-debated issue in Tonga, and the legal framework pertaining to it is unique,² dictating that all land in Tonga is vested in the Crown³, with no freehold land or customary land, and that land be bought or sold. Only men have legal rights to inherit land. Land inheritance rights pass through male heirs; women have no independent land rights unless they acquire a lease; however widows are permitted to continue to hold their deceased husband's land for life provided that they not remarry. The monarch and the nobles control most of the land in Tonga as estate holders, and Tongan men over the age of 16 years without land are eligible to apply for a grant or lease of a rural tax allotment of 3.3 hectares for farming and a town allotment of 1,618 square meters for residential purposes. The second Royal Land Commission of Inquiry was held 2008-2012 to review land law practices, with wide public support for women to have equal land rights with men. The Commission recommended reforms that would allow women rights to town allotments to be used for housing; however, no changes were made to rural allotments because 'it has never been the traditional role of Tongan women to do heavy and hard labour work which was associated with farming'⁴. Where there is no male heir, the landowner's daughters shall succeed the land, and widows can lease or mortgage the land with consent of the heir. To date, these recommendations have not been implemented. As a consequence, some women with no land or income remain in households with violent fathers, uncles, family members or husbands with no viable means of support to leave.

The Government of Tonga launched the *RNPGAD* in 2001 with the vision, "Gender Equity by 2025: That all men, women, children and the family as a whole achieve equal access to economic, social political and religious opportunities and benefits." The revised policy was launched in 2014 with emphasis on six strategic outcome areas with an associated implementation plan. The Women's Affairs Division (WAD) is the national agency responsible for coordinating, monitoring and evaluating implementation of this policy in its role as secretariat to the National Advisory Committee for the *RNPGAD*.

2 The Land Act (1927), Section 43; Divorce Act (1927); Maintenance of Deserted Wives Act (1916); as well as the Constitution.

3 The term 'Crown' refers to King Tupou VI, rather than to the executive branch of government.

4 Royal Land Commission, Final Report, vol 1 part 1 (Royal Land Commission, 2012) page 50, cited in Moa, Sela Teukisiafoou A human rights - based approach to women's land rights in Tonga (2017) Faculty of Law, UNSW online at <http://unsworks.unsw.edu.au/fapi/datastream/unsworks:51046/SOURCE?view=true>.

The WAD has further responsibilities to support implementation of the *Family Protection Act 2013*, register women's interest groups, facilitate community-based training and capacity development for gender equality and the empowerment of women, and support achievement of regional and international commitments and plans including the *Pacific Leaders Gender Equality Declaration*, *Pacific Platform for Action on Gender Equality and Women's Human Rights*, *Beijing Platform for Action* and the 2030 Sustainable Development Goals. The WAD currently has a staff of 10 people, three of whom are funded by development partners.

In 2015, at the 59th session of the United Nations Commission on the Status of Women, the Government of Tonga stated its commitment to ratify the *Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)*, widely regarded as the *International Bill of Rights for gender equality*. However, the government later withdrew this commitment amidst widespread opposition from some vocal religious leaders and congregations as well as some women's groups, among other leaders. In response, there are ongoing careful and considered consultations with communities, groups and the general public to address misconceptions about *CEDAW*, through the National Advisory Committee on Gender and Development *CEDAW* Working Group. This includes various misconceptions that: *CEDAW* contradicts Tonga's unique cultural values; ratifying *CEDAW* in Tonga would inspire other significant legal changes, including legalisation of same sex marriage and abortion; if the United States hasn't ratified *CEDAW*, Tonga should not be obliged to ratify it either; women's land rights contradict the land tenure system based around the monarchy; parts of *CEDAW* contradict Christian beliefs and the status and rights of gender diverse 'fakaleiti's'; and countries are able to adopt *CEDAW* using the reservations procedure that allows specific articles to be excluded, such as the right to land. Efforts are ongoing to address these misconceptions under the initiative of the Tongan Women in Leadership Coalition, formed by 13 NGOs with the aim to use their collective voice to petition government to ratify *CEDAW*. Consultations on *CEDAW* began in 1994 by the Government of Tonga through national consultations held in anticipation of the UN Global Conference on Women in Beijing in 1995. In the early 2000s, the Catholic Women's League submitted a proposal to parliament for *CEDAW* ratification, but the proposal was denied. In 2011, the WAD (then under the Prime Minister's Office), Catholic Women's League, Langafofua and SPC/RRRT, and UNIFEM Pacific supported by the Commonwealth Parliamentary Association (CPA) partnered together to consult members of the parliament and cabinet and, together, reached a resolution to submit *CEDAW* to the cabinet to be considered for ratification.

The *RNPGAD* and subsequent revisions were developed taking into consideration the Beijing Declaration and associated Platform for Action, each of which is based on *CEDAW* principles; and successive Universal Periodic Reviews conducted by the Human Rights Council have provided commentary on, as well as recommendations for, realising women's human rights. In sum, while Tonga has not ratified *CEDAW*, several programmes, policies and projects are being implemented to eliminate all forms of discrimination against women and guarantee women's universal freedoms, such as freedom of speech (*CEDAW* Articles 1-5), and to improve varied dimensions of women's lives (e.g. participation in political and public life; health, education and learning; access to decent work; the rights of the girl child; and vulnerabilities specific to rural women (*CEDAW* Articles 6-16)).

Through implementation of the *RNPGAD*, the WAD has fostered and promoted increased coordination, cooperation and partnerships with stakeholders working to promote gender equality and the empowerment of women, supported by events such as national stakeholder forums, open consultations and policy dialogues bringing together a wide range of stakeholders to reflect on progress toward gender equality, challenges and lessons learned. There is increased understanding across government, civil society, communities, the private sector and development partners that gender equality and the empowerment of women is central to achieve the *Tonga Strategic Development Framework 2015-2025 (TSDF)* impact, a "more progressive Tonga supporting a higher quality of life for all" through more inclusive and sustainable growth that empowers human development and advances gender equality.

Enabling a Familial and Social Environment for Gender Equality

Near universal access to health services

Health services in Tonga are provided by the following networks



Source: The Kingdom of Tonga health system review, WHO (Health Systems in Transition, Vol. 5. No. 6. 2015)



Almost 70% of all Ministry of Health employees are women



The nursing profession has the greatest proportion of females in the workforce; ALL midwives and advance practice nurses are female.

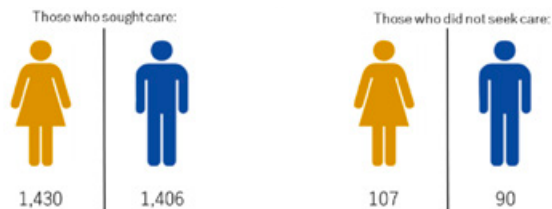


Almost half of all general medical practitioners are women, but a smaller proportion of women (31.6%) continue on to obtain a specialisation.

Source: The Kingdom of Tonga health system review, WHO (Health Systems in Transition, Vol. 5. No. 6. 2015)

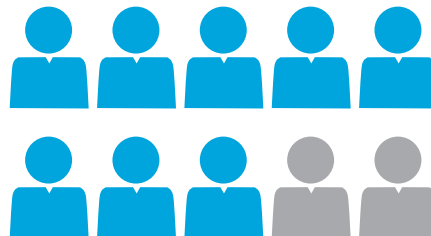
Most Tongans can easily access a health care facility or service within Tonga.

Total population with health complaint, illness or injury who sought care and did not seek care by sex.



Source: Tonga 2016 Census of Population and Housing

Most of the Tongan population don't think they have health problems.



Almost eight-in-ten (79% males and 78% females) of the people who sought help received it from a medical professional at a health facility or from a private doctor or midwife.

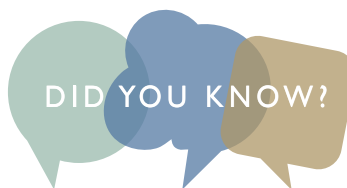
Source: Tonga 2016 Census of Population and Housing

What the statistics tell us

Health care services in Tonga are decentralised, based on the referral model common in many Pacific Island countries and territories (PICTs). The Ministry of Health (MOH), with development partner support, is implementing a series of ambitious reforms to achieve the government's commitment to provide universal health coverage and achieve the Sustainable Development Goals (SDGs), including: organisational restructuring; increased resourcing for corporate governance and accountability; health research in support of improved service delivery; expanded mental health services; promotion of professional development and a skilled work force; upgraded health facilities; partnerships with civil society organisations (CSOs) for preventative health care in communities; a range of programmes aimed at improving healthy eating habits and healthy lifestyles; and expanded screening programmes and multi-media campaigns supported by targeted enforcement actions (e.g. anti-tobacco efforts), where appropriate. Dr Saia Piukala, now the Minister of Health, noted the increasing prevalence of non-communicable diseases (NCDs) across the Pacific and the benefits that Tonga has experienced from hiring a health coordinator to conduct tests in the community. "We have identified a community co-ordinator, that rather than waiting for patients to come to the hospital, they call to the community and do screening and identify early detection. And timely treatment is very important."⁵

The Package for Essential Health Services (PEHS) for Community Health ensures community health centres provide a core range of services, supported by a programme of visiting teams of medical specialists, with an emphasis on providing appropriate health care services for people with disability and older persons. The health information system has been upgraded, with the Health Planning and Information Section managing an integrated monitoring, evaluation and performance management system as well as the Cancer Registry Database, providing real time statistical indicators for analysis and reporting on progress toward the National Health Strategic Plan, the Corporate Plan, Healthy Islands (Yanuca Declaration) and the SDGs. The MOH identified 24 national health indicators and reported against 18 of these in 2016; however, they were not sex disaggregated in their reporting. The indicators are supported by 84 additional strategic indicators linked with national, regional and international commitments. Sex-disaggregated statistics relating to medical conditions and morbidity (outpatient and hospital admissions) and mortality (deaths) are not published. An estimated 641 staff were employed within the MOH at the end of 2016, an increase of 18 per cent compared with the previous year. Nurses comprise approximately 70 per cent of medical staff, and most nurses are women, estimated at 70 per cent in 2013. To date, initiatives that encourage men to train as nurses have had little success in Tonga.

Health services are provided through a network of 34 maternal and child health clinics, 14 health centres, three district hospitals and the tertiary referral hospital, Vaiola Hospital, located in the capital city, Nuku'alofa. The four hospitals also provide primary health care to the populations of their respective island groups through outpatient and emergency departments. The Queen Salote Institute of Nursing and Allied Health offers diploma-level nursing courses as well as other specialised training courses so that local trained nurses meet the latest international standards in nursing, with support from the Sydney Nursing School and Auckland University of Technology. Degree level courses are scheduled to commence in 2023.



Across Tonga there are:

- 1,527 people per doctor (nationally)
- 1 doctor in Vavau serves an average of 1,534 people.

Source: The Kingdom of Tonga health system review (Health Systems in Transition, Vol. 5, No. 6, 2015)

5 Pacific Radio News, 13 August 2012; Tonga surgeons says proactive approach to NCDs way forward

Patients requiring specialist care not available in Tonga can be referred to New Zealand, Australia, Fiji or another country in the region if eligibility criteria are met under an overseas treatment scheme funded by the Governments of Tonga and New Zealand. Statistics indicate that women comprised about 45 per cent and children comprised 36 per cent of overseas patient referrals under the scheme (of 53 patients accepted for overseas treatment of the total 69 referred between 2011 and 2014)⁶.

An estimated 10 per cent of Tongans suffer from mental illness at some point in their lives⁷, with the MOH reporting 192 admissions to the Psychiatric Ward in 2016, two-thirds of which were re-admissions and one-third of which were people with a disability. Mental health is complex in Tonga, with increasing incidents related to side effects of drug use (psychotropic drugs including marijuana and methamphetamine), combined with the cultural belief shared across many Pacific Island cultures that mental illness signifies that one is “possessed by the spirit” or suffers from “illnesses from the grave”⁸. Resources for the provision of quality mental health care and psycho-social support have increased with development partner support, including the provision of special accommodations for older patients. Hospital facilities for mental health patients have improved in quality and expanded, and separate facilities are under construction at the main prison for cases referred by the judicial system. According to anecdotal evidence, young men are most at risk to incidents and hospital admissions related to substance-related disorders. The *2016 Census* included a question asking respondents to self-assess if they were experiencing mental illness, with results showing that almost half (46 per cent) of those with behavioural affects were ‘affected by drugs’. The second highest reason for those reporting affected behaviours was ‘being elderly’ (22 per cent). During research in 2008, young people identified a range of issues affecting youth mental health in Tonga, including “drugs, alcohol and substance abuse, family problems (family violence), [including teenage unplanned pregnancy], an increase in gang culture, both new and old socio-economic challenges [including unemployment and associated feelings of uselessness] and development and outer-island youth migration to the main capital.”⁹ Suicide (completed and attempted) is the manifestation of a range of mental well-being and coping issues, including depression. Although statistics on suicide are not available, WHO estimates that the suicide rate is higher among men than women¹⁰ with the media reporting the youngest known suicide death in Tonga in 2018: an eight-year-old girl.

Road accidents represent a significant number of injuries and deaths in the Pacific.¹¹ A relatively large proportion of households in Tonga have access to a motor vehicle (mostly cars and vans). In 2016, 37 per cent of households reported having a car and 34 per cent reported owning a van. According to the latest census, on average, most households that have a car or a van own more than one.¹² In 2016, 18 people died on the roads in Tonga. In response, Crown Prince launched a road safety awareness campaign in December 2016, and road fatalities decreased to six in 2017. However, in 2018, 21 people died on Tonga roads, the highest number of road fatalities in 10 years, with most fatalities avoidable and attributed to unlicensed drivers, speed, alcohol and possibly illicit drugs.¹³ Sex-disaggregated statistics are not reported, but trends from 2011–2014 show that men represented an average of 84 per cent of drivers involved in accidents and, in 2014, 41 per cent of men involved in accidents were aged 30–39 years.

6 Evaluation of the New Zealand Medical Treatment Scheme, 2015 at <http://srgexpert.com/wp-content/uploads/2017/11/NZMTS-evaluation-report.pdf>

7 <https://www.radionz.co.nz/international/programmes/datelinepacific/audio/2018617837/tonga-mental-health-sector-in-dire-need-of-attention>

8 Vaka, S, 2014, A Tongan Talanoa about Conceptualisations, Constructions and Understandings of Mental Illness, PhD Thesis, Massey University

9 Guttenbeil-Likiliki, Ofa-Ki-Levuka, 2009, Youth and mental health in Tonga: a situational analysis, Suva, Fiji : Foundation of the Peoples of the South Pacific International, ISBN 978-982-9091-12-3 at <https://fspiblog.files.wordpress.com/2011/08/tonga-youth-and-mental-helath-analysis-09.pdf>

10 See <http://apps.who.int/gho/data/node.main-wpro.MHSUICIDEASDR?lang=en>

11 <https://www.radionz.co.nz/international/pacific-news/380072/tonga-suffers-worst-road-toll-in-a-decade>

12 See Table H 12: Households’ goods in the household by division and region, Tonga Census Report Volume 1

13 <https://www.radionz.co.nz/international/pacific-news/380072/tonga-suffers-worst-road-toll-in-a-decade> and <https://www.radionz.co.nz/international/pacific-news/346503/tongan-road-toll-down-on-previous-years>



According to the *2016 Census*, most Tongans believe they do not have health problems, with 97 per cent of both men and women reporting that they did not have a health complaint. Almost eight-in-ten (79 per cent men and 78 per cent women) of the people who sought help received it from a medical professional at a health facility or from a private doctor or midwife. A further one-in-five people reported self-treating their health ailments (21 per cent of both men and women), with men more likely to self-treat using traditional medicine and women more likely to self-treat using modern medicine¹⁴. MOH statistics indicate that men are less likely than women to seek help from health professionals or to participate in primary care programmes, similar to many countries in the Western Pacific region and globally¹⁵. In the *2016 Annual Report*, the MOH noted that, despite considerable investment in awareness campaigns encouraging Tongans to visit community health centres at the first signs of illness, the centre services remain underutilised. Possible reasons cited include a combination of factors related to preference for hospital services and care, the perception that the required services were not available, and the limited human resources available at the centres.

Typically, life expectancy at birth, or the number of years a person can expect to live from birth, is used as the outcome or impact indicator for the overall health of a population. It is calculated based on an estimate of the average age when people die. The measure is a generalisation, because health is multidimensional and one indicator cannot adequately assess its impact in relation to the quality of life. The *2011 Census Demographic Analysis* noted that the “high incidence of [NCDs has] played a part in constraining improvement in life expectancy over the past two decades”.¹⁶ Drawing on the *2006 Census*, the Department of Statistics estimated life expectancy at 67.3 years for men and 73.0 years for women. These estimates increased to 69.3 years for men and 73.1 years for women in 2011. Other research using multiple data sources found that “life expectancies [for males and females] have at the very least flattened and show no consistent improvement” and that “when combined with relatively low infant and child mortality, [life expectancy patterns] demonstrate the impact of premature adult mortality, most likely as a result of non-communicable diseases.”¹⁷

14 Refer to 2016 Census of Population and Housing, Volume 1 Basic Tables and Administrative Report, Table G 38 and G 39

15 WHO, 2014, Gender and health in the Western Pacific Region at http://iris.wpro.who.int/bitstream/handle/10665.1/10819/Gender_health_fact_sheet_2014_eng.pdf

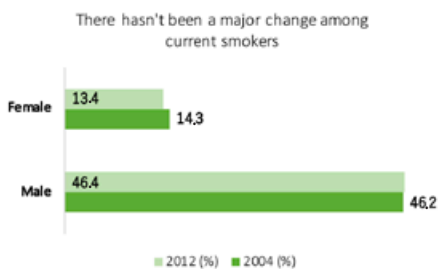
16 Tonga 2011 Census of Population and Housing, Volume 2: Analytical report / Tonga Department of Statistics

17 SPC, 2015, *Mortality Trends in Pacific Island States 2014*, (compiled by the Brisbane Accord Group), ISBN: 978-982-00-0877-9

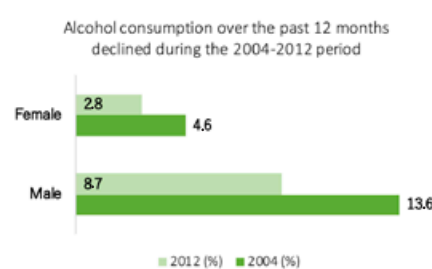
99.9% of Tongan adults are at moderate to high risk of developing a NCD¹⁸

Trends of four major NCD risk factors in the adult population (25-64yrs)

Tobacco use (current smokers)

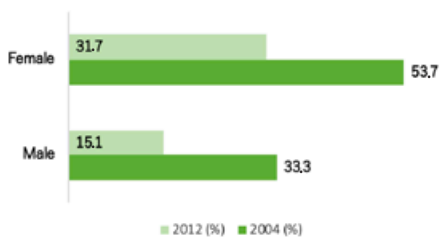


Past 12-months alcohol consumption



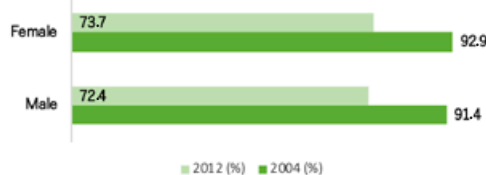
Low physical activity

More Tongans are physically active

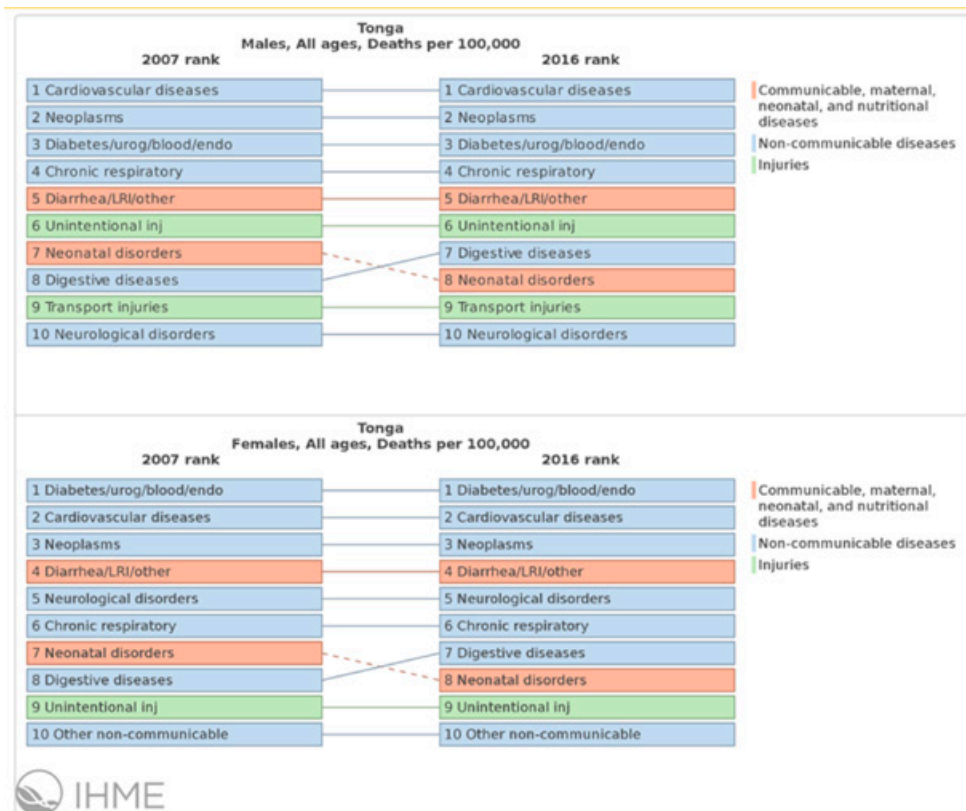


Less than five combined servings of fruit and/or vegetables per day of the week

There has been an increase in consumption of fruits and vegetables since 2004.



Source: Kingdom of Tonga NCD Risk Factors, STEPS Report (2014)



Source: Institute for Health Metrics and Evaluation, GBD 2016, © 2018 University of Washington <https://vizhub.healthdata.org/gbd-compare/> accessed 18/10/2018

18 Adults aged 25 – 64 years, cited in National Strategy for Prevention and Control of NCDs 2015-2020

Crude incidence and death rates from NCDs in Tonga, 2008

Incidence rate per 100,000, aged 25+



Diabetes Mellitus	3,700
Circulatory diseases	3,300
Malignant neoplasms	216

Diabetes Mellitus	5,600
Circulatory diseases	2,612
Malignant neoplasms	247



Death rate per 100,000, aged 25+



Circulatory diseases	442
Malignant neoplasms	174
Diabetes Mellitus	28

Circulatory diseases	224
Malignant neoplasms	148
Diabetes Mellitus	22



Source: The Kingdom of Tonga health system review (Health Systems in Transition, Vol.5 No.6, 2015)

The **high prevalence** of obesity and those who are overweight is occurring at a younger age, **especially girls**.



Boys and Girls (11-16 years) who are **overweight/obese**:

Boys: Every 1 in 3 (36%)

Girls: More than half (53.8%)

Source: Kingdom of Tonga NCD Risk Factors, STEPS Report (2014).

The top 10 cancer types, 2016

Rank	Females	Males
1	Breast	Trachea, Bronchus and Lung
2	Corpus uteri	Other Skin
3	Thyroid	Connective and Soft Tissue
4	Cervix uteri	Rectum
5	Uterus unspecified	Prostate
6	Ovary	Colon
7	Melanoma of skin	Bladder
8	Stomach	Stomach
9	Rectum	Lymphoid leukaemia
10	Trachea	Bone

Source: Ministry of Health Cancer Registry

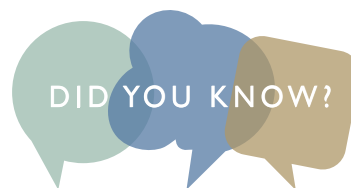
What the statistics tell us

NCDs are the leading cause of morbidity (illness) and mortality (death) in Tonga. The World Health Organization (WHO) estimates that NCDs account for 83 per cent of all deaths, consistent with other data sources (e.g. the Institute for Health Metrics and Evaluation and the 2016 *Ministry of Health Annual Report*). Tonga was the first PICT to launch a national NCD strategy in 2004, and to establish an independent organisation (Tonga Health Promotion Foundation (Tonga Health)) to address NCDs in 2007. Research analysing administrative data in 2012¹⁹ found cancer to be the primary cause of death among adult women and cardiovascular diseases (CVD) to be the primary cause of death among adult men. Diabetes was the third leading cause of death in adult women (18 per cent) and the second leading cause of death in adult men (19 per cent).

Tonga is the only PIC to have conducted three NCD risk factor surveys, in 2004, 2012 and 2017; the results of the 2017 survey are forthcoming. Survey results show progress in reducing major risk factors, albeit only slightly for some risk factors like tobacco use. While the number of Tongans engaged in NCD health risk behaviours decreased between 2004 and 2012, rates of obesity have increased among women than among men and adolescents; teenage girls, too, are experiencing higher rates of obesity. Consuming food that is high in sugar and fats, physical inactivity, smoking and drinking remain major contributing factors to the rise in NCDs in Tonga. The *STEPS report (2012)* estimated that 57 per cent of adults were living with with 3-5 risk factors and a high risk of NCDs (56 per cent men; 60 per cent women).

Breast cancer has the highest incidence of all cancers affecting women in Tonga. In 2018, the Tonga Breast Cancer Society reported that over 30 cases of breast cancer were diagnosed each year over the course of the previous five years, and, yet, this rate may be even higher since many women do not seek medical attention. In 2015, radiology services were expanded to include mammography, with the MOH and the Breast Cancer Society concerned that mammography services were underutilised, although free of charge and although mass awareness campaigns stressed the importance of early detection to reduce breast cancer mortality. "There is a hope that, with time, women will be to use [mammography services] and not wait until there is a breast lump before seeking medical help." (MOH, Annual Report 2016)

A number of programmes aim to improve healthy lifestyles to prevent NCDs for a range of target groups including primary school children, families, communities and vulnerable groups. These programmes by Tonga Health include: physical activity, fitness classes, and fitness instructor training workshops; nutrition (teaching resource kits; *Mai e Nima* (Give Me Five) campaign in primary schools); community gardens to increase consumption of protective and health promoting foods; grants and sponsorships to enable villages, churches, schools and workplaces to purchase sports equipment, (e.g. funding by Tonga Health of public signage to promote and support the creation of Tobacco-Free areas and awareness-raising of the risks of drinking and driving); as well as a range of television, radio, print media and social media campaigns. Numerous gender stereotypes have been challenged or overcome, including the belief that women cannot compete in all sporting codes, that sports uniforms need to be modest and cover most of the body, and that sports and athletes are not feminine, while accommodations have been made for example, to ensure events (practices, meetings, games and competitions) are held on days and at times when women are able to attend.



- Diabetes prevalence (among the surveyed population) was significantly higher among women (38.6%) than men (29.7%).
- More men (16.6%) are at risk of cardiovascular diseases (CVD) than women (7%).

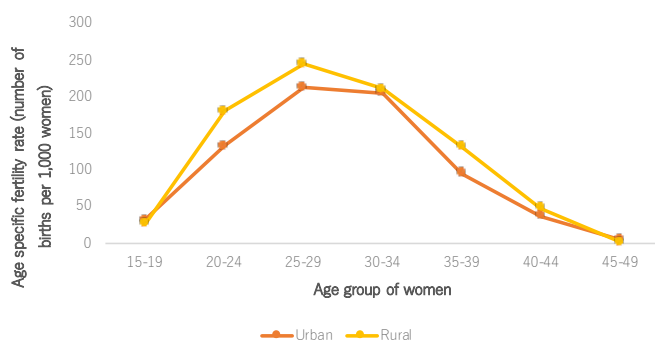
Source: The Kingdom of Tonga NCD Risks Factors, STEPS Report (2014)

19 Causes of death in Tonga: quality of certification and implications for statistics (2012)

The most affordable, and only long-term solution for decreasing NCD incidence rates is prevention, through nutritious diet and exercise, especially among children and young people, and through reduced alcohol intake and discontinued smoking among adults. Regular health check-ups result in early diagnosis of health problems, reducing expensive, acute medical care, including long-term medication and hospitalisation, and ensuring that those diagnosed have better health outcomes.

Early childbearing is not common in Tonga.

The difference in the fertility level between urban and rural women is relatively small. This may result from women undertaking further education or taking advantage of more employment opportunities



Source: Government of Tonga. (2012). Demographic and Health Survey 2012, Final Report, Tonga.

On average, a woman will have four children in her lifetime (4.1 national, 3.6 urban and 4.2 rural).



Source: Government of Tonga. (2012). Demographic and Health Survey 2012, Final Report, Tonga.



Most women have their first antenatal visit when they are five months pregnant.

Women in urban areas are more likely to access antenatal care in the first trimester (weeks 1 to 12) of pregnancy than women in the rural areas.

Source: Government of Tonga. (2012). Demographic and Health Survey 2012, Final Report, Tonga.

Almost all deliveries in Tonga are attended by a skilled professional

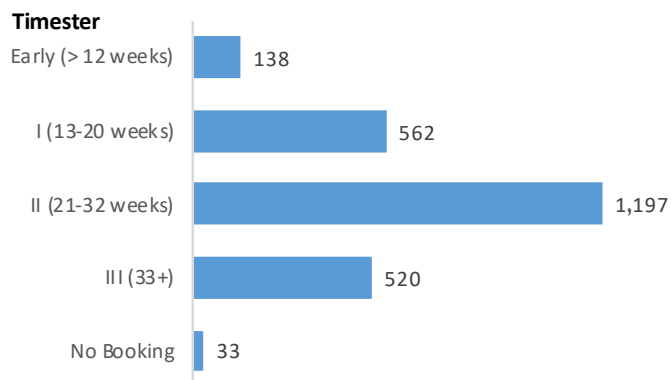


98% of all women who delivered in Tonga were attended by a skilled professional.

96% of births take place in a public health facility.

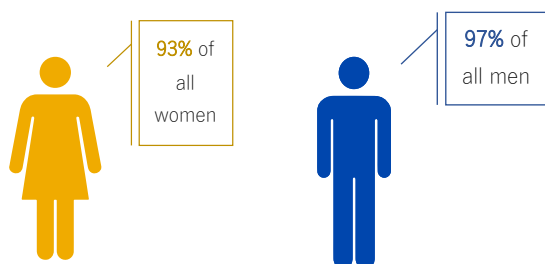
Source: Government of Tonga. (2012). Demographic and Health Survey 2012, Final Report, Tonga.

In 2016, 70% of pregnant women attended an antenatal clinic for the first time in Trimester II or later.

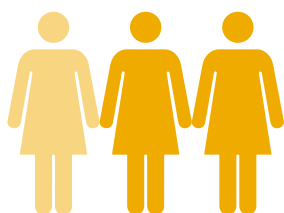


Source: Reproductive Health Services, Ministry of Health Annual Report 2016

Knowledge of contraceptive methods is high in Tonga.



One in three women have used contraceptives at some time in their lives.



Source: Demographic and health Survey, Final Report, 2012, Tonga.

The current use of contraception is low in Tonga and larger families are the norm.

Only **one in five women** (15–49 years) reported they were using contraception at the time of the 2012 Tonga DHS.



Source: Demographic and health Survey, Final Report, 2012, Tonga.

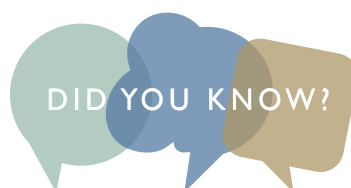
What the statistics tell us

Large families are the norm in Tonga, and marriage is nearly universal: children are considered a gift from god to married parents and, on average, a woman will give birth to four children in her lifetime. There are, however, increasing numbers of nuclear families, while traditional families supported by the community and extended family, are less prevalent. Despite relatively high fertility rates, early childbearing among women aged 15-19 years is relatively low in Tonga compared with other PICTs. The 2012 *Tonga Demographic Health Survey (DHS)* found that women in urban areas were more likely to have children between the ages of 25 and 34 years, after which fertility dropped, while women living in rural areas were more likely to have children during a wider range of age (20-34 years). Couples make conscious, and sometimes difficult, decisions to delay childbearing in order to focus on completing or pursuing higher education and employment for economic security first.

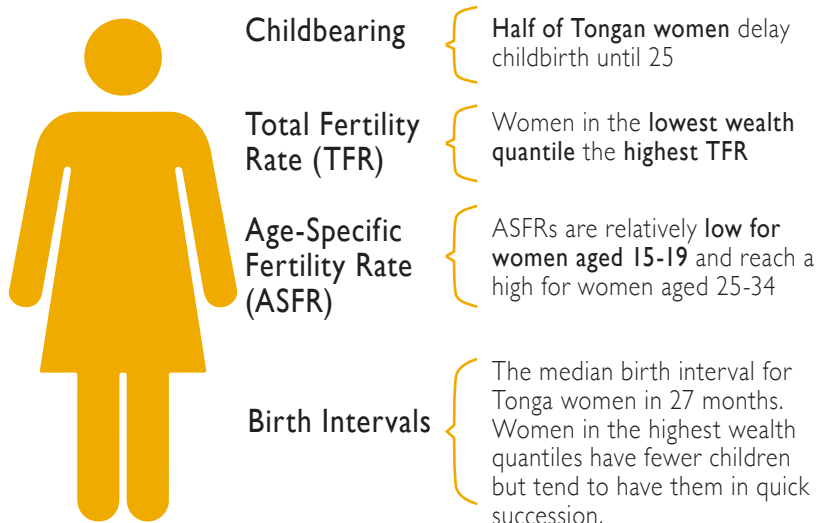
WHO guidelines for accessing antenatal care help reduce the risk of stillbirths and pregnancy complications and foster a more positive pregnancy experience. WHO recommends: a minimum of eight antenatal contacts to reduce perinatal mortality and improve women's experience of care, including counselling about healthy eating and physical activity during pregnancy; oral iron and folic acid supplementation and vaccinations; and one ultrasound scan before 24 weeks' gestation to estimate gestational age, improve detection of foetal anomalies and multiple pregnancies and reduce induction of labour for post-term pregnancy.²⁰ This is not the norm in Tonga, despite the prevalence of antenatal care, with most women having their first antenatal visit around the fifth month of pregnancy and although 70 per cent of pregnant women make more than four antenatal visits over the course of their pregnancies.

Although the *DHS* found that knowledge about contraceptives, especially modern methods, is high (2012: 97 per cent men; 93 per cent women), this knowledge does not translate into practice. The *DHS* estimated that the proportion of men and women aged 15-49 years who had ever used a modern method of contraceptive was low, with just one-in-three women using contraceptives at some point in their lives, and one-in-five women reporting use of contraception during the time of the *DHS*. This is consistent with the societal norm for married couples to have large families.

In 2016, the MOH reported that there were eight births to young women aged 15-19 years and a further 17 births to single mothers, of a total of approximately 4,000 births in 2016 (from Table 32, *MOH Annual Report 2016*). Stakeholders express concern that, while the rates are low, vulnerable women, especially young women, face considerable social stigma and pressure for arranged marriage



Fertility rates have remained steady across key age groups in Tonga.



Source: Demographic and health Survey, Final Report, 2012, Tonga.

²⁰ See <https://www.who.int/reproductivehealth/news/antenatal-care/en/>

with fathers and lose the potential to complete their education and subsequent opportunities for better paid work and employment. On the other hand, “young men are generally given more freedom to socialise than young women who are generally expected to retain their virginity until marriage and are shunned by family members if they do not comply.”²¹

Sustainable development can only be achieved with a healthy population. The data shows that a complex range of social, economic and environmental factors, including gender dimensions, determine health outcomes. The MOH restructuring programme has substantially increased resources for preventative health care, recognising that curative health solutions are not only extremely costly but typically a last resort and generally result in chronic illnesses and palliative care, the burden of which is shouldered by women who are expected to assume the role of caretakers. Implementation of the Package for Essential Services for Community Health is laudable, but it is under-resourced and many people still do not have access to essential health services based on the number of specialist team visits in 2016. This is compounded by the general low awareness of basic concepts, such as the need for regular health check-ups and acceptance of western medicine.

Source of the Statistics and Further Reading

Government of Tonga. (2012). Demographic and Health Survey 2012, Final Report, Tonga.

Government of Tonga. (2016). Tonga 2016 Census of Population and Housing. Tonga Statistics Department.

Government of Tonga. (2018). Ministry of Health Annual Report 2016. MOH.

Rodny A, Huang S, Ika V, Passi SS, Vivli P, Ahio Ta, et al. The Kingdom of Tonga Health System Review. Vol.5 No.6. Manila: World Health Organization, Regional Office for the Western Pacific, 2015.

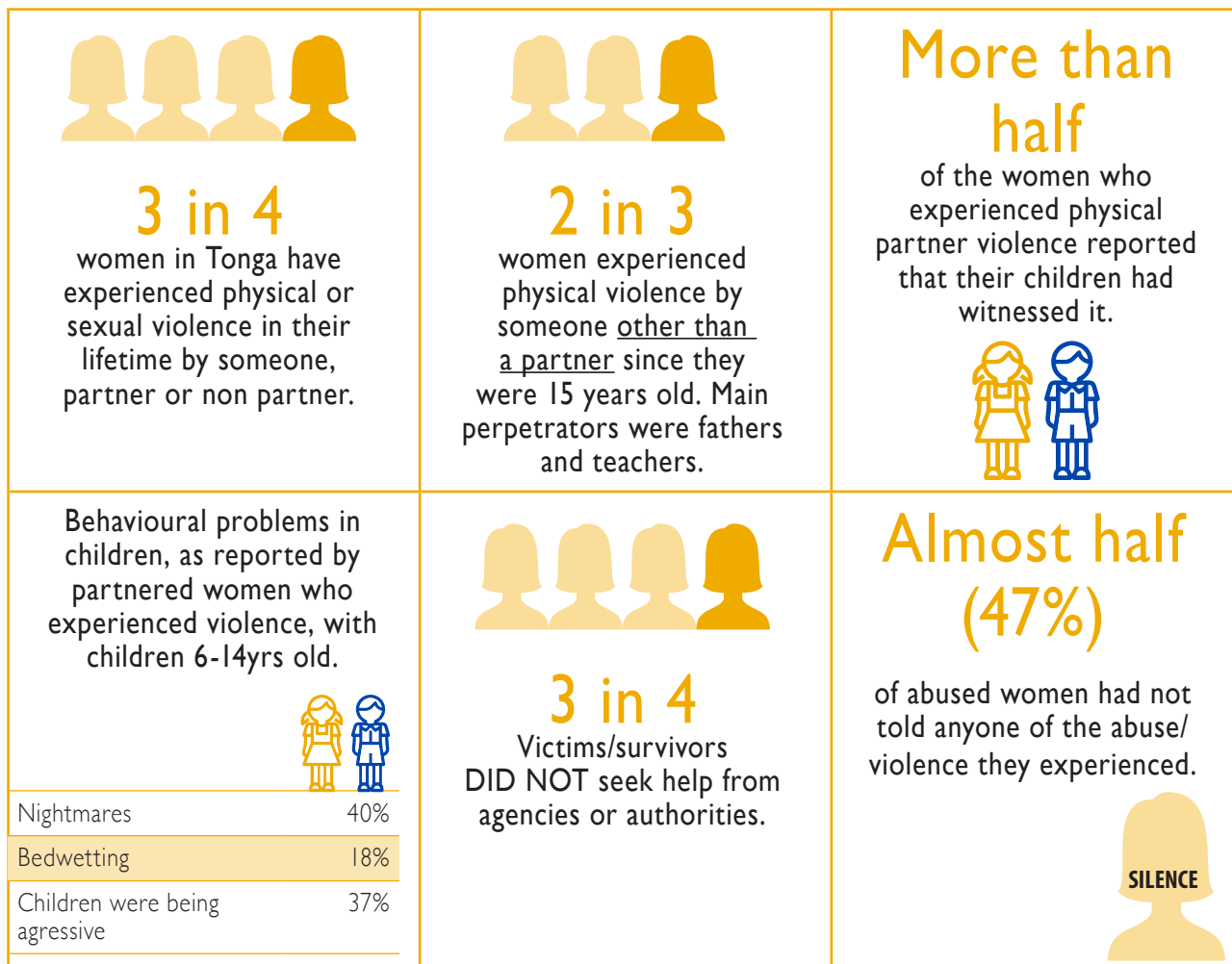
JICA. 2010. Country Gender Profile: The Kingdom of Tonga. Japan International Cooperation Agency.

Kingdom of Tonga. (2014). NCD Risk Factors STEPS Report.



21 Guttenbeil-Likiliki, Ofa-Ki-Levuka, 2009, Youth and mental health in Tonga: a situational analysis, Suva, Fiji : Foundation of the Peoples of the South Pacific International, ISBN 978-982-9091-12-3 at <https://fspiblog.files.wordpress.com/2011/08/tonga-youth-and-mental-health-analysis-09.pdf>

Two-in-three women have experienced physical violence by someone other than their partner since they were 15 years old



Source: National Study on Domestic Violence against Women in Tonga 2009

A domestic violence survivor's story

"I had been abused, beaten and kicked by my husband for a year. I don't know why he's behaving like that but I know for sure that my husband grew up in an abusive home environment and witnessed his father beating his mother while my husband was young. I strongly believe that the cycle of violence is coming back to him. That is, he's giving me as his wife that violence he witnessed from his father while he was young. My husband broke my arms and he beat my wrist with a hammer. The doctors don't have surgery to pin it down because the bones are shattered. My husband really needs counselling and education. I am blessed with the awesome free legal aid services provided by the Tonga Legal Aid Centre and its wonderful staff (never experience such awesome services in Tonga) in which I was able to obtain affidavit stuff, 3 restraining orders and I am able to file a divorce. My husband is now in prison. If it wasn't for the Legal Aid Centre, I will have to pay more than one thousand dollars to have a lawyer work on my case but now I can only pay \$140 in order to get my divorce and I can be free, continue living and enjoy life."

DID YOU KNOW?

The Tonga Legal Aid Centre provides free legal services, protection orders, chamber, to clients of gender-based violence and custody of children.

DID YOU KNOW?

On 26 March 2019, the Ministry of Police launched a new office for Domestic violence Unit with a separate safe space for children.

**Number of DV complaints, applications filed/granted to the Police
(January-June 2018)**

309 filed DV complaints to the Police
(January-June 2018)

 278

 31

130 Police Safety Order served
(January-June 2018)

 118

 12

“Police Safety Order” means an on-the-spot order issued by a police officer under section 22

Source: Tonga Police (Domestic Violence Unit)

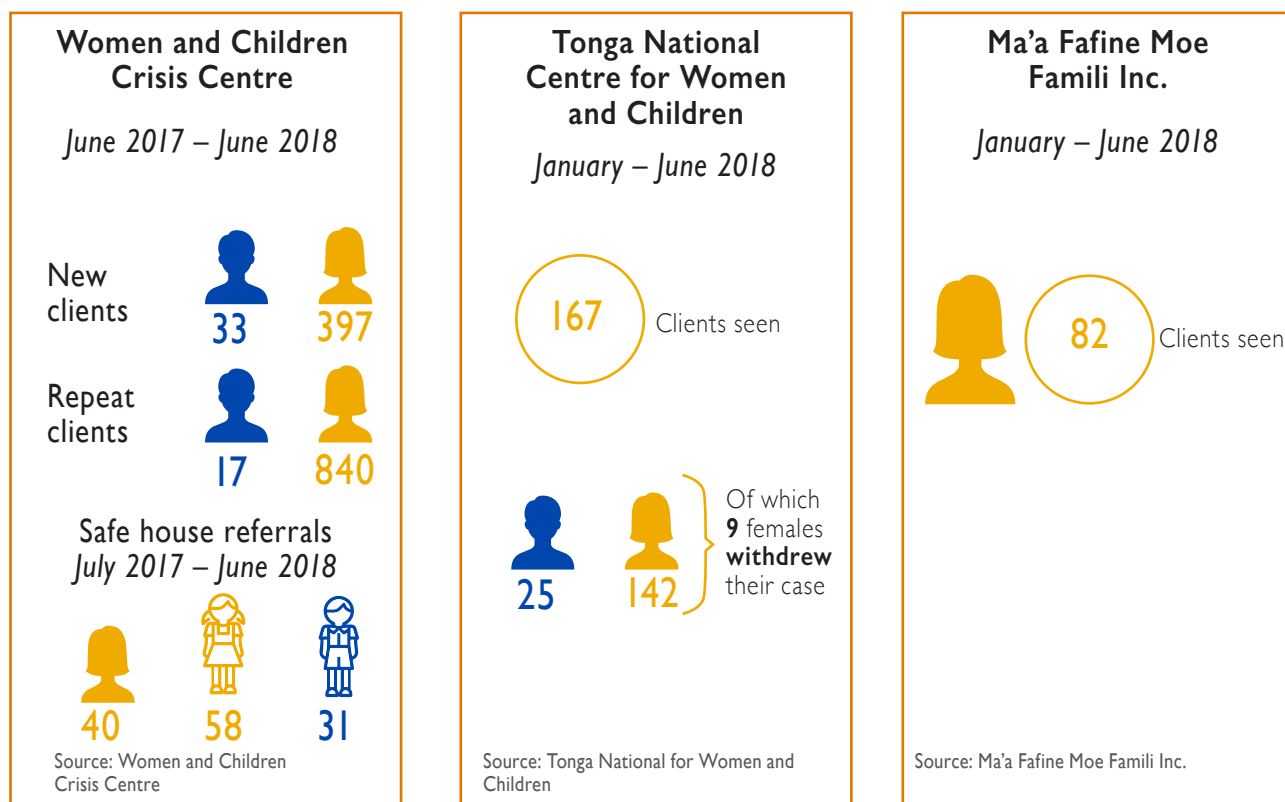
Number of DV complaints, applications filed/granted to the Ministry of Justice (April-June 2018)



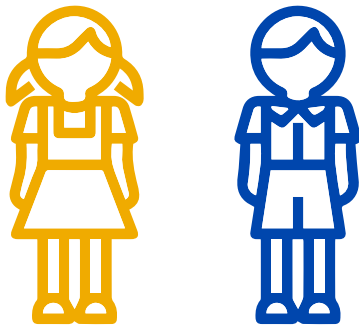
Domestic Violence “protection order” (DVPO) means an emergency, temporary or final protection order made under Part 2 of the Family Protection Act.

Source: Ministry of Justice

Cases filed and assistance provided for DV cases by NGOs



In 2016, 46 cases of child abuse were reported and referred to the Women and Children Crisis Centre Tonga.



Source: <https://www.tongawcc.org/about-violence/statistics/>

Custody of children on the grounds of child neglect

A father has two children, including an eight-year old boy and a five-year-old girl. The mother died in 2016 and the father remarried in 2017 while the children's maternal grandmother cared for his two children. "I went a number of times to see my two children but the grandmother chased me away. I sought help from the Tonga Legal Aid Centre and I was able to get a Protection Order for my children. I have the chance to have my children come over to my house with my new wife. I learned that my 5 year old daughter is talking about sexual stuff and sexual languages, she learned it from the house of her grandmother. My petition went up to the court and now I am able to have the custody of my own children and we live happily with them. I am grateful for the fast, efficient and awesome provided by the Legal Aid Centre services. We would be very sad if the government will close down the Legal Aid Centre for they are providing an excellent free legal services."

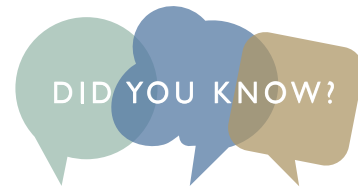
What the statistics tell us

Like other PICTs, women and girls in Tonga experience high rates of GBV. The 2009 *National Study on Domestic Violence against Women in Tonga* found a high prevalence rate of violence and abuse with three-out-of-four women in Tonga experiencing physical or sexual violence in their lives by a partner or non-partner. Some of the study findings were unique to Tonga. For example, contrary to regional and global trends, the study found that women in Tonga experience violence by non-partners (especially fathers and teachers) three times more often than by partners. Two-in-three women had experienced physical violence more than five times by someone other than their partner since they were 15 years old. It should be noted that this high prevalence of non-partner violence does not vary significantly by island group, educational level or age.

Four-out-of-ten ever-partnered women in Tonga had experienced physical and/or sexual abuse or violence by a partner, with 33 per cent reporting that they experienced physical violence in their lifetime, 17 per cent reporting that they experienced sexual violence in their lifetime, and 24 per cent reporting that they experienced emotional abuse in their lifetime. Overall, almost half of the women surveyed reported having experienced at least one of the three types of partner violence in their lifetime.

Almost half of GBV survivors do not tell anyone about their experience, with 47 per cent never telling anyone of the abuse and violence endured, and 75 per cent never seeking help from formal services. Most of the survivors did not come forward to report due to societal norms. The fact that many women find violence against women socially acceptable and justifiable is one of the fundamental problems that perpetuates GBV. Other reasons cases were not reported include the stigma and fear of repercussions and a lack of confidence that the cases would be taken seriously and that the health and police personnel would treat the survivors fairly and with dignity and respect. These factors further marginalise the survivor and make it even more difficult for them to come forward and report the violence.

The 2009 *National Study* found that the survivors and perpetrators of violence had experienced some form of violence as children directly in the form of discipline or indirectly as witnesses of others, including their mothers, being abused.



DID YOU KNOW?

In 2018, UNFPA/MOH in partnership with Tonga Family Health Association (TFHA) conducted a one-week National Peer Education Training for Trainers of Peer Educators on Comprehensive Sexuality Education including STIs/HIV, GBV and Peer Education guiding principles. 28 Youth Leaders, Health Service Providers and Community Educators from across Tonga learned basic concepts and fundamental guiding principles in dealing with all ASRHR. Here is what one participant said:

“Honestly, I was fascinated all the time with the content of Sexuality Education, Sexual Diversity and Orientation, terminology such as Transgender, Queer and Transvestite to name a few ... During this training, I discovered myself and the fact that **I AM A GIRL** and now acknowledge that I need to be confident even though I am a student nurse; but it takes a lot of guts to stand in front of my peers and talk about anatomy and physiology of a Female Body ... [We had] sessions about sexual rights, our rights to access SRH Services and SRH Information, and if our Tongan Youth are forever denied the opportunity to exercise these rights, I believed the teenage pregnancy rate will [not decrease].

Of the 33 per cent of ever-partnered women who reported having experienced physical violence in their lifetime, more than half reported that their children witnessed the violence, and most of the GBV perpetrators were beaten as children or witnessed their mothers being abused. The result is that GBV is transferred from one generation to the next (or is intergenerational), and intensive, long-term programmes are required to change beliefs, attitudes, behaviours and practises. This includes: culturally appropriate, intensive sensitisation and awareness raising in communities and through programmes implemented by institutions, such as faith-based organisations; health and safety professionals adhering to strict protocols and referral pathways; and an education curriculum at all levels that encourages healthy relationships and ending GBV.

With more visibility being generated recently via media platforms, NGOs and support services responding to the needs of GBV survivors have reported increasing demand: the Women and Children Crisis Centre (WCCC); Tonga National Centre for Women and Children (TNWC); Talitha Project; Ma’a Fafine Moe Famili Inc (MFF), and the recently established Tonga’s legal aid centre. These NGOs collectively provided assistance and support to 1,665 clients (inclusive of women, men, girls and boys) from June 2017 to June 2018. The Tonga Women and Children’s Crisis Centre (WCCC), founded in 2009, provides counselling services, refuge and advocacy for women and children survivors/victims. Recently, the WCCC proceeded with a pilot design of a cash transfer programme, which is an effort to encourage more women to seek counselling. Further, WCCC have introduced protocols and resources for clients to hold their counsellors accountable, ensuring their adherence to ethical practices and commitment to women’s protection and safety. WCCC also utilises a community outreach approach, which includes using a radio to raise awareness of the importance of counselling services²². Ma’a Fafine Moe Famili works with a qualified counsellor and provides basic counselling and case management, assistance to clients with applications for protection orders, facilitation with the police and support in finding safe places for clients in the community²³. Although the majority of children in Tonga have access to information via the radio, internet and television, there is no specific legislation (e.g. a Privacy Act) to protect children’s images. While the Internet has opened up a new dimension of expression and information, it has also opened up an alternative yet popular avenue for abuse. Social media has been used as a platform for bullying, defamation, revenge, and sharing of inappropriate photos and videos. The Ministry of Meteorology, Energy, Information, Disaster Management, Environment, Climate Change and Communications (MEIDECC) is drafting regulations to combat cybercrime and abuse²⁴.

22 Pacific Women Support Unit, 2017. Review of Counselling Services in the Pacific.

23 Ibid

24 Pacific Islands Report. Tonga Looks to Laws to Curb Cyber Crime. Site accessed October 2017. <<http://www.pireport.org/articles/2016/10/02/tonga-looks-laws-curb-cyber-crime>>.

The *Family Protection Act 2013 (FPA)* provides the legal framework for women to seek protection, security and justice from domestic violence, with financial resources for implementation of the FPA and the *No Drop policy* by the police. Service providers supporting survivors of violence have ongoing intensive awareness programmes informing people about the law, the legal processes and protection and support services available through a range of media platforms and community meetings and consultations. All service providers report increases in the number of women seeking their assistance, reflecting women's increased knowledge of the availability and benefits of these services. The rigorous application of the *No Drop policy* combined with increased use of the provisions in the FPA by GBV survivors have enabled more women to report abuse, access justice mechanisms and systems as well as protection and maintenance. However, these instruments are not available to all women in Tonga and stakeholders are concerned that women in remote island communities only have access to services via telephone.

The Government of Tonga supports these programmes, as well as those administered through churches and, with support of development partners, the Family Protection Legal Aid Centre opened in March 2018 (under the Ministry of Justice) and has provided legal services and advice (e.g. assistance to apply for Protection Orders) to 202 clients. The result of the increased services for GBV complaints is that the police (Domestic Violence Unit) served 130 Police Safety Orders²⁵ and the Ministry of Justice granted 38 domestic violence protection orders²⁶ out of 56 applications received in a six-month timeframe (January-June 2018). Reconciliation, case withdrawal, and unfulfilled application criteria are among the main reasons why some protection orders were denied or not granted. These services are available in Tongatapu, and to some extent Vav'au, with increasing demand to make these services available in all of the Outer Islands for people in need of support.

TFHA increasing access to clinical services for SRHR

TFHA Mobile Clinical Services is proving to be very successful as it provides access to SRH Clinical Services for people in remote villages in the outer islands of Vava'u. The Mobile Clinical Services are accessible for persons with disability and 'youth friendly' services are offered. TFHA has also conducted a special training for the Health Service Providers and Carers of People with a Disability in Vava'u. This training was the same as training conducted in Tongatapu. Dr. Falesiva, from the Prince Ngu Hospital, was very supportive of this initiative and noted that there were many eager clients accessing the mobile services.

DID YOU KNOW?

The Talitha Project works with young women and girls between the ages of 10-25 years, empowering them and helping foster violence-free lives.

DID YOU KNOW?

The Women and Children Crisis Centre in Tonga is implementing the second phase of a Pacific-centred male advocacy training programme. As a result of the training, there is evidence that more men are standing up to VAWG. However, additional research is needed.

25 "Police Safety Order" means an on-the-spot order issued by a police officer under section 22;

26 Domestic Violence "protection order" means an emergency, temporary or final protection order made under Part 2 of this Family Protection Act;

The WAD conducts a range of awareness programmes on the Family Protection Act in communities across Tonga, including the Outer Islands, and for specific groups like 'kava clubs' (a male-dominated domain). The WAD convene quarterly coordination meetings with key stakeholders working on GBV, providing stakeholders with opportunities to strengthen data collection and compilation systems, consolidate reporting and reflections on lessons learned, share information on research results, and provide direction for future programming and resourcing priorities.

There has not been a comprehensive analysis of the economic losses to the economy caused by GBV. However, it can be postulated that the cost of violence is particularly high in terms of the loss of a women's earnings, costs associated with health care and treatment, policing, legal aid and counselling from CSOs (including churches), lost education, judiciary and imprisonment.

Source of the Statistics and Further Reading

Government of Tonga. (2012). Demographic and Health Survey 2012, Final Report, Tonga.

Government of Tonga. (2013). The Family Protection Act (Preamble).

Government of Tonga. (2015). MDG Tonga Report, Tonga.

Government of Tonga. (2016). Tonga 2016 Census of Population and Housing. Tonga Statistics Department.

Government of Tonga. (2015/2016). Tonga Household Income and Expenditure Survey. Full Report, October 2017.

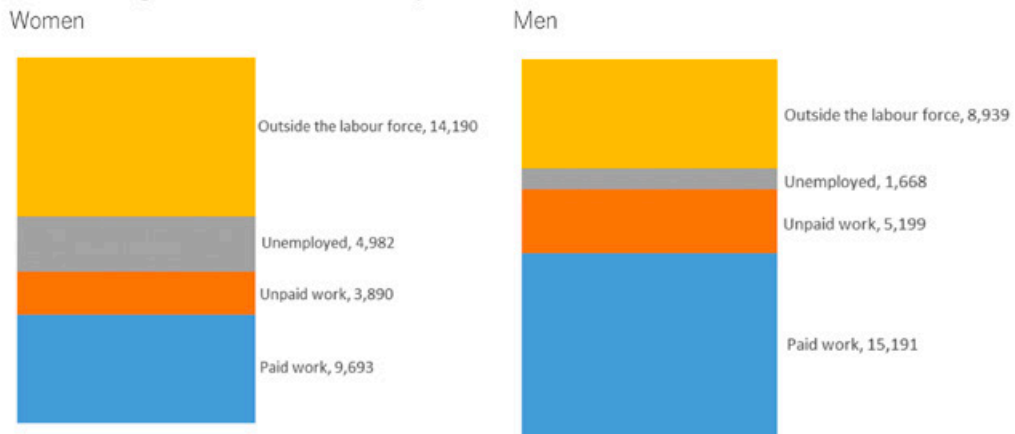
Ma'a Fafine Moe Famili. INC. (2012). National Study on Domestic Violence against Women in Tonga 2009: Nofu 'a Kainga. Nuku'alofa.



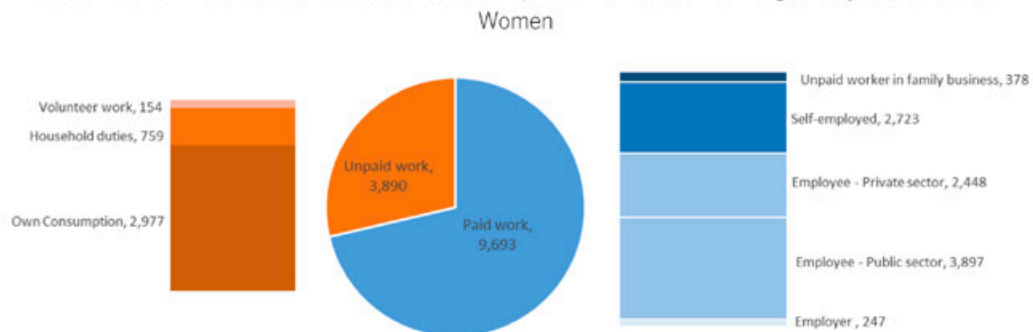
Equitable access to economic assets and employment

Increased women's access to economic opportunities

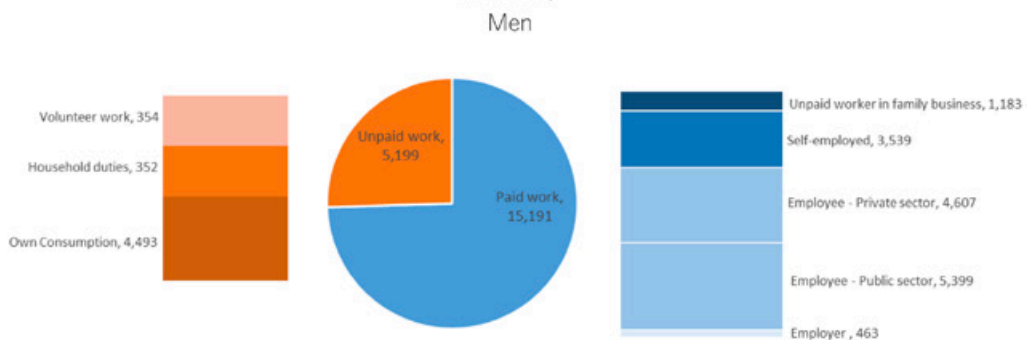
In 2016 women were less likely to work than men, but were more likely to be unemployed than men (willing and available for work if a job was available)



43% of women were outside the labour force compared with 29% of men (aged 15 years and over)

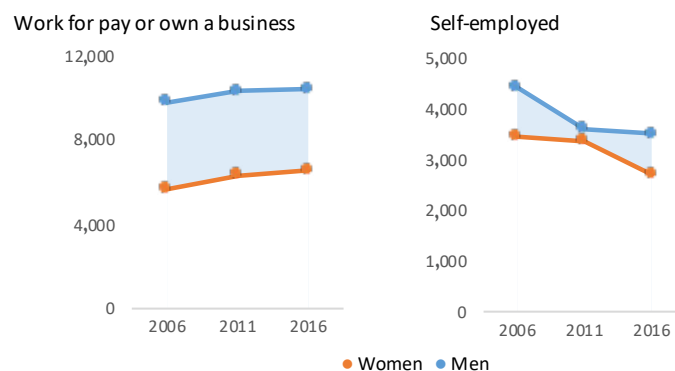


41% of women are in work (paid or unpaid, including subsistence and unpaid workers in family business)



66% of men are in work (paid or unpaid, including subsistence and unpaid workers in family business)

The number of women and men who are self-employed and producing goods for sale is decreasing



Source: Census reports 2006, 2011 and 2016
 Source: Women and men aged 15 years and over, 2016 Census of Population and Housing

According to the 2016 Census, 9,693 or 30 per cent of women over 15 years were working for pay or profit, about two-in-three (6,345 or 65 per cent) were working for wages and salaries in the public and private sectors, and 2,723 or 28 per cent were self-employed (producing goods or services for sale, including running a business without paid employees), mostly producing handicrafts for sale. About one-in-three employers were women (247 women of 710 employers). Men comprise 53 per cent of the 9,089 people performing unpaid work, working in subsistence, or producing goods (including food) for household consumption. Work is disaggregated according to whether it is paid or unpaid, and 29 per cent of working women are in unpaid work compared with 25 per cent of men.

Women’s share of those working for pay or profit was 39 per cent, and women make up 42 per cent of employees in the public sector and only 35 per cent of private sector employees. There were 15,191 men and 9,693 working for pay or profit, with women making up 39 per cent of those working for pay or profit.

Vulnerable employment is defined as those who are self-employed and not employing others, and include unpaid workers in family businesses as a proportion of those working for pay or profit. The proportion of men and women in this group is about the same, with 31 per cent of men and 32 per cent of women either self-employed or working without pay in family businesses.

I learned baking from my mother and now I have a successful business

“My Home Made Bakery has been in operation for 22 years now, but started from humble beginnings. I started with a canteen selling small bags of small brown cakes for \$1 at Beulah Primary School when my eldest son was in Class 2. I learned baking from my mother and hence, I was motivated to start that canteen. I ended up attending a cooking/baking class held at Beulah Secondary School, coordinated by the Adventist church. Hence, my baking skills developed from there and that has motivated me to start my microbusiness entrepreneurship initiative.

At present, I am delivering different kinds of baked food to 20 retail stores in Tongatapu daily. I use three 25kgs of flour every day, have hired 2 labourers twice a week in the evening to help with baking. My small business profits now supports the study of my two eldest children at USP campus in Tonga; I have extended my house with a large veranda, a car park and have purchased 2 vehicles. I joined two women’s groups lili pa’anga and I can get \$7,000 each December. My husband was a taxi driver, but resigned to help delivering the baked food every morning. My business is successful due to the financial support provided by SPBD”.

One of the most significant results from the *2016 Census of Population and Housing* is the large proportion of women aged 15 years and over reporting that they were unemployed but willing and available to work. In 2016, 4,982 reported that they were unemployed compared to 361 in 2011. While some of this increase is attributable to different questions asked to define unemployment, it is nonetheless a considerable increase in women reporting that they are willing and available to work. The increase could be attributed to a range of factors such as increased family poverty and hardship resulting in women wanting to work to increase family incomes, or that norms are shifting and women want to exercise their right to paid work; further research is needed to identify the reasons.

Due to changes in the conceptual framework used to define 'work' introduced with the *2016 Census of Population and Housing*, it is not possible to accurately depict the evolution of the workforce over time. However, two categories of work consistent over time show that an increasing number of women are working as employees or business owners while those who are self employed producing goods for sale has decreased.

There are a number of programmes being implemented to foster women's economic empowerment, including entrepreneurial training projects (i.e. business and financial literacy training) delivered by Tonga Skills and the Business Advisory centre of the Ministry of Labour and Commerce to support women to generate income from handcrafts, cooking, sewing, and other entrepreneurial activities. The Tonga Development Bank (TDB) has introduced loan products and financial support services for women's groups and for individual women, with interest rates of 4-8 per cent aimed to support women's microenterprises; other moneylenders operate with interest rates of 10-25 per cent. For example, the South Pacific Business Development (SPBD) offers women's group microfinance with 25 per cent interest rates and its current membership includes 6,168 women (18-65 years of age). One commercial bank, ANZ, conducts "Business Mindset" training targeting women's groups throughout Tonga to encourage them into profitable undertakings.

The agriculture sector, primarily horticulture and to a lesser extent fisheries, is an important sector in the economy due to its contribution to family and household incomes in the outer islands and in greater Tongatapu. In 2015, 86 per cent of households were active in agriculture²⁷, to meet their own food needs or for cash income through sale, and women and girls comprised 51 per cent of the agricultural workforce. A number of projects and programmes have sought to engage women farmers to produce 'niche' products for local sale and export. Because the goals have not been met, emphasis is increasingly on benefits for agricultural families and households rather than individual women. The goals have largely gone unmet because women have limited access to land since, by law, only men can inherit or claim land, hindering women's success in the sector. Interventions are now focusing more on increasing women's involvement in family-based enterprises to increase family incomes.

Traditional knowledge and skills basis for business

"My husband was working as a carpenter for a building company with wages of \$150 every two weeks. I wasn't working but very skilful in making ta'ovala faka'ahu (woven mat wrapped around the waist) that I would sell at Talamahu market. My family's main income was making ta'ovala but was not enough to fulfil our children's education, social obligations and our immediate needs. Hence, I joined SPBD in 2009 and the loan really helped to make my small business successful. My husband and I didn't have land to grow pandanus or kie for making ta'ovala faka'ahu. So, the loan from SPBD has helped us to buy fihufatufa and cut it into pieces of ta'ovala faka'ahu. I sell one ta'ovala for \$300 and I can make 4 ta'ovala per day.

Prior to the success of my business, we used to live in one small house. My business helped us to build another house with many rooms, establish a retail shop of our own and extend our business with sound system we hire out for \$250 per day. I was able to borrow \$20,000 and bought a 4 tonne truck for the sound system and its large speakers and I was able to repay the loan within 6 months. My business can afford the study of my three eldest children at the USP and also send one of my son to study for six months in India. That son is now working at the Ministry of Health."

27 2015 Tonga National Agricultural Census Main Report, Ministry of Agriculture, Food, Forests and Fisheries from <http://tonga.prism.spc.int/todos-documents-library?view=download&fileId=2002>.

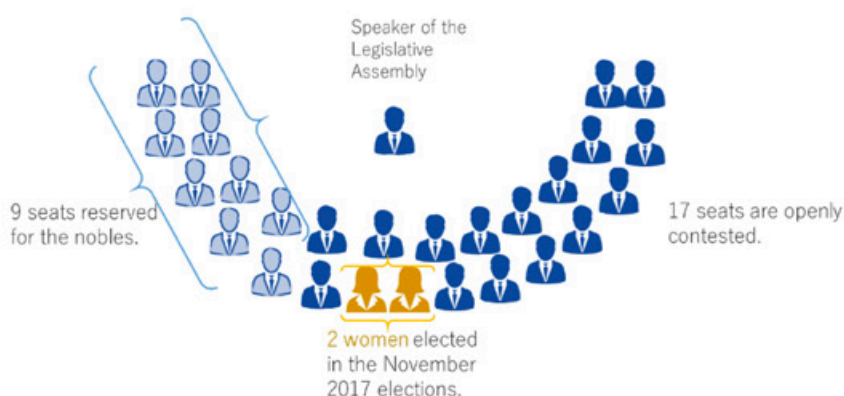
In addition, handicrafts cut across both the agricultural and manufacturing sectors: the cultivation of the tree-crop based products and other raw materials is part of agriculture while the post-harvest activities of soaking (boiling), drying, painting, weaving etc. are defined as manufacturing. There is some opportunity, albeit limited, for women to be paid to perform specific tasks (e.g. pandanus preparation, fringing or weaving, or joining mats); however, most handicrafts are produced by individual women or women's groups from start to finish in order for them to benefit from the full sale price of the item. Statistics are not available on the value or quantity of handicrafts exported or sold locally, but anecdotal evidence suggests that the price for handicrafts is increasing because of high demand from overseas markets, primarily in the United States and also in Australia and New Zealand. While this benefits the women producers, it is causing financial pressure within Tonga on families and women who have to purchase handicrafts locally for appropriate clothing and attire and to meet ceremonial obligations relating to cultural products.

Increased women's leadership and equitable political representation

Women remain underrepresented in decision-making and in leadership positions

The Tongan Parliament has **7% women**

There are currently 28 members in Parliament. This includes the speaker, 9 nobles, 17 elected members and 1 appointed member.



Source: http://archive.ipu.org/online/reports/Z317_E.htm

1.1% women were elected

as officers in the 2016

Local Government Elections

There are 23 district officers.

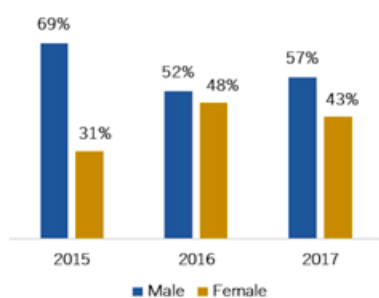
1 woman district officer ('Eua Motu'a District)

1 woman town officer (Haveluloto)

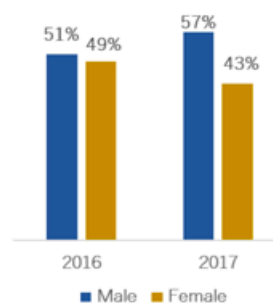
There are 156 town officers.

Source: <https://www.tongalocal.gov.to/district-and-town-officers>

Share of women and men CEOs.

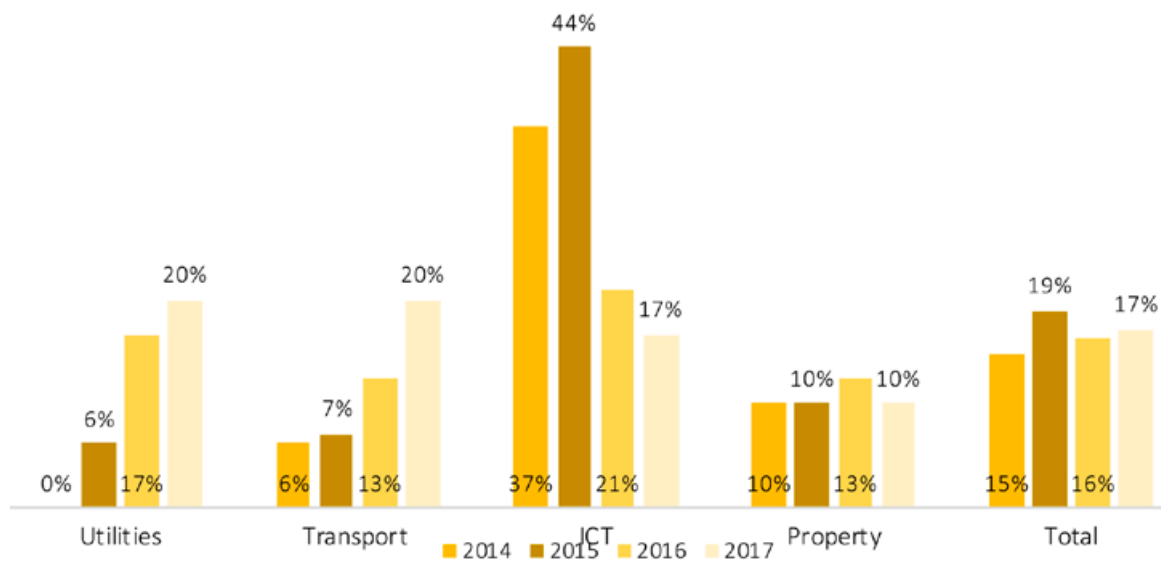


Share of women and men Deputy CEOs.



Source: PSC 2017 Annual Report

Women's share of State-Owned Enterprises (SOE) Board Members by Sector



Source: Ministry of Public Enterprise: <http://mpe.gov.to/public-enterprises/public-enterprises-list>

The King had invested a female as Law Lord, which was deemed as a big step for women.

King Tupou VI appointed Tonga's first woman Law Lord.
The Kings Law Lords advise the Monarch on matters relating to the judiciary.



What the statistics tell us

Common barriers that marginalise women from participation in political and decision-making processes and spaces range from systematic exclusion through electoral systems and institutional regulations and requirements to the lack of financial support required to apply to stand for election and carry out election campaigns.

In Tonga, women have enjoyed the right to vote and stand for elections since 1951; a woman may become Queen and women can be elected to the 'open seats' in parliament. In 2014, the legislative assembly held the first ever Practice Parliament for Women in Tonga in the lead up to the first election for the 17 open seats. One of the driving reasons behind the reform was to increase women's political participation and to enable women to contribute effectively at the highest level of decision-making. However, the norm that men are decision-makers and political leaders remains a challenge and is a major hindrance to women's representation, involvement and participation in elections and political bodies. This is evident in the low level of women's representation in politics with women representing only 7 per cent of Parliament and only two women elected to local government.

In the 2014 general election, at the close of nominations, 16 (15 per cent) of the 106 candidates for the 17 open seats were women, mostly in constituencies in Tongatapu. The number of candidates for the snap election in 2017 decreased to 86, perhaps because the election was called 12 months earlier than scheduled; however, the number of women remained consistent at 15, or 17 per cent of candidates. Likewise there was a decrease in voter turnout, from 79 per cent in 2014 to 67 per cent in 2017, and lowest in the urban areas of Tongatapu. In the eight constituencies where women unsuccessfully contested, they received an average of 10 per cent of total votes cast, ranging from less than 1 per cent to 19 per cent: 5,590 votes were cast for the 15 women candidates compared with 22,247 votes cast for the 71 men candidates. In the two constituencies where women were successful, one received 35 per cent of votes (Tongatapu 5) and the other 43 per cent (Vava'u 16). For the 2017 general election, there were 170 polling stations in Tonga with about 575 polling officers, most of whom were women.

DID YOU KNOW?

- 16 of 106 candidates were women in the 2014 elections.
- 15 of 86 candidates were women in the 2017 elections.

Source: Tonga 2018 Universal Periodic Review

The *Electoral Act* requires candidates to provide a TOP\$400 payment with their nomination submission, and the maximum a candidate can spend on an election campaign is TOP\$20,000 with an itemised sworn statement of election expenses required within 14 days after the election. In 2017, 60 of the 86 candidates submitted their accounts, with a total expenditure of approximately TOP\$551,000, with expenditures ranging from TOP\$455 to TOP\$19,624. Of the 15 women candidates, all submitted their accounts. Candidates who failed to lodge their expense returns were referred to the Attorney General's office for prosecution, and all were prosecuted in the Magistrates' court and fined an average of TOP\$300.

In the 2016 election of the 23 district officer posts, only four of the 80 candidates were women; and only 14 women contested the 155 town officer posts compared with 343 men. However, for the first time, a woman was elected as a district officer in 'Eua and another elected as a town officer in Tongatapu. Ongoing civic education programmes are needed throughout the election cycle for local and national government elections, alongside efforts to increase women's leadership capacities in order to counter stereotypes that women should not hold elected positions.

The 2012 Tonga DHS found that decision-making in the household usually depended on certain circumstances. For example, joint decision-making was most common, especially for visits to family and relatives; women and men are also equally more likely to make independent decisions on this topic too. Joint decision-making was less likely when it came to decisions regarding healthcare. Women were more likely than men to make independent decisions on major household purchases of daily household goods. Women with higher education levels were more likely to be involved in all household decisions compared with those with lower education levels, associated with their work and income. Younger women were generally more independent and made decisions about how their earnings were spent. Decision-making mechanisms within the community and villages remain largely dominated by men; it was not until the 2004 local government election that Tonga had its first female town officer elected, and recently only two women were elected in the local level government elections for district officer and town officer positions despite 18²⁸ standing for office.

28 <http://mic.gov.to/news-today/press-releases/6130-women-make-history-in-local-government-elections-2016>



**Honourable Losaline Ma'asi,
Minister for Agriculture, Forests and Food.**

The driving force for my interest in political representation is to share my experience and background in working within the government for more than 30 years which gave me that confidence to run for parliament.

What challenges did I experience during the campaign and how did I overcome them?

Funding of campaigning is one, with many groups asking for funding to assist in churches, community, schools etc.

I overcame this challenge by reaching out to every household in the constituency, going out to kava clubs which are mostly men. I had women and men in my campaign team and we went around to the villages for campaigning. We got financial support from leaders and communities, they even contributed to radio programmes and floats.

What are some tips and hints to become a successful female candidate?

I used my experience and background especially in the agriculture sector, a source of livelihood for both farmers and women in handicrafts. I know the issues that they face and how I can help out to resolve them. Having worked with and lived in these communities also helped, I seem to know nearly everyone and everyone knows me".

Appointments in SOE boards are merit based, but women's representation remains low, at an average of 17 per cent, ranging from 10 per cent in the property sector (two enterprises) to 20 per cent in transport and utilities sectors (six enterprises). Efforts encouraging women to apply need to continue. While few women are represented at the decision-making levels of the public enterprise, especially as board members, there has been slight improvement in the number of women employed as CEOs and Deputy CEOs within the public service. Even though the public service is the largest employer of women, only a few hold decision-making positions at the most senior level (CEOs and Deputy CEOs). There has been an increase in the number of women holding higher middle management positions within the public service. Several programmes aimed at increasing women's engagement in leadership positions have been implemented and have resulted in some progress, albeit small. Women comprise an increasing share of managerial positions and higher-level administrative positions in government, as highlighted in Tonga's Universal Periodic Review (29th session) and the 2016 *Census* statistics. However, the proportion of women to men in these positions remains low. The evidence is clear: an increase of women in senior management and administrative roles allows for inclusive decision-making for better planning and policy making, increased transparency and accountability and increased profitability. Moreover, for the first time in Tonga's history, a woman was elected as one of the five King's Law Lords. This has been an important outcome since the purpose of the King's Law Lords is to advise the Monarch on matters relating to the judiciary. Since amendment of the Constitution in 2010, Law Lords are required to be persons versed in the law and members of the Privy Council. In practice, the Law Lords have been provided constitutional and legal advice during the reform process. Beliefs in gender norms, traditional and cultural stereotypes continue to restrict women's ability to fully participate and access leadership opportunities and must be challenged.

Source of the Statistics and Further Reading

Government of Tonga. (2015). MDG Tonga Report, Tonga.

Government of Tonga. (2016). Tonga 2016 Census of Population and Housing. Tonga Statistics Department.

Government of Tonga. (2012). Demographic and Health Survey 2012, Final Report, Tonga.

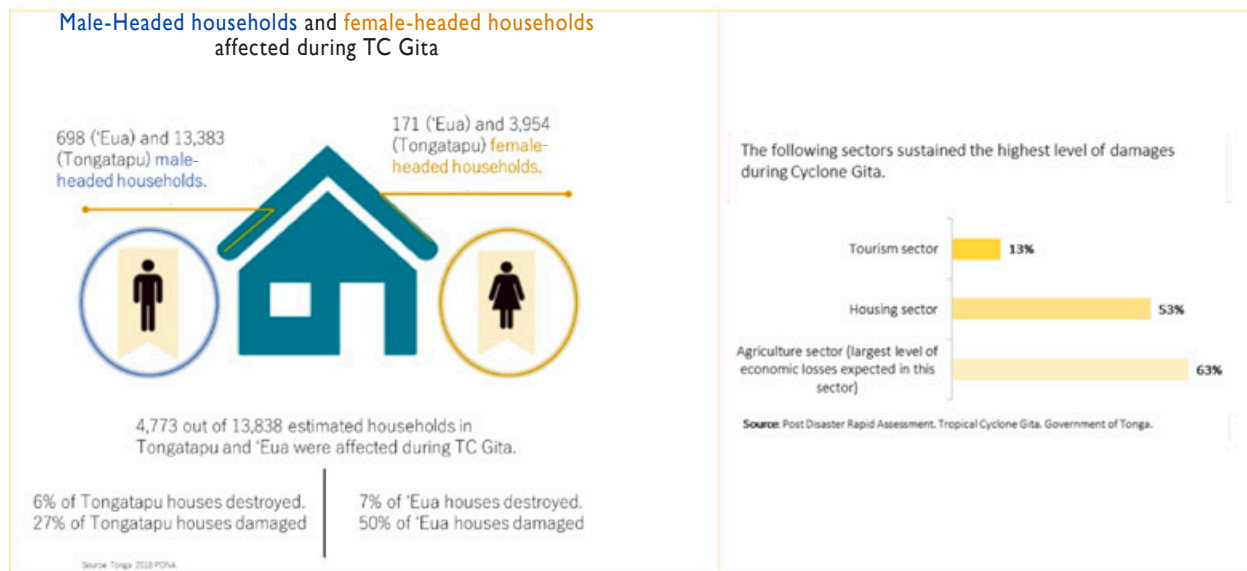
Government of Tonga. <https://www.tongalocal.gov.to/>

Government of Tonga. Ministry of Public Enterprises. <http://mpe.gov.to/>

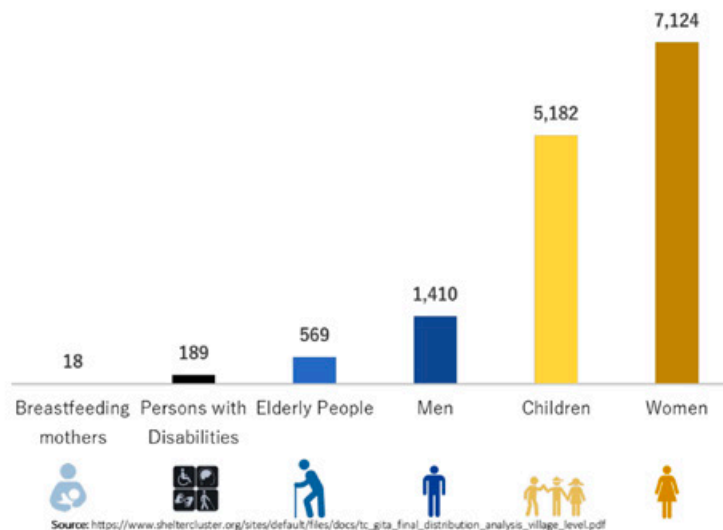
Government of Tonga. Ministry of Public Service Commission. <http://www.psc.gov.to/>

Create equal conditions to respond to natural disasters

Tonga's Climate Change Policy recognises the different impacts of climate change on men and women



TC Gita Distribution (Shelter Relief and Non Food Items) reached the following people:



TC Gita Social Protection Top-Up Payments in 2018

Programme	Tongatapu Number of Beneficiary Households	'Eua Number of Beneficiary Households	Total Beneficiary Households Reached	Total people reached	TC Gita Top-up payments (T\$ millions)
Disability Welfare Scheme	493	41	534	2,937	0.12
Social Welfare Program for Elderly	2,811	213	3,024	16,632	0.68
Total	3,304	254	3,558	19,569	0.80

Note: Total household size of 5.5 people is used to approximate the number of people reached.

Source: Tonga 2018 PDNA

Access to Information Communication Technology is critical during times of disaster.

“My neighbour alerted me about the cyclone, we don't own a radio so we did not know about the warnings. My neighbour also told me about the evacuation centre and so I decided to take my family there because I knew our house was not safe”.

(Senolita Palu)

Source: <https://spark.adobe.com/page/kcwzmhD8vZL88/>

29

“I felt so helpless and painful. I too was in complete shock and disbelief, but I had to save my children despite how hard it was for me to see my husband's work get ripped apart by the cyclone right in front of our eyes...”

(Sesalina Valangina)



Emotional, Mental, Social and Spiritual well-being is critical during times of Disaster.

29 The media campaign initiative is supported by UN Women Fiji Multi-Country Office, in conjunction with Australian Aid-funded WCCC psychosocial support work to affected areas. <https://www.tongawccc.org/story-3-raising-rural-womens-voices-in-tonga/>

What people tell us

Below are the stories of two elderly sisters (one 83 year-old woman; one 79 year-old woman), who live together in their family home and who have never been married. Their house was largely destroyed by Cyclone Gita.³⁰

"The elderly sisters sought help from their caregiver in preparation for the cyclone. Their caregiver and her husband helped put up aluminium around the house as the building was a very old one. They also tidied up inside the house and took down photo frames hanging on the walls and prepared food and water supplies for the night..."

"The room that they are staying in is in an unhealthy condition because the floor and walls are crumbled and there are lots of fleas around the room and the whole house. The living room also is filled with their personal belongings including their clothes, cupboards, chairs and bed, dining table and stove. They refuse to move their belongings around the house and currently, this is their living condition at home".

30 Ma'a Fafine mo Famili 2018 "Tonga Social Service Pilot Project".

Coping strategies can be harmful and illegal³¹

"After the cyclone, the house that this couple used to live in was damaged and they couldn't live in it. They moved and rented a place in another village. After two weeks there, they moved in with the mother, sister and children of his wife. He said they moved out from there too because there were too many of them under one roof. Plus, there were boys at the neighbours who were taking drugs and he knew that his wife always sneaked there and took drugs with them. He said that they got a piece of land in another village and he wishes to build a house there soon so they can move there.

Before the cyclone, this couple had a place to stay. Now they are just moving around and it's causing a lot of problems. The husband is very worried about his wife taking drugs, and thinks that she is turning to drugs to help her deal with the all problems she faces every day."

31 Ibid

"I am 32 years old, a mother to four young children. My husband is in Australia under the Seasonal Worker Scheme. Our house was affected in the cyclone, now I have moved in with my in-laws but I am not comfortable living with my in-laws...often there is not enough food for everyone."

"Since we didn't take photos of the damaged and the affected house, they thought that only a few homes were affected. I went back again and asked the team to check the houses that were damaged. At the end, a total of 23 tarpaulin were given to the village at last".

What the statistics tell us

Tonga is extremely vulnerable to the adverse impacts of climate change and disaster risks. The Third United Nations World Conference on Disaster Risk Reduction highlighted the vulnerability of the Kingdom of Tonga, noting that it is the second most at risk country in the world facing constant threats of cyclones, hurricanes, earthquakes and tsunamis. The guiding principles in Tonga's *Climate Change Policy* recognises the different impacts of climate change on women and men. This recognition assists in improved planning and development of effective strategies to respond to the different vulnerabilities and capacities of different groups (including gender groups). Category 4 Tropical Cyclone Gita was the most intense cyclone to have hit Tonga. Tropical Cyclone Gita affected approximately 80,000 people³², which is around 80 per cent of Tonga's population. Tongatapu and 'Eua have average household sizes of 5.7 and 5.6 people, respectively, which are larger than the national average of 5.5. Tropical Cyclone Gita significantly impacted housing, destroying over 800 houses and further damaging an additional 4,000 houses. Agricultural farms, crops, major buildings (e.g. Parliament House) Parliament House and infrastructure were significantly damaged. Assessments carried out in Tonga found that approximately 1,000 households on Tongatapu (5,700 individuals) sought shelter at 43 evacuation centers (schools, churches and village halls) on the night of the cyclone.

Women participate in much smaller numbers in formal and informal decision-making spaces on disaster risk management and climate change adaptation, and, as a consequence, are often less likely to receive critical information on emergency preparedness³³ or to participate in decision-making bodies that finalise relocation plans and locations of evacuation centres. Disaster preparedness committees are largely made up of men resulting in decisions and discussions that fail to take into account the specific needs of women and other marginalised groups.

Access to information and communication is crucial in times of disaster. Not only does it keep people informed of the latest news updates on the weather, evacuation centers and updates on relocation, it has also been a key tool in connecting families during times of disaster and recovery. Studies and reports³⁴ have shown that traditional knowledge and practices in the Pacific are often gendered. Understanding traditional or local knowledge is important to reduce risks of disaster especially in communicating or predicting local weather warnings or early warning signs on natural disasters.³⁵ In the Pacific, women are traditionally responsible for securing food for their families. As a result, they are typically the first ones to predict or communicate local weather warnings as they start noticing shifts in weather patterns and impacts of coral bleaching on the availability of fish (as many women fish for subsistence) or unusually large and early harvests of some fruits or plants.

According to the *2018 Tonga Rapid and Gender Analysis*, the post disaster/cyclone saw restoration of most of the major communications and services within two weeks ensuring that those who are often marginalised and vulnerable (e.g. women, children, elderly, people with a disability and people of diverse sexual orientation and gender identity and expression) remain connected to their families, friends and support networks. This has facilitated their access to seek or request support when it was needed or required.

These experiences prove the importance of better understanding and learning gender roles in disaster reduction and climate change to enable better mitigation and response actions which, in turn, leads to better use of resources, time and efforts.

32 Tonga Statistics Department. (2018). Post-Disaster Needs Assessment: Gita Cyclone Report, funded by UNDP

33 The gendered dimensions of disaster risk management and adaptation to climate change- Stories from the Pacific. https://www.preventionweb.net/files/9527_UNDPPCClimateChange1.pdf

34 The gendered dimensions of disaster risk management and adaptation to climate change- Stories from the Pacific. https://www.preventionweb.net/files/9527_UNDPPCClimateChange1.pdf

35 Lane, Ruth and McNaught, Rebecca (2009) 'Building gendered approaches to adaptation in the Pacific', *Gender and Development*, 17:1, 67-80. http://www.climatecentre.org/downloads/files/asia_and_pacific/Gendered%20approaches%20to%20adaptation%20in%20the%20Pacific.pdf

Counselling and psycho-social support services are limited, as is information regarding support for protection and security concerns. Tonga Women and Children's Crisis Centre (WCCC) provided crucial support during and after Tropical Cyclone Gita especially in the area of psycho-social and counselling support. Under WCCC's Psychosocial Support and Resilience (PSS-R) project,³⁶ stories from women and children were documented and counselling support was provided to help address psycho-social needs post-Tropical Cyclone Gita. The PSS-R project supports activities to ensure safe, rapid and confidential access to comprehensive services, such as psycho-social support, for those who have experienced trauma or violence, with an emphasis on women and children. Post-disaster assistance and support needs to take into account psycho-social and counselling support, including safety and security issues for those living in temporary or make-shift homes. Temporary shelters provide provisional homes to those who urgently need them but, at the same time, increase risks to their protection, security, safety and health while also hindering their rights to dignity and privacy. Almost all evacuation centres reported a complete lack of information regarding safety rules, toilets in evacuation centres were not separated, lacked proper lighting and locks, women also reported (14 out of 17 female respondents had expressed this) that they had limited communication and information access in the first 72 hours of the crisis and were instructed to follow orders by those managing the evacuation centres.³⁷ Lack of lights in these shelters contributed to fear and insecurity. While electricity and water supply was restored within two weeks to all areas of 'Eua, including to all evacuation centres, water borne diseases were a concern especially with the lack of access to clean water as drains, wells and rainwater collecting debris became potential breeding sites for mosquitoes increasing the risk of diseases such as dengue and diarrhoea.

The PDNA noted that children, youth, people with a disability or chronic illness, elderly people, people living on the Outer Islands, widows, young single mothers, pregnant and breastfeeding women, and people of diverse sexual orientation and gender identity and expression were identified as most vulnerable to the impacts of Cyclone Gita. The evacuation centres lacked separated toilet facilities, separated sleeping arrangements, secure locks on toilets/bathrooms and lighting which proved to be unsafe, especially for women, children, people with a disability, elderly and people of diverse sexual orientation and gender identity and expression. These oversights increased the risk of sexual assault, exploitation and 'general feeling of being unsafe' during a time of stress and need, when additional support was most necessary. Additionally, the Tonga Leitis Association, which previously served as refuge or safe home for people of diverse sexual orientation and gender identity and expression, was damaged during the cyclone. This resulted in vulnerable individuals seeking temporary housing accommodation with family and friends. Although they had no alternative options, living in temporary housing increased their risk of further discrimination, especially by those uncomfortable with diverse sexual orientation, gender identity and expression. It was further found that most people with a disability and the elderly refrained from going to evacuation centres, due to their lack of understanding on the importance of relocation. The lack of assistance and support provided to them was a contributing factor to their inability to relocate to somewhere safe. Furthermore, most people with a disability who were obligated to relocate highlighted the lack of disability friendly facilities and accessible evacuation centres. Post-disaster assessment reports emphasised the health needs of people with disability as a priority given the lack of mobility³⁸. During Cyclone Gita, the Alonga Centre for the disabled also assisted in housing homeless people with a disability and identified a range of issues and needs (e.g. access to clean water, hygiene, diapers and first aid materials).

MEIDECC is the key ministry to respond pre-, during and post-disasters, including as the lead coordinator for recovery plans, evacuation centres and distribution of relief items. WAD is responsible for coordinating and implementing the RNPAGAD. The MIA is also responsible for coordinating the Safety and Protection Cluster, which is made up of CSOs, people of diverse sexual orientation and gender identity and expression, people with a disability and the elderly, and those who work in the area of sexual and reproductive health.

36 A long-term recovery initiative, funded by the Australian Government's Pacific Women Shaping Pacific Development (*Pacific Women*) programme.

37 The Tonga Rapid Gender Analysis assessment (2018).

38 *ibid*



Source of the Statistics and Further Reading

Government of Tonga. (2014). Safety and Protection Assessment of Tropical Cyclone Ian – Ha'apai, Tonga.

Government of Tonga. (2016). Tonga Climate Change Policy. A Resilient Tonga by 2035.

Government of Tonga. (2016). Tonga 2016 Census of Population and Housing. Tonga Statistics Department.

Government of Tonga. (2018). Situation report (6), National Emergency Management.

Government of Tonga, TC Ian Response Plan, http://reliefweb.int/sites/reliefweb.int/files/resources/2014_01_30_TC%20Ian%20Response%20Plan.pdf

Tonga Statistics Department. (2018). Post-Disaster Needs Assessment: Gita Cyclone Report, funded by UNDP.

Post Disaster Rapid Assessment. Tropical Cyclone Gita. Government of Tonga.

Tonga Rapid Gender Analysis - Cyclone Gita February 2018.

Vulnerable women-headed households

In Tonga 1-in-4 houses are headed by a woman



In urban Nuku'alofa, 27% or 3-in-10 households are headed by a woman, compared with 22% or 2-in-10 in rural areas (23% in Greater Tongatapu and 20% in Outer Islands)

On average, households headed by men are more likely to have cash income from pay or profit than households headed by women

6-in-10 households headed by a woman have income from wages, business or sale of products



8-in-10 households headed by a man have cash income from wages, business or sale of products



On average, households headed by women are more likely to receive remittance income than households headed by men

9-in-10 households headed by a woman have income from remittances (90%)



8-in-10 households headed by a man have cash income from remittances (82%)



Remittances are the only source of cash income for about 1-in-3 households headed by women (31%)

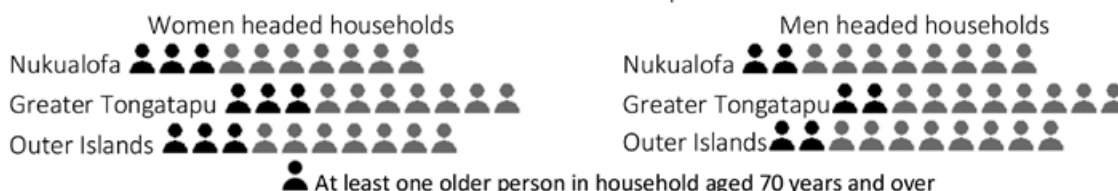
Remittances are the only source of cash income for about 1-in-5 households headed by men (16%)

60% households headed by a woman do not have a battery powered radio



3-in-10 households headed by women have at least one older person (aged 70 years and over) compared with 1-in-5 households headed by men

At least one older person



In the 2016 Census, there were 4,094 households headed by a woman, or 23 per cent, compared with 13,911 households headed by a man (private occupied households). Since 2001, the number of households in Tonga has decreased by 11 per cent; yet, the number of households headed by a woman has increased by 22 per cent, while those headed by men have decreased by 17 per cent. On average, women-household heads are slightly older, with an average age of 56 years compared with 50 years for men-headed households, and have slightly fewer household members at five (on average),

compared to 6 members in households headed by men. The *Census* results show no significant differences between household heads and access to drinking water and sanitation, with 80 per cent of all households using rain water as the main source of drinking water and 100 per cent having access to improved sanitation.

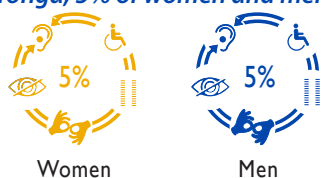
Differences between households headed by women and men emerge in terms of access to assets and economic opportunities, consistent with statistics on women’s labour force participation. Households headed by women are, on average, less likely to have cash income from wages, business or product sale but are more likely to have cash income in the form of remittances than households headed by men. In addition, remittance income is the only source of cash income in the household for 31 per cent of households headed by women, compared to 16 per cent of households headed by men. This makes women-headed households vulnerable to financial crises and external economic shocks that reduce inward remittance flows.

In terms of asset ownership, households headed by women are less likely to have a motor vehicle in working order than households headed by men (54 per cent of households headed by women compared with 64 per cent of households headed by men). There are no significant differences based on the sex of the household head in terms of ownership of refrigerators or freezers, televisions, sewing machines, internet access and cell phones. Less than half of all households have a battery-powered radio, with 44 per cent of households headed by men having a battery-powered radio compared with 40 per cent of households headed by women. Households headed by women in the Outer Islands are most likely to have a battery-powered radio (49 per cent), with ownership lower in Greater Tongatapu (38 per cent) and Nukualofa (35 per cent).

There are notable differences in the composition of women-headed households, with 16 per cent of male-headed households and 28 per cent of female-headed households having at least one member aged 70 years and over, with 30 per cent female-headed households in outer islands having older persons, 27 per cent of them in Greater Tongatapu and 26 per cent of them in Nukualofa. This is consistent with statistics on average age and marital status as a large proportion of household heads are widows. Other statistics on the composition of households illustrate another significant group of vulnerable women: 3-in-4 single parents living with their children are women.

Women and girls with disabilities

In Tonga, 5% of women and men aged five years and over live with some form of disability

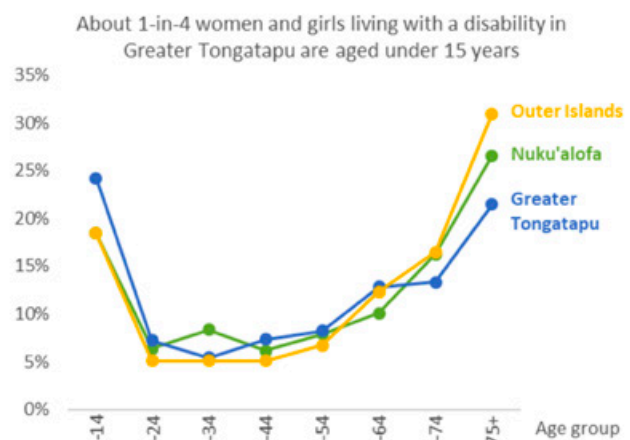
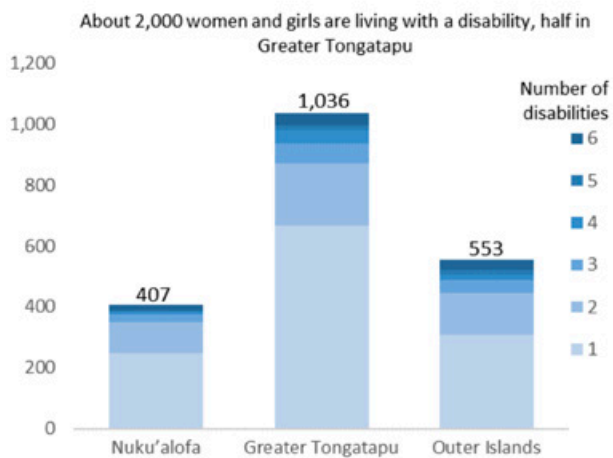


% persons who usually live in Tonga aged 5 years and over living with a disability (a lot of difficulty or cannot do at all in domains of seeing, hearing, mobility, speech, concentrating/ remembering, self-care)

Women with a disability aged five and over are more likely to live in Tonga

	Tonga	Nukualofa	Greater Tongatapu	Outer Islands
Seeing (even if wearing glasses)	1%	1%	1%	1%
Hearing (even if using a hearing aid)	1%	1%	1%	1%
Walking or climbing	2%	2%	2%	3%
Remembering or concentrating	1%	1%	1%	1%
Self-care	2%	2%	2%	2%
Communicating	1%	1%	1%	1%
One disability	3%	2%	3%	3%
More than one disability	2%	2%	2%	2%

Source: 2016 Census of Population and Housing



The 2016 Census asked the short set of the standard 'Washington Group' questions designed to identify people with a disability.³⁹ Overall, 5 per cent of the population living in private dwellings aged five years and over (or about 4,000 people) of both genders had difficulties in, or could not do, one or more of the six core functional domains (seeing, hearing, walking/climbing, remembering/concentrating, self-care, and communicating). This compares with payments made to 468 men and 481 women people under the A'u Ki ai Cash Assistance by the Ministry of Internal Affairs (as of 27 September 2018).

The disability prevalence was slightly lower in Nuku'alofa for both genders at 4 per cent, compared to 5 per cent in the other regions, with the most common types of difficulties related to mobility (walking or climbing) and self-care (e.g. washing all over or dressing). There are no significant gender differences in the types of difficulties or the prevalence. Women and girls in the Outer Islands live with a more complex mix of disabilities than women and girls in Tongatapu, with 44 per cent having two or more types of difficulties, compared with 39 per cent in Nuku'alofa and 36 per cent in Greater Tongatapu. This is possibly related to age, with the highest proportion of older women with difficulties living in the Outer Islands. This preliminary analysis highlights the need for deeper analysis of the census data to explore in more detail the types of difficulties experienced by girls and adolescents aged 5-14 years, with preliminary analysis suggesting that the difficulties may be related to age and the different ways skills and abilities develop among young people, and to some extent how their parents record this in the Census, for the domains of self-care and communication (language skills, e.g. understanding or being understood). The forthcoming release of the results of the national survey of persons living with disability will provide a more accurate analysis of the prevalence of disability in Tonga.

What the statistics tell us

The analysis of the 2016 Census results for vulnerable women resonate with the analysis about health, access to economic assets and employment and ability to cope with natural disasters. Vulnerability is a complex and dynamic mix of location, age, marital status, health, mental and physical ability, poverty, and deprivation. Changes in any of these, coupled with other socio-economic and environmental factors, impact the lives of many women and their dependent family members.

According to WHO, 15 per cent of the world's population lives with some form of disability, and 2-4 per cent of these people experience significant difficulties in functioning. In Tonga, five per cent of the population aged five years and over experiences significant difficulties in functioning – slightly higher than the global estimate. Of this 5 per cent, 38 per cent of boys and 39 per cent of girls experience more than one significant difficulty in functioning. The proportion of persons living with disability will invariably increase because of the NCD epidemic.

39 See <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

Overall, households headed by women and men have relatively the same access to utilities, amenities and mass media. Rates are lowest in the Outer Islands, with little difference between and Nukualofa and Greater Tongatapu for most of the indicators, reflective of the relatively large peri-urban and commuter villages in Greater Tongatapu. However, the statistics presented in this section reinforce the conclusions that women face different challenges than men and, in particular are more vulnerable due to their precarious sources of cash income. Female heads of households are typically older widowed women, while women make up the large majority of single parent households with dependent children, a minority proportion of households in Tonga but significant due to their vulnerability.

Conclusion

The United Nations Human Development Index (HDI) results position Tonga in the high human development category, based on consistent improvements from 1990 to 2017 in life expectancy at birth, mean years of schooling, expected years of schooling and Gross National Income (GNI). When the HDI is disaggregated by sex, defined by the ratio of female to male HDI, women are seen to have a higher life expectancy, approximately the same mean and expected years of schooling and much lower GNI per capita, almost two times lower than men.⁴⁰ This is consistent with one of the main themes in this analysis – that the enabling environment for women’s labour force participation and economic empowerment needs to be strengthened for progress toward gender equality and women’s human rights. Statistics show that household-level poverty and hardship are increasing throughout Tonga, and the recent analysis of deprivation reinforces the analysis of gender data, which shows that many women have tenuous sources of income.

During consultations for both this publication and the review of the *RNPGAD*, stakeholders consistently highlighted advances made toward gender equality and women’s human rights, noting significant reforms, development plan priorities and policies demonstrating the government’s commitment to improve the lives of women and their families. There is clear evidence that gender equality has been integrated into most programmes as part of government and development partner initiatives, including grant schemes. However, gender equality advocates are extremely mindful of the differences in the lived realities of women and their families, in the Outer Islands and, to a lesser extent, remote villages in Tongatapu, than women and their families in Nuku’alofa in terms of access to basic services (e.g. health, education, safety, protection and justice, and opportunities for income generation). The challenges women and girls face in the Outer Islands and remote Tongatapu are compounded and exacerbated by fewer secure income-generating opportunities.

However, despite this progress and awareness, there is discord in the broader community about what gender equality actually means, and disconnect between understanding and application of the principles of gender equality in the context of Tongan custom, tradition and values alongside religious beliefs. For example, public records show widespread support for women’s access to land but only for housing, because traditional gender stereotypes dictate that women do not farm for commercial purposes. Initiatives to increase the physical activity of women and girls in order to reduce obesity have adjusted for traditional gender stereotypes regarding femininity and values that physical exercise is not in the domain of women and girls.

⁴⁰ See Table D: Tonga’s GDI for 2017 relative to selected groups, Human Development Indices and Indicators: 2018 Statistical Update, Briefing note for countries on the 2018 Statistical Update: Tonga at http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TON.pdf

Women in Tonga, like most PICTs, are not visible in statistics related to their ability to respond to natural disasters, partly because the statistical framework is weak and not gender responsive. The gender analysis of the responses for disaster mitigation, rehabilitation and recovery showed that these did not specifically identify the needs of, and responses to, vulnerable groups such as women-headed households, persons living with disabilities, the elderly, marginalised and people of diverse sexual orientation and gender identity and expression.

In conclusion, although there is broad consensus among government and gender-focused CSOs that gender gaps need to be narrowed, more efforts are needed to ensure gender mainstreaming and to increase awareness and advocacy around gender equality and women's human rights. As a parallel process, all government ministries, SOEs and quasi-government authorities must be required to report on efforts made to promote gender equality and women's human rights.

Bibliography

- Brinkman, Sally; Thanh Vu, Binh. (2017). Early Childhood Development in Tonga: Baseline Results from the Tongan Early Human Capability Index. World Bank Studies; World Bank, Washington, DC. © World Bank. <https://openknowledge.worldbank.org/handle/10986/25674>. License: CC BY 3.0 IGO.
- Blick, Gary and Smith, Joanna (2015). Evaluation of the New Zealand Medical Treatment Scheme, at <http://srgexpert.com/wp-content/uploads/2017/11/NZMTS-evaluation-report.pdf>
- Government of Tonga. (2014). Safety and Protection Assessment of Tropical Cyclone Ian – Ha'apai, Tonga.
- Government of Tonga. (2016). Tonga Climate Change Policy. A Resilient Tonga by 2035.
- Government of Tonga. (2016). Tonga 2016 Census of Population and Housing. Tonga Statistics Department.
- Government of Tonga. (2018). Situation report (6), National Emergency Management.
- Government of Tonga, TC Ian Response Plan, http://reliefweb.int/sites/reliefweb.int/files/resources/2014_01_30_TC%20Ian%20Response%20Plan.pdf
- Government of Tonga. (2015) Tonga National Agricultural Census Main Report, Ministry of Agriculture, Food, Forests and Fisheries from <http://tonga.prism.spc.int/todos-documents-library?view=download&fileId=2002>.
- Government of Tonga. (2015). MDG Tonga Report, Tonga.
- Government of Tonga. (2012). Demographic and Health Survey 2012, Final Report, Tonga.
- Government of Tonga. <https://www.tongalocal.gov.to/>
- Government of Tonga. Ministry of Public Enterprises. <http://mpe.gov.to/>
- Government of Tonga. Ministry of Public Service Commission. <http://www.psc.gov.to/>
- Government of Tonga. (2013). The Family Protection Act (Preamble).
- Government of Tonga. (2015/2016). Tonga Household Income and Expenditure Survey. Full Report, October 2017.
- Guttenbeil-Likiliki, Ofa-Ki-Levuka, (2009). Youth and mental health in Tonga: a situational analysis, Suva, Fiji : Foundation of the Peoples of the South Pacific International, ISBN 978-982-9091-12-3 at <https://fspiblog.files.wordpress.com/2011/08/tonga-youth-and-mental-health-analysis-09.pdf>
- Hedditch, Sonali, and Clare Manuel. (2010). Tonga Gender and Investment Climate Reform Assessment. Washington DC: International Finance Corporation.
- Lane, Ruth and McNaught, Rebecca (2009) 'Building gendered approaches to adaptation in the Pacific', Gender and Development, 17:1, 67-80.
- Ma'a Fafine Moe Famili. INC. (2012). National Study on Domestic Violence against Women in Tonga 2009: Nofu 'a Kainga. Nuku'alofa.
- Pacific Radio News (2012). Tonga surgeons says proactive approach to NCDs way forward, 13 August.
- Royal Land Commission, Final Report, vol 1 part 1 (Royal Land Commission, 2012) page 50, cited in Moa, Sela Teukisiafoou A human rights - based approach to women's land rights in Tonga (2017) Faculty of Law, UNSW online at <http://unsworks.unsw.edu.au/fapi/datastream/unsworks:51046/SOURCE2?view=true>.
- The Land Act (1927), Section 43; Divorce Act (1927); Maintenance of Deserted Wives Act (1916); as well as the Constitution.
- Dateline Pacific. (2017). Tonga mental health sector in dire need of attention. <https://www.radionz.co.nz/international/programmes/datelinepacific/audio/2018617837/tonga-mental-health-sector-in-dire-need-of-attention>
- World Health Organization. Regional Office for the Western Pacific. (2015). The Kingdom of Tonga Health Systems Review. Health Systems in Transition, Vol.5 No. 6. Asia Pacific Observatory on Health Systems and Policies.
- UNDP Pacific Centre (2008). The gendered dimensions of disaster risk management and adaption to climate change- Stories from the Pacific. https://www.preventionweb.net/files/9527_UNDPPClimateChange1.pdf
- UNDP. (2018). Human Development Indices and Indicators: 2018 Statistical Update, Briefing note for countries on the 2018 Statistical Update: Tonga at http://hdr.undp.org/sites/all/themes/hdr_theme/country-notes/TON.pdf
- Vaka, S. (2014). A Tongan Talanoa about Conceptualisations, Constructions and Understandings of Mental Illness, PhD Thesis, Massey University.
- Washington Group on Disability Statistics. <http://www.washingtongroup-disability.com/washington-group-question-sets/short-set-of-disability-questions/>

