

TONGA



A SITUATION ANALYSIS OF CHILDREN, WOMEN & YOUTH

GOVERNMENT OF TONGA
with the assistance of UNICEF

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This situation analysis was prepared for UNICEF Pacific by Dr Mili Kaitani and Dr Chris McMurray in collaboration with Key counterparts in Tonga. The views expressed are those of the author and do not necessarily reflect the policies or views of UNICEF and of the Government.

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TABLE OF CONTENTS

INTRODUCTION

PART 1: BACKGROUND

1.1	The Tongan Setting	2
1.1.1	Geography	
1.1.2	Economy	2
1.1.3	Culture and Society	3
1.1.4	Living Standards and hardships	5
1.1.5	Environmental Issues	7
1.2	Demographic Profile of Tonga	8
1.2.1	Population Characteristics	8
1.2.2	Urbanization	13
1.2.3	International Migration	14
1.3	Health	15
1.3.1	Overview of health status	16
1.3.2	Health resources	17
1.3.3	Primary health care	18
1.3.4	Nutrition and Exercise	20
1.3.5	MCH/FP programmes	22
1.3.6	HIV/AIDS and other STIs	23
1.3.7	Challenges in health	24
1.4	Education	26
1.4.1	Primary education	27
1.4.2	Secondary education	28
1.4.3	Post-secondary education	29
1.4.4	Challenges in education	31
1.5	Patterns of economic activity	32
1.5.1	Subsistence activity	32
1.5.2	Wage employment	34

PART 2: THE SITUATION OF CHILDREN, YOUTH AND WOMEN IN TONGA

2.1	Definitions	36
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2.2	Changing family and social dynamics	36
2.3	The Situation of Children	40
2.3.1	Birth registration and child rights	41
2.3.2	Child health and Immunisation	41
2.3.3	Early childhood education	43
2.3.4	Child protection	43
2.3.5	Disabled children	46
2.4	The Situation of Youth	48
2.4.1	Social issues	48
2.4.1.1	School dropouts	48
2.4.1.2	Substance abuse	49
2.4.1.3	Young offenders	51
2.4.1.4	Youth suicide	53
2.4.2	Adolescent Reproductive health	54
2.4.2.1	Reproductive health services for youth	54
2.4.2.2	Teenage pregnancy	56
2.4.3	The transition from school to work	58
2.4.5	Youth as partners in development	59
2.5	The Situation of Women	60
2.5.1	Women's participation in education	61
2.5.2	Women's participation in the labour force	61
2.5.3	Women's participation in government and civil society	66
2.5.4	Gender roles and gender discrimination	66
2.5.5	Domestic violence	70

PART 3: SUMMARY AND RECOMMENDATIONS

3.1	Summary	75
3.2	General recommendations	76
3.3	Recommendations to advance the situation of children in Tonga	76
3.4	Recommendations to improve the situation of youth in Tonga	77
3.5	Recommendations to improve the situation of women in Tonga	78

REFERENCES		79
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LIST OF TABLES

Table 1: Population by Religion, 1996	5
Table 2: Population Distribution by Division, Tonga 1996	9
Table 3: Age distribution (per cent) and age dependency ratios, 1966-1996	11
Table 4: Distribution of births by age of mother (per cent), Tonga 1995-2000	11
Table 5: Five leading causes of morbidity and mortality, 2001	17
Table 6: Selected primary healthcare indicators, Tonga, 2001	19
Table 7: Providers of Primary Education and Total Enrolment, 2004	27
Table 8: Number of Secondary schools by provider and district, 20001	28
Table 9: Secondary School Enrolment Trends, 1992-2000	29
Table 10: Qualifications of Teachers, 2004	32
Table 11: Working age population and Labour force, 1996	33
Table 13: Consumption of Alcohol, Tobacco and Other Substances, Ages 11-19: 2001	50
Table 14: Convictions of children and youth by age group, 1995- 2000	51
Table 15: Young people committing suicide by age, 1991-2001	53
Table 16: Confirmed STIs by Age and Gender, 2002	54
Table 17: Employed persons 15 years and over by industry and gender, 1996	62
Table 18: Main occupation of employed persons aged 15 years and over,2003	63
Table 19: Civil Service Employment by Level and by Gender, 1997	64
Table 20: Households by size and gender of household head, 1996	68
Table 21: Divorce hearings by island group 1995- 1999	69

LIST OF FIGURES

Figure 1: Population Pyramid for Tonga, 2000	10
Figure 2: Current work activities of males and females aged 15 and over	34
Figure 3: Infant Mortality Rate for Tonga, 1998-2002	42
Figure 4: Reported violence against children under the age of 18, 1991-2001	45
Figure 5: Registered divorce cases, 1995-2001	69
Figure 6: Reported Violence Against Women 1991-2001	71

LIST OF BOXES

Box 1: Helping young mothers get their lives back on track	56
Box 2: Community development for sustainable environmental management and income generation	60
Box 3: Breaking away from gender stereotyping in employment	64

ANNEX

Annex One: Millennium Development Goals

ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ADB	Asian Development Bank
AusAID	Australian Agency for International Development
BMI	Body Mass Index
BNPL	Basic Needs Poverty Line
CDS	Community Development Section, Ministry of Fisheries and Forestry
CDTC	Community Development Training Centre
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women.
CRC	Convention on the Rights of the Child
CSA	Child Sexual Abuse
CSEC	Commercial Exploitation of Children
CSO	Civil Society Organizations
FPL	Food Poverty Line
GDP	Gross Domestic Product
HDI	Human Development Index/
HIV	Human Immuno-deficiency Virus
ICA	In-country Scholarship Award
ICPD	International Conference on Population Development
ILO	International Labour Organization
IMR	Infant Mortality Rate
LFS	Labour Force Survey
MMR	Maternal Mortality Rate
NAC	National AIDS Council
NCCC	National Coordinating Committee for Children
NCD	Non-communicable disease
NCWC	National Centre for Women and Children

NFNC	National Food and Nutrition Committee
NFNP	National Food and Nutrition Policy
NGO	Non-Government Organizations
NPAN	National Plan of Action on Nutrition
NZAID	New Zealand Agency for International Development
PHC	Primary Health Care
PNG	Papua New Guinea
SBEC	Small Business Enterprise Centre
SDP	Strategic Development Plan
SPFSC	South Pacific Form Seven Certificate
STI	Sexually Transmitted Infection
TDB	Tonga Development Bank
TFHA	Tongan National Youth Congress
TESP	Tongan Educational Support Program
TFR	Total Fertility Rate
TNCC	Tonga National Council of Churches
UN	United Nations
UNCTAD	United Nations Conference on Trade and Development
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
USP	University of the South Pacific
WDC	Women's Development Centre
WHO	World Health Organization
WNCC	World National Council of Churches

GLOSSARY OF TONGAN WORDS

<i>api</i>	tax and town land allotments
<i>anga</i>	behaviour, way of being
<i>eiki</i>	chiefly or higher in rank
<i>fahu</i>	one who is superior in social status
<i>mehikitanga</i>	fathers' sisters
<i>monu</i>	good luck/ good fortune
<i>pule</i>	secular authority
<i>poto</i>	to be clever, skilful, to understand what to do and be able to do it
<i>tapuaki</i>	blessing

EXECUTIVE SUMMARY

This report is an update of the situation of children and women in Tonga since the last analysis in 1996. The Government of Tonga became a signatory to the United Nations Convention on the Rights of the Child (CRC) in 1995 and established the National Coordinating Committee for Children (NCCC), to address CRC issues in line with requirement 44 of CRC. The Government has adopted the principles of CEDAW but had yet to be a signatory at the time of writing. The Women's Development Centre, (WDC) a government department, was established in 2000 to address women's issues at the national level.

Despite Tonga's low population growth rate over the last few decades, approximately 50 per cent of the population are under the age of 20 years. This major demographic feature of the Kingdom of Tonga poses complex challenges including:

- A growing demand for services, such as education, health, and employment opportunities in the short to medium term;
- Continuing expansion in the numbers of young imposing increasing demands on services provision in the long run;
- Heavy demands on both service provision and the labour market will require considerable investment, diverting scarce financial resources from capital investment to recurrent expenditure.

New and much needed development initiatives require additional resource allocation, and increasing numbers of young people will put further pressure on already stretched government, health and community development budgets. This has enormous socio-economic implications for the Government.

Tonga is facing a paradoxical interface of forces. There is an extremely strong social demand for access to quality education in Tonga. The education and health status of both children and women in Tonga is one of the best in the South Pacific. A relatively large number of Tongans, including children and women, are gaining access to higher education. There are major skill shortages in the domestic labour market, however, because of international mobility and because the educational composition of graduates is oriented more towards regional and international labour markets than to domestic requirements.

Social issues, including domestic violence, disintegration of family and kinship, early school drop-outs, youth unemployment, alcohol and substance abuse, are some of the major concerns. Numbers of secondary school drop-outs have increased, especially males, adding to youth unemployment. Domestic violence is believed to be widespread, and the proportion of young people infected with STIs is increasing. There is also a need to increase participation of women in the decision making arena.

The Government of Tonga is working to address these issues through development programmes and projects, and by assisting NGOs, community groups, and national institutions. It is able to identify strategies and areas of greatest need and conduct effective dialogue with stakeholders, including donor agencies and local organizations. To ensure that its development objectives are achieved, however, the Government of Tonga needs to strengthen its commitment to the improvement of the situation of children, youth and women.



INTRODUCTION

This report updates the situation analysis of children and women in Tonga prepared by UNICEF and Government of Tonga in 1996. The Government of Tonga became a signatory to the United Nations Convention on the Rights of the Child (CRC) in 1995 and established the National Coordinating Committee for Children (NCCC) to address CRC issues, in line with Article 44 of CRC. The Government has adopted the principles of CEDAW but had yet to be a signatory at the time of writing. The Women's Development Centre, (WDC) a government department, was established in 2000 to address women's issues at the national level.

The Kingdom of Tonga is a constitutional monarchy, a unique political system in the South Pacific region. It is the only country in the South Pacific that has never been formally colonised by any other nation state, and so has been able to preserve its aristocratic system of government and its traditional cultural values. In recent decades, however, Tonga has undergone rapid social, cultural economic, political and demographic changes that have resulted in significant changes to the situation of children, youth and women. The effects of these changes are yet to be fully recognized by the Government and community, in part because of the absence of concrete data.

In recent years, low population growth accompanied by high net migration have deflected attention from crucial social issues affecting Tonga as well as many Pacific Island countries. On a comparative scale, Tonga's population growth rate is not much of a concern. However, aspects of Tonga's demographic trends such as labour force size and composition, employment patterns, urbanisation, migration and gender issues have implications for economic and social planning and, inevitably for development. The traditional emphasis on academic education as a means of securing employment, access to overseas scholarships and emigration means that areas of technical and vocational training tend to be perceived as less important than academic streams of schooling. Moreover, there is a relative lack career advice in schools to inform potential school leavers about alternatives to academic education.

The Kingdom's Strategic Development Plan Seven (SDP7) covering the period 2006 ñ 2009 demonstrated that the Government of Tonga is rationalising and promoting the private sector to generate employment opportunities for the existing labour force and cater for new entrants. This trend will continue in Strategic Development Plan Eight (SDP8), along with increased attention to improving the situation of children, youth and women. Tonga has also committed to achieving the United Nations' eight Millennium Development Goals (See Annex One), which include objectives for the advancement of children, youth and women (Central Planning Department, 2006).

This situation analysis draws together information on the health and educational status of Tongan children, youth and women and examines the specific issues pertaining to each group. Tonga's human resource development situation provides context for a discussion of Government initiatives to enhance women's participation in the workforce and improve the health and educational achievement of young people. The situation analysis concludes with recommendations that could enhance the participation of women in development and assure positive development of children and youth in Tonga.

The information in this report is derived from various sources, including Government ministries, non-Government organizations (NGOs) and civil society organizations (CSOs). Sources include annual and strategic reports, sector studies and research reports, one-on-one interviews, and qualitative and quantitative studies conducted by the Central Planning Office and others.



PART 1

BACKGROUND

1.1 The Tongan Setting

1.1.1 Geography

The Kingdom of Tonga consists of approximately 170 islands scattered across an area of the central Pacific Ocean to the east of Fiji. The present territorial boundary covers some 360,700 sq km of ocean, although the Exclusive Economic Zone had not been officially declared at the time of writing (Ministry of Lands, Survey and Natural Resources, 2001).

The 36 inhabited islands cover 670 square kilometres out of a total land area of approximately 750 square kilometres. Six main islands account for three quarters of the total land area and contain approximately 90 per cent of the Kingdom's population. The three main island groups are Tongatapu (including the large islands of Tongatapu and ʻĒua), Haíapai and Vavaíua. The Niua is a remote group of coral atolls several hundred kilometres north of Vavaíu. The nation's capital, Nukuíalofa, is located on the largest island, Tongatapu.

Tonga's warm, moist, semi-tropical climate is conducive to agricultural production and enables people to live comfortably without costly heating or winter clothing. The clay soil of Tongatapu is very fertile and requires few inputs to produce high crop yields. The soils of ʻĒua and Vavaíu are sandy and less fertile than those of Tongatapu, but still support some cropping. Although the coral soils in Haíapai and the atolls are not suited for cash cropping, coconuts and some fruits grow abundantly there, as everywhere in Tonga (Ministry of Lands, Survey and Natural Resources, 2001). As most of the islands are coral in origin, Tonga has no commercial mineral resources and the nation's wealth is derived from the people, the land and the sea.

1.1.2. The Economy

Although Tonga's economy is modest by world standards, it compares well with some neighbouring South Pacific countries. Tonga had an estimated per capita income (GDP) of about US\$1,780 in 2003-04. Disposable income per head in 2003-04 was about US\$2,308. Average annual GDP growth for 1998-99 to 2004-05 was 2.9 per cent (ADB, 2006: v).

Agriculture, forestry and fisheries currently account for around 24 per cent of GDP. This sector includes two major export industries, squash and long-line tuna fishing, although both industries are said to be declining in performance. The second largest sector of the economy is commerce, hotels and restaurants, contributing about 14 per cent of GDP. Visitor arrivals by air in 2003-04 totalled 40,259, but there is a reluctance to develop tourism on a larger scale because large tourist numbers could disrupt the local way of life (ADB, 2006:v).

Subsistence agriculture and fishing play an important role in the Tongan economy. The 1996 census found that about one third of households engage in fishing, with 80 per cent of fishing activity performed by males. Only two per cent of households engaged in commercial fishing, most of which is relatively small scale with some of the catch retained for household consumption (Statistics Department, 1998).

Despite the healthy performance of the agricultural sector, Tonga's ability to sustain economic growth is constrained by its relatively small endowment of land and natural resources, vulnerability to natural disasters, substantial dependence on imports, relative isolation from major markets, and the high cost of public administration and infrastructure, including transportation and communication (ADB, 2006: 50).

Personal remittances sent to families by Tongans working overseas make an important contribution to the Tongan economy. Around 75 per cent of households receive remittances, and they account for 20 per cent of cash incomes (ADB, 2006: 1). The total recorded value of remittances was T\$200.9 million in 2004-05. Remittances, together with donor-funded development assistance, enable Tonga to finance a relatively high level of imports without significant overseas borrowing. Sample data in the Labour Force Survey of 2003 imply total earnings by the 15,596 'Paid Employees' in Tonga of T\$98.3 million per year, so the actual income from remittances may be around double the amount earned from paid employment (ADB, 2006: 1).

1.1.3 Culture and society

Partly because it was never colonised, Tonga has preserved many of its traditional values and social organization, including a feudal system of government by hereditary kings and nobles. The basis of Tongan society is land allocation. All land in the Kingdom of Tonga belongs to the Crown and is divided into the King and Royal Family's Hereditary Estates; the Nobles and Chiefs Hereditary Estates; and Government Land. The latter is subdivided into allotments for the people of Tonga. Although Nobles have a relatively greater share of the land than the 'commoner' population, all Tongan males over the age of 16 are entitled to a rural 'taxi' allotment of 3.3 hectares for farming, and a town allotment of 1,618 square meters for residential purposes. Allotments are inherited by the allottee's eldest son (Needs, 1988).

Since the early 1980s, individual hereditary landholders have been legally entitled to lease all or part of their 'api (tax and town allotment). In 2002 there were about 16,000 registered holders of allotments of arable land and house sites. Churches lease 3.2 per cent of the total land area, and another 22 per cent is uninhabited land held by the Government, most of it forest reserves, marginal lands and volcanic islands. Very little land is held by foreign interests (Needs, 1988).

Tonga is ruled by its monarch, King Taufa'āhau Tupou IV, under a Constitution. The King appoints the Privy Council and the Cabinet, and the members of these bodies sit in the legislative assembly. All ministers are appointed by the King and are answerable to him. The legislature includes nine nobles elected by the 33 nobles and nine members elected by the people, but the King can veto measures passed by the legislature (ADB, 2006: 2).

Tonga has no municipal councils and Nuku'alofa, the capital is administered directly by the central government. Town and district officers, elected by villagers, represent government at the local level and have jurisdiction over a group of villages. By law, town and district officers have a variety of administrative and other duties, such as record keeping of births and deaths, organising village meetings and attending official, traditional and ceremonial functions of government (Central Planning Department, 2004)

Tongan society is very homogenous, with one language, Tongan, spoken throughout the Kingdom. English is also widely spoken and is the main language of government and commerce. According to the 1996 census, over 99 per cent of the population was literate in the Tongan language and around 70 per cent in the English language (Tonga Ministry of Education, 1997).

Tongan society is almost universally Christian. The church has a profound influence on community attitudes and behaviour and on the everyday life of individuals, as well as providing a ceremonial focus for community activity. Most Tongans attend church services at least weekly, and church social activities and obligations are an important part of life in most families. Nonetheless, family members are usually free to determine which church they will affiliate with, and it is not uncommon for a family to have members belonging to several churches. In the 1996 census 97 per cent of the population said they were affiliated with a Christian denomination (Statistics Department, 1998). **Table 1** shows the largest percentage of the population belonged to the Free Wesleyan Church, followed by the Catholic Church, Latter Day Saints and the Free Church of Tonga.

Table 1: Population by Religion, 1996

Church	Number affiliated	Share of total population %
Free Wesleyan Church	39,703	40.6
Catholic	15,309	15.6
Latter Day Saints	13,225	13.5
Free Church of Tonga	11,226	11.5
Church of Tonga	7,016	7.2
Tokaikolo	2,919	3.0
Seventh Day Adventist	2,381	2.4
Other Christian(Anglican, Assembly of God, Tonga Konisitutone, Gospel)	2,710	2.7
Non-Christian	630	0.01
Total population	95,119	96.5
% of total population		

Source: Statistics Department, 1998

Traditionally, marriage was virtually universal in Tonga, and divorce was frowned upon. The minimum age for marriage for both males and females is 15, but parental consent is required for marriage of anyone under age 18 (Central Planning Department, forthcoming: 12). In 2000 the mean age at marriage for males was 28.1 years and for was 25.1 years (Statistics Department, 2003). Women are almost certainly marrying at older ages now than in traditional society.

Divorced, separated or widowed women everywhere tend to be less likely to marry than their male counterparts, and this was also true of Tongans in 1996, with 8 per cent of women in this category compared with only 3.5 per cent of men (Statistics Department, 1998). This, in addition to high levels of male absenteeism overseas, is reflected in an increasing percentage of female-headed households, with 19.2 per cent overall. This has important implications because female headed-households are more likely to be disadvantaged, and at risk of social and economic dependence, as discussed further in Sections 1.1.4 and 2.5.4 below.

1.1.4 Living standards and hardship

Most Tongans live comfortably by developing country standards, and poverty has generally not been regarded as a community concern. Many household incomes are augmented by remittances and the extended family network ensures that basic needs are met for most of the population.

In 1999 Tonga was ranked second in the Pacific to Niue on UNDP's Human Development Index (HDI). This ranking derives from a high adult literacy rate (99%), a high gross enrolment rate in primary and secondary school (83.3%), high life expectancy and relatively high Gross Domestic Product (GDP). Tonga's 2000 HDI for females was three per cent higher than that for males. This largely reflected a higher life expectancy for females of 71 years, compared with 65 years for males. The primary and secondary enrolment ratios for females are 91 and 71 respectively. The total fertility rate and the teenage fertility rates were not high by Pacific standards, at 4.3 children per woman and 22 births to teenagers per thousand live births (UNDP, 1999).

Tonga performs well against the basic social indicators used by UNDP, including the percentages of people not expected to survive to age 40; who are illiterate; who lack access to safe water and health services; and the percentage of children under the age of five who are underweight. There are nonetheless disparities in living standards within the population, with some families surviving on inadequate incomes and living in sub-standard housing.

One issue is that the traditional system of land allocation, described in Section 1.3 above, does not necessarily accord with the current demand for land. Many hereditary allotment holders have moved away from their hereditary allotments and are living elsewhere in Tonga while others now live overseas but retain their land allocations. This means that much land is left idle while some people are without land where they live. This has contributed to increasing numbers of informal land use arrangements that leave the tenant without security should the landlord change his mind. Although there is pressure from some quarters to introduce new rules for land allocation, this has been resisted by Government, partly because of concerns that if emigrants lose their land rights in Tonga the flow of remittances may decline.

Examples of landless communities can be found in the Nuku'alofa urban settlements of Tukutonga, Popua and Sopa, some of which are susceptible to flooding. The settlement at Tukutonga consists of squatters from outer-islands living on government land that has not been sub-divided for allocation. The proximity of the rubbish dump to the Popua and the Tukutonga settlements is a health hazard, and children and women have been seen fossicking in the refuse (Personal communication, Central Planning Department). As the majority of these people do not have access to agricultural land for growing food crops or the skills and experience to obtain regular employment and a reliable source of income, most depend on fishing. They are also affected by the increasing cost of living in Nuku'alofa as a consequence of urbanization (see Section 1.2.2).

In 2004 Tonga reviewed living standards and hardship in conjunction with the Asian

Development Bank (ADB 2004). Two national poverty lines were calculated from data collected in the 2001 Household Income and Expenditure Survey. The Food Poverty Line (FPL) represents the income necessary to meet minimum dietary standards. The Basic Needs Poverty Line (BNPL) represents the income necessary to meet minimum dietary requirements and non-food expenditure for a basic standard of living according to the norms of the society. About 6.7 per cent of households were estimated to live below the FPL, that is, unable to meet basic nutritional requirements. The incidence of this severe poverty was highest in Tongatapu outside Nuku'alofa, at 8.7 per cent. In Tonga as a whole about 23 per cent of households were below the BNPL of T\$28.20 per person per week (ADB, 2004: xi).

1.1.5 Environmental issues

Tonga's limited land area, together with sustained growth of urban centres has contributed to concerns about the environment. Land clearing for agriculture purposes and settlement has contributed to erosion and land degradation. An estimated 4,000 hectares of natural hardwood forest remains, most located on the steep and inaccessible slopes of 'Eua (Ministry of Lands, Survey and Natural Resources, 2001).

As elsewhere in the Pacific, the environment is of critical importance to the people of Tonga. Natural resources, including the ocean, are the basis for subsistence and economic, social and cultural wellbeing. The Tongan environment is diverse with a large number of ecosystems that include flora and fauna found nowhere else in the world. Traditionally there has been a healthy respect for the environment and recognition of the linkages between caring for the environment and the long-term survival of the people. Most of these ecosystems are now endangered to some extent by disturbances associated with economic development, including over harvesting of preferred food and commercial species, and competition from introduced plants and animals or by depletion of rare species through collecting.

Some mangroves are now being cleared for residential purposes, thus reducing valuable fish breeding grounds. Unregulated fishing and the introduction of more efficient fishing technology has caused the over-exploitation of coastal and outlying fisheries and the reduction of marine species. Much of the coast is showing signs of being over fished, and some species, such as mullet in Tongatapu, have been exhausted. Turtles, an internationally protected species, are still sold in Tonga's markets. The export of live coral and live fish for the aquarium trade is now permitted under a licensing system, bringing the risk that major areas of reef and Tonga's considerable potential for water-based tourism could be irrecoverably damaged.

In 1994 the Government introduced a complete ban on the export of sea cucumber and a closed season for turtle and mullet fishing. This was relaxed in 1995, however, and instead

a minimum size for the harvest of certain marine species was introduced (Matoto et al., 1996). Following the restructuring of government departments in 2006, the Department of Environment was amalgamated with the Ministry of Lands, Survey and Natural Resources. Notwithstanding this, environmental issues remain a core concern of the new Ministry, and commitment to establish comprehensive and relevant environmental legislation continues. Currently there are a number of environmental bills before the house. These include: (refer to email attachment). Similarly legislation for setting aside special management areas was in place in 2002, however, the regulations are yet to be in place (personal communication with Ministry of Lands, Survey, Natural Resources and Environment, Department of Fisheries)

Further integrated management of the marine and terrestrial environments is essential to ensure long-term sustainable use of natural resources. Tonga is well placed to protect and rehabilitate its environment and could accrue considerable benefits in terms of sustainability of utilisation and the development of tourism if it chooses to do so. Environmental rehabilitation could provide a source of much needed employment for youth if tourism, agriculture, fishing and extractive industries recognise that environmental management are an integral part of their development.

1.2 Demographic profile of Tonga

1.2.1 Population Characteristics

The 1996 census found a total population of 97,784, with 98 per cent of the population identifying themselves as Tongan or part Tongan (Statistics Department, 1998). Tonga counts its population only every 10 years and results from the 2006 census were not yet available when this report was prepared, so no more recent national total is available. It is unlikely, however, that there has been much increase in total numbers, as high levels of emigration have offset natural increase and kept the population fairly stable for the past few decades. Despite an average annual rate of natural increase² of 2.3 per cent, the inter-censal growth rate for Tonga as a whole between 1986 and 1996 was only 0.3 per cent per annum, a decline from only 0.5 per cent in the period 1976-1986 (SPC, 1999: ix). This suggests that an average of around 1900 people emigrated each year between 1986 and 1996. The population estimate based on the 2003 Labour Force Survey (LFS) was actually less than the 1996 census total, at 90,370, but as it was based on a survey rather than a census it is an estimate and needs to be verified by the 2006 census (Statistics Department, 2004).

²Natural increase is the difference between the number of births and the number of deaths

There were slightly more males (49,615) than females (48,169) in 1996, with an overall sex ratio of 103 males per hundred females. The sex ratio estimated by the LFS was slightly less, at just below 102. In contrast to the usual pattern, which is that at older ages females outnumber males, males outnumbered females in 1996 in every five-year age group except those from ages 35-59 and 75 years and over.

Within Tonga there was increasing concentration of the population on the larger islands, with negative growth rates in the Niua and Haiaapai. The capital, Nukuialofa, averaged an annual growth rate of 0.5 per cent in the 1986-1996 inter-censal period, with 0.8 for Greater Nukuialofa. Table Two shows population distribution by division and Figure One shows a population pyramid based on the estimated population by age and sex for all Tonga in 2000

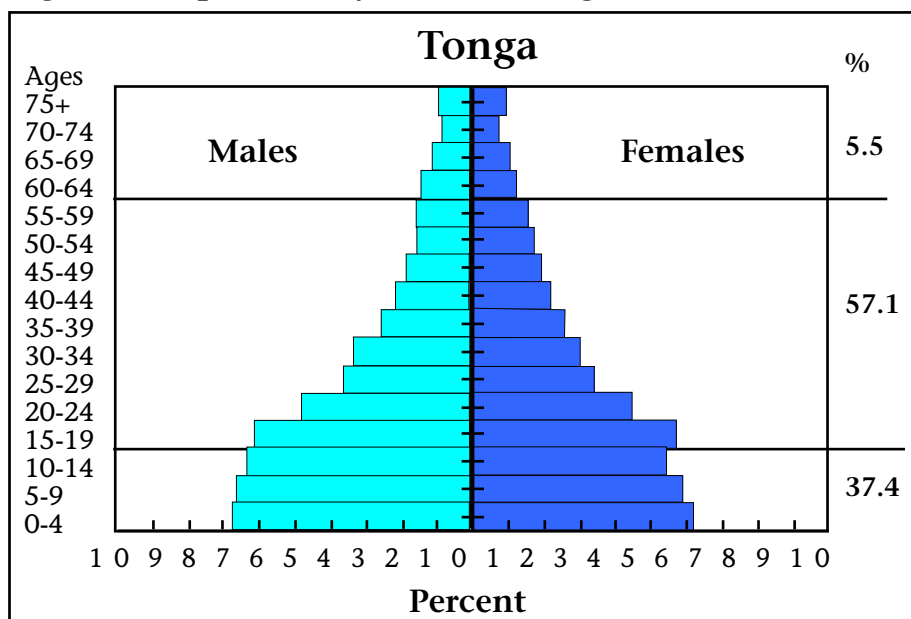
Table Two: Population Distribution by Division, Tonga 1996

Division	Population Number	1996	Av. annual growth 1986-1996
		%	
Tongatapu	66,979	68.5	0.5
Vava'iu	15,715	16.1	0.3
Haiaapai	8,138	8.3	-0.9
ʻEua	4,934	5.0	1.2
Niua	2,018	2.1	-1.6
		0	
Greater Nukuialofa	31,404	32.1	0.8
Total Tonga	97,784	100.0	0.3

Source: SPC 1999



Figure 1: Population Pyramid for Tonga, 2000



Source: <http://www.spc.int/demog/>

In recent years Tonga has experienced declining fertility and increasing life expectancy. Even so, the average total fertility rate of 4.2 children per woman in the period 1986-1996 has produced a relatively young age structure. Figure 1 shows the 1996 national population distribution by age and sex. It can be seen that the pyramid has a relatively broad base, indicating large percentages at younger ages. In 1996 the median age was 19.9 years, signifying that more than half the population was aged less than 20 years. Thirty-nine per cent of the population were under age 15 years.

The percentages in each of the three main age groups for the total population as derived from the 1966, 1976, 1986 and 1996 censuses are shown in Table 3. It can be seen that although the percentage aged 65 and over continues to increase with gains in life expectancy, the percentage aged 0-14 has declined substantially, from approximately 46 to 39 per cent, largely because of fertility decline. This is in part due to the efforts of both Government and NGO family planning programs, as discussed in Section 1.3.4 below.

Table 3: Age distribution (per cent) and age dependency ratios, 1966-1996

Population				
	1966	1976	1986	1996
Total Population (number)	77,429	90,085	94,649	97,774
Age group	%	%	%	%
0-14	46.2	44.4	40.6	39.5
15-64	50.5	52.3	55.1	55.4
65+	3.3	3.3	4.2	5.1
Number aged <15 and 65+ per 100 aged 15-64	98/100	91/100	82/100	81/100

Source: Statistics Department, 1998

As a consequence of this trend, Tonga has an improving balance of working age population compared with non-working age. The more important economic dependency ratio, however, is determined by the numbers of working age who are actually engaged in productive employment. As will be shown in Section 1.5, not all Tongans of working age are able to find productive employment, especially many of the young people who leave or dropout of school each year (Ministry of Education, 2004), and some women who wish to work in the wage sector.

Table 4: Distribution of births by age of mother (per cent), Tonga 1995-2000

		1995	1996	1997	1998	1999	2000	Total 1995-2000
Age of mother	%	%	%	%	%	%		
< 15		0.3	0	0.1	0	0.1	0	0.1
15-19		3.6	5.0	3.8	2.3	6.0	4	4.1
20+		96.1	94.1	96.0	97.4	93.1	95.1	95.3
Age Not Stated		0	0.9	0	0.3	0.8	0.9	0.5
Total births/yr		2443	2277	2189	2411	2410	2457	14,187

Source: Ministry of Health, 1995-2000

Table 4 indicates that the annual total number of births between 1995 and 2000 ranged from 2,189 (1997) to 2,457 (2000). In 2002 the total fertility rate³ (TFR) was estimated at 3.6, a decline from 4.2 for the period immediately prior to the 1996 census (Statistics Department, 2002). This suggests that fertility is probably declining, but since short term changes in the pattern of child-bearing can give a misleading impression, rates need to be

³ TFR=The average number of children woman would bear if current fertility rates applied throughout their reproductive lives. As it is not affected by the age structure of the population, the TFR is generally considered the best indicator for comparing fertility levels.

observed over several years before firm conclusions can be drawn. The 2002 TFR of 3.6 children per woman is still well above replacement fertility levels of 2.1 children per woman, so the age structure can still be assumed to be weighted towards the younger ages (see Figure 1).

Table 4 also shows the age distribution of fertility. Although the majority of mothers were aged 20 years and above (95.3%) the remaining births occurred to women who had not yet attained the age of 20 and so were in effect still themselves children. Teenage pregnancy raises a number of health and social issues, as discussed in Section 2.4.2.2 below.

It is likely that continuing improvements in life expectancy and reductions in infant mortality since 1996 have offset declines in fertility to a considerable extent. This has probably sustained the age-dependency ratio at close to the 1996 level of 80 people aged 0-14 or over 64 years for every 100 people in the working ages 15-64.

Life tables prepared in 1998 from the 1996 census estimated life expectancy at birth as 69.8 years for males and 71.7 for females (SPC, 1999: 50-51). This was an improvement from 67.6 years for males and 70.7 years for females in the 1986-1996 inter-censal period (SPC, 1999: 50-51). Further improvements in life expectancy are likely to be limited by the increasing prevalence of early-onset non-communicable diseases, especially cancer, diabetes and heart disease. These conditions are associated with lifestyle risk factors including consumption of foods that are high in fats, sugar and salt, excessive alcohol consumption, cigarette smoking, and sedentary lifestyles. This issue is discussed further in Section 1.3.4.

Tonga is currently one of the best performing Pacific island countries in terms of its infant mortality rate (IMR). The IMR declined from approximately 90 infant deaths per thousand live births in 1966 to 26 per thousand by 1986. In 1996 it was estimated at 16 per thousand live births, and since then it appears to have declined still further, with an estimated rate of only 9.6 deaths per thousand live births in 2002 (Statistics Department, 2002). Further details and the factors responsible for this impressive improvement in infant survival are discussed in Section 2.3.2.

Tonga's Maternal Mortality Rate (MMR) is also one of the lowest in the Pacific, with no more than two or three deaths per year and, in many years, no maternal deaths at all (Ministry of Health, 2001).

⁴ MMR=Number of maternal deaths from maternity related causes within 42 days of giving birth per 100,000 births.

This can be attributed to the very high coverage of maternal and child health services and the fact that most deliveries take place at a health facility. There are a few exceptions, however, especially in the case of extra-nuptial and teenage pregnancies that do not receive medical assistance at delivery. The implications of this are discussed further in Sections 2.4.2.2.

1.2.2 Urbanization

According to the 1996 census, approximately 20 per cent of the Tongan population indicated that their birthplace was different from their usual place of residence (Statistics Department, 1998). Vava'ú, Ha'áipai and the Niuas all lost more people than they gained. Most of those people leaving Vava'ú and Ha'áipai migrated to Tongatapu in search of better economic opportunities.

Continuous redistribution of population from rural to urban areas has resulted in growth of urban areas, especially to the main urban area, Nuku'álofa. In 1966 only 20.3 per cent of the population resided in Nukualofa, but this increased to 30.5 per cent in 1986 and to 32.1 per cent in 1996. In 1996 the urban population as a whole comprised 36 per cent of total population (Statistics Department, 1998). The rate of growth of Nuku'álofa would certainly have been higher but for continual emigration, mostly due to departures of short-term or long-term residents of Nuku'álofa.

High levels of population mobility have had a significant impact on the economy and society. The uneven distribution of the population makes it difficult to provide equal access to services and development funding throughout the outer islands, while putting pressure on the services in Nuku'álofa. Increasing budgetary allocations are required to provide roads, water, sanitation, rubbish removal, electricity and other services for the burgeoning urban population.

Another feature of urbanisation is an associated trend towards nuclear households. Around 64 per cent of households consisted of between 4-9 members in 1996, around 23 per cent had only 1-3 members. This is largely because young couples, in urban areas especially, are likely to establish their own homes rather than living with either the wife or husband's parents. The increasing incidence of nuclear families has important social and economic implications, including increasing the demand for housing and adding to the likelihood that households will be headed by women (see Section 2.5.4).

Urbanization has also impacted on the cost of living. As more people move away from subsistence and into the cash economy the increasing demand for consumer goods and foodstuffs has pushed up the cost of living in Nuku'álofa. Inspection of supermarket shelves indicates that the price of many store bought goods is comparable with prices in New

Zealand or Australia, even though local wages are much lower. Similarly staples such as root crops are sold in the Nukuʻalofa market at prices that must strain the resources of low income families. This contributes to hardship among families that do not have access to wages, or those with only one wage earner, including female-headed households. Urbanization also is associated with the emergence of social problems including unemployment, poverty, landlessness, drug abuse and crime, as discussed in more detail in later sections of this report (Connell and Lea, 2002).

1.2.3 International Migration

As mentioned above, since the 1970s, international migration has offset most of Tonga's natural population increase. As will be shown in other sections of this report, it has also been a crucial strategy to provide access to diverse educational and employment opportunities that are not available in Tonga, thereby improving the balance between population and resources. During the 1986-1996 inter-censal period, the overall migration rate was estimated at 2.0 per cent each year, signifying that two people in every 100 or an average of around 1900 people emigrated from Tonga each year (Statistics Department, 1999). A survey of air passengers conducted by the Central Planning Department in 1999 also found a similar rate (Lavaia, 2000). Until 2001 no information was recorded on departing passengers, so it was not possible to conduct an in-depth analysis of emigration patterns. From the limited data available, however, it appears that the most common migrants were aged 25-39 years and were migrating in order to search for better economic opportunities.

The principal overseas migration destinations for Tongans are New Zealand and the United States, with some step migration from New Zealand to Australia. Some writers estimate that there are as many Tongans living overseas as in Tonga (Connell and Lea 2002). The 1996 New Zealand census counted 31,389 people who identified themselves as Tongan or part Tongan, which was equal to more than one third of the total Tongan population living in Tonga at that time. By 2001 the number of Tongans living in New Zealand had increased to 40,716 (Statistics New Zealand, 2002), equal to more than 40 per cent of the number living in Tonga. In 2001, 14,889 people identified themselves as Tongan or part-Tongan in the Australian census, compared with only 4474 in 1986 (Australian Bureau of Statistics, 2001; Taufa, 2003).

Emigration has not only helped to offset the natural fertility rate but, in the view of some writers, may contribute to its reduction, because emigration reduces the population of reproductive age in Tonga (Taufa, 2003). On the other hand, while parents see children as their main support in old age, the existence of opportunities to emigrate can sustain larger families in the home country, because parents believe that having more children increases the chance of earning remittances (McMurray, 2004). If the latter is true, the introduction

of stricter policies towards Tongan migration and employment by New Zealand and other destination countries could help to explain recent declines in fertility.

Large-scale emigration has also affected the domestic supply of human resources. On the one hand emigration increases trade and capital flow and remittances into Tonga, and provides an important export market for Tongan produce, especially agricultural exports such as squash and yams. On the other hand, the majority of emigrants are in the most resourceful and productive ages of 15 to 49 years, and are often those who have most initiative and marketable skills. Emigration thus robs the country of some of its most productive human resources, which helps to inhibit development in Tonga. Migration also can have severe consequences at the family level, with women often remaining behind to manage families and thereby risking economic and social hardship if they are left without a reliable income (see ADB, 2004 for examples). Increased pressure from Pacific countries for short-term labour contracts in developed countries on the Pacific Rim could help to reduce both of these problems while promoting the acquisition of practical experience and workplace skills

A new trend is that increasing numbers of Tongans appear to be returning to Tonga. One reason is the tougher conditions and clamping down on illegal residents and deportation of those who break the law in destination countries, including Australia, New Zealand and the United States. Often the returnees are young people, many of whom settle in Tongatapu. Some who lack skills for employment or are unable to adapt to local legal and social norms are contributing to economic and social problems in Tonga (ADB, 2006: 51). This issue is discussed further in Section 2.4.1.3.

1.3. Health

Community health standards and the availability of health services are key factors impacting on the situation of children, youth and women. While some aspects of health impact more on one sub-group than another, it is easier to understand these patterns in the context of the health environment as a whole. This section begins with an overview of health in Tonga and some specific issues affecting general population health, and then considers aspects of health that impact on the three population groups that are the focus of this study. Specific health issues for each particular sub-group are considered in the sub-group sections in Part II of this report.

1.3.1 Overview of Health Status

Tonga enjoys a high standard of healthcare compared to some of its Pacific neighbours, and it is estimated that 100 per cent of the population have health facilities within one hour of travelling time (WPRO, 2004). While there is still considerable knowledge and use of traditional medicine in Tongan society (Whistler, 1992), most Tongans have accepted and make use of modern medical facilities when they consider they would be beneficial. Medical services other than those required to obtain a visa are provided free of charge to the public, regardless of income, but there is a charge for most medicines. The delivery of curative and other health services is largely the responsibility of the Government of Tonga and is delivered throughout the Kingdom.

The health system is organised into four districts, each with management authorities and delegated responsibilities. The major hospital in Nuku'alofa (199 beds) can treat most conditions, other than those requiring advanced surgery and high-tech equipment. A new wing was opened in March 2006, and further renovations are planned to modernise the hospital and improve the standard of care that can be offered. Eua, Ha'apai, and Vava'u each have a central hospital with 18, 25 and 61 beds respectively, along with health centres to serve outlying areas, while the two atolls of the Niuaus each have a health centre offering Maternal and Child Health Care. External assistance from various donors is important in Tonga's health system, contributing to health capital and running costs, training, technical assistance and medical evacuations to New Zealand (Central Planning Department, 2006: 101-102).

The long-term goal for the health sector as expressed in the Ministry of Health's Corporate Plan 2005/06:2007/08 is for Tonga to be 'the healthiest nation in the Pacific Rim as judged by international standards and determinants'. By the year 2020 the vision is 'universal access to good quality care even for the remotest islands' Communicable diseases will be essentially eradicated, and non-communicable diseases will be minimized through screening and prevention, excellent clinical management and better co-ordination of health care services. (Central Planning Department, 2006: 102-103).

Table 5 shows the five leading causes of morbidity and mortality in 2001, and the rates per 100,000 population. It can be seen that although the mortality rate was low and most mortality was caused by NCDs, most morbidity was caused by infectious diseases, and the rates for some were quite high. Moreover, the table shows that the third greatest cause of mortality is a vague, generalised category, suggesting that the cause of many deaths is not properly diagnosed by medical personnel.

Table 5: Five leading causes of morbidity and mortality, 2001.

Morbidity	Rate per 100,000	Mortality	Rate per 100,000
Acute respiratory infection	25,538	Diseases of the circulatory system	169
Influenza	21,471	Neoplasms	68
Diarrhoea	2,891	Symptoms, signs and abnormal clinical and laboratory findings not elsewhere classified	40
Broncho pneumonia	1,961	Diseases of respiratory system	34
Gastroenteritis	215	Diseases of digestive system	28

Source: WHO, 2004

In contrast to the pattern of morbidity, most mortality was attributed to NCDs. In particular, there has been an increase in lifestyle-related early on-set NCDs, including diabetes mellitus, hypertension, coronary heart disease and lifestyle-related cancer. A 1994 survey implemented jointly by the Vaiola Diabetes Clinic and the Prince of Wales Hospital, Sydney, found an undiagnosed prevalence rate of 7.3 (NFNC, 2000a). According to 1995 data, diagnosed diabetes prevalence was estimated at 9.4 and 3.7 per cent for women and men respectively, aged over 30 years, with the combined prevalence estimated at 6.6 per cent (Ministry of Health, 2002). Combining the results from the two studies suggests that the overall prevalence rate (diagnosed and undiagnosed) in Tongatapu for both men and women over the age of 30 years could have been approximately 13 per cent. Anecdotal evidence and trends in the available health data imply there has been no improvement since then. This is in part due to the high prevalence of overweight and obesity (see Section 1.3.4).

In 2002 the Ministry of Health identified smoking as one of the five leading causes of death in Tonga (Ministry of Health, 2002). The number of cases of cancer of the lung and trachea has also rapidly increased over the last 30 years. Increasing numbers of hospital admissions for chronic obstructive pulmonary disease and lung cancer indicate the effects of smoking on Tongan health.

1.3.2 Health resources

Since 2000 the health budget has averaged around 12 per cent of the total national Tongan budget, with an estimated per capital expenditure in 2002 of \$US 47 (WPRO, 2002). Shortages of essential drugs, coupled with inappropriate use of drugs, e.g. over prescription of antibiotics, are listed as consequences of under-funding and management limitations (WPRO, 2004).

In 2001 Tonga had 35 trained doctors, implying an adequate ratio of approximately one doctor to every 2800 people. In reality, however, there was a continuing shortage of doctors due to absences, study leave, resignations and utilisation of trained doctors in senior

administration and management. There was also a shortage of specialists, especially in surgery and anaesthetics (WPRO, 2004). In 2004 21 per cent of posts at Vaiola hospital were vacant, of which most were doctors' and nurses' positions (Central Planning Department, 2006: 101).

While a total of 303 nurses in the same year meant one nurse for approximately 320 people, which is generally considered more than adequate, many nurses were in need of skills upgrading and post-graduate training. For those in remote areas this can only be done by distance education. Moreover, uneven population distribution meant that the ratio of medically staff to population was also uneven (WPRO, 2004). Another consideration is that, because of their ready employability in other countries where they can earn higher salaries for equivalent levels of responsibility, both doctors and nurses are among those most likely to emigrate.

Although the numbers of doctors and nurses have not changed much over the past decade, the number of dental staff increased by 34 per cent, from 29 in 1996 to 39 in 2000 (Central Planning Department, 2001).

Shortages and limitations in staff skills and the capacity of each health facility impacts on service delivery. For example, whereas virtually all women have access to a medically assisted delivery, if severe and unexpected complications develop or surgical intervention becomes necessary, they may need to be evacuated.

1.3.3 Primary Health Care

Primary health care (PHC) has been one of the major development concerns of Tonga for the last 20 years. Following the 1978 Alma-Ata Declaration, the Government of Tonga adopted the PHC approach by committing itself to the goal of 'Health for all by the year 2000' to promote health and prevent disease (Ministry of Health, 2003). PHC's underlying premise is equity; universal accessibility, socio-cultural acceptability, appropriateness and affordability.

The adoption of PHC principles by the Government has played a large part in the achievement of gains in life expectancy and reductions in infant mortality. Tongans are now benefiting from effective and successful primary health care programs, including immunisation and antenatal care and safe water supplies and waste disposal systems.

The Government's health policy of 'Health for all in a healthy island setting' is stated in SDP7. The high coverage of health programmes is largely due to the government's effort in assisting to create a better understanding of particular public health risks and appropriate preventative practices. Health education activities by various organizations including government

agencies, NGOs, and community level groups have contributed to this achievement (Ministry of Health 2003).

The PHC strategy has been particularly effective in its implementation of immunisation, antenatal and environmental programs, safe water and waste disposal systems and nationwide maternal and child health care. Table 6 presents some key indicators of the success of this programme.

Table 6: Selected primary healthcare indicators, Tonga, 2001

Indicator	Coverage (%)
Infant/child immunization	
BCG	91.0
DPT3	94.0
OPV	95.0
Measles	93.0
Tetanus II	81.0
Hepatitis B III	96.0
Delivery	
Deliveries attended by trained personnel	95.3
Pregnant women immunised with TT2	81.1
Low birthweight babies < 2500 gms	0.0
PHC	
Population covered by PHC	100.0
Access to safe water	97.0
Access to safe sanitation	94.0

Source: WHO, 2004.

Immunization coverage reached 99.6% overall in 2004 (Ministry of Health, 2004). The PHC strategy has been less successful in the more difficult area of influencing personal health-related behaviour in the community, however. This is demonstrated by the persistence of early on-set lifestyle diseases such as obesity, diabetes mellitus, smoking-related cancers and diseases caused or exacerbated by alcohol. PHC is still central to the Ministry of Health's strategic plans, and future plans will direct more effort towards promoting healthy lifestyles. The national health priorities listed on the WHO database are as follows:

- the development of human resources through overseas and in-country training of medical, dental, nursing, allied health worker and health administration personnel. Training will include continuing distance education to reach medical and nursing personnel in remote areas;
- health promotion and health education, with community involvement, to develop healthy lifestyles at an early age and to improve the lifestyles and health of adults and older people;

- availability and ready accessibility by all people to safe water supplies and sanitation;
- prevention and protection from environmental hazards, in particular the contamination of soil and groundwater from industrial wastes and pesticides;
- control of infectious diseases, in particular hepatitis B and measles;
- control and eradication of typhoid fever as an endemic disease;
- vector control against the diseases of dengue and filariasis;
- management and control of NCDs, in particular diabetes mellitus; continuing support and further development of the National Plan of Action on Nutrition (NPAN);
- public health programmes including maternal and child health care, immunization, family planning, education of women concerning breast and cervical cancer, HIV and AIDS, and increased emphasis of breast-feeding;
- prevention and management of acute respiratory and diarrhoeal diseases in the young age groups; and
- development of the mental health programme and the prevention of alcohol and drug abuse.

(WHO, 2004)

1.3.4 Nutrition and Exercise

It is widely recognised that over consumption of foods high in fat, salt and sugar is a national health issue in Tonga, as in several of its Polynesian neighbours, and is contributing to the increasing incidence of NCDs. Even so, food eating and sharing are an important part of Tongan culture, and obesity is equated with prosperity. Society accepts overweight and obesity as normal, and does not discriminate against people with these conditions. Whereas the traditional diet was relatively low in fats and sugars and high in fibre and the process of collecting it provided good exercise, Tongans have now developed a taste for store-bought and more convenient modern foods, many of which are high in fat, sugar and salt. At the same time, traditional constraints and social expectations make it difficult for women, especially, to exercise and burn off excess calories and maintain a healthy body weight.

The 1986 National Nutrition Survey of women aged 15-49 and men aged 20-49 classified a Body Mass Index (BMI) of 27 and over as overweight, and 32 and over as obese. It found that 78 per cent of the women were overweight, and 39 per cent were obese. The corresponding figures for men were lower, 48 per cent overweight and 10 per cent obese. Obesity was particularly prevalent among women aged 30-39 and 40-49 years, with approximately 63 per cent and 66 per cent respectively classified as obese (SPC, 2000: 216). Subsequent research by the National Food and Nutrition Committee (NFNC) in 1999 found 25 per cent of women aged 15-19 obese, and 73 per cent of those aged 40-49 (NFNC, 2000a).

Food and Nutrition Committee (NFNC) in 1999 found 25 per cent of women aged 15-19 obese, and 73 per cent of those aged 40-49 (NFNC, 2000a).

Tonga women commented that they gained weight with their first pregnancy and then failed to return to their former weight. This is because they tend to assume a more sedentary lifestyle after child bearing, while continuing to consume the large portions of food that are commonly served in Tonga. Moreover, the Tongan culture encourages women to behave with dignity and many feel shy or embarrassed about taking vigorous exercise. Society also tends to assume that married women/mothers engaged in physical activity to improve their appearance may be engaging in infidelity. Many women thus become overweight or obese at relatively young ages.

In recent years, however, the negative health implications of being overweight have been more widely recognised, and the Government has made efforts to encourage people of all ages to maintain a healthy weight. Early attempts to change perceptions of body image included national weight loss competitions endorsed by royalty with the King himself actually participating. Although these competitions still run from time to time, they were found not to have a lasting, long-term benefit on the eating habits of most participants. For example, a survey of attitudes and body-size perception found little difference between participants in the national weight loss competition and non-participants (Craig and Halavatau, 1997), indicating the main incentive to participate in the competition was to win a prize rather than improve health. National nutrition strategies now emphasise long-term adoption of healthy diets and consumption of healthy amounts of food rather than the short-term dietary change associated with competitions in weight loss. They include the National Plan of Action on Nutrition (NPAN), a National Food and Nutrition Policy (FNP) and dietary guidelines for Tonga.

An issue as regards body weight is that while Tongans are very enthusiastic followers of international sporting events such as rugby, sport is generally available only in schools and beyond school only elite athletes tend to participate. There is little opportunity for those out of school or beyond school age to participate in non-elitist sports as a form of exercise. This is especially true for women, with many avoiding even the most basic exercise such as walking for cultural reasons discussed above. The growing acceptance of women wearing jeans or trousers, which is becoming evident in Nuku'alofa, at least, could have valuable long-term health benefits by facilitating women's exercise and changing community perceptions of a slender body image.

Promotion of exercise throughout the community is an integral part of the PHC strategy, with various sub-committees promoting healthy eating patterns and physical activity. Greater political commitments to encourage attitudinal as well as behavioural change throughout the community has the potential to make an enormous contribution towards better health in Tonga.

1.3.5 MCH/FP Programmes

The health service requirements of all individuals vary with age and gender. Women and young children have a particular set of health needs associated with reproduction and infancy, and for the first year or two after a birth, maternal and child health (MCH) are interdependent to a considerable extent. Moreover, family planning is an important part of maternal and child health because birth spacing influences child health and survival as well as maternal health (Boerma and Bicego, 1992).

Tonga has made significant gains in the past decade in the provision of more comprehensive MCH health services, including family planning. Most MCH services are provided by Government health facilities, but an NGO, the Tonga Family Health Association (TFHA), also provides family planning and reproductive health advice and education. The ready availability of MCH services has almost certainly contributed to generally good maternal and child health as well as to declines in infant mortality and sustained Tonga's very low rate of maternal mortality. In recent years Tonga has had no recorded maternal deaths, and the identification of potential complications during ante-natal visits and the referral of high risk births to the main hospital or overseas for delivery has no doubt contributed to this excellent record.

The use of contraception to avoid births runs counter to core traditional social values, and is still perceived by many Tongans, both men and women, as unacceptable. Children have always been welcomed by Tongan society and perceived as a blessing *ēnonu'í* or *ātapuaki'í* (Needs, 1988). Even so, as discussed above, Tonga is experiencing fertility decline. In 2001, 34 per cent of women of reproductive age were using modern contraceptive methods (IPPF, 2003). This is probably a reflection of increasing educational attainment of women and their greater participation in wage employment, as well as changes in attitude associated with modernisation.

According to the 1999 Tongatapu Infant Feeding Survey, approximately 74 per cent of women breastfed their infants (NFNC, 2000a). The proportion of women breastfeeding decreased as the age of infants increased, however, and most women who breastfed their infants said they preferred early weaning, suggesting a need for stronger health promotion in this area. The NFNC and the Ministry of Health continue to promote breastfeeding (Ministry of Health, 2004), which benefits the health of both mother and child.

An interesting feature that is evident in Table 6 is that low birth weight babies are almost unknown in Tonga. A recent study of teenage pregnancy found that, even among teenage mothers, almost all babies weighed 2500gms or more at birth, as did all but one of three sets of twins (SPC, 2004). This is a very positive attribute as regards child survival, although it is probably attributable to the generally large stature of Tongan women and the abundance

of food in Tonga rather than to any particular health initiatives. The large stature and generally good development of Tongan women may also contribute to the very low maternal mortality rate.

One concern as regards MCH, however, is a trend towards increasing numbers of teenage pregnancies and also limited antenatal care of a few teenage mothers. A recent study of teenage pregnancy in Tonga (SPC, 2005) showed that this seems to be associated with social attitudes that condemn anything but abstinence among unmarried girls, which discourages them from learning about using contraception and MCH services. Hospital records for 2001-2003 showed that 44 per cent of all teenage mothers did not receive any ante-natal care until their 28th week of pregnancy, and 17 of a total of 382 did not receive any medical care at all until their delivery caused concern and they were rushed to a facility (SPC, 2005). It is possible that others not appearing in the hospital records received neither antenatal care nor any delivery assistance from trained medical personnel. This is due to stigmatisation of unmarried teenage mothers rather than any limitations in the health services per se, and indicates a need for community education to overcome these negative social attitudes and ensure that all mothers are properly cared for, whether or not they are married.

1.3.6 HIV and AIDS and other STIs

HIV and AIDS and other STIs are not merely infectious diseases but diseases that raise a raft of social issues and pose a potential risk for sexually active people of all ages. They therefore present a special challenge to any health strategy. The advent of HIV and AIDS in the Pacific required conservative societies to confront highly sensitive issues and challenged some fundamental social attitudes. More than a decade later, the Tongan community has generally accepted the importance of addressing these highly sensitive topics in public, but still many people find them confronting and, as in every country, there is a tendency to deny high risk behaviour in ones own person or family.

As of December 2004, 13 cases of HIV and AIDS had been diagnosed in Tonga (SPC, 2006) -8 cases (62%) have already passed away. Although this may appear to be a very small number, it signifies that there are almost certainly other undiagnosed cases. Lessons from other countries have shown that HIV prevalence can increase very rapidly unless precautions are taken to prevent it. It is now well established that women are more susceptible to contracting HIV than are men, and HIV can be transmitted from mothers to infants during birth.

Tackling the HIV and AIDS challenge requires concerted community education programmes backed up by ready access to condoms for any one who needs to use them, regardless of age or marital status. This is not easy to achieve in a conservative society. Tonga's National

AIDS Council (NAC) was established in 1988, initially as a political response to the emergence of HIV infections (Ministry of Health, 2003). Subsequently Tonga joined other Heads of Health Ministries throughout the Pacific in a collaborated effort to combat STIs and HIV and AIDS. This led to the development of the 'Strategic Plan for Responding to HIV and AIDS and STIs in the Kingdom of Tonga for the years 2001-2005'. The strategy calls for urgent attention to minimise and control the impact of STIs and HIV and AIDS on society, especially on youth and the economically active groups (Ministry of Health, 2002).

The prevalence of other STIs in Tonga is difficult to ascertain because a general community reluctance to present for treatment means that not all cases are reported. Approximately 50 per cent of the diagnosed STI cases reported in 2002 were gonorrhoea, and the majority of those infected with gonorrhoea were male youths (Ministry of Health 2003). Improvements to data collection to better inform strategies to reduce STIs was a component of SDP7 and SDP8 will continue this initiative with a survey of STIs (Central Planning Department, 2006: 105)

In addition to the appearance of STIs among youth, cases of teenage, extra-nuptial pregnancies are further evidence that some Tongan young people are sexually active and practicing unprotected sex outside marriage. Various Government and non-Government organizations, churches and youth groups such as Filitonu (literally 'Right Choice'), are now providing education and distributing contraceptives with a view to protecting the community from STIs and HIV. Community acceptance of these activities reflects the widespread realisation of their crucial importance, and is a notable move away from traditional conservative attitudes. Even so, greater and continuing efforts are needed to promote safe sex among youth and adults throughout the community if STIs, including HIV/AIDS, are to be contained.

1.3.7 Challenges in health

It is evident from the preceding sections that while most Tongan health indicators appear favourable there are a number of emerging health issues, and the continuing provision and maintenance of adequate health services and health standards, including the specific services required by children, youth and women, presents a challenge to Government and society. While life expectancies have reached around 70 years for men and women and access to health services is excellent, it is clear from Table 5 (page 17) that Tonga has not yet made a complete 'health transition'⁵ to a state where infectious diseases are largely controlled

⁵ *The health or epidemiological transition model, describes a transition from a traditional society pattern in which infectious disease predominates to a modern pattern of largely NCD, with a parallel increase in longevity. Recent evidence suggests limited progress in public health and that adoption of unhealthy lifestyle habits is hindering progress in many developing countries and preventing them from achieving the final stage of the transition (Frank et al, 1989).*

and most illness is NCDs occurring at older ages. While NCDs are becoming the main cause of death, they are occurring at unnecessarily early ages, and this is inhibiting further improvements in life expectancy.

Among the factors that present challenges to the achievement of better health are an overall population size that is too small to support top-level facilities, and uneven population distribution with settlement dispersed throughout 36 islands. This makes it difficult to ensure equity of access to health services and necessitates the use of costly strategies for serious medical problems, such as referral to higher-level facilities and medical evacuation, both within Tonga and internationally.

Perhaps a greater challenge is to reduce the prevalence of lifestyle-related, early onset non-communicable diseases (NCD) including diabetes mellitus, coronary heart disease, respiratory problems, and high blood pressure. This is particularly difficult because these diseases are largely a consequence of individual personal behaviour, especially eating foods that are high in fat, sugar and salt, smoking cigarettes and drinking alcohol immoderately while living a sedentary lifestyle. As such, they cannot be addressed with a relatively straightforward public health initiative, such as immunisation or improving water supplies. The only effective strategy is to identify ways of persuading everyone in the community to reduce their high-risk lifestyle habits and adopt a healthy lifestyle from a young age, and pursue these strategies vigorously as part of PHC.

The Pacific Action for Health Project, an AusAID project implemented by the Tonga Family Health Project (TFHA), is an example of a strategy to reduce health risk behaviour among adolescents. The project targeted adolescent substance abuse and utilised a TFHA sponsored youth group, Filitonu, to promote reduction in substance abuse among adolescents. As substance abuse is inextricably linked with a number of other youth issues, including adolescent sexuality, family relationships and youth opportunity (see Section 2.4.1), this project achieved good results by taking a holistic approach to adolescent health (Source: SPC, 2005a).

The national importance of health to the Government of Tonga is reflected in SDP8 (Central Planning Department, 2006). It is recognised that while addressing lifestyle-related health problems presents a major challenge, preventive strategies are more cost effective than curative strategies. Six major strategies to improve the effectiveness and efficiency of the health sector are included in the Plan:

- Strategy 1:* Continue to implement the National Strategy on Non-Communicable Diseases.
- Strategy 2:* Redirect the health budget toward primary and preventative services, ensuring service provision at rural and regional health centres is strengthened.

Strategy 3: Formulate standard protocols for the management of all communicable diseases and ensure adequate testing facilities and personnel are available to monitor the prevalence of communicable diseases

Strategy 4: Develop a protocol and undertake a survey to establish the prevalence of sexually transmitted infections.

Strategy 5: Improve curative service delivery by completing the infrastructure redevelopment of Vaiola hospital.

Strategy 6: Review health sector financing with a view to introducing user fees (while ensuring exemption for the poor) and voluntary health insurance schemes. (Central Planning Department, 2006: 104-105)

1.4 Education in Tonga

The Government of Tonga has long recognised that a skilled labour force is a fundamental ingredient for economic development and the maintenance of a high standard of living, and has placed high importance on universal education. Similarly, the Tongan community perceives education as a vehicle for both individual and family advancement, and Western, academically-oriented education is the aspiration of many Tongan families. Not only is education seen as an essential prerequisite for secure employment, but also as providing a competitive edge as regards status and the associated benefits that accrue to it - influence, authority, respect and high salaries.

The result is that Tonga has achieved impressive levels of education by Pacific standards. Very few persons in Tonga fail to complete at least primary level, and this is reflected in near universal literacy in the Tongan language, universal primary education, and near universal secondary education. In the late 1990s the Department of Education received more than 18 per cent of total government expenditure, although this declined to around 13 per cent in 2002 (Ministry of Finance, 1998, 2002).

At present pre-school education is not an integrated part of the education system, although it receives some support from Government, as discussed in Section 2.3.2. The education system therefore currently consists of three levels: six years of primary education and seven years of secondary education plus post-secondary education and training⁶. The next section discusses the three levels.

⁶ Since 2003, Forms 1 and 2 have been introduced into some government primary schools. Some of the mission schools also have a preparatory year at secondary school (class/year 7) before Form 1, but all government secondary schools start with Form 1.

1.4.1 Primary Education

Education is free at primary level and all children between the ages of six and 14 are legally required to attend school until at least six years of education have been completed. Although compulsory primary education is not a unique requirement in the Pacific, Tonga has been able to enforce the legislation more effectively than some other countries. According to the 1986 Census data, only 3.2 per cent of the Tongan population aged 5 years and above had no schooling, and in 1996 the figure had declined to just over 1 per cent (Statistics Department, 1998).

In 2002 there were 109 Government primary schools and 11 non-Government primary schools, mostly churches. Government also makes a contribution to most church education systems. In both Government and non-Government schools the Parent Teachers Association (PTA) provides much of the equipment, including books, stationery and classroom buildings and contributes to the schools recurrent costs (Ministry of Education, 2004).

Table 7 shows the distribution of primary schools by island group in 2004. It can be seen that all island groups have sufficient primary schools, with approximately 90 per cent provided by the Government and around 10 per cent by church organizations. Private schools operate in only two island groups, Tongatapu and Ha'apai.

Table 7: Providers of Primary Education and Total Enrolment, 2004

District	Government Schools	Non-Government Schools	Total	% total enrolment
Ēua	5	0	5	5.2
Ha'apai	19	4	23	8.1
Niuafoiou	2	0	2	0.7
Niuaotoputapu	3	0	3	1.2
Vava'iu	30	0	30	17
Tongatapu	51	10	61	68.1
Total	110	14	124	100.0
% total enrolment	91.6	8.4	100	
Number of students	15,596	1430		17,026

Source: Ministry of Education, 2004.

1.4.2 Secondary Education

After six years of primary education, students sit the Secondary Entrance Examination (SEE) to qualify for secondary education. Unlike primary education, secondary education is neither compulsory nor free in Tonga. Even so, according to the 1996 census, approximately 56 per cent of the population aged 15 years and over had attended secondary school (Statistics Department, 1998). This is a reflection of the high importance the community places on education.

The Government of Tonga is committed to the achievement of universal secondary education and improvement of the quality of education at both the primary and secondary levels, and this objective is stated in both SDP8 and the Tonga Education Support Program (Central Planning Department, 2006; NZAID, 2003).

Table 8 shows the 2000 distribution of secondary schools by provider. It can be seen that Government-run secondary schools were in the minority, amounting to only eight out of a total of 39 schools, with the rest provided by various church organizations. By 2004 the number of Government schools had increased to 10, with 32 non-Government schools. Government schools accounted for 33 per cent of the enrolment and non-Government schools accounted for 67 per cent (SDP8, 2006: 92). Access to secondary education has improved since four Government high schools were established in the outer islands. Fees in Government schools are typically lower than in non-Government schools. The Government does contribute to the private school system, but, pays a subsidy of T\$100 per student to non-Government schools except Jesus Christ of the Latter Day Saints (LDS), which has chosen not to accept this contribution (NZAID and Government of Tonga, 2003: 39).

Table 8: Number of Secondary schools by provider and district, 2000

Division	Controlling Authority									Total
	Govt	FWC	SDA	TOC	RC	LDS	FCT	AC	AI	
Tongatapu	4	7	2	1	2	4	1	1	1	23
Vava'iu	1	1	1	0	1	1	1	0	0	6
Ha'apai	0	2	0	0	1	1	1	0	0	5
Ēua	1	1	0	0	0	1	0	0	0	3
Niuafoiou	1	0	0	0	0	0	0	0	0	1
Niuaotoputapu	1	0	0	0	0	0	0	0	0	1
Total	8	11	3	1	4	7	3	1	1	39

Source: Ministry of Education, 2000

FWC=Free Wesleyan Church
AI=Ātenisi Institute
LDS=Latter Day Saints

RC=Roman Catholic
SDA=Seventh Day Adventist
FCT=Free Church of Tonga

AC=Anglican church
TOC=Tokaikolo Church

Although secondary education is not free, close to 80 per cent of those of secondary school age were attending secondary school in 1996 (Statistics Department, 1999). Table 9 shows numbers enrolled tended to be less in the late 1990s than in the first half of the decade, and the declining sex ratio suggests that during that period males were becoming less likely to continue in secondary education as compared to females. This was especially evident in Tongatapu, and is discussed in more detail in Section 2.4.1.1.

Table 9: Secondary School Enrolment Trends, 1992-2000

	1992	1993	1994	1995	1996	1997	1998	1999	2000
Total enrolment	15,253	15,573	15,702	14,069	13,143	14,277	13,349	13,987	14,955
Provider									
Govt. %	18.7	20.4	20.6	21.1	23.2	23.0	24.0	26.2	24.0
Private %	81.2	79.5	79.4	78.9	76.8	77.0	76.0	73.8	76.0
Teacher/ Pupil ratio	1:18	1:18	1:19	1:17	1:15	1:17	1:16	1:15	1:15
Sex ratio of enrolled pupils*	114	107	106	107	97	103	99	106	104

Source: Ministry of Education, 1992-2000. * Males per 100 females

Table 9 shows that the proportion of students at government secondary school tended to increase between 1992 and 2000. By 2002 enrolment in Government schools had increased still further to 28 per cent of the total (Ministry of Education, 2004). The teacher student ratio improved from one teacher to every 18 students in 1992 to one teacher to every 15 students in 2000.

At the end of their eighth year of education (Form 2), all secondary school students may sit the Form 2 Common Examination, but only candidates from selected schools (Tonga Side School and Talafaíou Middle School) have the opportunity to proceed to Form 3 at the top secondary school (Tonga High School) if they achieve a sufficient grade. Students in Forms 5 ñ 7 can sit various national and international examinations, depending on the school they attend. These include the Cambridge International Examination, the Tonga School Certificate Examination, the Pacific Senior Secondary Certificate, the South Pacific Form Seven Certificate (SPFSC), the University of the South Pacific Foundation Level Examinations and CIEís Advanced Subsidiary (Central Planning Department, 2006: 91).

Secondary education in Tonga is strongly oriented towards academic subjects. This tends to discourage students who lack aptitude for this type of education and contributes to substantial drop out rates. This is discussed in more detail in Section 2.4.1.1.

1.4.3 Post-Secondary Education

There has been substantial progress in post-secondary education, including the introduction of diploma level studies and various certificate level courses in technical areas such as hospitality, computing and general engineering. Tonga has a substantial post-secondary education system, comprising of Government and non-Government education institutions. Both formal and non-formal post-secondary education is available to those who qualify for admission.

The Ministry of Education administers five post-secondary institutions, providing diploma and postgraduate diploma courses in teaching; technical trade areas and maritime certificates; certificates and diplomas in information technology, accounting and agriculture; business study and a post graduate diploma. Other government institutions provide post-secondary training in nursing, police training, defence and work related skills (NZAID and Government of Tonga, 2003).

In recent years, the Government of Tonga has taken positive steps to align the country's training and education systems with the country's manpower and development needs (Central Planning Department, 2006). Moreover, the introduction of distance education facilities under the Community Development Training Centre (CDTC) is beginning to play an important role in the improvement in the delivery of further education especially to outlying areas.

The In-country Scholarships Award (ICA) scheme established in 2000 offers a cost-effective way of promoting the post-secondary training required for Tonga's development (Ministry of Education, 2002). Those who cannot afford to continue in post-secondary education can compete for scholarships to enable them to study a range of courses offered by tertiary institutions. The scheme targets disadvantaged groups and also aims at gender equity, with at least 50 per cent of the awards going to females. Part of the logic of the ICA is that if students begin their post-secondary studies in Tonga, the risk of poor performance (terminations, discontinuation and extensions) at more costly overseas institutions is reduced (Government Scholarship Committee, 1999).

More than half of ICAs have gone to female scholars who, overall, appear to have performed better than male scholars (Ministry of Education, 2002). Most ICA scholars attend Tonga's USP campus, where the nature of study is very flexible. This suits female students, among whom accounting and business studies were especially popular, attracting more females than males (Hendy & Liavaia, 2000).

Short-term in-country training aims to provide quality, relevant and timely training, in

line with development needs (Central Planning Department, 2006). In the past it has been difficult to meet the target of 50 per cent females because short-term training tends to emphasise the needs of male employees more than females because it focuses on rural communities and the private sector. The critical cross-cutting issues of gender, youth and environment are to be mainstreamed within the future training programmes provided by NZAID under the Tonga Educational Support Program (TESP) (NZAID and Government of Tonga, 2003). Continuing effort will nonetheless be required to meet the target of 50 per cent female participation.

1.4.4 Challenges in Education

Some of the issues that currently concern the Ministry of Education are maintaining equality of access, reducing the large numbers of students who repeat grades at both primary and secondary levels, and ensuring the quality of the education provided and the readiness of school graduates for employment in a market economy.

In 2004, 19.8 per cent of the 4,325 students in Year 6 of primary school were repeating grades, largely because of numeracy and literacy problems (Central Planning Department, 2006: 95).

Secondary schools have both a high repeat rate and a high dropout rate. In 2002 a total of 1,230 students repeated between Class 7 and Form 7. Most repeats were in Form 5 (44 per cent) and Form 6 (36 per cent). In the same year a total of 1,050 students dropped out of school before the end of the year. In contrast to the pattern of repeats, most dropouts occurred before the students reached Form 5 (65 per cent), although the highest percentage at any one level was actually at Form 5 (22 per cent) (Ministry of Education, 2004). The dropout rate for non-Government schools is said to be higher than for Government schools (Central Planning Department, 2006: 95). This could be partly because of higher fees in non-Government schools.

It is widely perceived that primary and secondary education provided by Government schools is of a higher standard than that provided by non-Government agencies, and that primary and secondary schools in rural and regional areas generally have lower examination pass rates than schools in urban Tongatapu. These perceptions are supported by national and regional examination results and secondary entrance examinations and other statistics. A major reason for the better student outcomes in Government schools is that they are better resourced relative to non-Government schools. Also Table 10 shows, non-Government schools have more unqualified teachers than do Government schools (Ministry of Education, 2004).

Table 10: Qualifications of Teachers, 2004

	Qualifications										Total
	Graduates		Diploma		Certificates		Incomplete Training		Untrained		
Provider	No.	%	No.	%	No.	%	No.	%	No.	%	
Primary Government	2	0.3	404	57.2	274	38.8	26	3.7	0	0.0	706
All non-Government	15	16.0	19	20.0	25	27.0	8	9.0	27	29.0	94
Secondary Government	106	33.9	205	65.5	2	0.6			0	0.0	313
All non-Government	221	29.4	312	41.5	146	19.4			73	9.7	752

Source: Ministry of Education, 2004.

A major issue in education is that it is strongly oriented towards success in academic subjects. Students who do not complete the full duration of either primary or secondary education, especially those who do not achieve any qualifications, tend to be branded as 'failures'. They also find it difficult to obtain alternative forms of training because admission to most post-secondary education requires a pass at Form 5 level. Post-secondary training institutions have little, if any, room for those without official qualifications (Central Planning Department, 2006: 95). SDP8 includes a number of strategies under Goal 5: 'To improve education standards, with the objectives of improving access and quality of basic education and post-basic education and the administration of education and training' (Central Planning Department, 2006: 97-98).

1.5 Patterns of Economic Activity

1.5.1 Subsistence activity

Tonga's pattern of economy comprises subsistence activity, cultivation of crops or fishing for sale and modern wage sector activities. In the 1950s approximately 73 per cent of the labour force was engaged in the agricultural sector, mainly smallholder subsistence farming. Between 1976 and 1996 the number of salary/wage earners increased by over 50 per cent, and a substantial proportion of the population now combines wage employment with cultivation or fishing for subsistence and/or sale, while some practice cultivation for subsistence or sale in combination with household duties. In other words, many contemporary Tongan households are multi-occupational, exploiting any available economic niche. Most Tongan civil servants also engage in food production to supplement their salaries. This complex pattern creates difficulties as regards classification of economic activity and labour force participation.

In the past Tonga's labour statistics have tended to understate the percentage of the working age population who are economically active. This has occurred because some informal sector activity, especially that undertaken by women, has not been classified as economic activity. In the 1986 census, women were defined as 'economically active' only if they spend most of their time engaged in economic activity, including unpaid subsistence work but excluding housework. Many women who were actually engaged in economic activity for profit were classified as economically inactive because their activities such as gardening, farming and handicraft were secondary while housework and childcare occupied the greater part of their time. In 1996, the definition was revised to include farming, fishing and handicraft if it was not combined with housework, and this new definition was one of the reasons why greater numbers of women were categorized as 'economically active' in 1996 than in 1986. Even so, the definition still excludes the part-time informal economic activity of many women who are otherwise engaged in domestic work.

As well as understating women's economic activity, the statistics continue to suggest that formal sector activity is the main source of livelihood in Tonga. This can be seen in the census data in Table 11, which classified only 58 per cent of Tonga's working age population as economically active, of whom approximately 87 per cent were employed.

Table 11: Working age population and Labour force, 1996

Total Working Age Population (15-64yr)							
<i>Economically Active</i>				<i>Not Economically Active</i>			
	Male	Female	Total.		Male	Female	Total.
Employed	18,408 (84.8%)	10,998 (90.0%)	29,406 (86.7%)	Home duties	1,270 (17.9%)	11,306 (66.2%)	12,576 (51.2%)
Unemployed	3,291 (15.2%)	1,211 (10.0%)	4,502 (13.3%)	Students	4,193 (58.8%)	4,210 (24.7%)	8,403 (34.6%)
				Disable	299 (4.2%)	246 (1.4%)	545 (2.2%)
				Others	1,362 (19.1%)	1,308 (7.7%)	2,670 (11.0%)
Total	21,699	12,209	33,908	Total	7,124	17,070	24,194

Source: Tonga Department of Statistics, 1998

Of the total unemployed, 73 per cent were males and 27 per cent were females, while 15 per cent of economically active males were classified as unemployed compared to only 10 per cent of females. This indicates that women are much more likely than men to be counted as not economically active, and women's contributions to the informal sector tend to be undervalued and unrecognised.

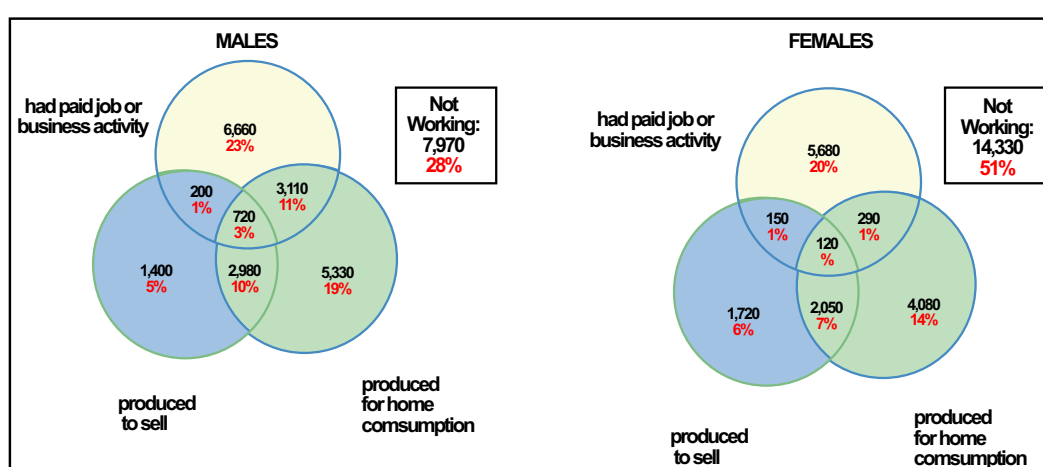
Even so, a noticeable trend in the labour market over the past 20 years has been the increase in the number of women officially engaged in the formal employment sector. Between 1976 and 1996 the number of women in the labour force increased dramatically from 2,743 to 11,004. This represents an increase in women's share of labour force participation, from 15 per cent in 1976 to 37 per cent of the total number of persons employed (see Table 11 above).

Women's share in the service sector has risen sharply, from 32 per cent in 1976 to 53 per cent in 1996.

1.5.2 Wage Employment

The 2003 Labour Force Survey (LFS) found similar discrepancies in male and female employment, and also that both males and females combined wage work with production for home consumption or sale, although this was more common among males. Figure 2 shows the numbers and percentages in each category.

Figure 2: Current work activities of males and females aged 15 and over



Source: Statistics Department, 2004: 11.

The 1996 census found that 77 per cent of total employment was in the private sector, 18 per cent in the civil service and the remaining 5 per cent in state owned enterprises. Of those employed in the private sector, 62 were males and 38 per cent were females (Statistics Department, 1998). Over the past few decades, private sector business activity, including agriculturally based businesses, has increased in importance, and is now perceived as the key sector in economic growth. SFP7 began the process with the Economic and Public Sector Reform Program (EPSRP). SDP8 continues to prioritise private sector growth, and far-reaching structural changes in the Civil Service are being implemented in 2006 with a view to facilitating and encouraging private sector growth (ADB, 2006: 4).

PART 2
THE SITUATION
OF CHILDREN,
YOUTH AND WOMEN
IN TONGA

2.1 Definitions

International and community definitions of children and youth vary depending on the purpose and the perspective taken. The CRC defines a child as aged up to age 18, and all Articles of CRC relate to this age range. This definition is now widely followed by countries that are signatories to CRC, and is the definition used in this report.

The UN definition of youth overlaps the definition of child, however, referring to ages 15 to 24 years. This definition is widely used throughout the world, with some countries extending the definition of youth to older ages, depending on the activity the person is engaged in. This is true for Tonga, where the law does not specify an age that separates childhood from adulthood, but tends to determine the age of majority according to a person's activity (Central Planning Department, forthcoming: 11). Similarly, while the core definition of youth is 15-24 years, those aged 25-30 years who are unmarried are also likely to be regarded as youth.

This report follows the UN model and uses the term youth for both males and females aged 15 to 24 years. The terms youth and young people are used interchangeably. The discussion of youth issues in this report is also relevant to those aged 25 and over who are still considered by the community to be youth. Finally, some sections of this report are concerned specifically with teenagers, that is, ages 13-19 years.

2.2 Changing social and family dynamics

The economic and social changes associated with modernization are impacting on traditional Tongan social and family dynamics, which in turn impact on the situation of children, youth and women. This section begins with a review of traditional social organization and then discusses some of the changes that are occurring.

The family is the core element in Tongan traditional social organization, with family roles allocated according to age and sex. The women of the family are expected to play certain roles and perform certain tasks, and the men to perform others. Older people are usually given less physically demanding chores. The concepts of roles and ranking underpinned this traditional social and political structure. Individuals are born into their respective roles and socialized into these roles from birth. Within the family, the father is the dominant figure, providing leadership, control and authority, while at the national level, royalty and nobles are ranked above commoners. (Campbell, 1992).

In traditional households family decision-making responsibilities tend to follow the division of labour. Thus the husband makes the main decisions on the type of house for the family

and its construction, farming and also fishing, while the wife makes most of the decisions on the day-to-day management of the home, matters relating to children and food on the table. Elders are respected in the Tongan family, and family problems and feuds are often resolved and decided upon by the elders, who are by then usually grandparents (Personal communication, NCWC).

The traditional social order always allocates a higher rank to daughters than to sons, and females are said to be more *eiki* (chiefly). They do not, however, have any *pule* (secular authority) over their brothers, so this ranking relates only to respect, while women remain subordinate to men as regards authority. The traditional pattern is that, after marriage, Tongan women become subordinate to their husbands and usually relinquish any rights to their family lands, which are always inherited by the male heir. She is expected to support her husband and assist him in his endeavours to improve his social position. Thus, even though there are social mechanisms to ensure women are respected, social and gender inequality are integral to the socio-cultural fabric of traditional Tongan society, in that women are considered to be subordinate to men and do not have control over their own lives.

This traditional social order is supported by the church, a key institution within Tongan society that has considerable influence on the family. The religious rituals associated with key life events are central to Tongan society. For example, while the Government registry under the Ministry of Justice registers marriages, the union is not recognized until a religious ceremony has been performed by a registered church minister (Personal communication, Attorney General).

The traditional objective of marital union is to bear as many children as God chooses to provide. Parents are responsible for the survival and upbringing of their children, while the extended family ensures that children value and respect Tongan culture. The mother has the greatest responsibility for caring for and protecting her children and teaching them *ēproperi anga* (correct behaviour) so that they become *potoi* (clever, skilful, able to understand what to do and how to do it). Mothers are also expected to be responsible for the teaching of moral and religious values.

As everywhere, mothers have more influence on their children at younger ages, while the father is more likely to participate in controlling and advising his children when they become young adults. Interestingly, Tongan children tend to be more at ease with their mother's side of the family because their mother has higher rank (*ēiki* or *fahu*) in relation to her brothers, and less at ease with the father's side because the father's rank is below that of his sisters.

Economic development and the increasing exposure of Tongans to Western values are impacting on traditional roles and responsibilities. As Tongan women take advantage of opportunities for further education, increasing numbers of women are participating in paid employment and some are even engaging in professions traditionally perceived to be male dominated, such as architecture and senior management. Although most households continue to adhere closely to traditional values, there is a trend towards greater participation of women in decision-making, at both the household and community level. A few contemporary Tongan women, especially wage earners in urban areas, have a more equal relationship with the husband and a greater role in family decision making and managing the family income.

Economic independence also enables women to make independent decisions about their own lives and the future of their children. Whereas the National Retirement Fund Scheme Bill specified the husband as the beneficiary of its female members, consultations conducted by Central Planning Department indicated that increasing numbers of female members want to nominate a different beneficiary such as their children. There are also instances of older unmarried women in secure employment choosing to bear a child, even though they have no husband (Central Planning Department, personal communication).



Traditionally education of boys took precedence over education for girls, but this tendency is declining with the advent of increasing opportunities for women in employment and education. Families now tend to offer educational support to those with greatest potential and ability to perform, irrespective of their sex.

Another change in modern Tongan society is that material wealth and Western values sometimes supersede traditional cultural arrangements. For example, whereas tradition accords more importance to age, in a modern context superior educational attainment may be ranked ahead of age. That is, traditional observation of rank may be put aside in deference to the requirements of modern Western social behaviour. This is evident in many circles, especially in urban areas, where the surface manifestations of Tongan culture and society have relaxed, although underlying cultural norms tend to persist. The 2005 Public Service strike for higher wages is an example of a challenge to the traditional hierarchy. The impact of modernisation is also evident in the increasing trend away from the extended family towards a nucleated structure.

Thus despite the strength, integrity and far reaching nature of Tongan culture, it is evident that changes are emerging, especially as regards the balance between men and women in the household. One aspect of family dynamics that has been slower to adapt to modernization, however, is parent-child dynamics, especially traditional parental attitudes to adolescent children. It is becoming increasingly evident, however, that traditional methods of parenting do not provide adolescents with enough support to enable them to handle the greater freedom and more liberal attitudes of modern society. For example, alcohol and other harmful substances and sexually provocative media images have now become so common that young people need to be actively taught how to manage the challenges they present, not merely forbidden to have anything to do with them (UNICEF, 2005a).

Peer educators with the TFHA commented on an increasing trend for young men to build their own quarters or *ʻhutsí*, close to but separate from the family home. This greatly increases their freedom to interact with visiting friends without parental supervision. While this is a traditional practice, the peer educators observed that many of these young people were not well prepared to handle such freedom in a modern setting. They said that parents tend to avoid educating their children in life skills, often arguing that it is the role of schools and teachers to do so. Schools, however, also are reluctant or unable to address some youth issues with the necessary openness. Life skills such as how to manage alcohol and sexuality need to be reinforced in the home, and young people need on-going parental support to protect them from risk. When parents do not discuss such issues openly, young people tend to become secretive because they fear severe punishment if parents disapprove of their behaviour. This increases their likelihood of engaging in high-risk behaviour, including substance abuse and unsafe sex.

There is no doubt that modern environments create new responsibilities for families, both parents and children. Parents who have had only limited exposure to emerging youth issues may find it difficult to discuss them, while Tongan society tends to deny or conceal family difficulties because they are considered shameful.

The Government partners with NGOs to address issues arising from changing family dynamics. These include The National Centre for Women and Children, the TFHA, and the Red Cross. The specific activities of these and other NGOs in relation to issues for children, youth and women are discussed in the respective sections below.

2.3 The Situation of Children

As noted in the introduction, Tonga became a signatory to CRC in 1995 and established the NCCC, to address CRC issues for children. When this situation analysis was being prepared, Tonga was also finalising a very comprehensive report in compliance with Article 44 of CRC, which requires regular reporting on the measures (Tonga has) adopted which give effect to the rights recognised herein and on the progress made on the enjoyment of these rights (United Nations General Assembly, 1989, Article 44). The report was prepared by the NCCC and based on extensive community consultation and qualitative research conducted by the Central Planning Department. The overall finding was that the situation of children in Tonga is relatively good overall, with very good access to education and health services. Progress has been more limited as regards child rights and opportunities for the disabled (Central Planning Department, forthcoming: 5).

This situation analysis does not attempt to duplicate the material in that report, and readers seeking full details of progress in relation to CRC are urged to consult the CRC report when it becomes available. Rather, this section raises few key issues as regards children's rights that are of particular interest to Government and UNICEF, and discusses the situation of children in relation to the general social and economic context of Tonga.

2.3.1 Birth registration and child rights

The right to be registered at birth and given a name and nationality is the first right of every child, as specified in Article 7 of CRC. Birth registration is essential to ensure that children have access to their civic rights, including education and health services, and to help protect them from exploitation. Tonga is among only a few Pacific countries to have almost complete birth registration, with an estimated coverage of 98 per cent in 2004, an improvement from 94 per cent in 2000 and 89 per cent in 1995. One reason for this high level of coverage is that birth registration is widely perceived as important to ensure rights to inherit land (UNICEF, 2005b: 96).

Children who are most at risk of not being registered include those subject to customary adoption. Such children may not be registered because the natural parents assume it is the responsibility of the adoptive parents, and vice versa. Registration of adopted children is also a sensitive issue because it determines rank and right to inherit. Illegitimate children may also go unregistered because stigma is attached to their birth and the father may not wish to be recognized. An issue as regards registration of children who do have Tongan mothers but not Tongan fathers is that birth registration does not automatically confer citizenship, so such children may be stateless and unable to obtain a Tongan passport. This is at variance with CRC, and consideration is currently being given as to how to review the Nationality Act to deal with such situations (UNICEF, 2005b: 97).

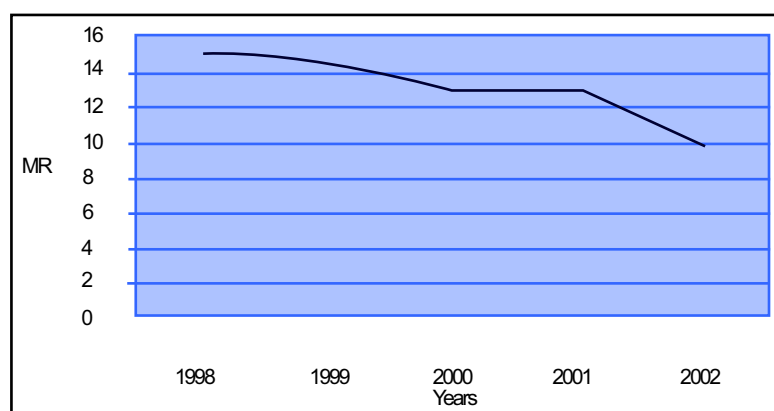
As discussed in Section 2.2 above, the strong family culture in Tonga, the high value society generally places on children and legislation requiring that parents give their children proper care ensure that, except in a few cases of hardship, children are well cared for and have access to health services, education and the other entitlements specified in CRC (Central Planning Department, forthcoming). The age at which children may begin work is not legally specified but rather the number of years of education they must complete prior to entering the labour force. This requirement seems to be well enforced and there appear to be negligible cases of child labour in the usual sense, that is, as an exploitative and/or degrading activity that keeps children out of school.

The 2003 Labour Force survey found, however, that children are extensively involved in non-economic activities within the household. Activities included cooking, cleaning, shopping, caring for the sick, minor household repairs and caring for younger children. Children aged 10-14 spent an average of 11 hours a week in total on these and other household activities, compared to the adult average of 22 hours a week. Interestingly, there was hardly any gender bias in the time spent by children on different activities, with girls averaging 12 hours a week, compared with 11 hours for boys. Girls spent only a little longer than boys on cooking and serving food, cleaning utensils and in the house (Statistics Department, 2004: 36).

2.3.2 Child Health and Immunization

As discussed in Section 1.2.1 above and shown in Figure 3, Tonga's IMR has declined in recent years and is now one of the lowest in the Pacific. Similarly, mortality among children aged 1-4 has also declined in the last 2 decades, and was estimated at 16.6 per 1000 in 1996, reflecting improvements in the health status of children in Tonga.

Figure 3: Infant Mortality Rate for Tonga, 1998-2002



Source: Tonga Ministry of Health 2003

Health care for the children in Tonga is a government priority. The Ministry of Health provides maternal and child health services, including immunisation, family planning, and antenatal care. Health care facilities in the five health districts outside Tongatapu have improved in the last 10 years. Immunisation is a mandatory requirement, and coverage in the five years from 1998 to 2002 increased from 95.8 per cent to 97 per cent (Central Planning Department, forthcoming). The Ministry of Health aims to achieve universal coverage in the near future. Tonga is one of only a few countries in which there is legislation requiring immunization (Central Planning Department, forthcoming).

Even so, some child health issues are a concern. Infant and child diarrhoea was identified as one of the five leading causes of overall morbidity in 2002, accounting for 3 per cent of the notified diseases (Ministry of Health, 2003). This could be related to a decline in breastfeeding, especially in urban areas. A 1999 survey of infant feeding patterns showed that only 61 per cent of infants were exclusively breastfed up to the end of the fourth month (Secretariat of Pacific Community, 2000). As previously mentioned, the NFNC and the Ministry of Health are promoting breastfeeding via the National Plan of Action on Nutrition (NPAN), the National Food and Nutrition Policy (NFNP) and dietary guidelines for Tonga.

An emerging concern is obesity among children, especially among girls from the age of 10-11 years (NFNC, 2000a). Obesity at young ages is very likely to persist through life because of early acquisition of unhealthy eating habits and because it discourages exercise. It is also a major risk factor for early onset NCDs. A researcher working with Fiji School of Medicine said that young people in Tonga are tending to adopt a pattern of erratic eating. In urban areas especially they no longer regard nutritious traditional foods such as pawpaw (papaya) and bananas as suitable foods for breakfast, saying that these foods are 'only suitable for pigs'. In their view, only cereal or bread is suitable for breakfast, and if these foods are not

available or there is no time to eat them they prefer to skip breakfast and then filling up on junk food purchased at retail outlets near schools. This promotes a higher intake of fat, salt and sugar and establishes poor eating habits that are likely to persist throughout life. He also commented that generally in Tonga nutritious foods such as low-fat meat and fresh green vegetables tend to be expensive while junk food tends to be relatively cheap (Personal communication).

Good nutrition is a child's right as part of the proper care specified in Article 3 of CRC. Given the very high cost of caring for victims of NCDs, intensifying strategies to educate communities in good nutrition and reduce both childhood and adult obesity could prove to be among the most cost effective preventive health measures.

2.3.3 Early-Childhood Education

As mentioned above, early-childhood education is not yet part of the formal education system and the only kindergartens and pre-schools in Tonga are privately operated. The Tonga Pre-School Association, an NGO, coordinates a total of 46 pre-schools in Tongatapu and the outer islands, no recent statistics were available but an estimated 1,000 children were receiving pre-school education as of 1993. Fees are generally in the order of T\$30-60 per term, and most teachers are untrained volunteers, although some are retired primary school teachers. The Association also provides workshops on child development and teaching skills (NZAID and Government of Tonga, 2003: 29).

The benefits of early-childhood education are being increasingly recognised as Tonga modernizes. Although early childhood education is not part of SDP8, the Government supports this NGO activity by providing training for pre-school teachers at USP and elsewhere through the bi-lateral aid program, and has facilitated Japan's "Grassroots" project to help resource pre-schools with classrooms and other essentials. (NZAID and Government of Tonga, 2003).

2.3.4 Child protection

The CRC rights that Tongan children are most likely to be denied are the right to freedom of expression (Article 13) and the right to freedom from all forms of physical and mental violence, injury or abuse (Article 19). This derives from the hierarchical nature of Tongan families that require children to remain silent and subordinate, and the traditional acceptability of physical punishment to discipline children and youth. Although physical punishment of children is the norm for many Tongan parents, and most is administered in a context of what is believed to be responsible parenting, it constitutes a violation of Article 12 of the CRC. In Tonga, as in most other Pacific Island countries, the rejection of

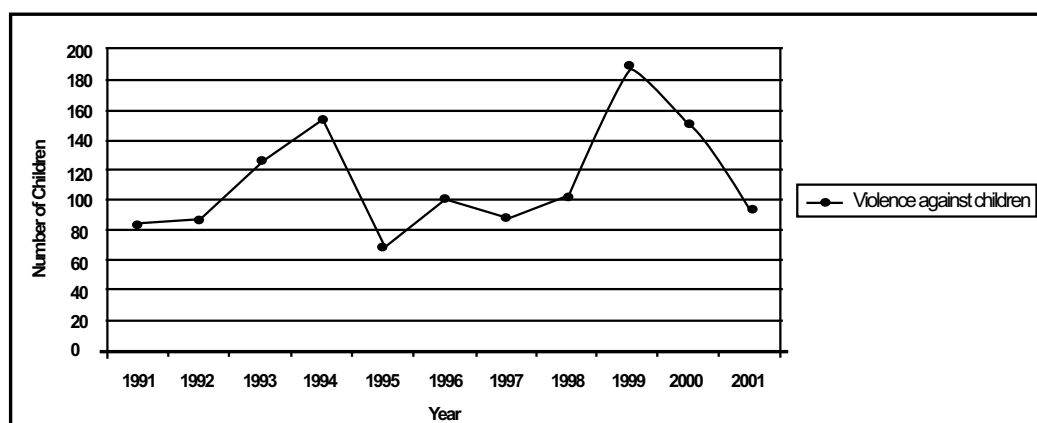
all forms of physical violence by modern conventions such as CRC and CEDAW - even slapping or smacking - is a concept that society will take time to absorb.

As in many traditional cultures in the Pacific and elsewhere, children submit to beating as the principal form of punishment, and physical punishment is used in schools. Children over the age of seven years can be held criminally responsible, and male offenders aged 7 to 15 can be punished with up to 20 stokes of the whip (Section 31 (7), Criminal Offences Act (Cap 18) cited in Central Planning Department, forthcoming: 11). The police are also said to use physical violence on young people they detain (Personal communication, NCWC). Qualitative research on youth issues carried out in Tonga in 2003, 2004 and 2005 found that fear of beating was often mentioned by young people as a reason for concealing their high-risk behaviour from their parents (SPC 2003, SPC 2004, SPC 2005b).

Addressing this issue requires a range of strategies including community education in children's rights and alternatives to violence in parenting. UNICEF is already addressing these issues in the Pacific, and the participation of the NCWC in UNICEF's Pacific Consultation on Violence Against Children in Suva, 2005, indicating a willingness in Tonga to address the issue of violence in the home and school.

Although physical punishment of children as a form of discipline within the family and school is still condoned by much of Tongan society, major violence against children is treated as a punishable crime. The Criminal Offences Act defines a 'child' as a person under the age of 14 years, and a 'young person' as aged 14 to 16 as regards the offence of cruelty to children (Central Planning Department, forthcoming: 11). Figure 4 shows the number of reported cases of violence against children for the period 1991-2001. The discrepancy between the number of reported cases in Figure 4, however, and the number of convictions recorded in Table 12 below can be explained by the withdrawal of some complaints before they are processed. Police and communities often encourage reconciliation rather than prosecution in cases of violence against both children and women, in order to minimise social disruption and, in some instances, to protect perpetrators (Personal communication, NCWC). This is a controversial strategy that does not necessarily prevent further episodes of violence and may place victims at risk of serious harm in the future. Other Pacific countries have introduced 'no-drop' policies that prevent withdrawal of complaints before they reach court and ensure that all episodes of violence against children are thoroughly investigated (see UNICEF, 2006).

Figure 4: Reported violence against children under the age of 18, 1991-2001



Source: Tonga Ministry of Police, 1995-2001

There is provision for children to lodge complaints of physical abuse with the Ministry of Police. In such cases the Ministry of Police officially record the necessary statements and ensure that a medical examination of the victim is conducted. Furthermore, if the abuser is a parent or guardian, the police will ensure the safety of the child by gathering all the necessary evidence and taking measures to protect the child.

While this is a very important provision and a major step in any strategy to address violence against children, it must be recognised that very few abused children are able or willing to lodge such complaints, partly because of fear of reprisals. The NCWC is remedying this by conducting awareness raising for children and teachers in schools and providing other channels to encourage reporting of violence. This needs to be backed up by improved community access to social workers and counsellors, including counsellors in schools, who can identify children at risk and serve as an intermediary between children and the law.

To date there has been no comprehensive research in Tonga on child sexual abuse (CSA) and commercial sexual exploitation of children (CSEC). Until such research is carried out it is not possible to assess the prevalence of CSA and CSEC. The conviction of a brothel operator in 2004 provides evidence of child prostitution - known as 'Golden Apples' - in Nuku'alofa. Tonga needs to recognise the increasing incidence in the Pacific of crimes such as using children for Internet pornography, and also drink spiking, which could contribute to CSA if it becomes common in Tonga (UNICEF, 2006). Communities and police need to be made aware of these crimes and be watchful to ensure they do not become an issue in Tonga.

An important aspect of child protection referenced in the CRC (Article 40) is protection of children who have come into contact with the law, either as victims of crimes or as young offenders.

There is currently no juvenile court in Tonga and no special provisions for juvenile offenders. As the majority of children in this situation are youths (i.e. aged at least 15 years), this is addressed in the discussion of youth below, Section 2.4.1.3

2.3.5 Disabled children

Traditionally, disability was perceived as a family misfortune and parents were expected to take care of any disabled children within the extended family. Tonga has now recognised that disabled children have the same rights as any other child and communities are becoming aware of the difficulties they face. Even so, only limited facilities are available to provide for those needing special care.

One reason for the shortage of facilities is that little is known about the extent of disability in the community. It is estimated that the percentage of the population in the Pacific with a disability could be as high as 20 per cent (NZAID, 2006). Many people who have significant disabilities face exclusion from economic, social and political structures and systems and social devaluation. Myths and prejudice result in abuse, victimisation and alienation of those with a disability. Discrimination takes the form of denied access to education, healthcare and justice systems. Families with a disabled member face major challenges and are often amongst the poorest of those living in poverty (NZAID).

Disability includes almost imperceptible conditions such as hearing impairment, impaired vision and learning difficulties as well as obvious impairment and deformity. Imperceptible conditions sometimes contribute to social problems that are just as disadvantageous as obvious impairments. Even so, as yet there is no systematic testing in schools for minor disability.

As in the case of early-childhood education, the Government partners with NGOs to provide services for the disabled. The Tonga Red Cross Association is the main source of support for the disabled in Tonga, drawing funding from several international donors and a small contribution from the Government. As this report was in preparation, the Red Cross was implementing and analysing a survey of disability, which will improve the availability of information on the nature and prevalence.

The services currently provided by the Red Cross include the 'Ofa Tui 'Amanaki Centre for Special Education that provides two days per week primary level education, recreation, socialisation, lunch and transport to and from school for 58 disabled children. Their ages range from 6 to 25, with most between 8 and 15, and their disabilities include intellectual, physical and visual; from moderate to severe. There is also a Home Visit Program for 40 children in the community to provide assessment, therapy, care and socialisation and an

early intervention program for 10 children under age for assessment and therapy. The Hearing and Speech Impairment Unit provides education, recreation, socialisation, lunch and transport to and from school for 10 children at the secondary level. Their ages range from 8 to 16, and their hearing disabilities range from mild to severe. Red Cross also promotes sporting and social activities for their students (Tonga Red Cross Association, Annual Reports).

Another NGO, the Alonga Centre, caters for mental and physical disability of older children and adults. Reports from the Alonga Centre indicate that some of their clients have been subjected to physical or sexual abuse from their families (Personal communication, Central Planning Department).

Even using a conservative estimate of 5 per cent of the population disabled, there would be at least 2500 young people in need of disability support whereas the Red Cross is currently able to provide assistance to only 118 and the Alonga Centre only an additional. A more systematic approach to assessment of the disabled backed up by an increase in the necessary services is needed, in line with Article 23 of CRC.

2.4 The Situation of Youth

2.4.1 Social Issues

Youth is a time of transition, from childhood to adulthood. It is the time when young people prepare themselves for their future adult life and find their role in society, including their economic role. As discussed above, traditional Tongan society determined everyone's roles, and young people automatically took up the role society had decreed for them as there were no other choices. Now that the economy has modernised, and families require cash incomes to survive, this is no longer the case. Instead most young people face the challenge of finding their own employment so they can contribute to their family economy and earn respect.

When they are unable to do this easily, their self-esteem is likely to be undermined. Many either withdraw into themselves or seek alternative ways of expressing their feelings and establishing their identity. Most of the so-called 'youth problems' in modern society, including dropping out of school, alcohol and drug abuse and rebellious, anti-social behaviour arise simply because young people who cannot find a satisfying role in modern society fall back on risk-taking as an alternative way of establishing an independent identity and status among their peers. For example, this was clearly evident in qualitative research on youth substance abuse in Tonga undertaken by SPC's Pacific Action for Health Project in 2002 (SPC, 2003).

The following sections consider some of the major risks to youth and the strategies that have been adopted to address these specific risks. Section 2.4.3 considers the promotion of youth employment as a major strategy to address the underlying causes of issues for youth and Section 2.4.4 discusses the potential for including youth as partners in development.

2.4.1.1 School Dropouts

As noted in Section 1.4, drop out rates from the secondary system are significant. Around 700 ñ 800 young people graduate from secondary school each year, and around 1,000 drop out before reaching Form 6. The estimated unemployment rate for ages 15-24 in 2003 was 11.9 per cent, with 9.9 per cent unemployment amongst males and 15.1 per cent amongst females. Unemployed young people accounted for 43 per cent of total unemployment, with young males comprising 54 per cent of the male unemployed and young females comprising 37.4 per cent of the female unemployed (ADB 2006:16). These figures almost certainly understate the actual percentages of young people unemployed because of hidden unemployment. That is, those who describe themselves as not in the labour force because they are actually discouraged workers who perform only domestic duties.

While every young person is at risk of becoming involved in some harmful activity, the risk is especially high for those who have not yet found employment and/or are unable to see a clear path for themselves in the future. A major reason for dropping out is that parents cannot afford the fees levied by the schools and other costs associated with educating their children. As discussed in Section 1.4, the Government has no control over fees in around 80 per cent of the secondary schools run by NGOs. In the remaining government schools, fees are lower, for example T\$67.00 per term in one government school in Nukuálofa, but there are still other costs associated with education, including uniforms, text books, levies for buildings and other resources and also the opportunity cost of the student being otherwise engaged and therefore unable to contribute to the household.

Another important factor contributing to the dropout rate is the perception that the type of education offered in secondary school may not be useful. This is especially true for students who do not achieve high grades in academic subjects. Drop out rates would almost certainly reduce if there were more opportunity to learn employment-related skills in secondary school, including more vocational and technical education and more attention to subjects such as agriculture.

Dropping out of school is a concern, as it tends to severely limit all future opportunities. Post secondary vocational education is subjected to entry requirements, and usually excludes those who drop out of the secondary system. Dropouts are likely to find themselves unemployed or restricted to manual or housework, even if they would like to pursue other

careers. Because lack of opportunity tends to undermine self-esteem, school dropouts are especially likely to engage in high risk or anti-social behaviour.

2.4.1.2 Substance Abuse

Substance abuse is becoming an issue among young people in Tonga. The substances of concern are alcohol, tobacco, toxic substances such as methylated spirits and solvents, and hallucinogens including datura and mushrooms, while there appears to be an increase in illegal substances, including marijuana and hard drugs imported from overseas (SPC, 2003). Kava is also consumed by some young people in Tonga. Although this is a traditional substance and not harmful when used as prescribed by tradition, it can be abused and is potentially harmful when consumed in large quantities in conjunction with alcohol.

Alcohol has become common in Tongan society and is now widely accepted among men. In urban areas it is also becoming acceptable for women to consume alcohol in moderation. It is illegal to sell either alcohol, including methylated spirits, or cigarettes to anyone under the age of 18 years (Central Planning Department, forthcoming: 15), but this is not enforced at some of the smaller retail outlets, especially, and young people who can obtain the cash generally have no difficulty obtaining cigarettes, beer or spirits. Others brew their own alcohol from yeast and sugar, sometimes adding fruit and vegetables or other ingredients (SPC, 2003).

A survey of alcohol and tobacco use among Form 5 and 6 students in Tongatapu conducted in 1999 by the NFNC found that 85 per cent of respondents had taken at least one drink of alcohol within the past 12 months, and 13 per cent drank regularly. Girls whose parents did not drink alcohol were 2.6 times less likely to consume alcohol than daughters of parents who drank, but no such association was found for males (NFNC, 2000b).

Drinking tended to start at very young ages, with 47 per cent of males and 39 per cent of females taking their first drink before age 15. The most common reason for drinking given by females was 'curiosity' whereas the main reason given by males was 'peer group pressure'. The majority of young drinkers reported that their friends obtained alcohol for them. The survey also found that 41 per cent of respondents were regular smokers, with males more likely to smoke than females. Some children experimented with smoking at very young ages, with 19 per cent of those who smoked starting before age 11 years and 81 per cent before the age of 16 years (NFNC, 2000b)

Interestingly, nearly 84 percent of male and 72 percent of female drinkers reported that they had attempted to reduce the amount of alcohol they consumed. Among the reasons given were the ill-effects on health, relationships and school studies, fear of criticism and cost (NFNC, 2000b).

A similar study by UNICEF yielded somewhat different results (UNICEF, 2001). Among those still at school, smoking was more common than alcohol consumption, with almost half respondents having tried smoking, and around one in five having tried alcohol. Among out-of-school respondents, almost 70 per cent had tried smoking, and more than 75 per cent of boys and almost 20 per cent of girls were regular smokers.

Table 13 shows the findings of the UNICEF State of Health Behaviour and Lifestyle of Pacific Youth Survey as regards ever use by young people of various substances (UNICEF, 2001)

Table 13: Consumption of alcohol, tobacco and other substances, ages 11-19; 2001.

	Youth still at school	Youth who have left school
Tobacco	47.6	68.0
Kava	29.9	56.9
Alcohol	21.3	55.5
Solvents	13.6	20.0
Marijuana	5.6	27.2
Methylated Spirits	4.0	23.8
Mushrooms	3.7	12.2
Fafangu (Datura)	1.6	N/A

Source: UNICEF, 2001

Because of their illegal nature, it is obviously difficult to obtain data on hard drugs use. Anecdotal evidence collected by the PAHP project in 2003 indicated that marijuana was readily available and some respondents were aware of at least one instance of the illegal importation of substantial quantities of cocaine that were circulated through the community, including to some young people (SPC, 2003).

What these studies indicate is that various harmful substances are available to young people in Tonga, and many are experimenting with them or becoming regular users, even though it can be assumed that most had been forbidden to do so by their parents. The PAHP study found that most substance users did not want their parents to learn of their involvement with substances because they feared harsh physical punishment. As a result, they were afraid to confide in their parents about problems with substances, and did not turn to their parents for advice and assistance on how to manage or avoid substance abuse (SPC, 2003). This points to the importance of a more flexible and supportive approach to parenting to help address youth issues, as discussed further in Section 2.4.2

2.4.1.3 Young offenders

The Criminal Offences Act defines a 'child' as a person under the age of 14 years, and a 'young person' as aged 14 to 16 as regards the offence of cruelty to children. As noted above, children can be held criminally responsible from the very young age of seven. For example, in 1993 three children in the age group 7-12 were alleged to have been involved in common assault, theft or housebreaking. In 1992 six and, in 1993, 30 children aged 13-15 were involved in conspiracy, attempted suicide, common assault, rape, theft or housebreaking. For ages 16-18 there were 32 cases in 1992 and 73 cases in 1993 of drunkenness, obstruction, abatement, abusive language, bodily harm, assault, cruelty to children, indecent assault, sodomy, theft or housebreaking (Ministry of Police, 1994).

The number of young offenders appeared to decrease dramatically between 1995 and 2000, from 410 convicted cases to 146. Table 14 shows that this was largely because of a decrease in the number of traffic infringements. The main cause of conviction of young people in every year between 1995 and 2000 was traffic infringement, except in 1999, when there were a similar number of criminal offences.

Table 14: Convictions of children and youth by age group: 1995- 2000

	1995			1996			1997			1998			1999			2000		
	C	O	T	C	O	T	C	O	T	C	O	T	C	O	T	C	O	T
7-12	4	1	0	2	1	0	3	0	0	5	0	0	3	0	0	1	0	0
13-15	11	8	15	5	9	11	9	2	2	10	1	2	27	0	2	2	5	1
16-18	36	75	260	35	68	185	23	39	89	18	21	53	54	37	53	19	48	70
Sub-total	51	84	275	42	78	196	35	41	91	33	22	55	84	37	55	22	53	71
total		410		316		167		110		176		146						

Source: Tonga Ministry of Police 1995-2000

C=Criminal offences O=Other then criminal offences Act

TA=Traffic Act

Youth gangs are also a source of criminal behaviour. For example, in March 2006 there was a series of violent confrontations between groups of students from different secondary schools in Tongatapu. This was eventually resolved by the combined efforts of police and school staff, who worked together to inform students of the very negative impact their behaviour was having on both themselves and their fellow students. An informant observed that there are on-going tensions between pupils in certain schools, and when one cohort is reconciled the tension tends to resurface among different cohorts in subsequent years (Personal communication, Filitonu).

Although the crime rate in Tonga is alleged to be increasing, overall, the number of youth offenders is still relatively small, with most offences occurring among those who have attained at least age 16. Nonetheless this raises important issues in regard to juvenile justice. At present there is no juvenile justice system in Tonga and the Government does not provide separate detention facilities for juveniles. As a result, young offenders are detained in facilities where they are likely to come into contact with adult offenders, which places them at risk of physical and mental harm.

While the lack of a juvenile justice system probably stems from society's abhorrence of youth crime and consequent reluctance to make any special provision for dealing with it, Government needs to recognise that it is a requirement of CRC that children in contact with the law, including young offenders, are protected. A juvenile court and a rehabilitation centre for young offenders needs to be established in Tonga. In addition, strategies for restorative justice and other forms of crime management that do not encourage re-offending should be explored (see UNICEF, 2006).

The provision of counselling services is also a vital part of managing juvenile crime, rehabilitating juvenile offenders and discouraging re-offending.

Another issue is a growing number of Tongan youth who were formerly residing in US, Australia or New Zealand but were deported because of unacceptable behaviour. There are two categories of deportees: those who have been deported to Tonga after their release from custody, and those who have been deported after visa expiry (ADB, 2006: 51). In addition, some youths not necessarily in breach of the law may be sent back to Tonga by relatives who are unable to manage them in a more liberal overseas environment. Deportees are especially likely to engage in delinquent behaviour as their family networks in Tonga may not be able to support or cope with them, and this contributes to social dislocation on return.

One deportee from the US has established a non-denominational Christian NGO, The Ironman Ministry, to rehabilitate deportees. The Ministry was originally established in Tongatapu but is now located in Vava'iu where it provides accommodation and rehabilitation training for eight deportees (Ironman Ministry, n.d.). The reformed deportee who runs the Ministry provides a very powerful and influential role model that young deportees can relate to. Initiatives of this sort have the potential to achieve great success in dealing with such problems, and also to generate a snowball effect when those who are rehabilitated themselves become mentors for others. Provision should be made to ensure that this valuable initiative is adequately funded.

2.4.1.4 Youth suicide

Youth suicide is always an extremely serious concern. Young people committing suicide, in Tonga between 1991 and 2001 is shown in Table 15. It can be seen that the number of suicides fluctuates from year to year, with a range from only one youth suicide in 1995 to 13 in 2001. Table 15 also shows that most youth suicides occurred among those aged 18-29 years.

Table 15: Young people committing suicide by age, 1991-2001

Age	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	Total
7-12	0	0	1	2	0	2	0	0	0	0	1	6
13-15	0	0	0	2	0	0	0	0	0	0	2	4
16-18	0	0	1	0	1	0	0	0	1	2	2	7
18-29	3	3	2	1	0	0	3	3	4	2	8	29
unknown	0	0	0	0	0	0	0	1	1	0	0	2
total	3	3	4	5	1	2	3	4	6	4	13	48

Source: Ministry of Police, 2002

Many studies have shown that, while the causes of suicide tend to vary, usually it is triggered by some form of social conflict, and often by conflict arising from societal transition (Booth 1999). Fijian youth interviewed by UNICEF said that it was most likely to be a final act of desperation when youth issues became too much to handle, and was likely to be alcohol-related (UNICEF, 2005a)

Whatever the causes in Tonga, there is clearly a need for sympathetic and approachable counselling services to help young people resolve conflicts that would otherwise drive them to take their own lives. NGOs such as the NCWC, Tonga Life Line, the Tonga Salvation Army, the Tonga Red Cross, the Drug and Alcohol Rehabilitation Program and the TFHA all provide counselling to help young people resolve social problems. Even so further support for these efforts is needed, particularly provision of formal training for counsellors, ensuring that counselling is absolutely confidential and sympathetic and encouraging youth to seek counselling for problems. This could reduce the incidence of youth suicide as well as other youth problems in Tonga.

2.4.2 Adolescent Reproductive Health

2.4.2.1 Reproductive health services for youth

The provision of reproductive health services for youth is always a sensitive matter, especially in societies such as Tonga where traditional conservative attitudes and high levels of religiosity mean that adolescent extra-marital sexual activity is generally regarded as unacceptable behaviour. Although there is no law to prevent young people obtaining contraception, some health service providers at government facilities are reluctant to provide it to unmarried youth, while many young people are reluctant to request contraception because they fear stigmatisation.

Statistics on STIs among adolescents in Table 16 below and the fact that there are around 130 births to teenage mothers each year (SPC, 2005) indicate that many young people are sexually active and in need of reproductive health services to protect them from STIs and unplanned pregnancies.

Table 16: Confirmed STIs by Age and Gender, 2002

Age	Male	Female	Total
<10	0	0	0
10-14	1	0	1
15-19	11	2	13
20-24	13	0	13
25-29	9	2	11
30-34	4	2	6
35+	2	0	2
Total	40	6	46

Source: Ministry of Health, 2003

Table 16 shows that 30 per cent of cases of STIs reported by Ministry of Health occurred among teenagers, most of whom were males. It is likely that significant numbers of other cases were treated at private facilities, or not treated.

The presence of STI infections among young people indicates that they could also be exposed to the risk of HIV/AIDS. The adoption of a more open-minded and less condemnatory attitude to adolescent sexuality is an essential part of promoting adolescent reproductive health. Research has shown that sex education discourages early sexual activity and encourages young people to abstain whereas early sexual activity is associated with lack of sex education (e.g. Howard and McCabe, 1990).

The TFHA, a donor-funded NGO working in collaboration with UNFPA and SPC's Adolescent Reproductive Health Program with some Government of Tonga support, plays a key role in adolescent reproductive health services. The TFHA conducts community awareness-raising, distributes condoms in public places such as bars and hotels, and provides contraception to any young person who requests it. It also provides confidential counselling on reproductive health matters, peer education and a support and rehabilitation program for young mothers (See Box 1).

UNICEF has partnered with UNFPA and SPC's Adolescent Reproductive Health Program to conduct short-term training in life-skills that encompasses a range of youth issues, including relationships and negotiating skills, as well as providing basic training in reproductive matters. The first of these courses, which is intended to have a snowball effect by training peer educators, was conducted in Nuku'alofa in March 2006. More support for these activities and related activities is likely to pay dividends in the form of a lower incidence of STIs, including HIV/AIDS, among youth and fewer teenage pregnancies.



Box 1: Helping teenage mothers get their lives back on track

The TFHA Young Mumís Project started in 2004. Most of the 7-10 young mothers participating in the project at any one time had babies fathered by married men who cannot marry them and who, in most cases, do not provide any support for their babies. The ages of the young mums ranges from 11 to 19 years.

The Young Mumís project coordinator identifies young mums in need of assistance from the hospital records and goes out to villages to locate them. She said they are mostly living in rural areas and are usually cloistered inside a house with their baby. Often villagers deny all knowledge of their existence when she asks where she can find them.

The Young Mumís program takes place every Wednesday at the TFHA premises in Nukuálofa. The TFHA staff collect the young mums and babies if they have no other transport. The Wednesday program is flexible and enjoyable, but has the objective of teaching skills and raising self-esteem. Activities include cooking, sewing, and infant and child-care. TFHA also provides outreach and advocacy. While there is no pressure to learn for employment, some young mums have now learned enough skills for sustainable income generation.

The Project Coordinator said the young mums are usually extremely withdrawn and lacking in self-esteem when they join the program, but gradually they regain their confidence. She told how some participants have said the weekly meeting has given them back their self-esteem and turned their lives around. The project has now made a video 'Wednesdays are differentí.

Project Coordinator and Community Development Health Officer, TFHA

2.4.2.2 Teenage pregnancy

As noted above, around 130 teenage mothers delivered in hospital each year in Tonga between 2001 and 2003. Many were unmarried when they conceived, but 64 per cent were married by the time they presented for antenatal care (SPC, 2005). Analysis of these births and interviews with teenage mothers and other young people produced some disturbing findings as regards lack of sex education and lack of support for teenage mothers. Many of the young people interviewed for this study had little knowledge of contraception or were misinformed about it. They said that even if they wanted to obtain it, fear of public humiliation or stigma was likely to prevent them going to a health facility and asking for it.

Most of the teenage mothers interviewed said they had intended to avoid sexual activity and pregnancy, but found themselves unexpectedly in an intense emotional situation that they could not control. Because they lacked sex education they were not prepared with either the skills to negotiate their way out of the situation or contraception to prevent unwanted pregnancy (SPC, 2005: 68).

unwanted pregnancy (SPC, 2005: 68).

Another disturbing finding of this report was that 44 per cent of teenage mothers did not receive any antenatal care until their 28th week of pregnancy, and some did not receive any antenatal care at all. This reflects the stigma attached to unplanned teenage pregnancy by the community. Another concern was that whereas girls who became pregnant were compelled to leave school, the boys who fathered their babies were permitted to continue their education and some did not make any contribution to the support of the child they had fathered (SPC, 2005).

While history tells us that there has always been extra-marital sexual activity among young people and it is virtually impossible to prevent it entirely, there is no need for any young person to have an unplanned pregnancy if they receive adequate sex education and have access to contraception. Moreover, as noted above, sex education has been shown to promote abstinence rather than encourage sexual activity. Tongan society should recognise this and support better access to sex education and reproductive health services without stigmatising the young people who seek it. This would make a major contribution to the health of young people and reduce the unplanned teenage pregnancy rate.



2.4.3 The transition from school to work

As discussed above, the Government of Tonga is now emphasising the development of the small business sector and expand opportunities for wage employment outside the Civil Service (Central Planning Office, 2006). A key factor in achieving this will be to provide a range of educational choices for young people so they can acquire the necessary skills. Equally important will be to ensure that social attitudes support employment in non-professional areas by respecting everyone for their economic contribution, whether in a professional or in any other area of employment.

Throughout the world the majority of young people make their own choices as regards future employment, depending on the level of education they are able to acquire, the opportunities they are given and their society's perception of what is appropriate for them. In only a few countries are decisions on the career of individuals made by the state. As discussed above, the Tongan education system was established to provide skills for employment in the church and civil service. This has promoted a perception in the community that professional employment should be the goal, and non-professional work is inferior in some way. Sustaining this view is an education system that emphasises academic skills while technical and vocational education are under-funded and tend to be regarded as second best alternatives for those who cannot make it in the formal academic system.

This situation, which can be found in most Pacific countries and is by no means unique to Tonga (see UNICEF 2005a), presents a major obstacle for young people when they make the transition from school to work. Except for the minority who perform very well in academic subjects and obtain government employment at clerical level or win support for further study, most other Tongan students leave school with a perception that the employment choices available to them are second best. Some do not even have the opportunity to continue in education because their parents cannot afford to keep them at school. These social and economic factors contribute to substantial school drop out rates, lack of interest in technical and vocational study, and a demoralised youth population. It also causes many young men to be unwilling to work on the land, even though agriculture is at the core of Tonga's economy, and many girls to elect for early marriage when they would have preferred to earn wages for at least a few years before marrying.

Provision of equal opportunities for both girls and boys to acquire skills for employment should be integral to any development strategy. This does not mean discouraging them from entering traditional occupations such as agriculture and handicrafts. Rather, it means giving every young person the opportunity to acquire the qualifications or skills for any type of work they choose. Providing a choice helps to remove the perception that some occupations are second best and encourages respect for whatever choice is made. It also helps to revalue some traditional activities and attract young people back to them. Choosing

to work in agriculture or handicrafts has vastly different social connotations from falling back on these activities because they are the only option available.

A key part of Tonga's current economic development strategy is to align training with employment needs (Central Planning Department, 2006). This will require expansion and improvement of the quality of vocational and technical education, offering all students a choice of vocational and technical streams rather than only those who fail in the academic stream, providing support and encouragement for youth enterprises and small businesses that employ youth, and educating the community to respect all young people who perform any kind of work, not just those in professional employment. This has generally been recognised in the SDP8, which includes provision for educational reform, on-the-job training and improvement of the quality of education. The Tonga Education Support Project (TESP) funded by NZAID will provide the resources for these initiatives for a five-year period. Such changes require sustained effort in the long-term effort, however.

2.4.4 Youth as Partners in Development

As discussed above, Tonga has adopted the United Nations Millennium Development Goals (MDGs) (see Annex One). Goal Eight is to develop a global partnership for development. This includes giving young people a voice in community affairs and including them as partners in development. The Pacific Youth Summit for Millennium Development Goals, held in Apia in May 2005, was attended by youth representatives from most Pacific countries including Tonga. Participants demonstrated their knowledge and enthusiasm for the MDGs, and the potential for youth to participate in achieving them. It was also recognised that Article 12 of the CRC gives children and youth the right to express their opinions freely on any matters that concern them, and that social and economic development is most certainly of concern to them because it determines their future employment and lifestyle (UNDP et al, 2005).

UNICEF's 2005 State Of Pacific Youth Report highlighted the importance of partnering with youth and involving them in development activities and describes some strategies for doing this (UNICEF, 2005a). That report points out that involving youth in development by giving them a voice in community discussions and supporting their efforts to participate rather than marginalizing them has the potential to revitalise development efforts at the community level. Another benefit of this strategy is that it increases the self-esteem of young people, which helps reduce some of the social problems typically associated with youth who have low-self esteem or no clear vision of their future.

Box 2: Community development for sustainable environmental management and income generation

The Tonga Ministry of Fisheries has established a Community Development Section (CDS) within the Ministry. In 2002 legislation was enacted to enable communities to create their own special management areas and restrict access to these areas. Additional regulations passed in 2005 stipulate what should be in special management plans. This has provided a very strong legislative backing to help communities to manage their marine resources sustainably.

To date three communities have volunteered to participate in the pilot program and have received substantial training and other assistance. A Special Development Fund set up by AusAID has provide necessities such as signage to demarcate special management areas, training and other necessary infrastructure.

The CDS is also supporting livelihood projects and small business initiatives, and giving priority to projects proposed by youth and women. It is working with the Haáipai Youth Congress, and other collaborating NGOs including Future Farmers of Tonga. Among the services provided are training, business management support and supplementary funding for small projects such as bakeries, handicrafts and vegetable gardens. The CDS also has links with the Tongan Development Bank to facilitate access to supplementary funding for project participants who have contributed the necessary base capital from private sources and Special Development Fund grants.

An issue facing the project now is one that confronts many development projects that have made a successful beginning: How to ensure another long-term project commences to continue the initiative when the current project term ends?

Source: Community Development Section, Ministry of Fisheries

2.5 The Situation of Women

The International Conference on Population and Development (ICPD) in 1994 (UNFPA, 1994) and the Beijing Plan of Action 1995 (United Nations, 1996) affirmed that health and education are essential for achieving the sustainable social and economic development of women. As described above, all of Tongaís population, not only women, have good access to health and education services, while Tongan culture makes special provision to ensure that women are respected. Even so, Tongan women as a whole have not yet achieved the levels of self-determination that would enable their full participation in society, not only as mothers but also as equal partners in family, community and political decision-making.

The following sections discuss the nature of Tongan women's participation and point to areas where they are disadvantaged compared to men or are not able to realise their full potential because of some other factors.

2.5.1 Women's Participation in Education

Modern education was introduced by missionaries in the early nineteenth century, for the purpose of training boys and men to occupy positions in the church (Campbell, 1992). Later, with economic development, it became necessary to train a workforce for the Civil Service, which also was a predominantly male workforce. Although girls were given access to basic education, there was a perception that since they held no key positions within the church or government it was inappropriate for them to receive higher education.

Now that increasing numbers of women are engaged in economic activities, there has been an increase in female participation in education, but still some of these early perceptions persist in regard to higher education for girls, although at primary and basic secondary school there is no evidence of discrimination. What is interesting is that girls are actually less likely than boys to drop out of school during the early years of secondary education, as evidenced by the declining sex ratio at secondary level depicted in Table 9, Section 1.4.2. Moreover, girls are more likely to achieve pass marks in Form 6. This could be partly because this requires a pass in English, and girls tend to perform better in English than do boys. From Form 6 onwards boys are less likely to drop out and more likely than girls to progress, and more likely to win a scholarship and continue to tertiary education level (Ministry of Education, 2002).

It appears that this pattern and the performance of girls in higher education may be affected by cultural perceptions and norms about what is expected of girls. This hypothesis is further substantiated by the poor performance of female scholarship holders under the Tonga bilateral programme (Government Scholarship Review, 1999). Even so, some families encourage their daughters to participate in higher education, and some Tongan women have been educated overseas to post-graduate and in a few cases to Doctoral level.

2.5.2 Women's Participation in the Labour Force

As noted in Section 1.5 above, since the economy became more monetised Tongan women have become increasingly involved in wage employment, although they are still involved with their traditional activities of tapa making, mat weaving, oil making, light agricultural work, fishing along along the shoreline and child rearing. Table 17 shows that in 1996 11,004 women were classified as employed, as compared to 18,402 men.

The underestimation of women's economic contribution to informal activity as a consequence of the way economic activity is measured has already been discussed in Section 1.5 above. This probably helps to explain the very substantial discrepancy between men and women in Agriculture, Hunting and Forestry, although data on micro-credit provided by the Tonga Development Bank around that time indicated that most women's development projects funded by the Bank were agriculturally based (Tonga Development Bank, 1995).

Table 17 also shows other gender biases in the pattern of employment by industry. It can be seen that women predominate in Manufacturing (which includes handicrafts) with 54 per cent employed in this category. In contrast, the two main occupations for men were Agriculture, Hunting and Forestry and Public Administration and Defence, employing 55 per cent of all men, compared with only 8 per cent of women.

Table 17: Employed persons 15 years and over by industry and gender, 1996

Industry (ISIC Rev. 3 tabulation category)	Total		Male		Female	
	No	%	No	%	No	%
Total	34,560	100.0	20,420	100.0	14,140	100.0
A Agriculture, hunting and forestry	9,950	28.8	9,470	46.4	470	3.4
B Fishing	1,050	3.0	870	4.3	180	1.2
C Mining and quarrying	60	0.2	60	0.3		0.0
D Manufacturing	8,530	24.7	910	4.4	7,630	53.9
E Electricity, gas and water	53	1.5	370	1.8	160	1.1
F Construction	1,440	4.2	1,410	6.9	30	0.2
G Wholesale and retail trade	2,930	8.5	1,340	6.6	1,590	11.2
H Hotels and restaurants	630	1.8	240	1.2	400	2.8
I Transport, storage and communication	1,580	4.6	1,150	5.6	430	3.1
J Financial intermediation	510	1.5	210	1.0	290	2.1
K Real estate, renting and business activities	260	0.7	170	0.8	90	0.6
L Public administration and defence	2,590	7.5	1,900	9.3	690	4.9
M Education	1,780	5.2	720	3.5	1,060	7.5
N Health and social work	660	1.9	280	1.4	380	2.7
O Other community, social and personal service activities	1,330	3.8	980	4.8	340	2.4
P Private households with employed persons	610	1.8	260	1.3	350	2.4
Q Extra-territorial organisations and bodies	90	0.3	60	0.3	30	0.2

Source: Tonga Lfs 2003

There were almost equal percentages of men and women in the remaining areas, although men usually outnumbered women. Women outnumbered men in Education, Wholesale and Retail Trade and Health and Social Work.

Table 18 shows the employed population according to principal occupation. As in Table 17 above, the large majority of employed women are Craft and Related Trade Workers (7,490 or 53 per cent of employed females), while the majority of men are Skilled Agricultural and Fisheries Workers (9,930 or 49 per cent of employed males). It is interesting that in this table the later category is described as 'skilled', suggesting that performing these activities as a primary occupation in the monetary economy is perceived differently from performing them as informal activities.

There were almost three times as many men as women employed as Legislators, Senior Officers and Managers, but this represents an improvement from four times as many in 1996 (Statistics Department, 1998). Similarly, there were nearly as many female as male Professionals in 2003, compared with substantially fewer in 1996. More than twice as many women as men were Clerks in both 1996 and 2003 and women also outnumbered men in Sales in both years.

Table 18: Main occupation of employed persons aged 15 years and over, 2003

Occupation (ISCO-88)	Total		Male		Female	
	No	%	No	%	No	%
Total	34,560	100.0	20,420	100.0	14,140	100.0
Legislators, senior officials and managers	940	2.7	690	3.4	250	1.7
Professionals	1,960	5.7	1,020	5.0	950	6.7
Technicians and associate professionals	2,110	6.1	1,320	6.5	790	5.6
Clerks	1,930	5.6	570	2.8	1,360	9.6
Service workers and shop and market sales workers	4,350	12.6	1,900	9.3	2,450	17.3
Skilled agricultural and fishery workers	10,400	30.1	9,930	48.6	470	3.3
Craft and related trade workers	10,120	29.3	2,620	12.8	7,490	53.0
Plant and machine operations and assembles	1,000	2.9	970	4.8	20	0.2
Elementary occupations	1,540	4.5	1,220	6.0	330	2.3
Other (including unknown)	220	0.6	180	0.9	40	0.3

Source: Tonga LFS 2003

As regards higher ranked occupations, the importance of the Civil Service as a source of employment for women is increasing. In 2005 women comprised approximately 46 per cent of the civil service list, compared with only 36 per cent in 1996. In principal, the Government of Tonga has a non-discriminatory human resource management policy that promotes equality of employment opportunities on the basis of qualifications. Some encouraging developments in recent years include substantial numbers of women at the middle management level and increasing numbers at more senior level positions. This may be a reflection of increasing numbers of higher qualifications among the female labour force.

Box 3: Breaking away from gender stereo typing in employment

Ever since Class 6, Sisilia has been interested in architecture. Encouraged and assisted by her father who works in that field, she pursued her interest and learned basic skills, including computer assisted drafting. She remained at school until Form VII and achieved good grades, and then was offered a position with the Ministry of Works that included support to study architecture by distance education at an overseas university (architecture is not taught in Tonga). She has now gained valuable work experience in architectural design and has gone some of the way towards obtaining a qualification. She is hoping to obtain a scholarship so she can complete her studies overseas as a full time student. She is the only woman in Tonga employed in the field of architecture.

Sisilia, personal communication

Table 19 shows Civil Service employment in 1997. When this report was prepared in 2006 there was only one women at Level 1 and eight at Level 2 in the Civil Service. Women are underrepresented in managerial and higher-level administrative positions and more women are found in middle to lower management positions. As the relatively low participation of females in more senior positions in the Civil Service is probably partly due to lower educational achievement overall than men, the balance could improve as more women obtain higher qualifications.

Table 19 : Civil Service Employment by Level and by Gender, 1997

Levels	Males		Females		Total
	N	%	N	%	
1	21	91	2	9	23
2	41	82	9	18	50
3	5	100	0	0	5
4	11	100	0	0	11
5	45	82	10	18	55
6	24	83	5	17	29
7	97	60	66	40	163
8	26	63	15	37	41
9	586	51	552	49	1138
10	132	57	101	43	233
11	150	34	293	66	443
12	270	60	180	40	450
13	529	65	280	35	809
14	399	57	302	43	701
17	1	100	0	0	1
Total	2337	56	1815	44	4152

Source: Prime Minister's Office, 1998

It is evident from Table 19 that there is almost equal participation of men and women at Level Nine. It should be noted that this is the level where first-degree holders commence their career path.

One factor facilitating the participation of women in the Civil Service in recent years has been increased provision for maternity leave. In June 1987, His Majesty's Cabinet directed that maternity leave be granted in addition to earned annual leave. Prior to this decision, maternity leave was deducted from annual leave and sick leave entitlements. The introduction of specific maternity leave is indicative of Government's commitment to improve working conditions of working mothers in the civil service.

Since the early 1970s the Ministry of Agriculture and Forestry Women's Development Section has promoted women's economic activity outside the wage sector. As of 1999, the Section had worked with over 300 women's groups on improving the health and nutrition status of Tongan families, increasing income generating activities by women's groups, improving the local environment, and networking with other women's development organizations including NGOs in other institutions (Prime Minister's Department, 2000).

The Ministry of Agriculture and Forestry also collaborates with the Tonga Development Bank to help women's groups formulate project proposal. Financial support for women is administered by the TDB through the Women's Revolving Loan Fund (ADB, 1999). Women are no longer discriminated against in business or rural bank loans, but are now considered to be good risks. Women have successfully run businesses alone or in partnership and some women now engage in exporting cash crops.

Despite these successes, there is still substantial scope for improving the promotion of women's business activity. While NGOs such as Langafonuaia e Fefine Tonga (Nation-Building by Women), the Peace Corps and Tonga Trust identify needs, the necessary ongoing support and business advisory services is not always optimum to meet these needs. The training in business skills that is provided tends to be in English whereas Tongans feel more comfortable receiving training in Tongan. A Small Business Enterprise Centre (SBEC) has been established with ADB short-term loan funding to support small business enterprises, but the administration, management and scope of activities need review. Mechanisms also need to be put in place to ensure the continuation of the Centre after the 3-year loan period elapses (Personal communication, Central Planning Office). More such services and improved access for youth and women, especially, are needed to help them avoid the pitfalls and cope with the risks associated with small business. Without such assistance many new small businesses fail and the costs to both the community and to individuals are high in terms of lost opportunities for youth and women to participate and contribute to economic development.

2.5.3 Women's Participation in Government and Civil Society

The role, status and participation of women in development activities has recently been recognised at the national level, and associations such as *Langafonuaia e Fefine Tonga* have been established to promote women's participation. The establishment of the Langafonua Executive with representatives from all NGO women's organizations has increased the interaction between government and NGOs. Links between Government and NGOs were further strengthened with the establishment of the Women in Development Centre (WDC) in 1993 (Personal communication, Central Planning Department).

Another area of society in which Tongan women have increased their participation is the church. In a conservative Christian society such as Tonga the role of women in religious institutions plays an important role in determining their status in society, as churches employ a substantial workforce in their administrations and schools. The main churches in Tonga have clearly demarcated positions that can be occupied by men only and by in the Pacific Regional Council of Churches (Takesy, 2004). This is a prestigious position and is very influential in the South Pacific church community.

The Free Wesleyan Church has taken the lead in upgrading the roles of women in the church in Tonga. Since the 1970s, women have been permitted to serve as lay preachers and currently more women than men nominate to become lay preachers. In the 1990s women were permitted to be appointed as church ministers, and there were three ordained female church ministers, and another four on probation at the time of writing. One of the female ministers has been posted to the congregation of Popua, and another has been appointed elsewhere as a church steward. The Anglican Church has also admitted women as ministers (Personal communication, Free Wesleyan Church). The other main churches in Tonga - the Free Church of Tonga and the Church of Tonga - have not yet opened up their senior ranks to women.

2.5.4 Gender Roles and Gender Discrimination

Because the culture accords higher rank to women, many Tongan men and women believe that Tongan women already hold a high social position, and do not fully appreciate the real meaning of gender equity. Tongan society in general still regards women's status as subordinate to that of men and requires women to obey their husbands. The United Nations Convention on the Elimination of All forms of Discrimination Against Women (CEDAW) defines discrimination against women as *any distinction, exclusion or restriction made on the basis of sex which has the effect or purpose of impairing or nullifying the recognition, enjoyment or exercise by women irrespective of their marital status, on a basis of equality of men and women, of human rights and fundamental freedoms in the political, economic, social, cultural, civil or any*

other field. (United Nations, 1996, Article One). Most Tongans probably do not realise that the subordinate status of women in Tonga is actually discrimination as defined by CEDAW.

While there is considerable activity and discussion directed towards advancing the status of women, many of the roles dictated by custom are still adhered to, particularly by women living in rural areas. Tongan women are likely to set aside their contemporary needs in the interests of patriarchal tradition. The former head of the WDC commented that it is a traditional belief that men should have authority in their capacity as heads of households while women are seen as wives, mothers and child bearers. The woman of the household regards herself as the administrator and the man as the governor. "That is the Tongan Way. We (i.e. women) are upholding the status of men even though we do not know it" (Personal communication).

Although women cannot be nobles, and cannot represent nobles in the Legislative Assembly, they constitute almost 50 per cent of the electorate and, since 1951, have had the right to vote and stand for election. In the past very few women participated in political and civic affairs, but numbers are now increasing. Three Tongan women have been elected to Parliament, each serving one three-year term, although as yet none have held a ministerial post. The first female Town Officer was elected in Vava'iu, and women are now represented on most of the 11 quasi Government boards that manage utilities such as water and electricity, the Tonga Development Bank, shipping and other basic services as well as at Levels 1 and 2 of the Civil Service. In 2006 two of the three Public Service Commissioners were women.

Women in the Tongan royal family are recognised as leaders and the highest position in the Kingdom was occupied by a woman, Her Majesty Queen Salote Tupou, from 1918 until 1965. Similarly, her Royal Highness Princess Angelica Latufuipeka has both rank and authority, and is widely respected in the community today. Judging from these precedents, it is clearly possible for Tongan society to accept women as leaders, so it should also be possible to end discrimination against women.

Organizations such as church women's groups and groups such as Aloua ma'ia Tonga, The Catholic Women's League, Langafonua and Women in Business are promoting women's status and economic activity. More effort is needed, however, to tackle the social roots of gender equality, which begins with the social conditioning of girls in the home, and is reinforced in the primary school curriculum where division of labour by sex is taught (Personal communication, Deputy Director for Education).

Once these roles are learned, women tend to accept them while society continues to reinforce them. For example, when both parents are working in formal employment or in businesses,

the woman's traditional role in the home may become an unfair extra burden on the wife. If helpers from her extended family are unavailable, domestic help in the form of assistance from paid home workers is usually the only form of relief for the working wife. Equal or fair sharing of domestic duties between husband and wife is uncommon, because men still tend to regard home management as women's work. Men who do take on a fair share of the burden of household duties, along with the wives who allow them to do so, are likely to be criticised by their extended family or even ridiculed.

The objective of CEDAW is not to turn women into copies of men or devalue men in any way, but to give women equal opportunity. There will always be physical differences between men and women and these physical differences will influence their choice of occupation and other activities. Women are entitled to equal opportunities, however, in the form of equal access to education, equal entitlements to choose any occupation and an equal voice in decision-making at the family and community level. Giving women these rights is important for many reasons, including that it makes them more effective as mothers by enhancing their capacity to care for and develop the full potential of their children, and it enables them to maximise their contribution to the economy and society. Neither of these is possible while women hold subordinate status.

With changing economic and social conditions, one factor that is affecting the status of women is that more are becoming household heads. In traditional Tongan society a woman could not be the head of a household. Changing family dynamics as a consequence of modernization, along with family breakdown and divorce have seen the emergence of female-headed households with women as the principal decision makers.

Table 20: Households⁷ by size and gender of household head, 1996

Household size	Males	%	Female	%	Total
1-3	2,837	21.7	897	28.9	3,734
4-6	4,890	37.3	1,183	38.2	6,073
7-9	3,609	27.6	680	21.9	4,289
10-12	1,237	9.4	244	7.9	1,481
13+	522	4.0	95	3.1	617
		100.0		100.0	
Total	13,095		3,099		16,194
	(81%)		(19%)		(100%)

Source: Statistics Department, 1998

⁷ The census definition of a household is a group of people who prepare food and eat together. Thus two families may share the same house but will be counted as separate households if they cook and eat separately.

According to the 1996 census there were 16,194 households in the Kingdom. Of these, 13,095 (81 per cent) were headed by males and the remaining 3,099 or 19 per cent were headed by women. The percentage of households of each size is shown in Table 20. It can be seen that both male- and female-headed households are most likely to consist of 4-6 members, but males are still more likely to be heads of larger households.

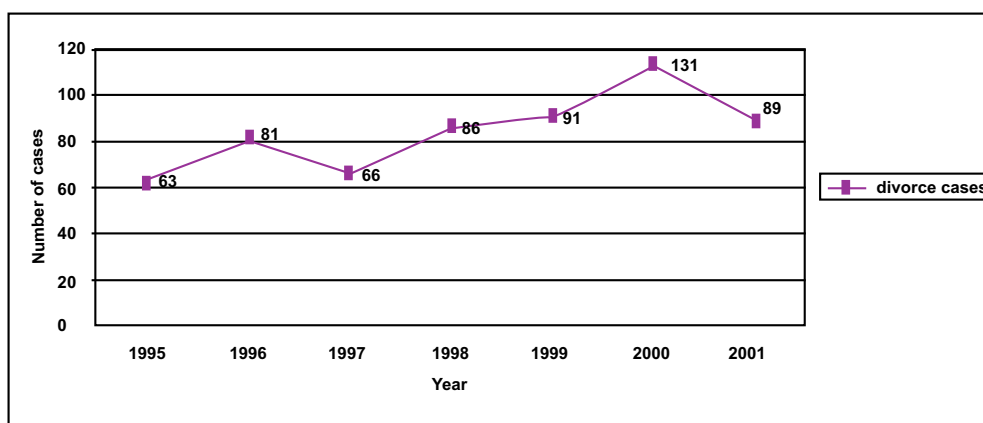
One factor contributing to the increase in numbers of female-headed households is the increasing incidence of divorce, which is sometimes a consequence of separation of spouses by emigration. Table 21 shows divorce hearings by district and it can be seen that, even allowing for differences in population size, divorce is relatively more common in the most modernised district of Tonga, Tongatapu. Figure 5 and Table 21 show a discrepancy between the number of divorces heard in court each year and the number actually granted. While data on which one of the couple initiated each divorce action were not available, the discrepancy suggests that courts, counsellors and society encourage couples to reconcile if possible. This implies that some couples may be compelled to stay in marriages that one or other would prefer to end.

Table 21: Divorce hearings by island group 1995- 1999

	Tongatapu	Ha'apai	Vava'au	Ēua	Niuaotupoupu	Niuafo'ou	TOTAL
1995	85	0	9	0	0	0	94
1996	93	0	7	0	0	0	100
1997	74	1	10	0	0	0	85
1998	114	0	5	0	0	0	119
1999	117	1	7	0	0	0	125

Source: Ministry of Justice and the Crown Law Office 1996-2000

Figure 5: Registered divorce cases, 1995 - 2001



Source: Statistics Department, 2003

There is a tendency for divorce to leave women in disadvantaged circumstances, often with children to support but without the assistance of a male breadwinner. Thus, although they may make more decisions in their immediate household, many female household heads have few resources and may be relatively disadvantaged. They also tend to be left without any source of public support or assistance. In other countries with well-developed family law systems, social workers make recommendations to the court regarding the maintenance of children and the ex-spouse can be compelled to contribute. In Tonga, where there is no Family Court, this role is assumed by the Crown Law Department, which administers The Divorce Act and the Maintenance of Illegitimate Children Act (Central Planning Department, forthcoming: 13).

2.5.5 Domestic Violence

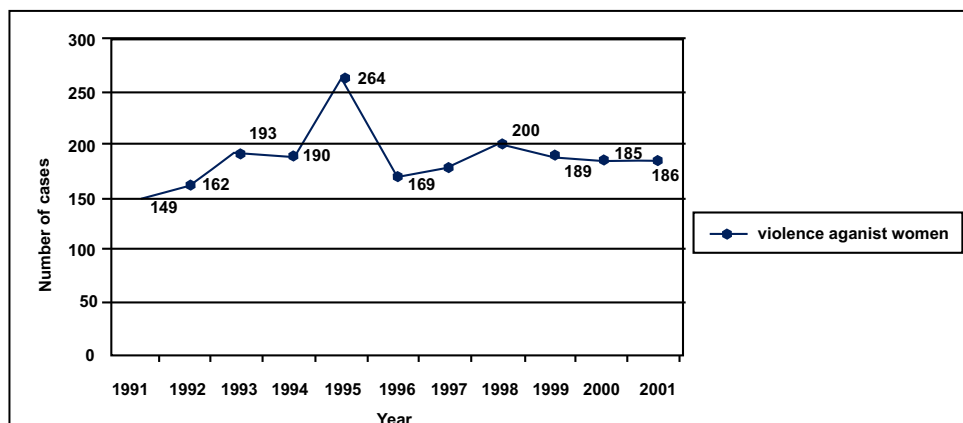
Because of the expectation that women should submit to their husbands, domestic violence tended not to be recognised in traditional Tongan society. There is now increasing awareness that domestic violence is a violation of women's rights and can affect women in any level of society. At the same time, the traditional family expectation that women should assume the subordinate role prevents some from complaining or reporting cases of domestic violence. Many Tongans, including some in leadership positions, regard domestic violence as a private and shameful matter that should not be discussed in public.

Even so, the NCWC was established in 2000 with bi-lateral aid funding to address domestic violence and provide support for victims of domestic violence. Since then it has provided assistance and counselling services to increasing numbers of women reporting domestic violence, and women and children have used the 'safe-house' provided by the Centre. In 2004 it handled 39 cases of domestic violence, including rape, sexual abuse, incest and parental neglect, with some clients attending as many as 10 consultations. The centre also provides out-reach workshops and community awareness-raising, and will conduct a media campaign in 2006. Staff at the Centre commented that communities and the police tend to regard domestic violence as a private family matter and prefer to avoid intervention whenever possible (Personal communication).

There is currently no data on prevalence or the extent of under-reporting, but the NCWC believes that perhaps as little as 20 per cent is reported (Personal communication). Inevitably those cases that are reported tend to be those that are most obvious because severe injury has been inflicted, while cases that do not result in obvious injury are more likely to be concealed. A survey is planned for the near future to provide data on prevalence and under-reporting.

Figure 6 shows reported cases of violence against women as documented in police records. There are other cases of domestic violence that reached hospital but were classified under the category of assault.

Figure 6: Reported Violence Against Women 1991-2001



Source: Ministry of Police records, 1995-2001

Note: In addition to cases included in the above table, a significant number of crimes against women were subsumed under the general provision of assault or bodily harm, depending on the extent of the victim's injuries

According to the Ministry of Police, not all complaints made are documented. Between 1991 and 2001, approximately 27 per cent of all complaints of abuse against women and children were withdrawn before the matter reached court. The reasons included: determining the complaint to be a civil matter; one party voluntarily withdrawing the complaint; and lack of evidence to prove the charges. The Ministry of Police recommended that further research on these matters is required (Personal communication).

It is notable that the offence of carnal knowledge relates only to girls under age 12, while sexual acts with girls aged 12 to 16 are classified as indecent assault and attract a lesser penalty (Central Planning Department, forthcoming: 15). As in the case of complaints of violence against children, discussed in Section 2.3.4, complainants are sometimes encouraged by police or family to withdraw their accusations. Staff at the NCWC commented that police officers encourage women to resolve their domestic dispute with their spouses without laying charges because of the social stigma attached to such cases, for the victim, her family and her spouse, and this is in line with traditional expectations and norms about the subordinate status of women (Personal communication).

A study by Lautoa Faletau based on Ministry of Police data found that in addition to an unknown level of under-reporting, 8 out of 10 reported cases of domestic violence did not reach court. It is recommended that Tonga adopt a 'no-drop' policy to ensure that all reports of domestic violence are thoroughly investigated by a court.

Efforts also are needed to ensure that women feel confident to report cases of domestic violence. Any strategy to encourage women to report cases of domestic violence needs to be backed up with improved access to welfare and counselling services. A study of domestic violence in neighbouring Samoa identified common reasons for why women did not report domestic violence including a belief that their subordinate status to their husband compelled them to accept physical abuse from him, or they feared reprisals from their husband, community criticism or the disintegration of their household if they reported the incident (SPC, 2003). Comments from the NCWC suggest that some Tongan women who experience domestic violence may share some of these feelings (Personal communication).

At present, most social welfare services in Tonga are provided by churches. Some churches limit their involvement to personal counselling for marriage or personal counselling for their own congregations. In addition to this restricted scope, lack of anonymity in small communities makes it difficult for people to confide in a church-based counsellor or discuss their family, parental or marital problems. There are only a few fully-trained professional counsellors in Tonga, complemented by doctors, teachers, pastors and police officers. Whereas the willingness of anyone to provide counselling is commendable, lack of formal training brings varying levels of skill and the risk that advice may be based on the counsellor's own perspectives on moral issues, gender and social roles rather than analysis of the client's needs.

Problems such as drug and alcohol abuse are not widely recognised as a treatable medical or psychological conditions. There is no Social Welfare Department in the Government structure, but some assistance for victims of domestic violence is provided by Government agencies, including the Ministry of Justice, Ministry of Police, and the Ministry of Health. NGO supports for domestic violence include The Tonga Salvation Army, and, since 2000 the NCWC. The assistance provided by NGOs may include liaising with Government officials on behalf of victims. Tonga has a National Policy on Gender and Development that includes programmes or interventions directed toward the alleviation of the distress of disadvantaged or threatened individuals or families, and SDP8 advocates implementation of this policy (Central Planning Department, 2006: Goal 8, Strategy 2).

These mechanisms are evidence of increasing awareness of the unacceptability of domestic violence. As in the case of other areas in other matters relating to the status of women, what is needed is more political and community commitment to ensuring the mechanisms are

fully utilised and operate effectively, and the scale of services expanded to ensure that they are accessible to all who need them.



PART 3

SUMMARY AND RECOMMENDATIONS

3.1 Summary

The situation of children, youth and women in Tonga is generally good in terms of basic indicators of living standard and access to essential health and education services. Even so there is emerging poverty, mainly in the Nukuíalofa urban areas, and some families, especially those who have migrated and those that do not have access to overseas are now experiencing difficulty obtaining sufficient food and other necessities. The youthful population structure means a high dependency rate and necessitates expenditure of a substantial portion of the national budget on education and health services.

Perhaps the most important issue is that modernization is challenging traditional values, and the Tongan community is taking time to adapt to changing economic and social needs. The education system is not yet adapted to the needs of the modern labour market, while women's employment tends to be stereotyped and undervalued. The conflict between tradition and modernisation is also evident in nutrition, with much of the community, including children, youth and women, consuming modern foods that are high in fat, salt and sugar while being prevented by traditional attitudes from taking the exercise necessary to burn off the extra calories. This is contributing to early-onset NCDs and limiting gains in life expectancy.

Many youth concerns have their roots in the limited nature of opportunities for youth to participate in employment and the difficulty of finding their independent identity in a society that is part traditional and part modern. Traditional parenting methods are not fully preparing young people for the challenges of living in a modern society and conservative attitudes to the supply of contraception to unmarried people are putting teenagers at risk of pregnancy and STIs.

It is clear from the preceding analysis that the Government of Tonga has already recognised and is committed to addressing the needs of children, youth and women. As of 1 July 2006, youth affairs are handled by the Ministry of Employment, Training, Youth and Sport, and women's affairs by the Ministry of Education, Women and Culture. The combination of employment and training with youth affairs reflects Government's recognition of the importance of preparation for work and future employment as a determinant of youth wellbeing.

Specific strategies to improve the situation of the children, youth and women are included in at least the last two Strategic Development Plans. This commitment is evident in several tables in this report, which show improvements in some statistics on health, education and employment for these groups as compared with 1996 when the previous UNICEF situation analysis was prepared. The Government has also ratified the CRC and has acknowledged the principles of CEDAW, although it has yet to sign and endorse that convention.

What is needed now is sustained political and community commitment to ensure further improvements in the situation of the three groups. This includes maintaining standards in health service delivery and making special efforts in disease prevention, including strategies to reduce NCDs and improve reproductive health services for all who need them. There is also an on-going need to align the education system with development needs. This will bring the twin benefits of increasing human resource capacity while promoting development. Commitment is also needed to ensure that Government and relevant NGOs agencies are adequately resourced in terms of staff and operating costs, and are accessible to all that need them.

Improving the situation of children, youth and women is part of achieving the MDGs, some of which are specifically concerned with one or more of these groups (See Annex One). Most countries in the world have accepted that achieving MDGs bring benefits in terms of both human and economic and development. It is clear from the preceding analysis that increased political will and greater community commitment to improve the situation of children, youth and women would also bring such benefits to the Kingdom of Tonga.

The following sections make specific recommendations as to how this might be achieved.

3.2 General Recommendations

- Ratify CEDAW and sustain the political will to ensure Tonga's obligations under CEDAW are met, including achieving equal opportunity for women in schools, in the workplace, in society and in the family.
- Establish a Juvenile Court to handle offences committed by children and youth under age 18 years and introduce restorative justice for young offenders where this is deemed appropriate by magistrates.
- Establish a Family Court to protect the interests of children, youth and women in cases of family dysfunction and/or breakdown and improve access to social welfare services throughout Tonga. This includes providing trained counsellors to provide confidential counselling services and investigate reports of violation of CRC and CEDAW.

3.3 Recommendations to advance the situation of children in Tonga

- Incorporate principles of CRC into all relevant legislation, adopt CRC definitions and ensure uniformity of definitions in all legislation.
- In compliance with CRC, amend Acts permitting use of corporal punishment against children under age 18 years.

- Increase the age at which children can be held responsible for criminal offences.
- Promote awareness of adherence to CRC principles in schools among teachers and students and in the community.
- Promote positive parenting and raise community awareness of non-violent methods of controlling children.
- Promote community-organised early-childhood education and provide more opportunities for community volunteers to acquire skills in early childhood education.
- Provide mechanisms for teachers to report suspected cases of child abuse.
- Review legislation on nationality entitlements of children with Tongan mothers and non-Tongan fathers.
- Conduct testing of sight and hearing in schools and provide appropriate services for children with impairments.
- Assess the prevalence of child disability in the community and ensure sufficient resourcing to service providers and access to services for disabled children so they can achieve their potential.

3.4 Recommendations to improve the situation of youth in Tonga

- Improve the quality of secondary education, provide alternative streams and diversify secondary education to align it with the needs of the workplace.
- Provide community awareness of career choices to enhance the status of non-professional education.
- Ensure equal opportunities for girls and boys in post-secondary education and scholarship competitions.
- Promote small business development to increase employment opportunities for youth.
- Establish mechanisms in appropriate NGOs for youth to obtain capital for enterprise, with providers and mechanisms to be coordinated and monitored by the Tonga National Youth Council.

- Promote positive parenting workshops for parents of teenagers, including guidance on non-violent, consultative methods of handling high-risk youth behaviour.
- Enforce legislation to prevent the sale of cigarettes and alcohol to children under age 18 and prevent the sale of single cigarettes.
- Support the efforts of TFHA to raise community awareness of STIs and provide reproductive health services for adolescents.

3.5 Recommendations to improve the situation of women in Tonga

- Incorporate principles of CEDAW into all domestic laws relevant to women.
- Review and revise Tonga's Gender and Development policy in light of the requirements of CEDAW and prioritise issues to increase the effectiveness of implementation
- Raise awareness of women's rights as set out in CEDAW, including workshops for both men and women to enhance understanding of women's rights.
- Promote and expand access to the support and counselling services provided by the NCWC and provide support to enable extension of these activities beyond Nuku'alofa and into outer islands.
- Encourage churches to promote equal opportunity for males and females and provide a role model by appointing women to senior posts within the church.
- Ensure women have equal access to business capital and business advisory services and support to promote their participation in the private sector.
- Encourage women of all ages, as well as men, to participate in appropriate forms of exercise to improve their health and prevent early onset NCDs.

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Annex One: Millennium Development Goals

The Millennium Development Goals for Tonga emerged after the Millennium Declaration adopted by 147 countries at the UN Millennium Summit in September 2000. The Prime Minister of Tonga, HRH, Prince 'Ulukalala Lavaka Ata re-affirmed the participation of Tonga on this global commitment towards development.

In 2003, the Government of Tonga established the MDGs Taskforce, chaired by the Secretary of Foreign Affairs, with membership comprising of the Director of Planning, Director of Education, Director of Health, Secretary for Finance, Director of Environment, Head of the Women in Development Centre, Secretary General, Langa Fonua 'a Fafine Tonga, and the Government Statistician.

The mandate of the MDG Taskforce are:

- To oversee the Government of Tonga intermediate and long-term national strategy for achieving and coordinating the reporting obligation of the MDGs;
- That MDG Task Force report regularly to the Development Coordinating Committee and His Majesty's Cabinet on the progress of compiling Tonga's first status report to the Secretary-General of the United Nations on MDGs due at the end of 2004, and the long-term achievement of the MDGs by 2015;
- That financial and technical assistance from government and relevant UN agencies are to be sought to assist with anticipated assigned tasks, when and as required.

The MDGs comprise of eight overarching goals portraying a global standard for development objectives and outcomes.

Goal 1 - Eradicate extreme poverty and hunger

Goal 2 - Achieve universal primary education

Goal 3 - Promote gender equality and empower women

Goal 4 - Reduce child mortality

Goal 5 - Improve maternal health

Goal 6 - Combat HIV / AIDS and communicable related diseases

Goal 7 - Ensure environmental sustainability

Goal 8 - Develop a global partnership for development

These Goals are categorised into statistical indicators and are available accordingly.

The sub Taskforce committee was established to collate statistical indicators for the drafting of the first MDGs status report. The committee reports to the Taskforce. The Government Statistician chaired this committee with members consisting of Statistics, Central Planning, Finance, Agriculture, Health, Education, Environment, Women and Development and Langa Fonua 'a

Fonua 'a Fafine Tonga.

Contact person to email: sfisiinaua@stats.gov.to <sfisiinaua@stats.gov.to>

For MDG related statistics go to http://www.spc.int/mdgs/MDG_DB/TO.asp

Source: http://www.spc.int/mdgs/MDG_PDF/Goal%203.pdf

