

**National Study on
Domestic Violence against Women in Tonga
2009**

NOFO 'A KAINGA



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DISCLAIMER

This report has been prepared by Dr. Henrica A.F.M. (Henriette) Jansen, Dr. Seu'ula Johansson-Fua, Betty Hafoka-Blake, and Gabriella Renee 'Ilolahia. The views in the report are those of the authors and do not necessarily reflect the views of the Australian Government or of any other organisation or person.

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Ma`a Fafine mo e Famili Inc.
MFF Building
Salote Road
P.O. Box 1978
Nuku`alofa
KINGDOM OF TONGA

TEL: +676 25 991

FAX: +676 25 991

EMAIL: mfftonga@gmail.com

WEBSITE: <http://mfftonga.wordpress.com/>

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The mission statement of Ma`a Fafine mo e Famili Inc.

To foster and promote a just and peaceful society through the empowerment of women's knowledge of their Human Rights thus improving their economic, social and political knowledge, skills, health and status in the society. This can be achieved through economically, socially and politically sound deliverable goals and services.

“I lost three teeth that day; luckily I did not lose the baby I was carrying....”

(Survivor of domestic violence, Tonga)

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Foreword

In 1875, Tonga was united under one king, King Siaosi Tupou I, who orchestrated the formation of the first formal government and also the coat of arms with the words: *Ko e 'Otua mo Tonga ko hoku Tofi'a - God and Tonga are my inheritance*. This is the Tongan motto which defines the Tongan people, a people who are God fearing, law abiding and treasure a love for family and community. Similarly, one of the visions for this Government is "To develop and promote a just, equitable and progressive society in which the people of Tonga enjoy good health, peace, harmony and prosperity, in meeting their aspirations in life." This articulates the ambition the government holds for this generation and the legacy we hope to leave for future generations.



We as Tongans know the importance of maintaining a healthy, peaceful, and happy family environment as this directly contributes to the economic and social well-being and development of the country. Government's commitment to this is with the highest public budget investment allocated to the health and education sectors in the belief that where ever we support the education and health of our people, we are in good stead for achieving our vision for the country.

Within the Tongan traditional culture, women are held in high esteem with the most eminent social position in society afforded to women. This is what we regard as the *fahu* system. The special status accorded to women (in particular as sisters or the *fahu*) extends beyond mere respect and privileges. Within the immediate family, the authority figure is the father, however he can find himself outranked by his sisters in the broader family setting. The *fahu* can be described as having 'unlimited authority' over others within her kin group. This traditional *fahu* system in its pure form (as sisters are also daughters, mothers and wives) represents a check against a male dominant social order and ensures that harmony and respect in the family unit and broader social setting is maintained.

The National Study on Domestic Violence against Women is the first ever study of this nature in the country and it has brought to light the inequalities within our society. We see how women have been the focus of rejection and suppression. The key findings of the report tell us that:

- 79% of Tongan women and girls have experienced physical or sexual violence in their lifetime
- 68% of Tongan women and girls are affected by physical violence perpetrated by mainly their fathers or teachers
- 33% of married or ever partnered women are victims of physical violence
- 17% of married or ever partnered women are victims of sexual violence
- 24% of married or ever partnered women are subject to emotional violence
- Perpetrators of violence are just as likely to be well respected and educated Tongan men

Tragically, the statistics highlight that the marriages and family environment of some women are not harmonious and their family home are places of fear and pain, rather than a safe and happy haven. As the first ever study, the findings are a set of nationally representative data

that is also internationally comparable. Furthermore, because it is the first study of its kind, it is also hard to know the full extent of the problem.

In the context of the traditional values and respect held for women in the family unit and broader society, the results of the study is a morally complex issue to speak of because the findings of the study are traditionally forbidden. Addressing the issues poses a more compelling challenge because it confronts the very essence of our make up as a Tongan people.

Disturbingly, the findings of the study point to the traditional role and regard afforded to women as being eroded. However disturbing the findings may be, it must disturb us to take action despite the objection it poses to the very fabric of our traditional, social and religious values.

The key recommendations of the study are to reduce the cause and incidence of violence against women and must involve a return to upholding the core Tongan values of *faka'apa'apa* (respect), *feveitokai'aki* (reciprocity); *'ofa* (love) and *loto fakatokilalo* (humility). This is the Tongan identity that distinguishes us as a people and our place in the world. The findings are difficult to speak of, although speak of we must with a will to change the trend that points to more detrimental effects if we choose to turn a blind eye to the realities of the situation.

The study was developed by a team of Tongan and international experts and began four years ago. The labour of those who toiled with this confronting and personally demanding task is afforded with the highest courtesy for their persistence and selfless efforts. This landmark study has been enabled with the support of the Australian Government, of which acknowledgement is due with great appreciation.

We have come to the end of the research phase. The study is the first step and the challenge for serious action, urgently is at hand. The immediate response we must have is to accept that violence against women is a crime. It is a crime that disputes our traditional values and a crime that will cause unspeakable decay to society if not addressed. The action that must compel us is not a single approach through legislation only, but a deliberate, whole of society and multifaceted response that is comparable with the complex manifestation that the issue represents. A comprehensive and systemic approach by government, stakeholders, and all Tongan people is required. Government is unable and cannot do it alone, it requires all of us to play a role and be immovable in our collective stance that violence against women will not be tolerated in any form, in any context and in any circumstance.

In closing, I appeal to all Tongans - the government, the churches, civil society organisations, people in the towns and villages, and all Leaders in the community - in a call for our collective responsibility and action. We are all entrusted with the well-being of our country and people, regardless of gender, position or status. Non action is not an option, not for today's generation and certainly not for tomorrow's generation. Together, we can put an end to violence against women in the foreseeable future. Let us be the custodians of our country that Tonga deserves, to do our best to honour our people, our traditional values, and Christian principles enshrined in our motto, *God and Tonga are my inheritance*, and let us reaffirm our true cultural heritage of putting into effect the esteem and value our forefathers afforded women in our society.

Lord Tu'ivakano
Prime Minister of Tonga

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This National Study on Domestic Violence against Women in Tonga was initiated and conducted by *Ma'a Fafine mo e Famili* (MFF). It is the first national study on violence against women ever conducted in Tonga.

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Many people contributed to the design and implementation of the survey and to the analysis of the findings. Thank you to all the field researchers, supervisors, editors, data entry staff, and statisticians for your sensitivity, professionalism, and responsibility in carrying out the research to the highest ethical and safety standards. (Annex I lists all research team members).

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Acronyms and abbreviations

AusAID	Australian Agency for International Development
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
CRC	Convention on the Rights of the Child
CSPPro	Census and Survey Processing System (software for data entry and processing)
CWL	Catholic Women's League
DV	Domestic Violence
DVU	Domestic Violence Unit
FHSS	Family Health and Safety Study
GAD	Gender and Development
LLP	Legal Literacy Project
MEWAC	Ministry of Education, Women's Affairs and Culture
MDGs	Millennium Development Goals
MFF	Ma'a Fafine mo e Famili ("For Women and Families")
MOH	Ministry of Health
NGO	Non-Governmental Organisation
NSD	National Statistics Department
NZ	New Zealand
NZODA	New Zealand Official Development Assistance
PCA	Principal components analysis
PNG	Papua New Guinea
PPDVP	Pacific Prevention of Domestic Violence Programme
RRRT	Regional Rights Resource Team
SDP8	Strategic Development Plan 8
SES	Socio-economic Status
SFSS	Samoa Family Health and Safety Study
SPC	Secretariat of the Pacific Community
SPSS	Statistical Package for Social Sciences (data analysis software)
SRQ20	Self-reported questionnaire (20 questions) to assess mental health
STATA	Statistical data analysis software
STIs	Sexually Transmitted Infections
TNCWC	Tonga National Centre for Women and Children
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
UNV	United Nations Volunteers
USP	University of the South Pacific
VAW	Violence against Women
WCCC	Women and Children Crisis Centre
WHO	World Health Organization

Executive summary

Violence against women (VAW) is a global problem that crosses cultural, geographic, religious, social and economic boundaries and is a violation of human rights. Violence against women deprives women of their right to fully take part in social and economic life. It causes a myriad of physical and mental health issues and in some cases results in loss of life. A lack of understanding of the magnitude of VAW, its causes and consequences, and the trends and patterns across cultures and countries, including the Pacific, hinders the development of efforts to address it.

Up until now, very little has been known about the prevalence and patterns of VAW and domestic violence in Tonga, and there has been a real need for evidence to learn more about the prevalence, causes and consequences of VAW, and in particular to inform policy directions. To address this lack of data, Ma`a Fafine mo e Famili Inc. (MFF) initiated a research project on understanding violence against women in this country. In 2008, MFF was awarded funding from AusAID to conduct a study. This marked the first time a large-scale quantitative and qualitative study on this topic was conducted in Tonga.

Organization of the study

The study was implemented and managed by MFF, with support from a consultant from the University of the South Pacific. An international consultant assisted with interviewer training, quantitative data analysis and report writing. Data collection took place in 2008 and 2009.

A Task Force consisting of CEOs of core Government ministries and a key NGO stakeholder was set up to support and advocate for legitimacy and ownership of the study. The Task Force was also given the role of policy guidance and direction for VAW as well as mobilizing support for the dissemination of the findings.

Objectives

The National Study on Domestic Violence against Women in Tonga consisted of two separate components: a quantitative study based on the methodology developed for the WHO Multi-Country Study on Women's Health and Domestic Violence against Women; and a qualitative study based on Tongan methodology of *Talanoa* and *Nofo* (see below). The use of qualitative and quantitative components was to seek results that complemented each other.

The study sought to obtain information about:

(1) The prevalence, frequency and types of violence against women, including:

- Physical and sexual violence, emotional abuse and controlling behaviours by intimate partners;
- Physical and sexual violence against women since they were 15 years old, by non-partners; and

- Sexual abuse in childhood (before 15 years of age)¹;
- (2) The extent to which violence against women by a partner is associated with a range of health and other outcomes;
 - (3) Factors that may either protect or put women at risk of violence by a partner; and
 - (4) Coping strategies and services that women use to deal with domestic violence, as well as perceptions about domestic violence against women.

Quantitative component

The quantitative component replicates the methodology developed for the *WHO Multi-country Study on Women's Health and Domestic Violence against Women*.

Sample design

The quantitative component consisted of a population-based household survey, covering all five island groups (or Divisions): Tongatapu, Vava'u, Ha'apai, 'Eua and Niua. A multi-stage sampling strategy was used to select 1000 households. In each selected household, one woman was randomly selected from all eligible women 15-49 years of age. In total, 634 women (response rate 98% of 647 households with eligible women), representing all women 15-49 years old in Tonga, were interviewed. The field work took place between September and December 2009, using structured face-to-face interviews, conducted in full privacy.

Questionnaire

The generic questionnaire for the WHO Multi-country Study on Women's Health and Domestic Violence (version 10) had been translated into Tongan. Somewhat adapted for Tonga, the questionnaire consisted of an administration form, a household selection form, a household questionnaire, a women's questionnaire, and a reference sheet. The women's questionnaire included an individual consent form and the following 12 sections:

- Section 1: Characteristics of the respondent and her community
- Section 2: General health
- Section 3: Reproductive health
- Section 4: Information regarding children
- Section 5: Characteristics of current or most recent partner
- Section 6: Attitudes towards gender roles
- Section 7: Experiences of partner violence
- Section 8: Injuries resulting from partner violence
- Section 9: Impact of partner violence and coping mechanisms used by women
- Section 10: Non-partner violence
- Section 11: Financial autonomy
- Section 12: Anonymous reporting of childhood sexual abuse, respondent feedback

¹ Exploring violence by perpetrators other than intimate partners enables identification of forms of domestic violence against women by other family members and provides an opportunity to determine how important domestic violence and partner violence against women is in comparison to other experiences of interpersonal violence in a woman's life.

Operational definitions of different types of violence

The word “violence” was not used in the interviews. When a woman confirmed she had experienced at least one of the acts noted below, it was considered in the analysis that she had experienced the indicated form of violence.

<p><u>Physical violence by an intimate partner</u></p> <ul style="list-style-type: none"> a) Was slapped or had something thrown at her that could hurt her b) Was pushed or shoved c) Was hit with fist or something else that could hurt d) Was kicked, dragged, or beaten up e) Was choked or burnt on purpose f) Perpetrator threatened to use or actually used, a gun, knife, or other weapon against her 	<p><u>Controlling behaviours by an intimate partner</u></p> <ul style="list-style-type: none"> a) He tried to keep her from seeing friends b) He tried to restrict contact with her family of birth c) He insisted on knowing where she was at all times d) He ignored her and treated her indifferently e) He got angry if she spoke with another man f) He was often suspicious that she was unfaithful g) He expected her to ask permission before seeking health care for herself
<p><u>Sexual violence by an intimate partner</u></p> <ul style="list-style-type: none"> a) Was physically forced to have sexual intercourse when she did not want to b) Had sexual intercourse when she did not want to because she was afraid of what partner might do c) Was forced to do something sexual that she found degrading or humiliating 	<p><u>Physical violence in pregnancy</u></p> <ul style="list-style-type: none"> a) Was slapped, hit, or beaten while pregnant b) Was punched or kicked in the abdomen while pregnant
<p><u>Emotional abuse by an intimate partner</u></p> <ul style="list-style-type: none"> a) Was insulted or made to feel bad about herself b) Was belittled or humiliated in front of other people c) Perpetrator had done things to scare or intimidate her on purpose e.g. by the way he looked at her; by yelling or smashing things d) Perpetrator had threatened to hurt someone she cared about 	<p><u>Physical violence since age 15 years by others (non-partners)</u> Since age 15 years someone other than partner beat or physically mistreated her</p> <hr/> <p><u>Sexual violence since age 15 years by others (non-partners)</u> Since age 15 years someone other than partner forced her to have sex or to perform a sexual act when she did not want to</p> <hr/> <p><u>Childhood sexual abuse (before age 15 years)</u> Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to do</p>

Reference periods

For each act of physical, sexual, and emotional abuse that the respondent confirmed she had experienced, she was asked whether it had ever happened at any time during her lifetime; whether it had happened in the past 12 months, and with what frequency (once, 2-5 times, or more than five times). The two reference periods were used to calculate “lifetime prevalence” and “current prevalence” of violence.

Both time periods are important and reveal different aspects of the problem. The lifetime prevalence of violence (or “ever experienced violence”) measures whether a certain type of violence has occurred in a woman’s life, even if it was only once. In this sense, it is cumulative and, as per definition, it would increase with age. It reveals how many women experienced violence at some time in their lives. This is especially important for advocacy and awareness raising efforts.

Prevalence in the 12 months preceding the survey (“current violence”) reflects types of violence occurring in the past 12 months. This is by definition lower than lifetime prevalence because it measures recent experiences of violence. The proportion experiencing violence in the past 12 months is important in efforts to understand the situation at one point in time: the present situation. This is significant for drafting intervention programmes (e.g. how many women would currently need services). The 12-month period is also significant for monitoring change to determine the impact of these programmes.

Partnership definition

In this study, “ever-partnered” refers to women who have had a relationship with a man, whether it is in marriage or out of marriage, such as cohabiting, separated, divorced, and widowed.

Fieldworkers’ selection and training

Female field researchers were carefully selected and trained over three weeks, (followed by two weeks re-training due to the long interval between the first training and field work), to collect information in a safe and sensitive way. Extra time was dedicated to the training of the study coordinators and team supervisors/editors. Pilot testing in the field took place during the last week of the training in an urban and a rural area on the main island Tongatapu, in locations that were not in the final sample. At the end of the training, 14 field researchers were retained and distributed over three field teams. Each team had one supervisor/editor.

Ethical and safety considerations

The safety, both of the women who were being interviewed and of the interviewers, was of utmost importance and the ethical and safety recommendations developed by the WHO were used to guide the research.² For example a “safe name” “*Nofo ‘a Kainga*”³ was used in

²WHO. *Putting women first: Ethical and safety recommendations for research on domestic violence against women*. Geneva, World Health Organization (WHO/FCH/GWH/01.1), 2001. Available at http://whqlibdoc.who.int/hq/2001/WHO_FCH_GWH_01.1.pdf

the research to avoid revealing that the study was on domestic violence. Only one woman per selected household could be interviewed and all interviews were conducted in private. Researchers had a responsibility to ensure that the research did not lead to participants suffering further harm and did not further traumatize participants⁴. Furthermore, interviewers were trained to respect the respondent's decisions and choices. Information on existing support services was provided to each respondent at the end of their interview. Ethical clearance for the study was given by the Ethics Committee of the Tongan Ministry of Health.

Qualitative component

The qualitative research methodology uses two approaches: case studies (*Talanoa*) and observation within the family context (*Talanoa* and *Nofo*). The methods draw on a culturally appropriate research framework, guided by Tongan research ethics and Tongan research tools that have been developed and tested by the University of the South Pacific. A purposeful sampling procedure was conducted to select and recruit participants for the qualitative component of the study. In total, 46 household observations and 38 case studies took place during March-May 2008 and June-August 2009 covering Tongatapu, Vava'u, Ha'apai and 'Eua.

Violence against women by partners

All women who had ever had a partner were asked whether they had experienced specific acts of physical, sexual, and emotional violence by their husbands or partners. If a woman confirmed having been exposed to any of those acts, more detailed questions were asked about how frequently the acts had been committed. Two different periods were considered with regard to when those acts were committed: the 12 months preceding the interview ("current violence") and any period in their life ("lifetime experience of violence").

Physical violence by partners

Overall, 33% of ever-partnered women reported having experienced physical violence in their lifetime and 13% had experienced physical violence in the 12 months preceding the interview. Results for current physical violence by age of the respondent show that this type of violence starts early in a relationship and lessens with age.

There is some variation between Tongatapu and the outer islands, and, more strongly, between educational levels of the respondents. Women in the outer islands and women with less education were more likely to report physical violence compared with women in Tongatapu and more educated women.

The majority of women who reported physical violence by a partner reported that it happened multiple times, and two thirds of the women who reported physical violence reported severe acts, including being hit with a fist, kicked, dragged, beaten up, choked, burned, or having had a weapon used against them.

³This term refers to how a Tongan family lives and relates to one another and refers particularly to extended families living in large households, or multiple houses on a single family property.

⁴In this report "participants" and "respondents" are used interchangeably.

The proportion of ever-partnered and ever-pregnant women who had experienced physical violence in at least one pregnancy was 8%, with the highest levels of violence in pregnancy among women in Tongatapu.

Relatively, more severe manifestations of partner violence were noted in Tongatapu compared to the other islands, as measured by severe physical acts and violence in pregnancy.

Sexual violence by partners

It is more difficult for women to disclose experiences of sexual violence to those of physical violence. Nevertheless, 17% of ever-partnered women reported in interviews that they had experienced sexual violence in their lifetime and 11% in the past 12 months. What is striking is that reported current sexual violence by age of the respondent follows a similar level and pattern as lifetime sexual violence, except among older women where current sexual violence is relatively low. The experience of sexual partner violence does not differ much by geographical area or educational level of the respondent.

Emotional abuse and controlling behaviours by partners

Emotional abuse is no less important than physical or sexual violence as it may affect women even more than physical or sexual violence. However, it is more difficult to measure in a survey and the questions cover only a limited range of abusive acts towards women. With the set of behavioural questions that was used in the survey, 24% of women reported lifetime emotional abuse and 13% reported current emotional abuse.

The study also measured a range of controlling behaviours by the partner. These are not included in the prevalence rates for emotional abuse, but it is important to note that many researchers see controlling behaviours as a risk factor for partner violence.

While we found relatively moderate levels of emotionally abusive acts, we found high levels of controlling behaviours: 87% of ever-partnered women reported her partner insists on knowing where she is at all times, 57% need to ask permission before seeking health care, 39% report that he keeps her from seeing her friends, and 38% report that her partner gets angry if she speaks with another man.

Combining physical, sexual, and emotional abuse by partners

The prevalence of “physical and/or sexual violence” is a significant indicator of partner violence that, if measured in the same way, may be used for international comparisons.

In Tonga, as in many other countries, physical and sexual violence by intimate partners overlap to quite a large extent. Nationwide, 6% of women reported partner sexual violence only and 23% of women reported that they were subjected to physical violence only, while 10% reported both physical and sexual violence by their partner.

The overall proportion of women who experienced physical and/or sexual violence by a partner in Tonga is 40%, or 4 out of 10 women. The proportion is lower in Tongatapu (38%) compared to the outer other islands (44%).

The prevalence rate for physical and/or sexual violence in the 12 months preceding the interview is 19%.

Almost half (45%) of women in Tonga reported having experienced at least one of the three types of partner violence (physical, sexual, and emotional violence) in their lifetime, with 22% of ever-partnered women reporting multiple types of violence by her partner. The assessment of the overlap shows that many women who have experienced physical or sexual violence also have experienced emotional abuse. However, when analyzing the overlap and all combinations of the three types of violence, it is striking that the most commonly experienced “combination” is physical violence alone, reported by 13% of all ever-partnered women (representing more than one quarter of all lifetime experience of violence).

Violence against women by non-partners

Physical violence by others against women since age 15

More than two out of every three (68%) women in Tonga reported that they had experienced physical violence by someone other than a partner since they were 15 years old. We use the term non-partner here to describe any person, male or female, who is not an intimate partner.

The prevalence rate was high across all the island groups, educational levels, and age groups. Most women who reported physical violence by non-partners reported that this had happened more than five times. Perpetrators were, in most of the cases, fathers and teachers.

Sexual violence by others against women since age 15

Approximately 6% all women reported experiencing sexual violence since they were 15 years old. The most commonly mentioned perpetrators were boyfriends and strangers.

Childhood sexual abuse before 15 years of age

Approximately 8% of all women reported experiencing sexual abuse before they were 15 years old. Most women mentioned that the perpetrators were strangers. Male family members and “others” also were mentioned.

Comparing partner and non-partner violence

Overall, more than 3 out of 4 (77%) women in Tonga have experienced physical or sexual violence in their lives by someone, partner or non-partner. When comparing partner and non-partner violence, it becomes overwhelmingly clear that women in Tonga are almost three times more likely to have experienced violence by non-partners than by partners. This pattern is different compared to most countries in the world.

Women's attitudes and perceptions

Women's attitudes towards gender roles

The majority of women in Tonga believe that men are the decision-makers in the family, that women have to obey their husbands, and that they cannot refuse sex. For example 83% of all interviewed women agreed that a good wife obeys her husband even if she disagrees.

These attitudes are similar across all geographical regions and age groups. For women with tertiary or higher education, they are only slightly less likely to agree that a wife should obey, and that the man should be the boss.

Women's attitudes around justifications for a man to beat his wife

Women were asked if it was justified for a man to beat his wife in a number of circumstances. The proportion agreeing that it was justified to beat a wife differed widely depending on the circumstances given. As many as 56% of all respondents agreed with the statement that a husband could beat his wife if she was unfaithful, while the lowest proportion (3%) agreed with the statement that a man could beat his wife if she was unable to get pregnant.

Women's attitudes around reasons for a wife to refuse sex with her husband

Women were asked if they believed that a woman has the right to refuse sex with her husband in a number of situations: if she does not want to; if her husband is drunk; if she is sick; and if he mistreats her. Interestingly, between 73% and 83% of women believe that a wife has the right to refuse sex if the husband is drunk, if she is sick, or if he mistreats her. Fewer women (61%) agreed with the statement that a wife can refuse sex if she does not want to. For these questions that examine sexual autonomy there was no difference between regions, age groups, and educational levels in the proportions agreeing.

Women's perceptions of causes of violence

The results of *Talanoa* and *Nofo* highlight the perception among women that the domestic violence they experience is caused by

- Shifting values of extended family life
- Shifting nature of kinship relations
- Extra-marital affairs
- Alcohol
- Living with the extended family
- Hardship and economic factors
- Being young and unprepared for married life
- Having children outside of marriage
- Gender roles and power dynamics between men and women in Tongan society

Partner violence and women's health

Injuries due to violence

In the survey, about one in every five (22%) women who experienced physical or sexual partner violence reported to have been injured at least once as a direct result of the violent act. Abused women in Tongatapu were twice as likely to be injured due to partner violence compared to women in the outer islands.

Among the women who had been injured, almost half had been injured more than once and one in four had been injured multiple times.

Associations between physical or sexual violence and health outcomes

All women in the survey answered a number of questions on their general, mental, and reproductive health. In the analysis, the health outcomes of women who had ever experienced physical and/or sexual partner violence were compared with those who had never experienced it. Women who had experienced partner violence were more likely to report "poor" or "very poor" health. They also were more likely to have had recent problems with walking and carrying out daily activities, pain, memory loss, emotional distress (as measured by a score on a self-reported questionnaire of 20 questions: SRQ20), and suicidal thoughts.

Similar differences were found for reproductive health outcomes. In particular, mistimed pregnancies and miscarriages were more likely to be reported by abused women compared to women who were not abused by their partner.

Impact on children, cycle of violence

Partner violence and children's well-being

Women who had children aged between 6 and 14 years old and who had experienced partner violence, were somewhat more likely to report that these children had behavioural problems (such as nightmares, bedwetting, and low performance at school) compared with women who had not experienced violence.

The cycle of violence

More than half of the Tongan women who experienced physical partner violence reported that their children had witnessed this at least once. In two thirds of these cases the child had witnessed multiple times that his or her mother was beaten.

Women who experience partner violence are more likely to have a partner whose mother had been beaten by her own partner, or a partner who himself was beaten as a child.

The findings suggest that boys who have been beaten or who have witnessed their mothers being beaten are more likely to become perpetrators of violence.

Women's coping strategies

Almost half of the women who had been physically or sexually abused by their husbands or partners never told anyone about the violence before the interview for this study. If women had told anyone, it was usually a family member or, less commonly, friends or neighbours. Unfortunately, often the "support" of relatives is not effective or makes matters worse. The woman's close social network often reinforces stigma around violence by blaming the women or encouraging them to endure it. Moreover, telling others could increase the risk of further violence.

'My husband wanted to sleep with me every night. If I did not sleep with him, he would beat me up and in the morning, he would tell my parents that I was disobedient to him. I ended up hiding from him and he told my parents about this so my parents locked me up in a room with my husband. They told me that it was the duty of the wife to sleep with her husband.'

Woman, Talanoa, Tongatapu

'When I arrived home that evening, he was already waiting for me with his mother and sister. He asked me who I had been talking to and before I could answer, he started to punch me on my face, and everywhere on my body. I tried to run away but his sister came around the house and started shouting at me and she held me while my husband got a piece of iron rod, the one we use to husk coconuts with, and started beating me with it. I felt like I was going to die.'

Woman, Talanoa, Tongatapu

A staggering 75% of abused women never sought help from formal services or people in authority. If they sought help, usually when the violence was severe, it was most commonly from health services (12%), the police (12%), or religious leaders (8%).

Women would especially seek help when they could not endure their situation any longer. Women, who had sought help, were generally satisfied with the support received from the services or persons of authority they went to for help.

Approximately one third of the abused women left home for at least one night. Those who left home stayed away, on average, for about two weeks. Women usually returned home because they were asked to do so by the husband or family, as well as for other family reasons.

Women's ideas about what could protect them (*Talanoa data*)

Women themselves identified that the following factors may play a role in preventing and reducing domestic violence:

- Nuclear family – *'Api*: nuclear families should have separate housing from the extended family
- Extended family – *Kainga*: extended family should be supportive of the nuclear family
- Law enforcement: current laws should be improved and enforced

- Education and Christian belief: use these to promote peaceful and respectful relationships

Risk factors for partner violence

We used the survey data for risk factor analysis using logistic regression techniques to find out, from a long list of factors, which factors can predict an increased or decreased risk for partner violence, while accounting for all other factors.

The importance of risk factor analysis for partner violence lies in the potential to use the findings for focusing violence prevention activities on particular aspects that have been shown to be associated with violent behaviour.

The following factors were examined as potential risk factors:

Characteristics of woman and including her access to support:

- Age
- Tongatapu vs. outer islands
- Education
- Marital status
- Earning income
- Religion
- Proximity of family
- Frequency of contact with family
- Can count on support of family
- Physical violence by others > 15 years
- Sexual violence by others > 15 years
- Childhood sexual abuse
- Nature of first intercourse
- Women's mother beaten

Characteristics of the male partner:

- Age
- Education
- Employment status
- Alcohol consumption
- Fighting with other men
- Having extra-marital relationships
- Partner's mother was beaten
- Partner was beaten as a child

Characteristics of the household to which the woman belongs:

- Index of socio-economic status

Risk factor analysis was done for both lifetime and current experience of violence.

There are slightly different risk factors predicting ever having experienced partner violence and currently experiencing partner violence, respectively.

All important risk factors for both lifetime violence and current partner violence against women are characteristics of the partner rather than of the woman: “fighting with other men” and “having extra-marital relationships” are both independently strongly associated with being violent against a wife or female partner. A woman whose partner fights with other men has a 3.1 times increased odds to have experienced partner violence in her lifetime, and a 1.9 times increased odds to be currently experiencing partner violence, compared to women whose partners do not fight. If her partner has relationships with other women, the odds ratio is 3.6 for having ever experienced violence in her life, and 2.1 for currently experiencing violence.

A man’s regular use of alcohol is a risk factor for him being currently violent against his wife (odds ratio = 2.3). There was no significant association between the use of alcohol and the lifetime prevalence of partner violence.

Taking in to account all the risk factors on the woman’s side, being young of age stood out as being the only risk factor significantly related with experiencing violence currently.

A lower index of socio-economic status of the woman’s household increased only the risk for ever having experienced partner violence but not the risk for current partner violence.

Overwhelmingly, the evidence indicates that violence is a learned behaviour: a man’s experience of violence in his childhood is associated with his acts of violence as an adult. Childhood experiences of violence include being beaten as a child, or witnessing his mother being beaten by his father.

Conclusions

When the results of this national research on domestic violence against women are evaluated, the most striking findings are:

- That the phenomenon of violence against women, and against children, is widespread and deeply ingrained in the society of Tonga. That violence is, to a large extent, physical and is perpetrated by men known to the women (i.e. partners), but even more by fathers and teachers.
- The level of physical violence by non-partners against women (mainly in childhood and teenage years) is among the highest in the world.
- Sexual violence by non-partners, on the other hand, is quite rare.
- That violence against women has a serious impact on the health and well-being of women. Many women suffer severe injuries due to violence and many have long term indirect health effects. Violence in the home also affects the woman’s families and children.
- That violence against women during the lifecycle shows variations among subcategories, such as age, education, and region, but no category is spared: women are being abused in all levels of Tongan society.
- That despite the pervasiveness of violence against women, women are alone. They feel alone and ashamed in their experience of violence and in their struggles against violence, because, ultimately, they love their husbands and they would like to keep the family together.

- Some characteristics in men are predictors of violence against women. These characteristics include: their aggressive behaviour against other men; their extramarital relationships with other women; the use of alcohol; as well as their own experience with violence in their family of origin.
- Violence is transferred from one generation to the next. It is a phenomenon that is learned during the socialization process.
- A commonly perceived justification for the violence is the traditional Tongan power relationships with male dominance, using violence as a means to discipline women (and children), which makes it hard for individual women to stand up for their rights. Further, it is perceived that violence is augmented by the strains caused by recent changes in the society which affect traditional kinship relations.
- Women develop their own strategies to cope: many pray, some talk to parents, and a very few seek help from official authorities - the latter only when the situation is serious, and when the strength to endure ends. Most women, in the end, want to have a harmonious relationship and hope that their partners will change.

This study opens a window that allows us to see Tongan women's reality in a way that has not been seen before. It reveals a sombre situation including intimidation, threats, controlling behaviour, and acts of physical and sexual violence to women by the person who should be closest to her – her husband. And for most women, the violence in her marriage was not her first experience with violence. Prior to marriage, most women already came from situations of repeated physical violence committed by others whom they trusted-fathers and teachers -on an even larger scale than the violence in their marriages.

In most societies in the world violence against women and children is now recognized as an abuse of their human rights, and a practice that governments and civil society are taking action to end. It is never acceptable and should not be defended or justified in terms of culture, tradition or religion.

Treasured family values for a multitude of reasons are not protecting women and are working against them because of social norms and fear. Nevertheless, certain traditional Tongan culture and values provide a number of useful entry points for campaigns and programmes, and should be used as leverage in strategies to prevent and respond to violence. This study points towards important traditional values, such as respect and reciprocity, that would support women and families, and that could be promoted and utilised in the strategies to fight violence against women and children and to promote gender equality and women empowerment.

Recommendations

It is important that all parties involved in the study recognize and understand that the study is not a stand-alone activity but part of an ongoing process that works towards improvement of the situation of women. The study, even while being an intervention in its own right, needs to be seen as a step towards facilitating long-term interventions towards eradicating violence against women in Tonga.

The report has identified that while the extended family can put couples at risk of domestic violence, the extended family may also be a source of support. The key to gaining and

fostering this supportive environment are the core Tongan values of respect, love, reciprocity, and humility. Findings from this report suggest that to alleviate domestic violence against women and against children, it is important to re-think and to adopt positive core Tongan values as guides for familial relationships.

Traditional and societal values, attitudes and practices that discriminate women and promote violence against women, however, should be challenged. The findings show that creating more gender equitable attitudes works towards reducing the risk of violence. Education of boys, and girls, has an important role to play. The empowerment of women is vital, as is changing social norms and notions of masculinity associated with power and dominance, including challenging any impunity that exists for perpetrators.

To end the cycle of violence, protecting children from abuse must also be a focus, as is reaching out to men so that they can become partners in social justice work.

It is also important to take measures to make the community accountable and to involve the churches to change people's attitude and behaviour.

The findings from the study have also identified other areas and sectors that need further strengthening to protect and support survivors of violence, such as the health sector, the education sector, and law enforcement and legislation.

It is recommended that the Task Force that has been set up to support and advocate this study now supports the process of taking ownership of the results by all levels of society and government. The Task Force is well placed to take on a role of policy guidance as well as mobilizing support for the dissemination of the findings. Such action would facilitate the results of this study being used by NGO stakeholders together with the Government of Tonga to effectively develop and implement multi-sectoral policies and strategies. A participatory process has the best potential to yield urgently needed more detailed recommendations, an action plan, and policies to combat violence against women and children. In view of the many churches in Tonga and their important role in Tongan society, it is also recommended to involve high profile members of several of the main churches.



Field researchers, coordinators and trainers for the survey, September 2009



Training of field researchers for the survey, September 2009



Survey interviewers during the field work, September 2009

1. Introduction

1.1. Violence against women

Without exception, violence against women (VAW) is a global phenomenon that crosses cultural, geographic, religious, social and economic boundaries. This includes the Pacific Islands. As a violation of human rights, VAW causes women to be deprived of their right to fully take part in social and economic life. Furthermore, it underpins many physical and mental health problems, and in some instances causes loss of life. The impact of violence is not only visible on the health and lives among women who experience violence, but also on their children, families and society as a whole.

International research reveals that VAW is most prevalent in a woman's immediate social setting. In a considerable portion of VAW cases, perpetrators are the husband or intimate partner and/or other family members.⁵

In The Declaration on the Elimination of Violence against Women adopted by the United Nations (UN) General Assembly in 1993, violence against women is defined as *“any act of gender-based violence that results in, or is likely to result in physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life”*.⁶

VAW is both a cause and effect of women's unequal status in society. Its serious consequences on women's health and well-being and on that of their families and community compel us to take action. The violence that women and girls experience is typically concealed inside the home, at the hands of intimate partners and family members, and is therefore difficult to recognize and document and even harder to prevent.

Violence against women is commonly linked to a web of attitudinal, structural and systemic inequalities that are “gender based” because they are associated with women's subordinate position in relation to men's in society.⁷

There is consensus that no single cause adequately accounts for domestic and partner violence against women. To understand the interplay of factors that combine to cause partner violence, researchers commonly use an ecological framework in which risk factors at individual, relationship, community and societal levels are represented as nested circles, as presented in Figure 1.1.⁸ The individual level includes biological or personal aspects that could influence the behaviour of individuals, affecting the possibility of committing or experiencing violence (e.g. age, educational level, income and substance abuse). The relationship level looks at how relationships with family, friends and peers increase the risk

⁵ Krug EG et al, eds. *World Report on Violence and Health*. Geneva, World Health Organization, 2002.

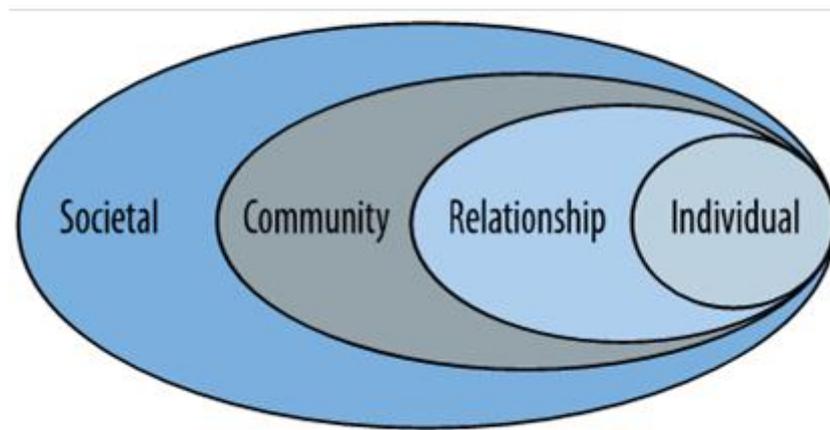
⁶United Nations. *Declaration on the Elimination of Violence against Women*. United Nations General Assembly Resolution, document A/RES/48/104. New York, NY, 1993.

⁷Krantz G, Garcia-Moreno C. Violence against women. *Journal of Epidemiology and Community Health*, 2005, 59(10): 818-821.

⁸Heise L, Ellsberg M, Gottemoeller M. Ending violence against women. *Population Report*, 1999, 27:1-43.

of being a victim or perpetrator of violence. At the community level risks factors may be population density, high levels of unemployment, crime and lack of social support, together with male peer groups that condone and legitimize men's violence and women's peer groups that normalize violence. Finally, the societal level refers to causal factors related to the social structure, laws, policies, cultural norms and attitudes that reinforce violence against women in society.

Figure 1.1. Ecological model of factors associated with partner violence



A lack of understanding of the magnitude of the problem, its causes and consequences, or whether these characteristics are similar or different across cultures and countries, including in the Pacific region, hinders the development of efforts to address it.

Since the 1990s, domestic violence has entered the international agenda with sustained efforts of women's movements and international organizations who are active on women's issues. The number of surveys and studies conducted on violence against women increased steadily, especially in the last decade of the 20th century. Thus, a significant amount of information has accumulated both on the prevalence and on the causes and consequences of violence against women. The "WHO Multi-country Study on Women's Health and Domestic Violence against Women" carried out by the WHO, collected data from over 24,000 women in 10 countries representing diverse cultural, geographical and urban/rural settings including: Bangladesh, Brazil, Ethiopia, Japan, Peru, Namibia, Samoa, Serbia and Montenegro, Thailand, and the United Republic of Tanzania.⁹

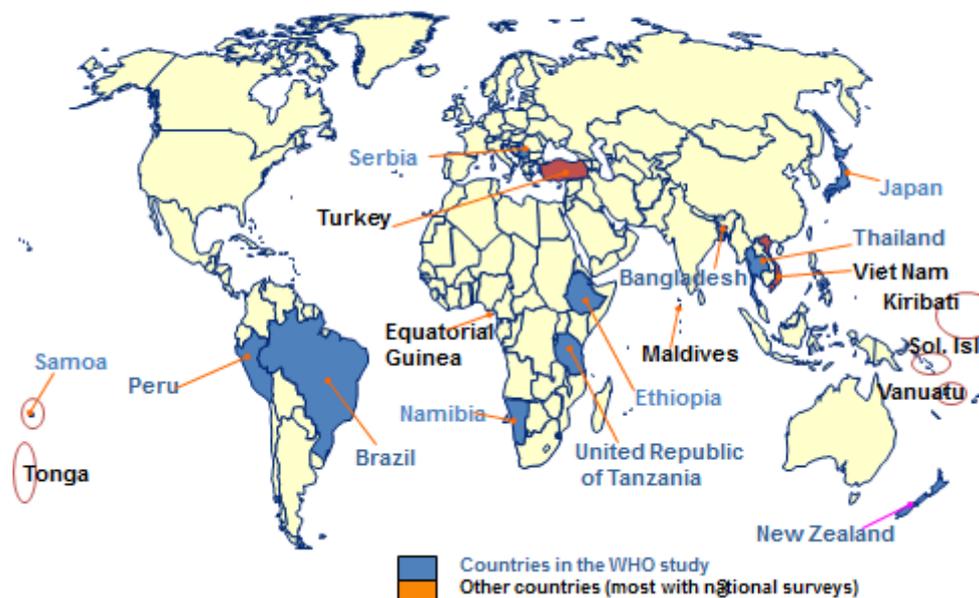
⁹Garcia-Moreno C, Jansen HAFM, et al. *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses.* Geneva, World Health Organization, 2005. Available at: http://www.who.int/gender/violence/who_multicountry_study/en/

The development of the methodology for the WHO Multi-country Study started in 1997 to address the lack of reliable and comparable data on VAW, its consequences and root causes.

The WHO Multi-Country Study was one of the first studies to research domestic violence across countries from a public health and gender sensitive perspective. The methodology, combining qualitative and quantitative research methodologies, ensures reliable results that are comparable across countries. It further adheres to specific ethical and safety standards, developed for research on VAW, including giving great importance to training and involvement of researchers and interviewers, as well as support for field staff and respondents who need it. Further it encourages the engagement of a range of actors in the research process to facilitate use of results leading to policy change and intervention. The standardized questionnaire is well-tested and validated for use in many different settings and can be used with minimal adaptation in most settings.

The actual implementation of the WHO Multi-country Study took place between 2000 and 2005. The methodology has become an international standard and example of best practice for research on VAW and is now widely replicated around the world (outside the context of the Multi-country study) in order to get internationally comparable data. Figure 1.2 shows a number of the countries where the method has been used.

Figure 1.2. Countries where the WHO multi-country study methodology has been used



This WHO study showed that the reported prevalence of physical or sexual partner violence against women over their lifetime varied from 15% to 71% and that this is generally between 30% and 60% in many research regions.

In the past decade, several studies into VAW have also been undertaken in countries in the Pacific region. One of the first studies of VAW in the region allowing for international comparison was the Samoa Family Health and Safety Study (SFHSS), which formed part of

a UNFPA-supported multi-country study, co-funded by New Zealand and implemented in 2000 by the Secretariat of the Pacific Community (SPC) with technical support of the World Health Organization.¹⁰ This study in Samoa was at the same time part of the WHO Multi-country Study on Women's Health and Domestic Violence.

More recently, in 2008, similar studies have been done in the Solomon Islands and Kiribati, as part of the project *Socio-cultural Research on Gender based Violence and Child Abuse in Melanesia and Micronesia*.^{11, 12, 13} These three studies which used the same research methodology were designed to estimate the prevalence of VAW and to identify country-specific causes, risk factors and consequences of domestic violence (especially partner violence) to enable the development of appropriate policies and programs for response and intervention.

Besides these three studies conducted in the context of UNFPA projects, the same methodology was used in 2009 by NGOs in three other countries in the Pacific. In Vanuatu the research was implemented by the Vanuatu Women's Centre in partnership with the National Statistics Office¹⁴, in Fiji it was implemented by the Fiji Women's Crisis Centre¹⁵, and in Tonga by the NGO *Ma'a Fafine mo e Famili Inc.* (MFF, which means "For Women and Families Inc.")

The six countries in the Pacific that have conducted a survey on VAW, all used the methodology that was developed for the *WHO Multi-country Study on Women's Health and Domestic Violence* (with only Samoa effectively being part of this WHO study). This is an enormous advantage of these studies; that the use of a standard questionnaire and methodology ensures comparability of data between settings and the use of a validated and well tested methodology enhances credibility.

¹⁰Secretariat of the Pacific Community, United Nations Population Fund, Government of Samoa. *The Samoa Family Health and Safety Study*, 2007.

Available at http://www.spc.int/hdp/AC/hdp_publications_gender.html

¹¹Secretariat of the Pacific Community for Ministry of Women, Youth & Children's Affairs. *Solomon Islands Family Health and Safety Study: A study on violence against women and children, 2009*.

Available at

http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=39&Itemid=44

¹²Government of the Republic Of Kiribati. *Kiribati Family Health and Support Study: A study on violence against women and children, 2010*. Available at

http://www.spc.int/hdp/index2.php?option=com_docman&task=doc_view&gid=211&Itemid=44

¹³Jansen HAFM. *Swimming against the Tide: Lessons Learned from Field Research on Violence Against Women in Solomon Islands and Kiribati*. UNFPA, 2010.

Available at http://210.7.20.137/Publications/Talk_Gender/Swimming_Against_the_tide.pdf

¹⁴Vanuatu Women's Centre, Vanuatu National Statistics Office. *The Vanuatu National Survey on Women's Lives and Family Relationships*, 2011.

¹⁵Report expected in 2012

1.2. The Ma'a Fafine mo e Famili

The *Ma'a Fafine mo e Famili* (its translation is "For Women and Families") is a Tongan non-governmental organization who came into existence in January 2008 but it was not officially established until 15 April 2008 when it was incorporated under the Corporated Societies Act.

The organisation has evolved out of the highly successful Legal Literacy Project (LLP) of the Catholic Women's League (CWL) which began in 1997 and ended in 2008. The project with the CWL ended with the Regional Rights Resource Team (RRRT) in Suva Fiji when the funding for the project came to an end and the RRRT moved under SPC. MFF retains the organisational headquarters and staff of the LLP who over the last decade have established themselves at the foremost providers of the legal and human rights education, advocacy and empowerment, particularly to women and children in the Kingdom of Tonga.

The mission statement of Ma`a Fafine mo e Famili Inc.:

To foster and promote a just and peaceful society through the empowerment of women's knowledge of their Human Rights thus improving their economic, social and political knowledge, skills, health and status in the society. This can be achieved through economically, socially and politically sound deliverable goals and services.

Early in 2008 a literature review was conducted by Dr. Seu'uala Johansson-Fua, Sela Moa and Gabriella 'Ilolahia, which showed that very little was known on the prevalence and patterns of domestic violence in Tonga. The only known research was a survey of 113 women conducted in 1997. The sample size was very small and the methodology did not result in representative or reliable data on VAW. To address this lack of data MFF initiated a research project on domestic VAW and in 2008 MFF was awarded funding from AusAID to conduct a baseline study on women's health and domestic violence in Tonga.

1.3. Tonga: geographic and demographic context

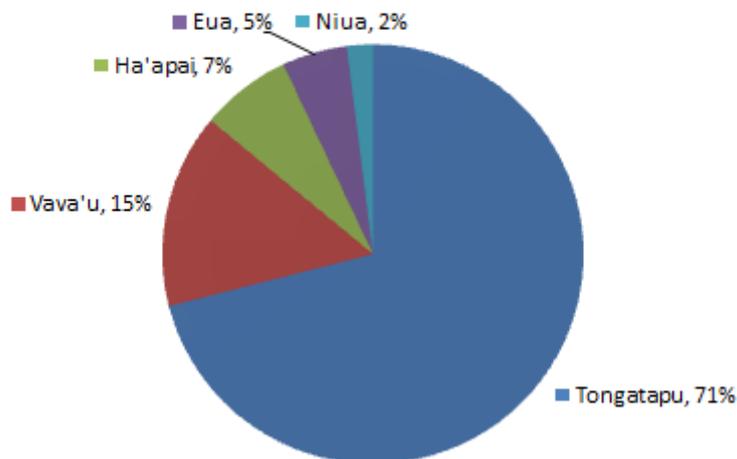
Tonga is an archipelago in the South Pacific of over 160 islands, 36 of which are inhabited. It has a total land area of about 670 sq km spread over 360,000 sq km of ocean. The country is geographically divided into three main regions: Tongatapu (containing the capital) and 'Eua to the south, the Ha'apai group as the central group, and Vava'u, Niuafou'u and Niuaotupapu to the North (Figure 1.3).

Figure 1.3. Map of Tonga



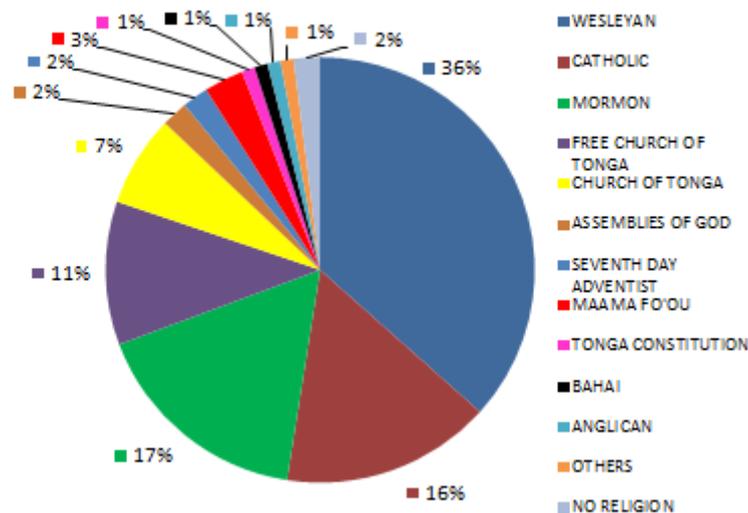
Tonga has a population of over 101,000 inhabitants (2006 census), and a relatively young population, with 37% being under 15 years old. Tongans make up 98% of the population with the rest being Europeans, other Pacific Islanders and Asians. About 70% of the Tongan population lives in Tongatapu. (Figure 1.4.) Increasing urbanization on Tongatapu has an impact of the social dynamics of the community (exacerbating social problems) and puts environmental pressure on the limited land area of the island.

Figure 1.4. Population distribution by Division (Island group), Tonga, 2006 Census



Tonga is predominantly a Christian country, with the largest congregation being the Free Wesleyan/Methodist Church of Tonga, followed by Catholics, Latter Day Saints, Seventh Day Adventists and others. The church plays a fundamental role in the socialization processes of Tongans. (Figure 1.5.)

Figure 1.5. The Tonga population by Religion, Tonga, 2006 Census



Basic education in Tonga is free. Tongan is the official language while English is also widely used. Literacy rate among the 15-24 year old age group was recorded at 99% for 2003.

Tonga is a Constitutional Monarchy with an established Constitution since 1875 (revised 2010). Tongan society is an intricate web of relationships that are based on a complex ranking system that is horizontal as well as vertical. In general Tongan society is divided into a three tiered pyramid, of the Monarch, the Nobles and Commoners. At village level, the highest ranking person is the Noble, followed by his talking Chief and the noble's people whom are his clan. The ranking system in the Tongan hierarchical system is fluid and dynamic depending on the context of place and relationships. For example, within an extended family the eldest son and the eldest daughter share a unique partnership in leading the extended family, whereas within the family, sisters are ranked higher than their brothers.

1.4. Tongan society, family and kinship relations in transition

To contextualise the findings on domestic violence, a brief overview of Tongan society and in particular in relation to *Nofo 'a Kainga*¹⁶ is given here.¹⁷

Traditionally, most critical to maintaining cohesiveness and basic security for Tongan society, is the maintenance of social relationships. However this seems to be in transition. Maintaining relationships in the current context is expanding from the traditional kin group to include members of the village, the church and also foreigners who are now living in this country.

In current times there appears to be a shift of emphasis in the order of respect given to key members of the clan. In the past, the most respected members of the clans were the *'ulumotu`a* (male head of the kin) and the *mehikitanga* (sacred aunt/father's sister). Families in the qualitative study stated that there is an increasing demand to give more respect to the mother in-law and the sister in-law. It is possible that, due to migration, there is a break up of traditional *nofo`a kainga* forms of extended family living, which has consequently caused a shift in maintaining relationships from the extended (head of clan and father's sister) to the closer kin groups (mother in-law and sister in-law).

Additionally, there is also increasing recognition of maintaining relationships with neighbours, church ministers, friends, colleagues and foreigners. With recent migration and work, there is an emerging new structuring of social relationships and this new structure includes people who are not necessarily bonded by traditional kinship system, but are drawn together due to close working and living conditions. With this new social structure of relationships, different tensions and challenges of maintaining relationships may emerge that are not necessarily based on the traditional kinship system. With the emerging new structure of social relationships and with the increasing fragmentation of kin groups, the emotional and financial support traditionally shared with the extended family are also fading.

Tongan society continues to become an increasingly cash based economy, with a growing reliance on remittances from overseas relatives, set up of private small ad hoc business ventures and the selling of traditionally inherited family properties and traditional artefacts.

Current power dynamics within the Tongan family illustrates two separate patterns; families that are directed by the father who holds all powers over finances and familial decisions; and families that are led by the mother who holds most powers over family finances and makes most of the daily decisions. The families in our qualitative study do not seem to view that the head of the clan *'ulumotu`a* has any real power over the daily management of a nuclear family. What is evident from the data gathered is the shifting dynamics of family life,

¹⁶*Nofo* - a term that refers to 'live' or to 'stay'

Kainga – term used to describe Tongan families or kin groups including cousins, aunts, uncles, grandparents

Nofo 'a Kainga – term used to describe how a Tongan family lives and relates to one another and refers particularly to extended families living in large households, or multiple houses on a single family property.

¹⁷This section was abstracted from a previous report of these results written by Seu'ula Johansson-Fua, Gaberiella Renee 'Ilolahia, and Betty Hafoka-Blake (2010).

particularly the shift from clan based to a more nuclear based emphasis on familial relationships. The shift in focus is partly a result of economic challenges in maintaining large households and also a result of migration thereby breaking up traditional structures of the *nofo`a kainga*.

1.5. What is known on violence against women in Tonga?

For many years considerable work on domestic violence has been carried out by several activists and NGOs in Tonga. Nevertheless, the existence of domestic violence was not officially accepted until about 2005. The situation has changed in recent years and presently the police have a Domestic Violence Unit in each island of the Kingdom.

This section gives an overview of all existing documentation relating to violence against women in Tonga.¹⁸ It should be mentioned that the Tonga VAW study took place in 2009, while the overview here is current to July 2011, thus including documents produced after the study took place.

1. Articles and Reports on VAW in Tonga

a) **National Domestic Violence Study (2012)**. This study was launched in 2008 by *Ma'a Fafine Moe Famili Inc.* (MFF) and funded by AusAID using the WHO multi-country study methodology as well as Tongan methods *Talanoa* and *Nofo*. This is the first national study in Tonga, results of which are in this report.

b) **Women and Children Crisis Centre Report (WCCC), (January 2010)**. The first report of this newly registered NGO stated clearly in its mission statement how the WCCC aims to work towards the elimination of violence against women and children, the overall promotion of women and children's human rights, and gender equality.

c) **Tonga Police committed to addressing Violence. (PPDVP News July 2009)**. As part of the Tonga Police Domestic Violence Investigation Training, the Police Commander, Chris Kelly, strongly emphasised the commitment of Tonga Police to reduce the impact of domestic violence. In partnership with New Zealand Police staff, NGOs working with women and victims, a national committee has been established to address and respond to violence and especially domestic violence cases.

d) **PPDVP Baseline Review of Tonga (2007)**. This review aimed to gather baseline data and to engage agencies and communities in reflection on domestic violence. The objectives of this review were to assess the state of data available, the extent of domestic violence and people's responses to it, and the agencies and communities' views of domestic violence.

¹⁸This listing is adapted from the essential base line document for the SPC/RRRT project, "Changing lives, protecting women" which is funded by the UN Trust Fund on Violence against Women (UNiTF VAW). The project aims to build capacity at the national level through the provision of a technical advice and information which will assist country level committees in lobbying for, and achieving sound legislation which will address violence against women.

The findings have proven to be a key awareness-raising tool for politicians, community leaders and communities, as well as a benchmark to measure the performance and effectiveness of the wider Pacific Prevention of Domestic Violence Programme (PPDVP). These findings include: many Tongans regard domestic violence as a private matter that is shameful and one that should be dealt with by family elders and not discussed in public. Police and community members encourage women to reconcile cases of domestic violence rather than pursue a formal complaint to avoid social disruption to the family and community. Violence committed by men of traditional rank or social standing is less likely to lead to police intervention and prosecution.

e) **Update of PPDVP Baseline In-country Review Tonga Report (January 2011)**. This was an Update of a Baseline In-country Review which was part of the wider PPDVP. This follow-up study was carried out by the Victoria University of Wellington on behalf of the New Zealand Police in September 2010. It was based at the Tonga Police Force and the NGO partner, the Women's Crisis Centre. The aim of this research was to assess the current state of data available in Tonga, the extent of domestic violence and people's responses to it, and the agencies' and communities' views of domestic violence, particularly how things had changed since the baseline reviews were carried out in 2006. This study covered government agencies, police officers, NGOs, and victims. The study identified the following key successes in relation to police attitudes, policy and practice:

- Establishment of a National Domestic Violence Unit at the Nuku'alofa Central Police Station in 2007;
- Partnership and accountability structures – under the direction of the Police Commander;
- Domestic Violence Response Policy – nodrop policy;
- Improved data collection

The key successes identified in relation to community attitudes were:

- Increased awareness of domestic violence due to extensive education grassroots awareness campaigns and a growing trust in the Tonga Police;
- Increased number of people accessing services

One of the main issues raised in the study that needs to be addressed is the creation of **specific domestic violence legislation** that addresses each of the deficits or gaps of existing legislation.

f) **A UN Volunteer CEDAW Information Research Report (2005)**. This survey was conducted by the UNV CEDAW Research and Policy Officer in partnership with the Catholic Women's League which aimed to collate existing information on CEDAW. The outcome of CEDAW activities and recommendations from Stakeholders contributed towards the ratification of CEDAW. The survey included personal interviews of 1,600 women in Tonga to identify the need for CEDAW ratification and its direct link to improving the current status of women by raising attention to the development areas identified by women for government to take immediate action. The findings resulted in women surveyed identifying the Article 2 of CEDAW on policies to stop discrimination as the area most vital to the holistic sustainable development of women in Tonga. This report also recorded a case study on domestic

violence where a woman told of how she had suffered serious beatings from her husband in front of her children for over 20 years without positive help from police.

g) **Constitutional and Electoral Commission Final Report (July 2009)**. This report has a section on female representation in parliament, and highlights that one of the major reasons for under-representation of women is the entrenched opposition of men, for no substantive grounds other than outright prejudice. This is important because it indirectly explains the cause of violence against women.

h) **Tonga. A Situation Analysis of Women, Children and Youth: Government of Tonga with assistance of UNICEF**. According to this report, domestic violence often goes unrecognized in traditional Tongan society because of the expectation that women should submit to their husbands. This report notes a lack of comprehensive and up-to-date data on the nature and extent of domestic violence in Tonga. The report relies on police figures from 1991 to 2001. Anecdotal evidence suggests that only one-fifth of domestic violence is reported to police. Where women do make a complaint, pressure from police or family often results in complaints being withdrawn. A study found that 80% of reported cases do not reach court.

i) **Good Practices in Legislation on Violence against Women: A Pacific Islands Regional Perspective (2008)**. This paper provides a useful analysis of Pacific legislation on violence against women, specifically, sexual assault and domestic violence legislation and family law. The purpose of the paper is to identify the strengths and weaknesses and commonalities of such legislation and highlight good practices. The paper covers Fiji, Tonga, Cook Islands, Solomon Islands, Nauru, Vanuatu, PNG, Kiribati and Tuvalu.

2. Statistics relating to the incidence of VAW in Tonga

a) **Police Commissioner's Opening Address at the Tonga National Consultation on Advocacy Strategies for Advancing Legislative Change to Address Violence Against Women (17 May 2010)**. The police commissioner reported that the Tonga Police Statistics for the ten year period 2000 to 2009 showed a total of 2753 women recorded as victims of violence for physical and sexual assaults. On average, 23 women per month reported an incident of physical and sexual assaults to police. The majority of these victims were assaulted in the domestic environment. These ten years of statistics refer to grievous bodily harm, rape, indecent assault, injury and wounding. These statistics do not include intimidation, threats, or psychological and emotional abuse. These statistics also do not include the four women who died from murder and manslaughter in 2009 in separate domestic incidents, which together represented an all-time high of gender based violence in this country.

b) **PPDVP Tonga Report (2007)**. This report estimates that between 5000 and 10000 women in Tonga are survivors of intimate partner violence each year, which translates to between 31% and 62% of women. It reports that WHO has calculated an annual cost of violence against women to Tonga's economy is TOP\$18.3 million. It notes the challenge in determining reported cases of domestic violence accurately due to the inclusion of domestic violence in a 'common assaults' category rather than as a separate offence or crime.

c) **Domestic Violence Statistics Update from DVU of Ministry of Police (April 2011).** This is the Domestic Violence Unit (DVU) update for the years 2007-2011 which was prepared for the Tonga National Domestic Violence Advisory Committee. Since the establishment of the DVU within the Ministry of Police, the number of reported cases has increased dramatically from 116 in 2007 to 588 in 2010 (See Box 1).

Box 1 Domestic Violence Statistics from DVU of Ministry of Police (April 2011)					
Offences	2007	2008	2009	2010	2011 Jan-Apr
Assault	37	114	191	214	48
Verbal Abuse	53	136	184	258	39
Bodily harm	8	4	5	5	
Wound damage	4	7	7	4	
Negligent of child	13	14	22	30	
Attempt suicide	1	4	8	3	
Murder			4		
Others	4				
Total	116	280	458	588	109

d) **Tonga National Centre for Women and Children TNCWC, Jan-June 2009 Data.** The TNCW reported in the April 2009 newsletter that domestic violence in Tonga is reaching critical levels with 4 incidents that resulted in deaths of women in 2009 alone. The analysis over the past six years shows that the number of survivors of domestic violence who received support from the Centre and the Safe House has increased from 29 in 2005 to 350 in 2010. Out of the 350 reported cases for 2010, 292 were women. The types of violence inflicted on clients were physical, sexual and psychological.

e) **Women and Children Crisis Centre (2010).** After a year of its establishment, the Centre's first report in 2010 recorded an increased reporting of incidents of violence against women, with a total of 354 clients for which domestic violence continued to be the most common. The Centre notes that the foremost contributing factors in domestic violence cases are jealousy, power control, family problems, extra marital affairs and drugs/alcohol. The Centre also documents first-hand accounts of violence from clients in their quarterly newsletters.

f) **Annual Report of Ministry of Police, Prison and Fire Services (2007).** In 2007, female victims of assault, bodily harm and grievous bodily harm constituted 25.2% or 583 cases of the total crime reported of 2316. It was also reported that 33%, or 216 of 640 total victims of offences against the person were female, and 32% were victims of domestic violence. This may not be an accurate representation as it is believed that most domestic violence cases

are unreported. Common assault made up the largest number of crimes (82.6%), followed by indecent assault (10%), rape (2.6%) and bodily harm (2.2%). The majority of victims fall within the age range of 22-25, which is 21.7% of the total victims.

g) **Report of the Attorney General and Minister of Justice (2005).** The number of charges tried in Magistrates Courts in 2005 was 13 for grievous bodily harm, 53 for bodily harm, 302 for common assault, 11 for rape and 22 for indecent assault. The charges that were tried in the Supreme Court were 6 for grievous bodily harm, 8 for common assault, 4 for rape and 10 for indecent assault. Although more than 60% of these cases were convicted, a higher number of the charged cases are still under investigation or pending trial.

3. Policy Statements or Plans relating to VAW from Government sources

a) **Strategic Development Plan 8 2006/2007 (SDP8).** This Plan highlighted the Government's development vision and strategies to achieve goals under the framework of Millennium Development Goals (MDGs). It specifically recognized violence against women as impacting on Goal 3 of the MDGs (i.e. Promote gender equality and empower women).

b) **National Policy on Gender and Development (2001).** This GAD policy was prepared by the Women Development Centre with support from UNIFEM, UNDP and NZODA, and was launched in 2001. It focuses on achieving equity of access, participation and benefits from the development process for all men, women and children. Part of the emphasis on gender was the development of a Plan of Action on CEDAW. This policy statement was developed together with detailed action plans and activities as a working document to be implemented by the leading agencies. There is no specific section on violence against women. This policy is currently under review (May 2011) and it looks into mainstreaming gender into all Ministries.

c) **Domestic Violence Response Policy (September 2010).** This policy was adopted in September 2010 and it stressed the need to avoid re-victimisation of victims. It promotes zero tolerance towards all physical assaults and instructs that all victims of domestic violence are regularly informed of the progress of investigation. It also states that it is mandatory to provide victims with a referral to an external agency whether an arrest is made or not. It provides that all referrals are required to be made on a domestic Violence Referral Form and forwarded to the external agency within 24 hours of any complaint. A nodrop policy was formalized with the adoption of this Domestic Violence Response Policy, which ensures that all suspected domestic violence related physical assaults are investigated and prosecuted in a consistent and uniform manner. It also stressed that charges laid against a person resulting from a domestic violence incident shall only be withdrawn by the Tonga Police on the specific authority of the Solicitor General. The policy also provides a definition for domestic violence, protocols and procedures as well as a detailed policy on reporting. This policy is viewed by those who are familiar with its implementation as a major landmark for Tonga.

d) **Nodrop Policy- Ministry of Police.** In 2008 the newly appointed Police Commissioner implemented a nodrop policy which was formalized in September 2010 with the adoption of the Domestic Violence Response Policy. This nodrop policy ensures that all suspected domestic violence-related physical assaults and all other suspected domestic violence-

related crimes are investigated and prosecuted in a consistent and uniform manner. It ensures that charges laid against a person resulting from a domestic violence incident shall only be withdrawn by the Tonga Police on the specific authority of the Solicitor General.

e) ***Commission on the Status of Women- National Statement delivered by Tonga's Head of Delegation.*** This statement highlighted some policy and legislative reforms to address women's rights issues, including the appointment of a Royal Land Commission to consider the issue of inheritance by female where there is no male heir, and the Nationality Act (2007) making provision for dual citizenship. It referred to the establishment of a Domestic Violence Unit in the Ministry of Police in 2007 and the implementation of a 'nodrop' policy. It also identified areas requiring assistance, including the need for research and collection of gender-disaggregated data, as well as developing gender indicators for monitoring and evaluation of women's status in all areas including violence against women.

4. Human Rights Monitoring and Reporting

Tonga is still one of the only three Pacific Island countries yet to ratify the CEDAW convention. Tonga ratified the Convention on the Elimination of All Forms of Racial Discrimination in 1972, and the Convention on the Rights of the Child in 1995. Tonga also signed the Convention on the Rights of People with Disabilities in 2007.

a) Universal Periodic Review

(i) Tonga National Report (May 2008). In a section identifying the challenges to achieving women's rights, it mentioned that government is concerned over domestic violence but awaits an independent report on this serious social challenge. It also stressed that the government is committed to tracking and analyzing the statistics on VAW as reported by the Police Domestic Violence Unit in 2008, in conjunction with the AusAID-funded empirical survey of Domestic Violence in Tongan Society.

(ii) Submission of the Legal Literacy Project (May 2008). This NGO report provides information on a range of current human rights issues in Tonga including concerns regarding women's rights as well as recommendations that call on government as a matter of urgent priority to ratify CEDAW. It also urges the government to provide its full support in the implementation of research and the development of multi-sectoral social policies and strategies to address violence against women.

(iii) Report of the UN Human Rights Council Working Group (May 2008). In response to Tonga's national presentation and report submitted to UPR Committee, one of the main concerns repeatedly raised by most participant countries was on the issue of gender equality. It recommended that Tonga should take the necessary steps to ratify CEDAW to guarantee protection, equality and non-discrimination of women. It noted that further efforts should be made in redrafting the laws to enshrine complete equality of men and women.

b) CRC

Tonga ratified the Convention on the Rights of the Child (CRC) in 1995 but has not managed to submit its first report to the CRC UN committee.

c) CEDAW

The submission to Cabinet and Parliament to ratify CEDAW in October 2009 was not successful, despite repeated public assertions from Government ministers and the Prime Minister since 2006 that ratification is imminent. The new Minister for MEWAC is planning to resubmit CEDAW to Cabinet this year (2012) for ratification with some reservations.

5. Current legislation relating to VAW

a) In the Police Commissioner's Opening Address at the National Consultation on Advocacy Strategies for advancing Legislative Change to address Violence Against Women, it was mentioned that the Criminal Offences Act includes 12 specific laws relating to violence of one type or another against women. All of these laws carry penalties of imprisonment. Common assault carries a one year jail sentence, bodily harm 5 years, grievous bodily harm 10 years, rape 15 years, abduction 7 years, and murder carries a penalty of death or life in prison.

b) Criminal Offence Act (CAP 18) 1988

- Section 112-115 explains the various offences relating to assault that are currently used for prosecuting offenders who commit VAW. There is no offence that specifically deals with domestic violence. The penalty for assault is covered under section 112 which is 1 year. Grievous body harm (Section 106) attracts a penalty of 10 years. Section 107 attracts a penalty of 5 years.
- There is no specific offence for stalking.
- Restraining order. The legislation does not allow a restraining order for sexual or domestic violence regardless of marital status. However there are few provisions that may be applied for the protection of women in vulnerable or threatening situations. In reference to the Tongan **Bail Act 1990 (Act 27 of 1990)**, section 4 stipulates:
 1. A person who is arrested or charged with an offence punishable with imprisonment shall be granted bail unless the Court or a police officer is satisfied that: there are substantial grounds for believing that if released on bail (whether or not subject to conditions) he will commit an offence while on bail.
 2. In taking the decisions required by subsection 1, the Court or police officer shall regard all relevant circumstances and in particular- a) the nature or seriousness of the offence and the probable method of dealing with the defendant for it.

- Alternatively, an injunction is almost never applied in criminal situations to do with domestic or sexual violence, but is applied for the most part on civil matters. Under practice and rules, one is able to obtain a restraining order under civil law. There is no legislative provision for implementing a protection order in Tonga. This is addressed in common law under a discretionary remedy.
- There is no mandatory prosecution for domestic violence offences as a matter of law, as domestic violence has historically been treated by the police as a private, and minor, matter. A mandatory prosecution will ensure that if reported, such offences against women in vulnerable situations are taken as seriously as other criminal offences by law enforcement agencies. However the Police have a no-drop policy.
- Section 118 to Section 129 covers the range of sexual assault offences graded for the seriousness of harm. The Penal sanctions should be incorporated in the legislation to punish and redress the wrongs of gender based violence. To effectively redress and punish the sexual violations experienced by women, it is important to include an appropriate range of sexual offences graded to reflect the seriousness of the crime. A sexual assault on any girl below the age of consent should be considered a serious offence, regardless of their age.
- The legislation has a range of sexual offences based on the out-dated notion of carnal knowledge. There is a difference in penalty for cases involving girls younger than 12 and attempted rape.
- Section 118 contains a narrow definition of rape. The definition is penal vaginal penetration and does not cover the non-penal objects in all orifices. For example, it does not include the insertion of objects such as bottles or sticks into a woman's orifices.
- There is an offence of incest in section 133. Women younger than 17 who consent to incest, if found guilty, may face a penalty of up to 10 years. Having specific legislation which criminalizes one party (the woman) may unfairly dissuade the victim from reporting the offence due to the risk of being charged. Incest is primarily perpetrated in the context of unequal power relations between men and women, boys and girls.
- In the Act, the terms defilement, carnal knowledge and indecency are used. The use of these terms to describe sexual offences against women implies that women and girls are "damaged" and "spoilt". This approach is conservative and reflects the Victorian notion about women's purity and gives rise to the view that the victim is not "whole" and partly responsible for the violation. Sexual offences should reflect the invasion and personal integrity of girls and women and their inability to protect themselves in certain circumstances. There should be a series of sexual offences graded on the basis of their severity.
- Having a statutory definition of "consent" in criminal legislation allows for greater protection to women by specifically determining the range of circumstances which

may induce an unwilling consent, as well as designating standards of acceptable sexual conduct. Section 118 specifically outlines that 'no consent' is applicable in the case of threat of death or serious injury. While it is partially specific, it does not cover the range of situations where a woman may submit due to threats and coercion. There is no provision that reflects this reality of many women, allowing unfair discretion to the Court to conclude that the woman consented.

c) Evidence Act

- There is no specific ban on prior sexual history to show consent.
- Corroboration is a discriminatory practise which puts complainants at a disadvantage. There is no specific ban on the requirement of corroboration. However, the common law case of R v Fungavai (2007) TOSC 8 held there was no need for corroboration. However, in R v Kakala (2008) TOSC 10 the Court said there was a need for a corroboration warning. This outlines the requirement for specific legislation rather than being subject to contrary interpretations of the common law.
- There is no ban on the requirement for resistance. This common law rule is used to determine consent. Complainants must establish that they physically resisted the perpetrator or otherwise consent is inferred. This is discriminatory as it is unrealistic to expect proof of physical resistance in cases where the perpetrator may be strong or armed. Moreover, the victim may lack power and be fearful, and thus immobilised. It puts an unfair disadvantage on a female complainant as there is an onus or burden of proof to do more than say "no" but show physical resistance.

Box 2. Rape within marriage

Marital rape is unlawful in Tonga.

The Solicitor General of Tonga, 'Aminiasi Kefu elaborates on the Act.

"The position of the Criminal Offences Act which addresses rape within marriage is as follows:

Under the Criminal Offences Act, before it was amended, section 118(2) stated that: "Sexual intercourse by a man with his wife shall not be deemed rape unless consent to such sexual intercourse has been withdrawn through process of law." What the provision says is that a man can forcefully have sexual intercourse with his wife, unless they are no longer married. That is, when a woman marries a man, then the man can have sex with her when he likes, or vice versa.

In 1999, the Legislative Assembly passed the Criminal Offences (Amendment) Act 1999, which was Act 17 of 1999. That Act amended the Criminal Offences Act (Cap 18). Section 5 of the Criminal Offences (Amendment) Act 1999 states that: "Section 118 of the Principal Act is amended by deleting sub-section (2) and renumbering the subsequent sub-sections accordingly. The effect of section 5 was that section 118(2) was repealed. It therefore follows that there is no longer a provision that allows a man to have sexual intercourse with his wife forcefully. This means that the prohibition on rape will apply to any type of sexual intercourse between a man and woman, including between a husband and wife".

'Aminiasi Kefu, Solicitor General, Crown Law, Tonga

6. Current Reform initiatives

There has not been any thorough review of legislation relating to violence against women in the last decade.

1.6. Concluding remarks

From above situation analysis some points that jump out at us are:

- Legislation on VAW is out of date and out of touch, with an undue amount of discretion empowered to the Courts (run by men). E.g. current anomalies give the court the power of veto to decide whether a woman consented. Further anomalies punish women for offences committed against them. As such, women are being rewarded for keeping quiet.
- The lack of female representation at the decision making levels, means that men are ultimately deciding on what happens and how.
- There is lots of anecdotal data e.g. from police reports, courts and women centres that violence against women is indeed a problem in Tonga but they do not provide us any information on the extent of the problem in the population, because most incidents of violence against women do not come to the attention of service providers.

Up until now, there has been no nationwide dedicated study on domestic violence and violence against women to obtain a comprehensive picture about the situation in the country. There also appears to be a real need for sound evidence for policy recommendations and for baseline data against which the impact of legislation, strategies and programmes can be measured in the future. More specific and in-depth research was identified as a priority to learn more about the prevalence, causes and consequences of different forms of VAW in the country. This marked the first time a large scale quantitative and qualitative study on this topic was conducted in Tonga.

2. Research objectives and methodology

2.1. Objectives and organization of the study

The National Study on Domestic Violence against Women in Tonga consisted of two separate components; a quantitative study based on the WHO Multi-Country Study on Women's Health and Domestic Violence against Women; and a qualitative study based on Tongan methodology of *Talanoa* and *Nofo* (see below). The purpose of using qualitative and quantitative components was to achieve results that complemented each other.

The **survey (quantitative component)** provides data that enables:

- (1) An estimation of the prevalence, frequencies and types of the following forms of violence against women:
 - Physical and sexual violence, emotional and economic abuse and controlling behaviours by intimate partners;
 - Physical and sexual violence against women since the age of 15, by non-partners; and
 - Sexual abuse in childhood (before 15 years of age) by any perpetrator.¹⁹
- (2) An assessment of the extent to which partner violence against women is associated with a range of health and other outcomes;
- (3) Identification of the factors that may either protect or put women at risk of partner violence; and
- (4) Documentation and comparison of the strategies and services that women use to deal with domestic violence, as well as perceptions about domestic violence against women.

The survey was designed to answer the following key research questions:

Prevalence and incidence

1. What is the prevalence and frequency with which women are physically or sexually abused by a current or former intimate partner?
2. To what extent does violence occur during pregnancy?
3. What is the prevalence and frequency of physical abuse by someone other than an intimate partner since age 15 (for example, in the workplace or by another family member or stranger)?
4. What is the prevalence and frequency of sexual abuse by someone other than an intimate partner, in childhood (before age 15) and since age 15 years (for example, in the workplace or by another family member or stranger)?
5. What are women's attitudes to violence, particularly domestic violence?

¹⁹ Exploring violence by perpetrators other than intimate partners enables identifying forms of domestic violence against women by other family members and provides an opportunity to determine how important domestic violence and partner violence against women is in comparison to other experiences of interpersonal violence in a woman's life.

Effects of violence against women, on women:

6. To what extent is a history of partner violence associated with different indicators of women's physical, mental and reproductive ill-health and the use of health services?
7. What are the consequences of domestic violence against women on their children? Does it appear to affect factors such as school enrolment, or whether children have nightmares or behavioural problems?
8. To what extent is domestic violence against women witnessed by children within the household?

Coping strategies

9. What strategies are adopted by women to minimise or end violence? Specifically, to what extent do women experiencing abuse retaliate against the perpetrator, leave the relationship, or seek help from family members, friends, or different service providers or support agencies? What are their feelings about the adequacy of the response, and are there groups from whom they would like to receive more help?

Risk and protective factors

10. What family and individual factors are associated with different forms of domestic violence against women? Is there an association with factors such as a woman's access to resources, a history of previous victimisation by other perpetrators, and access to support by relatives?
11. What individual factors are associated with men being violent towards their wives/partners? Is there an association with factors such as men having witnessed violence between their parents as children, male loss of status, male violence towards other men, or alcohol and drug use?

The **qualitative component** (*Talanoa* and *Nofo*) provides data on the same themes. Because of the nature of the data it enables understanding of the quantitative results in the cultural context. This enables deeper understanding of the individual experiences of different types of violence and the respondents' perspective of their experiences. In particular, qualitative data can give insight into individual, family and community factors related to tradition and culture that contribute to intimate partner violence. This insight will have implications for policy and programmes for prevention in response to violence.

The study was implemented and managed by MFF, with support from a consultant from the University of the South Pacific. An international consultant assisted at key points: interviewer training, quantitative data analysis and report writing.

A Task Force consisting of CEOs of core Government Ministries and main NGO stakeholders was set up to support and advocate for acceptance of the study and to engender ownership of it by the Government. In addition the Task Force is given the role of policy guidance and direction for VAW as well as mobilizing support for the dissemination of the findings.

The list of members of the research team and the Task Force is included in Annex I.

2.2. Quantitative component

The quantitative component replicates the methodology developed for the *WHO Multi-country Study on Women's Health and Domestic Violence against Women*, with the exception of the sample size. The countries in the WHO study usually sampled one or two sites with approximately 1500 respondents at each site. The study in Tonga used a nationwide sample of women 15-49. The sample size was essentially limited by the (small) size of the population, and the safety requirement that the number of selected households in a cluster should be limited (suggested sampling density is around one in 10, with max 1 in 4 in rural areas).

Sample design

Due to the limitations on sample size posed by the safety requirements, it was aimed to achieve a representative sample of approximately 3% of the female population 15-49 years old, i.e. about 700 women. This sample size would be large enough to ensure statistical power to compare urban and rural parts of the country of Tonga, but it would not be large enough to make valid estimates for the individual island groups (Divisions). However this sample size enables comparison of Tongatapu vs. the rest of the country.

To achieve this number of women, a sample size of 1000 households was considered appropriate to allow for refusals and households without eligible women. With 1000 households, approximately 6% of all households in Tonga would be in the sample. A sampling plan for the 1000 households was designed to achieve a self-weighted and nationally representative sample.

The sampling frame consisted of all 5 island groups. These island groups (Divisions) are Tongatapu, Vava'u, Ha'apai, 'Eua and Niua. The group Tongatapu contains the capital Nuku'alofa.

Of the 23 districts in the country, 6 were excluded from the sampling frame because of small size and/or remoteness (one district in each of Vava'u division and Niua's division and four districts from Ha'apai division).

A multi-stage sampling strategy was applied as follows:

Stage 1 – Selection of census blocks

In all districts, 194 census blocks were systematically selected out of the total number of the 418 census blocks included in the sampling frame, with a probability proportional to size. Census blocks (CB) have unequal size ranging from 10 to 80 households per CB.

Stage 2 – Selection of households

In each of the selected CBs, 5 households were systematically selected from a census list of heads of households provided by the National Statistics Department (NSD). Six households were selected in 26 CBs and 7 households in 2 CBs to reach the total number of 1000 households in the sample. Names of heads of households rather than physical addresses were selected because addresses are not available. The households belonging to these names needed to include whether the person with this name currently resided in that household or not. Known households with foreigners were excluded.

The definition used for household in this survey is a person or group of persons that usually live and eat together. This is not the same as a family. A family includes people who are related; but a household includes any people who live together and usually share food, whether they are related or unrelated.

Stage 3 – Selection of eligible women

In each selected household a woman aged 15-49 years old was selected at random from all eligible women in the household.

An eligible woman is a woman aged 15–49 years²⁰ who usually lives in the household; if this person is visiting the household, she should have been sleeping there for at least 4 weeks; if the woman is a domestic servant, this woman should have been sleeping in the household for 5 nights a week.

The selection was done by writing the names or numbers of all eligible women in the household on a piece of paper, putting them in a bag and by asking the respondent who was answering the questions in the household selection form (enumeration of female household members) to draw one piece of paper out of the bag. The selected person could not be replaced by any of the other eligible persons in the household.

It was decided to only interview Tongans. If foreigners fell in the sample they were only interviewed if they spoke the Tongan language.

Questionnaire

The generic questionnaire for the WHO Multi-country Study on Women's Health and Domestic Violence (version 10²¹) was translated into Tongan.

²⁰The age range 15-49 was chosen in the WHO study because of the special interest in the reproductive health consequences of violence and to compare them with women in other countries and other studies.

²¹Jansen H, Watts C et al. WHO Multi-country Study on Women's Health and Life Experiences. Questionnaire for the World Health Organization multi-country study on women's health and domestic violence. Version 10, 2003(Rev. 26 January 2005).

The questionnaire consisted of an administration form, a household selection form (enumeration of female household members), a household questionnaire, a women's questionnaire, and a reference sheet. The women's questionnaire included an individual consent form and the following 12 sections:

- Section 1: Characteristics of the respondent and her community
- Section 2: General health
- Section 3: Reproductive health
- Section 4: Information regarding children
- Section 5: Characteristics of current or most recent partner
- Section 6: Attitudes towards gender roles
- Section 7: Experiences of partner violence
- Section 8: Injuries resulting from partner violence
- Section 9: Impact of partner violence and coping mechanisms used by women
- Section 10: Non-partner violence
- Section 11: Financial autonomy
- Section 12: Anonymous reporting of childhood sexual abuse, respondent feedback

For the English version of the full questionnaire refer to Annex II.

A small number of Tonga-specific adaptations were made; in particular questions to assess socio-economic status of the household were tailored to the Tongan context, as used in other surveys (household income and expenditure survey). Changes to the original generic WHO questionnaire were kept to a minimum. See Annex III for the list of modifications. The Tongan translation was verified and fine-tuned during the training of interviewers and the pilot test.

The questionnaire was intended for all selected women in the eligible age group, whether partnered or not. However, not all respondents were required to answer all parts of the questionnaire. For example, questions about partner violence were posed to women who ever had a partner or husband (currently or in the past). Only women who reported having been pregnant were asked about miscarriages, still births and children.

Operational definitions of different types of violence

The Tongan Study adopted the WHO Study definition of domestic violence against women which primarily focused on "domestic violence" or violence by an intimate partner, experienced by women. Included in this were acts of physical, sexual and emotional abuse by a current or former intimate male partner, whether cohabiting or not. In addition, it looked at controlling behaviours, including acts to constrain a woman's mobility or her access to friends and relatives, extreme jealousy, and so on. The study also included physical and sexual violence against women, since age 15, and childhood sexual abuse before 15 years, by perpetrators other than intimate partners. Definitions of each of these aspects of violence were operationalized in the study using a range of behaviour-specific questions related to each type of violence. The acts used to define each type of violence measured in the Study are summarized in Box 3.

Box 3 *Operational definitions of violence used in the WHO Multi-country Study on Women's Health and Domestic Violence Against Women*

Physical violence by an intimate partner

- a) Was slapped or had something thrown at her that could hurt her
- b) Was pushed or shoved
- c) Was hit with fist or something else that could hurt
- d) Was kicked, dragged or beaten up
- e) Was choked or burnt on purpose
- f) Perpetrator threatened to use, or actually used, a gun, knife or other weapon against her

(acts c-f are considered severe)

Sexual violence by an intimate partner

- a) Was physically forced to have sexual intercourse when she did not want to
- b) Had sexual intercourse when she did not want to because she was afraid of what partner might do
- c) Was forced to do something sexual that she found degrading or humiliating

Emotional abuse by an intimate partner

- a) Was insulted or made to feel bad about herself
- b) Was belittled or humiliated in front of other people
- c) Perpetrator had done things to scare or intimidate her on purpose e.g. by the way he looked at her; by yelling or smashing things
- d) Perpetrator had threatened to hurt someone she cared about

Controlling behaviours by an intimate partner

- a) He tried to keep her from seeing friends
- b) He tried to restrict contact with her family of birth
- c) He insisted on knowing where she was at all times
- d) He ignored her and treated her indifferently
- e) He got angry if she spoke with another man
- f) He was often suspicious that she was unfaithful
- g) He expected her to ask permission before seeking health care for herself

Physical violence in pregnancy

- a) Was slapped, hit or beaten while pregnant
- b) Was punched or kicked in the abdomen while pregnant

Physical violence since age 15 years by others (non-partners)

Since age 15 years someone other than partner beat or physically mistreated her

Sexual violence since age 15 years by others (non-partners)

Since age 15 years someone other than partner forced her to have sex or to perform a sexual act when she did not want to

Childhood sexual abuse (before age 15 years)

Before age 15 years someone had touched her sexually or made her do something sexual that she did not want to

At the end of the interview the respondent was given a second -- anonymous -- opportunity to disclose childhood sexual abuse by marking a face card and seal it in an envelope. (See Figure 2.1.)

Figure 2.1. Card with pictorial representation of response to a question on sexual abuse before 15 years old: tearful face indicates "yes"; smiling face indicates "no"



Reference periods

For each act of physical, sexual and emotional abuse that the respondent reported as having happened to her, she was asked whether it had ever happened during her lifetime, in the past 12 months, and with what frequency (once, 2-5 times or more than 5 times). The two reference periods were used to calculate lifetime prevalence and the current prevalence of violence.

Both time periods are important and reveal different aspects of the problem. The lifetime prevalence of violence (or "ever experienced violence") measures whether a certain type of violence has occurred in a woman's life, even if it was only once. In this sense, it is cumulative and, as per definition, it would increase with age. It reveals how many women experienced violence at some time in their lives. This is especially important for advocacy and awareness raising efforts.

Prevalence in the 12 months preceding the survey ("current violence") reflects types of violence occurring in the past 12 months. This is by definition lower than lifetime prevalence because it measures recent experiences of violence. The proportion experiencing violence in the past 12 months is important in efforts to understand the situation at one point in time: the present situation. This is significant for drafting intervention programmes (e.g. how many

women would currently need services). The 12-month period is also significant for monitoring change to determine the impact of these programmes.²²

Partnership definition

The “ever-partnered women” are central to the study, because it defines the population that could potentially be at risk of partner violence (and hence becomes the denominator for prevalence figures). In this study, “ever-partnered” refers to women who have had a relationship with a man whether it is in marriage or out of marriage such as cohabiting, separated, divorced and widowed.

Fieldworkers’ selection and training

International research indicates that women’s willingness to disclose violence is influenced by a variety of interviewer characteristics, including sex, age, marital status, attitudes and interpersonal skills.^{23,24} As such the selection and training of interviewers was of paramount importance. Drawing from the guidelines of the WHO study, MFF used only female interviewers and supervisors for the survey.

A 3.5 week training course for interviewers and supervisors was delivered by Ligia Kiss in September 2008, following the training curriculum that was developed for the WHO study. The training included sensitization to gender and violence issues; understanding the goals of the study, interview techniques, familiarization with the questionnaire using role plays and field practice; ethical and safety issues, including what to do in difficult situations and how to provide or refer to support, and a pilot test.

Because of unforeseen delays in the implementation, a subsequent 2-week refresher training course, including a pilot test/field practice, was conducted by Dr. Henriette Jansen one year later, in September 2009. During these trainings, field researchers were sensitized to women’s issues and to the study protocol and ethics. The retraining opportunity was also used to include data entry staff who were not involved in the training in 2008.

Twenty persons participated in the refresher training. They included the project coordinator, the assistant researcher, the study counsellor, the statistician (the only male) and the assistant statistician, three field supervisors and 12 potential interviewers. Most of the group consisted of the same individuals who were trained the previous year, except for the statistician and the assistant statistician and two interviewers. The counsellor for the study also participated throughout the training and conducted several sessions. A shortened and

²² Caution is always required with the interpretation of change of prevalence. Sometimes when awareness is increased, more women disclose violence and the prevalence rate will go up – which does not necessarily mean that the violence has increased.

²³ Ellsberg M et al. Researching domestic violence against women: methodological and ethical considerations. *Studies in Family Planning*, 2001, 32(1):1–16.

²⁴ Jansen HAFM et al. Interviewer training in the WHO Multi-Country Study on Women’s Health and Domestic Violence. *Violence Against Women*, 2004, 10(7):831-849.

modified programme of the WHO training curriculum was used for this retraining. Extra time was dedicated to the training of the study coordinators and team supervisors/editors.

Pilot testing in the field took place during the second week of the training in an urban and a rural location on the main island Tongatapu, in census blocks that were not in the final sample. The procedures and logistics were followed as if it was the real survey, except smaller field teams were used and both the research assistant and the data processing manager were acting as field supervisors. The pilot study indicated that the field procedures worked and that the women were cooperative.

At the end of the training 14 field researchers were retained. Three field teams were formed each with 3 or 4 interviewers and 1 supervisor/editor. One of the trainees was not kept as interviewer but given tasks in support of the field teams. The study coordinator and the study counsellor also actively participated in the training.

Fieldwork

The field work started immediately after the training with all three teams commencing work in Tongatapu which had the largest proportion of households in the sample. Cars and drivers were provided. The census blocks on outer islands were visited after the work in Tongatapu was finished. The field implementation of the survey took place between September 2009 and December 2009.

Ethical and safety considerations

Due to the sensitive nature of the study, the safety of the women who were being interviewed as well as that of the interviewers was of utmost importance. The Ethical and Safety recommendations developed by the WHO were used to guide the research.²⁵ A copy of the Study protocol and safety guidelines was also given to the Ethics committee of the Ministry of Health and was endorsed.

The WHO guidelines emphasise the importance of ensuring confidentiality and privacy, both as a means to protect the safety of the respondents²⁶ and field staff, and to improve the quality of the data. Researchers had a responsibility to ensure that the research did not lead to the participant suffering further harm and did not further traumatize the participant. Furthermore, interviewers were trained to respect the respondent's decisions and choices.

As directed by the WHO protocol, all respondents were interviewed in private. In the consent process women were explained that some questions were difficult and that all information would be kept confidential. Further on in the interview when more sensitive questions were about to be asked, the interviewer asked whether the participants wanted to

²⁵WHO. *Putting Women First: Ethical and Safety Recommendations for Research on Domestic Violence Against Women*. Geneva (World Health Organization WHO/FCH/GWH/01.1), 2001.

²⁶In this report "participants" and "respondents" are used interchangeably.

proceed, and were reminded that they were free to terminate the interview or to skip any questions. If the interview was interrupted, the interviewers were trained either to terminate the interview, or to stop asking about violence and move on to another less sensitive topic until privacy could be ensured.

Some of the specific safety measures were:

- Safe name of the survey: for women experiencing violence, the mere act of participating in a survey may provoke further violence, or place the respondent or interviewer at risk. A safe name was also given to the study to ensure that the safety of the respondents was sound and that the interviewers were safe at all times. The name used in the field was, “*Nofo ‘a Kainga*”²⁷ and this was the name used on all research documents in the field. For the English documents the name “National Survey on the Extended Family, Women's Health and Skills in Tonga” was used. Taking into account the central role of the family in Tongan society, the national research team considered that presenting the study as family relations research would be the best way to create a positive image when approaching interviewees. The use of the safe name is to enable the respondents to explain the survey to others safely. This explanation is also being used by the researchers/interviewers to describe the survey to the community and to other members of the household. Once the respondent and interviewer were alone, further information on the exact nature of the study was provided to her as part of the consent procedure.
- Ethical clearance: the research team had received official ethical clearance to conduct the survey from the Ethics Committee of the Tongan Ministry of Health.
- Confidentiality agreement: all staff involved in the survey signed a confidentiality agreement during a short official ceremony during the first week of the training, during which all participants read out what they agreed to. This agreement is also being used for all others involved in the study and was even signed by the women who catered the lunch and who were involved as voluntary interviewees for interviewing practice towards the end of the training.
- Support for interviewers: the MFF had a counsellor who was available for specialist support and counselling of interviewers where needed. An assistant counsellor was available at all times to keep up the team morale on a daily basis.
- Support for respondents: a pocket-size leaflet was printed containing information on available services: MFF and National Centre for Women and Children (the latter also has a safe house for victims of violence and their children). The leaflet included Christian messages on the cover as this was appropriate in the Tongan context and would act as a distraction from violence, should the paper fall in the wrong hands. These leaflets were given to all women after the completion of the interview, meeting ethical recommendations for research on domestic violence.
- The Commander of the Ministry of Police was also informed of the study and he ensured that he would inform police throughout the whole island group. This assured support for the smooth running of the study.

²⁷ The term is defined in Chapter 1, Section 1.4.

- During the training of the field researchers, information on the existing support network was provided to the trainees. On the last training day, a visit to the Centre for women and children was arranged for all trainees. The police was also informed of the ongoing study and had promised to provide support in cases where needed.
- Besides the leaflet, support was available on a case to case basis according to the situation which developed during the interview stage. During the training interviewers were taught to inform their supervisor in particular of the following:
 - a. Respondents with suicidal thoughts in the past four weeks
 - b. Respondents who asked for help
 - c. When household or woman refuses to complete interview
 - d. When current child abuse is reported

Quality control mechanisms

To ensure high quality and internationally comparable data, a number of levels of control were set up:

- The use of the standardized training package
- Compilation of details of eligible women in each household enabling exploration of sampling biases at household level
- Close supervision of each interviewer in the field by the field supervisor/editor
- Random checks of some households by the supervisors who would use a short questionnaire to verify the process by which the selected woman was chosen in the household and to assess respondents' perception on the topic of the interview (for ethical reasons the respondents answers in the initial interview would not be verified).
- Continuous monitoring of each interviewer using performance indicators such as: number of completed interviews, response rate, and rate of disclosure of physical partner violence.
- Review of completed questionnaires by the team supervisor/editor in each team to identify errors so that they could be corrected immediately while still in the same census block.
- Second level questionnaire editing upon arrival of the questionnaire in the central office.
- Range and skip checking by the data entry program, batch file checking and 100% double entry and subsequent validation to find data entry errors.

Data processing and analysis

The data entry for the study was conducted using the Census and Survey Processing System (CSPPro) software at the office of MFF. Leilua Taulealo from SPC provided the training of statisticians and there was quality assurance conducted throughout the whole data entry process. Double entry of data was conducted to ensure accuracy of data entry.

Data analysis was done with SPSS and STATA (both are statistical software packages). Descriptive analysis was performed on the data collected in the survey. The index for socio-economic status was derived using principal component analysis (Annex V). For the risk factor analysis uni-variable and multi-variable logistic regression analysis was used.

2.3. Qualitative component

Ma`a Fafine mo e Famili used a number of qualitative approaches to collect additional data to complement the quantitative data, recognising the importance of Tongan culture in understanding social issues regarding women and Tongan families. The qualitative component of the research was led by Dr. Seu`ula Johansson-Fua from the University of the South Pacific.

Qualitative research approaches

The research methodology uses two approaches: involving case studies (*Talanoa*) and observation within the family context (*Talanoa* and *Nofo*). The methods use a culturally appropriate research framework, guided by Tongan research ethics and Tongan research tools that have been developed and tested by the University of the South Pacific throughout several settings in the region (See Box 4). Due to the sensitivity of the issues surrounding family life and particularly with domestic violence, *Ma`a Fafine mo e Famili* believed that by using Tongan research framework and methodology it would gather rich, authentic and comprehensive data on the subject.

Box4. Tongan qualitative research framework, ethics and research tools

- **Tongan Research Framework (TRF)** – the *Kakala* Research Framework was originally designed by Tongan Professor Konai Helu Thaman for teaching and research and later enhanced by Drs `Ana Taufe`ulungaki and Dr. Seu`ula Johansson Fua including work by Dr Linita Manu`atu. The *Kakala* framework is sourced from Tongan valued contexts of thinking. Within the KRF, the Tongan scholars utilised key concepts that are inherently valued in the Tongan custom of flower arranging. The *Kakala* is a collection of fragrant flowers that are woven together as a garland to mark a special occasion or for gifting to a special person. In Thaman's original framework, three processes are associated with *Kakala*. These processes are called *tolu* (materials selection), *tui* (making of a *kakala*) and *luva* (presentation of a *kakala* as a sign of respect and love). Subsequent to Thaman's development of the *Kakala* framework, Taufe`ulungaki, Johansson Fua, Manu, and Takapautolo (2007) have added in an extra phase which is called the '*teu*' stage. This is the conceptualisation phase of perceptions, beliefs and philosophies in the research process. In the *Kakala* metaphor, this is regarded as the thinking of and planning for the *Kakala*. Furthermore, Manu`atu (2001) has argued for the importance of *malie* (relevancy and worth-whileness), and *mafana* (application, transformation, and

sustainability), as necessary components to monitor and evaluate the overall research process. The KRF as used in this project is a 6-stage process, as explained by Johansson Fua (2009). This expanded *Kakala* Research Framework has been used and found robust in guiding a major research study in Tonga that was conducted in 2006 by USP and funded by NZAID.

- **Tongan research ethical guidelines** were tested by USP in Tonga using Tongan field researchers. The ethical guidelines include core Tongan values of *faka'apa'apa* (respect), *feveitokai'aki* (reciprocity), *'ofa* (love), and *mamahi'ime'a* (loyalty). These core values have been found to be vital in gaining access to not only the research site but also to gaining trust of the participant.
- **Talanoa** – a form of conversation has been developed by the USP to be a tool for data gathering. The method of data collection employed is *Talanoa* (critical dialogue) conducted to capture perceptions, views and experiences. *Talanoa* will be complemented by *Nofo* (at term referring to live, stay, sit referring to a method of observation by sharing the way of life in a household) – a secondary research tool has also been developed at USP. Both the *Talanoa* and the *Nofo* have been tested in Tonga and have been found to collect robust data.

Sample

A purposeful sampling procedure was conducted to select and recruit participants for the qualitative component of the study.

- In Tongatapu, participants from the following 5 villages were selected to be involved in the study: Ha'asini, Afa, Kolofo`ou, Halaleva and Te`ekiu.
- In Vava'u, participants were from the following 4 villages: Neiafu, Ha'alaufuli, Tefisi, and Koloa.
- In Ha'apai participants were from the following 3 villages: Hihifo, Holopeka and Faleloa.
- In 'Eua participants from the 2 villages of Tufu and Sapa`ata were involved in the study.

Throughout these villages, a total of 46 households were involved in sharing their lives in the *Talanoa* and *Nofo* approach; 30 in Tongatapu and 16 in the other island groups. A further 38 individuals were involved in the *Talanoa* case studies.

Fieldwork

The fieldwork for the *Talanoa* and *Nofo* was conducted between the months of March to May 2008 on Tongatapu and continued again in June to August 2009 in the outer islands.

Operational definitions and data analysis

For the analysis of the *Talanoa* cases from the qualitative component the operational definitions as given in Box 3 were broken down in a more detailed template and translated into Tongan. The full template is provided in Annex IV. This template was used to analyse the findings of the case studies thematically.

The results of the *Talanoa* and *Nofo* and of the *Talanoa* cases for Tongatapu and the outer islands will be presented in the various result sections together with the statistical information, for triangulation and to enrich the interpretation. The citations of women presented throughout the report are derived from the *Talanoa* case studies.

3. Response rate and description of the survey sample

This section describes the response rate and the sample of the quantitative component, the survey. Further it describes how well the survey sample reflects the general population of women and the satisfaction of respondents with the interview. This chapter does not deal with the sample for the qualitative component.

3.1. Response rates

Despite the sensitive nature of the survey there were high response rates.

Out of the 1000 households in the sample, 930 were true households (i.e. not vacant, destroyed or having inhabitants who did not speak Tongan). Out of these 930 households, 824 completed the household selection form. The household response rate is thus $824/930 = 88.6\%$. In these 824 households there were 647 households that had eligible women aged 15-49 years old.

From the 647 households with eligible women, 634 women completed a full interview. The individual response rate is therefore a very high 98.0% for the whole Tonga group (97.2% in Tongatapu and an even higher 99.5% in the other islands). For more details see Table 3.1.

It should be pointed out the field researchers were not able to travel to the Niuaus. The availability of the airline and the limited time needed to complete the field made it impossible to travel. Moreover many Niuaotoputapu families had recently moved to Tongatapu after the tsunami that hit Niuaotoputapu on 30 September 2009 after an 8.3 magnitude earthquake. The tsunami had destroyed 90% of the houses on the island. The sample for the two Niuaus was 20 households. The majority of households in the Niuaus sample were from Niuaotoputapu, and a few Niuafo'ou. The town officer of Hihifo Niuaotoputapu helped the field researchers to identify people from the households list and 17 of the 20 households on the sample list were on Tongatapu at the time.

On Tongatapu where the field work started, some of the refusals consisted of women who could not find time to be interviewed. Follow up visits were done but they still could not give any time to the interview. For one of the refusals, the woman of the house said that no interviews whatsoever were accepted. In other households, the husbands were there and showed hostility towards the interviewers saying that they knew why the interviewers were there. One man even said that he had worked in a detective agency and was not happy about the survey.

In Vava'u, there was only one refusal. The woman refused because her husband was always at home with her and did not want her out of his sight. When the field researchers went back a second time to see if they could see her in private, the woman did not come out but her husband did and said that she was at work. The neighbours confirmed that the woman was not employed.

There were no refusals at all in Ha'apai, 'Eua and among the households from Niua. All the women were available for the interviews. The field researchers were warmly welcomed into their homes and were even provided with food and gifts. While the field researchers were in these islands, the Statistics Department was also there and had conducted village meetings "fono" explaining to the people that surveyors would be coming around for the Statistics Department survey. When the field researchers knocked on the doors, the homes welcomed them and did not ask any questions. This made interviewing easy and fast.

3.2. Description of the respondents in the sample

Table 3.2 describes the sample in terms of geographical distribution, educational level, age distribution and partnership status. The distributions are given for all respondents and for all ever-partnered respondents.

A full 67% of the sample was on Tongatapu and 33% on the other islands. Only on Tongatapu there are both urban and rural areas, the rest of the country is considered rural. 167/634 or 26% of the sample is in urban areas and 74% in rural areas.

It is remarkable that 28% of all respondents in the country had never had a partner and thus only 72% (455 women) had ever had a partner (61% currently married²⁸, 3.5% currently widowed, 3.0% currently cohabitating, 2.2% currently dating, 2.2% currently divorced/separated). The proportion ever-partnered was 68% in urban and 73% in rural areas.

Of the ever-partnered women 85% was currently married, 4% was living with a man, 3% was dating and 8% was divorced, separated or widowed.

Levels of education were high. Almost all (99%) had received education beyond primary level broken down as follows: 80% had secondary education and 19% tertiary education. Tertiary levels were higher in urban areas (24%) than in rural areas (17%).

Because only one woman was selected in each household, women in large households have a smaller probability to be selected. This can affect the results. To allow for these differences in the selection probability, in the last two (blue) columns of Table 3.2, weights have been applied for total eligible women in the household. The frequency distribution in these last two columns in principle should reflect more precisely the actual situation. In practice, the differences between weighted and unweighted distribution is small, as we will also see in the next section.

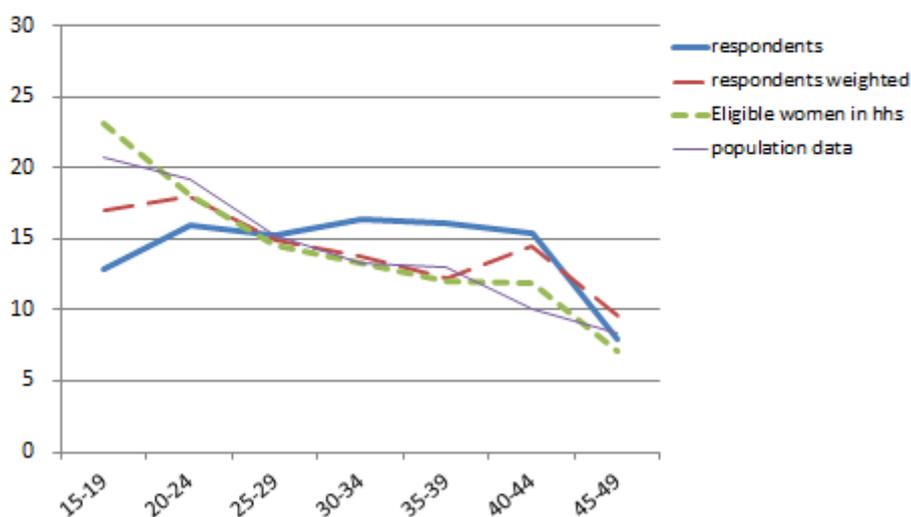
²⁸In Tonga, a person is considered married if the following has been completed: A formal marriage in the Government Registry Office by sub-registrar or the registrar. When this is complete, the couple must go to a registered church minister to solemnize and register the marriage. Once the church minister solemnizes the marriage, he must return the register to the Registrar within three weeks to complete the process.

3.3. Representativeness of the sample

Two approaches were taken to evaluate whether the women interviewed (the respondents) were representative of the population of women aged 15-49 years in the study location.

Firstly the following characteristics of the women in the sample were compared with those in the population of women 15-49 years old: Island group, education, age, current partnership status²⁹. For this comparison, 2006 Census data was used. Since the survey took place only three years after the census, we expected the Census data to reasonably accurately reflect the current situation. In Table 3.3 the sample (weighted and unweighted for number of eligible women in the household) is compared with the population data for women 15-49 years old in the general population according to the 2006 Census. The data show that both the weighted and unweighted data closely follow the population data. The census data however do not reflect the proportion of women cohabitating and dating since these categories of data were not collected in the census.

Figure 3.1. Age distribution of respondents, of the eligible women in the households in the sample and of the female population aged 15-49 years (2006 Census), Tonga 2009



Secondly, the age distributions of the respondents (unweighted and weighted) and of the general female population 15-49 years (2006 Census) are plotted in Figure 3.1. In addition, the same Figure shows the age distribution of all eligible women in the households in the sample. In this way we can assess potential sampling bias, in particular participation bias. The distribution in 5-year age groups of the population (the purple line) shows that the proportion of women in each age group becomes smaller with increase in age. The distribution of all eligible women in all households in the sample (green dotted line) follows

²⁹ Table 3.3 additionally presents the breakdown by religion for the respondents in the survey only. This breakdown is consistent with the 2006 census data in the general Tonga population, as presented in Figure 1.3.

this distribution exactly, as can be expected when the sample is representative. The age distribution of the respondents (the blue line) however, shows that due to the selection strategy used, the youngest women are underrepresented and the middle groups (age 30-45) are overrepresented. This is a result of the sample strategy used in the study, where for safety reasons only one woman per household was interviewed. As a result of this strategy, women coming from households with fewer eligible women were likely to be overrepresented because of their higher probability of being selected. This difference in selection probability is in turn affecting the age distribution of respondents, as households with women in the middle age group are likely to have on average fewer eligible women in the same household (daughters still too young and mother too old), while in households with an adolescent woman it is more likely that there are also others who are in the eligible age group (her siblings, her mother). We can see from the graph that this effect happened in Tonga (the weighted data brings the distribution much closer to the distribution in the population), however they also show that even with this correction the group 15-19 remains somewhat underrepresented.

3.4. Effect of selection probability on findings

Table 3.4 shows the effect of the sample design (selecting only one women per household) on the estimates of partner violence by presenting prevalence data on lifetime and current physical, sexual and physical and/or sexual partner violence for weighed and unweighted data. The results show that when applying weights for the number of women in a household, the prevalence rates remain practically unchanged. This implies that women in Tonga experience similar levels of violence, independent of whether they live in small or large households. It also shows that the unweighted data for partner violence as presented in the rest of this report are accurately representing the rates in the population.

3.5. Participation bias

As well as a possible bias created by the sampling strategy in terms of who is selected and who not (as discussed above), bias can also be created by the refusal of a proportion of the selected women to participate. This is of particular importance in a study of VAW since women who are living in a situation of violence might be more reluctant to participate in a study. It may also be possible that a woman who has a violent partner is less easily found, for example if she temporarily left the house. For this reason the study used an extended operational definition of household, which included in its definition of eligible women, not only women who ordinarily lived in the household, but also women visitors who stayed in the household at least the 4 weeks preceding the interview, and domestic workers who slept at least 5 nights a week in the households. Furthermore interviewers were trained to use strategies to minimize refusals, such as multiple return visits if the selected respondent was not at home. Since the individual response rate in the whole country was very high it can be expected that the effect of participation bias was low.

3.6. Respondents' satisfaction with interview

The interviews for the survey were often a long and difficult journey for both respondents and interviewers but there is evidence from the data that it was not necessarily harder for those women who had disclosed violence compared to those who had not disclosed violence. For example, the duration of the interview was rather long and the median duration among all women was 40 minutes. However the median duration between those who did and who did not disclose violence differed by only 8 minutes (see Table 3.5.)

It is commonly perceived that women do not want to be asked about their experiences of violence. To explore this issue, towards the end of the interview all women were asked how they felt: better, the same or worse, compared to before the interview. The response to this question was very meaningful. Overall most respondents found participating in the study a positive experience. Among all women who completed the interview, 82% felt better after it, whether she had experienced partner violence or not. About 18% felt the same as before the interview and none of the women stated they felt worse. Respondents on average felt that participating in the survey was beneficial and were happy that someone listened to their problems.

RESULTS

Introduction

Chapters 4-10 present the results of both the quantitative and the qualitative components of the research. Each chapter deals with a different topic. In Chapter 4, the patterns and scope of violence against women by husbands or partners are presented. Chapter 5 deals with violence against women by perpetrators other than partners. Chapter 6 describes women's attitudes and perceptions about gender roles and violence against women. Chapter 7 describes the direct and indirect impact of violence against women by partners, in particular on the health of women but also on other aspects of daily life. Chapter 8 describes the impact of violence against women on their children and intergenerational aspects of violence. Chapter 9 deals with the responses of women who were abused by their partners: do they talk about it with others; do they seek support, and do they leave or fight back? Chapter 10 describes some of the risk and protective factors for partner violence that could be distilled from the data.

A lot of detailed information collected in the survey is presented in tables in Annex VI. The descriptive analysis of the various outcome variables (i.e. the types of violence) is generally reflected in tables presenting the outcome variables by a number of different categories: nationwide; by rural and urban areas; by Tongatapu and the other islands; by age group; and by levels of education. The main violence outcomes are also broken down by index of socio-economic status (SES).³⁰

While many crucial findings are described in the text, for more details readers are advised to refer to the tables.

As mentioned before, where possible the results of the quantitative and qualitative research components are presented together to complement and reinforce each other. The description of the survey results is printed in black font and the description of the **qualitative results and citations from study participants are printed in red font. All the sections in red font throughout the report were abstracted from a previous report of these results written by Dr. Seu'ula Johansson-Fua, Betty Hafoka-Blake, and Gaberiella Renee 'Ilolahia (2010).**

³⁰The method of computation of the index of socio-economic status is described in Annex V. This index was developed after most of the report was finished. While SES is only sparsely mentioned in the text of this report, breakdown by SES is included in the tables with the main partner violence outcomes and SES has been included in the risk factor analysis (chapter 10).

4. Violence against women by husbands or partners

Main findings:

- Prevalence rates for physical partner violence among ever-partnered women in Tonga were as follows: 33% experienced physical violence in her lifetime and 13% experienced physical violence in the last 12 months preceding the interview (current violence).
- The majority of women, who reported physical partner violence, reported that it happened multiple times and two thirds of the women who reported physical violence reported severe acts, including being hit with a fist, kicked, dragged, beaten up, choked, burned or having had a weapon used against them.
- Lifetime and current prevalence rates for sexual partner violence among ever-partnered women were 17% and 11% respectively.
- Lifetime and current prevalence rates for emotional partner violence among ever-partnered women were 24% and 13% respectively.
- If we combine data for physical and sexual violence, 40% of ever-partnered women reported experiencing physical and/or sexual violence by a partner at least once in her life, whereas 19% reported physical and/or sexual violence in the 12 months preceding the interview.
- If we combine data for the three types physical, sexual and emotional violence, 45% of ever-partnered women reported at least one of these three types of violence in her lifetime, with half (22% of ever-partnered women) reporting multiple types of violence by her partner.
- 8% of women who have ever been pregnant reported to have been subjected to violence during pregnancy
- Relatively more severe manifestations of partner violence were noted in Tongatapu compared to other islands, as measured by severe physical acts and violence in pregnancy.

This chapter presents data on the prevalence and patterns of different forms of violence against women by a male partner or husband: physical and sexual violence, emotional and economic abuse and controlling behaviours. It also briefly discusses women's violence against their male partners.

In the survey, women's experiences of violence were measured using a series of behaviour-specific questions about whether any partner had inflicted different physically, sexually or emotionally abusive acts against her (See Chapter 2, Section 2.2 for operational definitions). These questions were asked only of women who reported ever to have had a partner. If a woman confirmed having been exposed to any of the acts that she was asked about, more detailed questions followed. For each act that happened, she was asked whether she had

experienced that act within the past 12 months and about the frequency with which the act had occurred. The results are presented below by type of violence.

This chapter also explores the severity of physical violence and the extent of overlap of different types of partner violence.

Although we interviewed all women 15-49 years old (partnered and non-partnered) in the sample, the results in this chapter are presented for the 455 “ever-partnered women”, because only ever-partnered women were asked about partner violence. We use the term “ever-partnered” rather than “ever-married”, because the group includes a small proportion of women who are currently or in the past cohabiting or dating a man without being married. These women are also included in the analysis for partner violence.

Testimonials from women interviewed for the qualitative component of the study are used throughout this chapter to illustrate what these experiences mean in their own words.

4.1. Physical violence

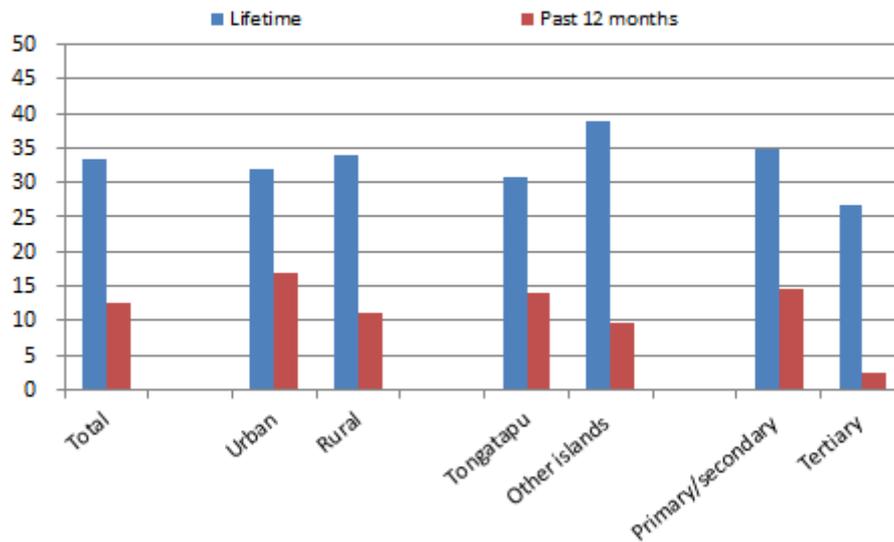
Lifetime and current prevalence of physical violence

The lifetime prevalence of physical partner violence is defined as the proportion of ever-partnered women who reported having experienced one or more acts of physical violence by a current or former partner or husband at least once in her lifetime. Current prevalence reflects the proportion of ever-partnered women reporting that at least one act of physical violence took place during the 12 months before the interview and is by definition a subset of the women who report lifetime experiences of violence.

The overall lifetime prevalence rate for physical violence against women by a partner or husband in Tonga was 33%. This means that 33% of ever-partnered women reported having experienced physical violence at least once in their lifetime. There was not much difference between urban (32%) and rural areas (34%). The aggregated national rates for urban and rural areas hide some of the differences that exist between Tongatapu and the other island groups. The lifetime prevalence of physical violence by a partner or husband ranged from 31% on Tongatapu to 39% on the other island groups (Table 4.1.)

The current prevalence rate of physical violence for Tonga is 13%. This means that 13% of ever-partnered women reported experiencing physical partner violence at any one time in the 12 months preceding the interview. Prevalence rates for current violence are higher in urban (17%) than in rural areas (11%), whereas for lifetime physical violence women in rural areas were more slightly more likely to have experienced physical violence in their lifetime than women in urban areas, as was noted above (Figure 4.1.)

Figure 4.1. Prevalence of physical partner violence, among ever-partnered women, by geographical area and by educational level, Tonga 2009 (N=455)

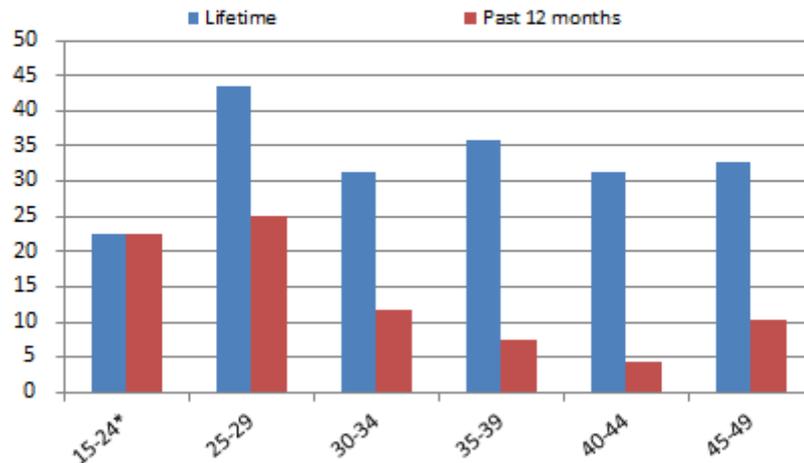


The reported lifetime prevalence rate of physical violence is higher among women who have a relatively lower education (primary or secondary education); 35% compared to 27% among those with higher education. The latter is nevertheless also relatively high. The difference by educational level is much more marked among women who experienced physical violence in the 12 months before the interview - 15% vs. 3% (Figure 4.1.)

It is to be expected that the lifetime prevalence rates of physical violence by partners increases with age, because when measuring lifetime prevalence we are measuring a cumulative experience, that will include any experience, no matter how long ago. Thus lifetime experience includes violent experiences that occurred when women were young, early in their relationships. We see that the lifetime prevalence rate peaks already among women 25-29 years old and remains relatively constant among the women over 30 years, suggesting that after age 30 few women experience “new” violence for the first time. This is consistent with the findings for current prevalence of physical violence. This is highest in the youngest groups (22%) and gradually declined after age 25. The pattern for both lifetime and current physical violence suggest that physical violence starts early in a relationship and reduces over the years (Figure 4.2.)

About the prevalence rates per partnership status (married, cohabiting, dating, divorced/separated and widowed) no clear statements can be made, because, apart from the currently married group, the other groups are too small to yield reliable results (Table 4.1.)

Figure 4.2. Prevalence of physical partner violence, among ever-partnered women, by age, Tonga 2009 (N=455)



* The age groups 15-19 and 20-24 are combined due to the small numbers of individuals in the youngest group.

Acts of physical violence

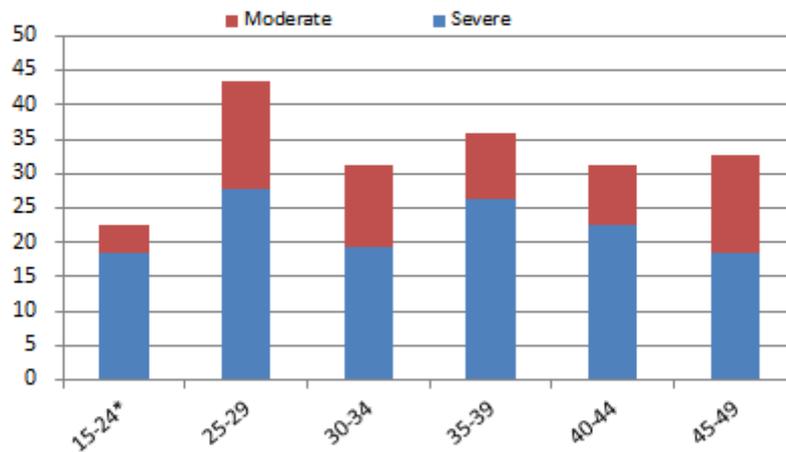
The most common acts of physical violence reported by women are being slapped or having something thrown at them. This was true for both lifetime violence and the violence in the 12 months before the interview. The lifetime prevalence for slapping among ever-partnered women in Tonga is 27% and the current prevalence for this act is 10%. The next common act is pushed or shoved: 18% reported that this had happened in their lifetime and 8% in the past 12 months.

Women who were slapped, pushed or shoved, without having experienced the more serious acts, are categorized as having been subjected to moderate violence (Table 4.2.). Those who were hit with a fist, kicked, dragged or threatened with a weapon are categorized as having been subjected to severe violence. This breakdown in moderate and severe physical violence based on the acts mentioned before is justified because of the likelihood of injuries. This breakdown however does not imply anything about the meaning or impact of the act for the individual woman.

In general, the percentage of women who experience a particular act decreases with the severity of the act. The percentage of women who were hit with a fist by a partner in their lifetime is 18% and in the past 12 months 7%. For kicked, dragged and beaten, the prevalence rates are 16% and 6% respectively; for choked or burned on purpose 4% and 2% respectively, and for having been threatened or been the target of a knife or other weapon, 5% and 3% respectively.

It is striking that among women who ever reported physical violence, a major proportion of two out of three reported at least one severely violent act and that among the younger women (15-24 years) who reported physical violence almost all women reported violent acts. (Figure 4.3.)

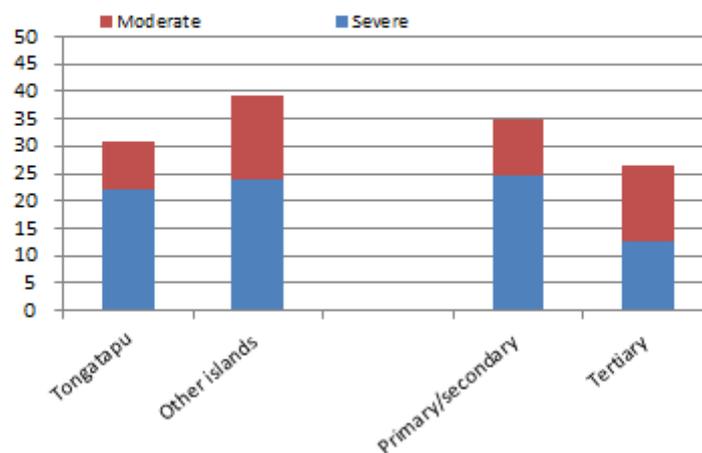
Figure 4.3. Prevalence of moderate and severe physical partner violence, among ever-partnered women, by age, Tonga 2009 (N=455)



* The age groups 15-19 and 20-24 are combined due to the small numbers of individuals in the youngest group.

Relatively more severe acts are reported by women on Tongatapu and by women with lower education. (Table 4.3 and Figure 4.4.)

Figure 4.4. Prevalence of moderate and severe physical partner violence, among ever-partnered women, island groups and by educational level, Tonga 2009 (N=455)



In the qualitative component, data on domestic violence survivors indicated that women often experienced multiple physical violence behaviours at the same time or as part of the

same event. The findings are here examined separately for Tongatapu and for the other islands groups, Vava'u, Ha'apai and 'Eua.

For the women in Tongatapu the most common form of violence against women is physical beating (without the use of any instrument or weapon). Most often the violence involved punching, shoving, pulling the hair and kicking of different parts of the woman's body. Most often the physical evidence of the beating was shown on the faces of the victims with bruises and more extreme cases cuts to the lips and broken noses.

In more extreme cases according to the women in Tongatapu, the violence involved the use of blunt (piece of wood, shoes) and/or sharp (belt buckles) instruments to inflict bodily harm on the victim. In two particular cases, the women were asleep with the children when they were dragged off the bed and woken up by a blow to their bodies. It is possible that in other cases other instruments have been used to inflict harm on women's bodies, but these were not reported in the qualitative study.

Women also sometimes told that they feared for their life, or that they were almost killed as shown in the following quotes.

'Every night my husband would go out drinking kava and sometimes, he would get lucky with his friends and they would drink alcohol. When he would return, he would always expect that his dinner was ready and it would always have to be hot. This was hard for me because I did not have a stove, only the open fire outside so I tried my best to keep the food warm for if it was cold when he arrived he would throw the food, plate, bowl and spoon at me. One night, he came home and started talking to me. I didn't understand what he was saying so I asked him what he was talking about. This maddened his so he got angry, stood up, grabbed me and grabbed me by the neck. I couldn't breathe because he was choking me very hard. Luckily my brother-in-law who lives next door to saw us and he ran up and punched my husband. I was just lucky to escape alive.'

Woman, Talanoa, Tongatapu

'Twice my husband had almost killed me. When it first happened, he had just come home from work. I was surprised that he had come home early but I found out later that he had been drinking at work and had got into a fight with some of his work mates and that is why he came home early. I was getting ready to go to a friend's house and when he saw me getting ready, he stopped me and he attacked me. I didn't know what to do because he had a knife in his hand and it was aimed at my throat. I didn't move because if I did, the knife would sink in. I could feel the blood trickling down my throat. After a while, he got up. I did not know why he stopped....'

Woman, Talanoa, Tongatapu

The qualitative data for the outer island group showed that women considered the most common type of violence is physical violence. Forms of physical violence experienced by the women are: being slapped; punched in the face and all parts of the body; being kicked in the stomach, and when she falls down, being kicked on all parts of the body; being hit with a sharp instrument such as a sharpened piece of cast iron, a metal rod or a coconut scraper; attacking with a knife; being hit with a blunt object such as a 2 x 4 piece of timber or a stick; being thrown at with an object aiming at hurting her (such as a sugar jar or chair); being dragged on the ground and being attacked with a knife.

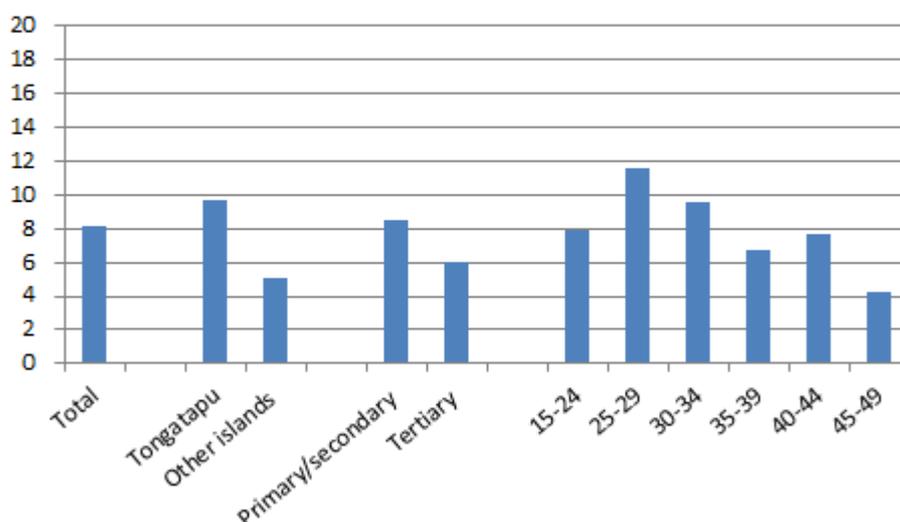
Frequency of physically violent acts

For those acts that occurred in the past 12 months, the respondents were asked how often they had happened: once, 2-5 times or more than five times. Most acts in the majority of cases occurred more than once, usually 2-5 times but also often more than 5 times/many times. (Table 4.2.)

Physical violence in pregnancy

(Table 4.4.) Violence in pregnancy is considered severe violence. It not only affects the woman, but it also puts the unborn child in danger. Questions on violence in pregnancy were only asked to women who had been pregnant at least once in their life. The proportion of ever-pregnant women who reported experiencing physical violence in at least one pregnancy is 8% (urban 9%, rural 8%). Twice as many women in Tongatapu suffer violence in pregnancy compared to women in the other islands: 10% vs. 5%. Violence in pregnancy is higher in women that have at most secondary education (9%) compared to women with higher education (6%). (Figure 4.5.)

Figure 4.5. Prevalence of violence during pregnancy, among ever-pregnant women, Tonga 2009 (N=418)



Moreover, 41% of women who ever had been beaten during pregnancy were severely abused: they were punched or kicked in the abdomen. Overwhelmingly, 97% of women who were beaten in their most recent pregnancy reported that they were beaten by the father of the child. Pregnancy can be a risk period for violence to start; more than 40% of the women said that the violence started during their pregnancy. (Table 4.5.)

'... The second time [that he almost killed me] was when I was pregnant. He was angry at me and wanted to hit me as usual, so I ran away from him to one of my neighbours. He ran after me and on his way, he pulled out a 4 x 2 piece of timber from the fence next door and he came up and hit me hard on my back. He hit me again and I fell. The pain was agonizing. I lost my baby as a result of this.'

Woman, Talanoa, Tongatapu

In the qualitative research we recorded two cases in Tongatapu where women were beaten while they were pregnant resulting in miscarriage. However, it was more common to find incidents of verbal abuse of women who were pregnant at the time.

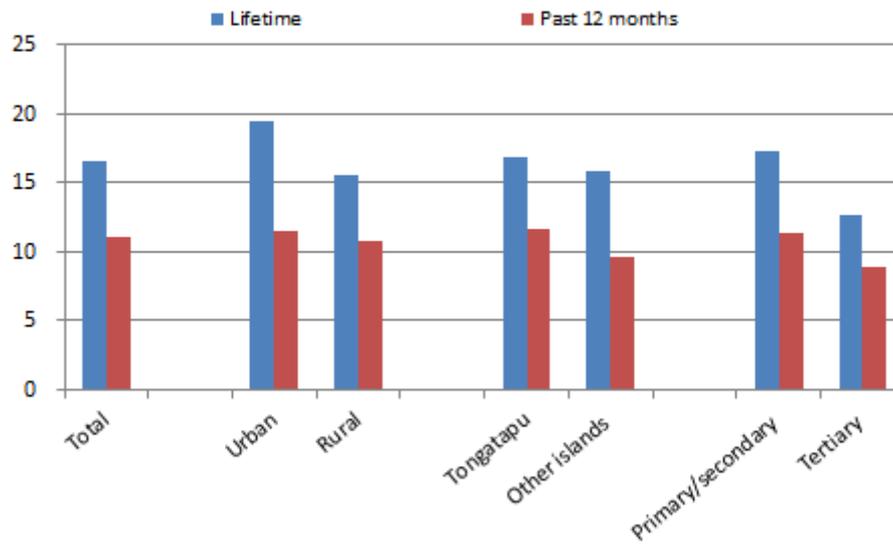
In the outer island a number of women reported that their husbands were more caring during pregnancy and the husbands did not want to see their wives or partners smoke or drink alcohol during this time.

4.2. Sexual violence

Lifetime and current prevalence of sexual violence

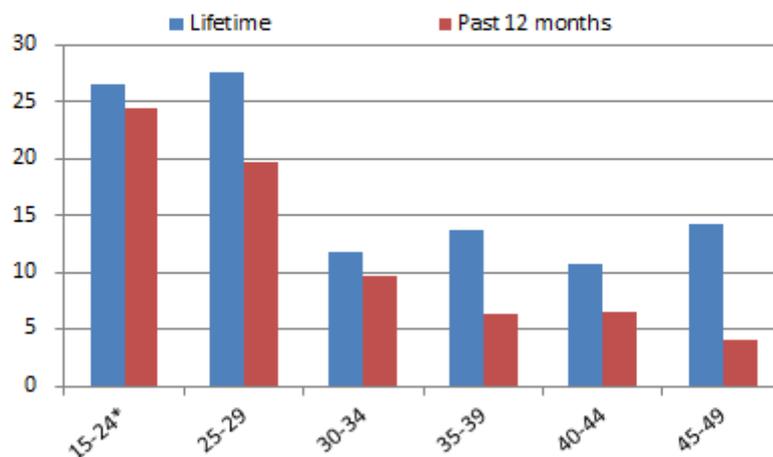
It is more difficult for women to disclose experiences of sexual violence compared with experiences of physical violence. Nevertheless, in the survey, about one sixth (17%) of ever-partnered women in Tonga reported experiencing sexual violence by partners during their lives. The prevalence is higher in urban than in rural areas (20% and 16%, respectively) and higher among lesser educated women compared to higher educated women (17% vs. 13%). Regarding current prevalence (i.e. in the past 12 months), the overall rate for the whole country is 11%, with not much difference between urban and rural areas. (Table 4.1 and Figure 4.6.)

Figure 4.6. Prevalence of sexual partner violence, among ever-partnered women, by geographical area and by educational level, Tonga 2009 (N=455)



What is striking is that – unlike lifetime physical violence – lifetime sexual violence by partners is reported much less by women 30 years and older, compared to women younger than 30 years old (Figure 4.7). For current sexual violence we also see that this decreases with age (similar to what we saw for physical partner violence), but – unlike what we saw for physical violence – current sexual violence by age group follows quite closely the level and pattern of lifetime sexual violence, possibly suggesting that many of the women who have ever experienced sexual violence continue experiencing it up to the time of the interview.

Figure 4.7. Prevalence of sexual partner violence, among ever-partnered women, by age, Tonga 2009 (N=455)



* The age groups 15-19 and 20-24 are combined due to the small numbers of individuals in the youngest group.

However this does not explain the pattern for the prevalence of lifetime sexual violence, which, as noted above, also goes down with age (the pattern of lifetime prevalence should reflect cumulative experiences over time; if different generations have had more or less similar experiences you do not expect that the prevalence by age decreases significantly). One of the possible explanations could be the taboo around the topic and the difficulty of older women to talk about sexual relations and sexual violence, resulting in a possible higher level of non-disclosure of sexual violence in older women.

Acts of sexual violence

The three different behavioural acts of sexual violence against a woman measured in the survey are: being physically forced to have sexual intercourse against her will; having sexual intercourse because she was afraid of what her partner might do; and being forced to do something sexual that she finds degrading or humiliating.

Overall, the proportion of women nationwide ever having been physically forced into intercourse is 12%. For the past 12 months, the rate is a high 8%. A slightly lower percentage (10%) of ever-partnered women in Tonga reported ever having had sexual intercourse because they were afraid of what their partner or husband might do; for the past 12 months, this was 6%. In Tonga, 5% of women reported ever having been forced to do something sexual that they thought was degrading or humiliating during their lifetimes. This was 4% the past 12 months. (Table 4.2.)

Frequency of sexually violent acts

With regard to sexually violent acts that occurred in the past 12 months, respondents were asked how often they occurred: once, 2-5 times or more than five times. Most acts, if they occurred, happened more than once (usually 2-5 times) in the past 12 months. (Table 4.2.)

The qualitative component showed that sexual violence in the form of forced sexual intercourse is often taken for granted by the partners who see their wives as their property and that she should be willing to sleep with him at all times even after she is beaten.

'When my husband comes to sleep with me, he is like an animal. If I refuse him, he will kick, punch and beat me up. At one time, he left me and my children for a year and a half. When he came back, I thought that he had changed, but no... He only came back to me because the woman he was living with was pregnant. I know that if I get pregnant too, he will leave me again to find a woman who is not pregnant so that he could satisfy his needs.'

Woman, Talanoa, Tongatapu

In the qualitative study in Tongatapu, we recorded 3 cases of forced sex occurring within marriage, where the wives were forced to have sex. In the same cases, these women have also experienced being locked up for days in the bedroom and in the house. In two of these cases, the phone lines were disconnected and the husbands hid their wives from her relatives.

Sexual violence is also associated with a risk of contracting sexually transmitted diseases including HIV. This is particularly relevant when most women cannot protect themselves against sexually transmitted infections. One of the women in the Talanoa cases studies told us:

'My husband once left me to live with his new girlfriend. When he came back, he was very sick from different diseases. He could not go to the toilet to urinate because it was painful and he also had lice all over his body. I did not care about this. I did not want to take him to the hospital because I wanted him to suffer and to know that what he is doing is wrong. I told my mother about this and she offered to take my husband to the hospital. When he was cured, he went back to beating me and forcing himself upon me.'

Woman, *Talanoa*, Tongatapu

In the outer islands, sexual violence within marriage is also evident but to a lesser degree. It is important to note here that most of the women who reported sexual violence have husbands from Tongatapu. Some of the women said that most often, they have sex with their husbands to avoid arguments and also more importantly, to ensure that their husbands do not go out and look for another woman. In most of these cases, the husbands are having extra-marital affairs and the woman knows of them. None of the women mentioned that they were using condoms or any form of protection.

4.3. Physical and/or sexual violence as a main indicator for partner violence

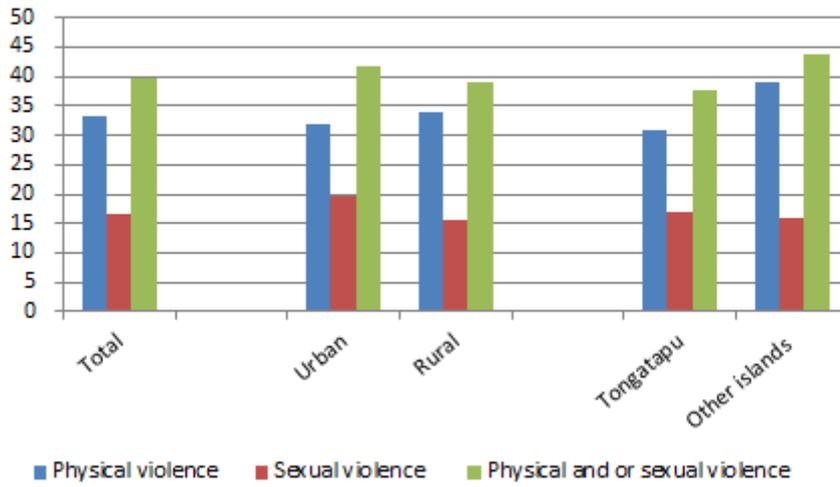
The prevalence of physical and/or sexual violence is commonly used as an indicator for partner violence in comparative research.³¹ It makes sense to combine physical and sexual violence because both types often occur together and are perpetrated by the same person. The experience with international surveys resulted in tested questions for measuring physical and sexual partner violence with reasonably accurate validity and reliability.

Emotional abuse is not considered less important but it is methodologically more difficult to measure. Further, researchers often prefer to be on the conservative side so as not to be accused of exaggerating the problem, therefore emotional abuse is usually not combined in the “standard measure” for measuring partner violence around the world.

(Table 4.1.) The overall proportion of women who experienced physical and/or sexual violence against women by a partner or husband in Tonga is 40%, or 4 out of 10 women. It does not differ much between urban and rural areas: 42% and 39%, respectively. The difference is slightly more between Tongatapu (38%) and the other islands (44%). (Figure 4.8.)

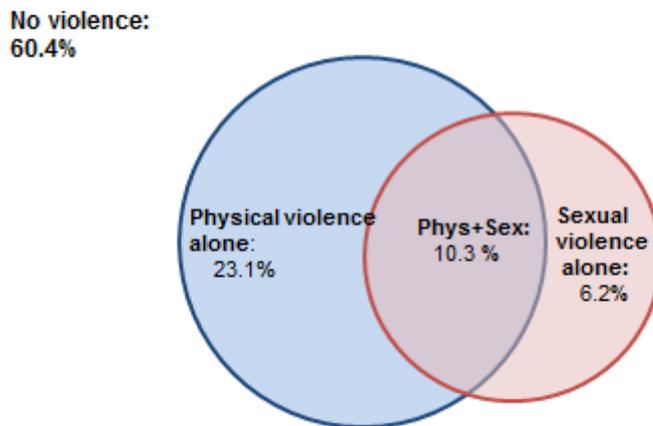
³¹ Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. Prevalence of intimate partner violence: finding from the WHO Multi-country Study on Women's Health and Domestic Violence against Women. *Lancet* 2006, 368:1260-69

Figure 4.8. Prevalence of lifetime physical and/or sexual partner violence, among ever-partnered women, by region, Tonga 2009 (N=455)



Nationwide, the prevalence rate for current physical and/or sexual violence was 19%, or one in every five women. In urban areas, it was higher: 25% and in rural areas lower 17%. Similarly in Tongatapu it was 21% and in the other islands 14%. (Table 4.1 and Figure 4.8.)

Figure 4.9. Overlap of lifetime prevalence of physical and sexual partner violence, among ever-partnered women, Tonga 2009 (N=455)



Physical and sexual violence by intimate partners overlap to quite a large extent (Figure 4.9.). Nationwide, 6% of women reported having experienced sexual violence only (i.e. without having experienced physical violence) and 23% of women reported having experienced physical violence only (i.e. without having experienced sexual violence). About 10% of women had experienced both physical and sexual violence. Women who experience both sexual and physical partner violence generally also experience more severe forms of physical violence (data not shown).

The qualitative results support the findings of the quantitative survey on the overlap of physical and sexual violence. Survivors of partner violence revealed that sexual violence also often occurred together with physical and emotional violence.

'My husband was angry at me for putting on a new blouse to go to town. He is always angry when he sees me putting on something new or even just dressing up. When I came back from town one day, he was waiting for me. He brought a cane knife and started to beat me with it. I tried to protect my face with my hands and I ended up getting cuts all along my arm, shoulders and hand. I didn't know what to do. The pain was excruciating. After he beat me, he forced himself upon me sexually.'

Woman, Talanoa, Tongatapu

4.4. Emotional abuse

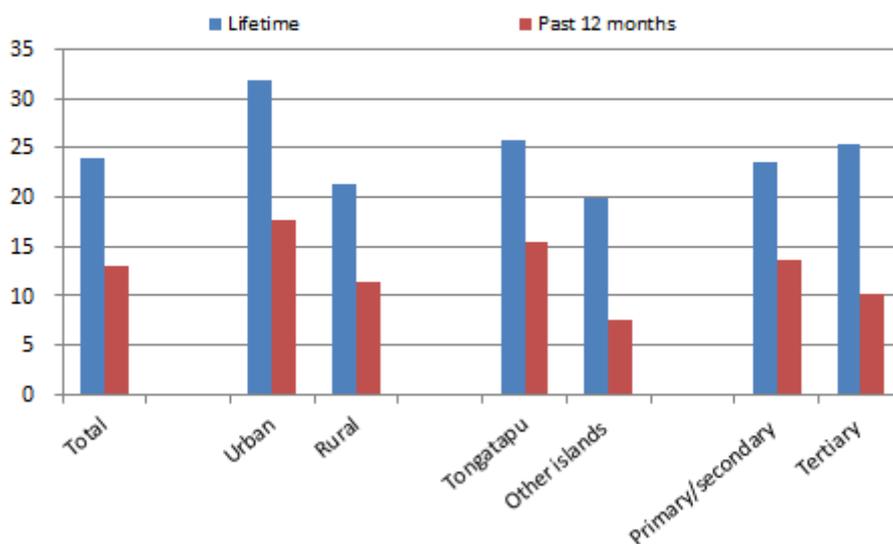
Prevalence and acts of emotional abuse

(Table 4.6.) Emotional abuse is not less important than physical or sexual violence and women often report that it affects them even more than physical or sexual violence. However, as already mentioned, emotional abuse is more difficult to measure in a survey. As with physical and sexual violence, emotional abuse was measured by questions on emotionally abusive acts, though it was not intended to be an exhaustive list of acts. Neither does the list take into account that there may exist emotionally abusive acts that are context or culturally specific.

The specific acts included in the questionnaire were being insulted or made to feel bad about oneself, being humiliated or belittled in front of others, being intimidated or purposely frightened (e.g. by a partner yelling and smashing things), and being threatened with harm (either directly or in the form of a threat to hurt someone the respondent cared about).

The overall prevalence rate of emotional abuse against women by a partner was 24% and of current emotional abuse is slightly over half of this rate: 13%. The most commonly mentioned emotionally abusive act was insulting (this was reported by 20% of women), followed by scaring or intimidating her (13%), belittling or humiliating (7%) and threatening to hurt her (6%).

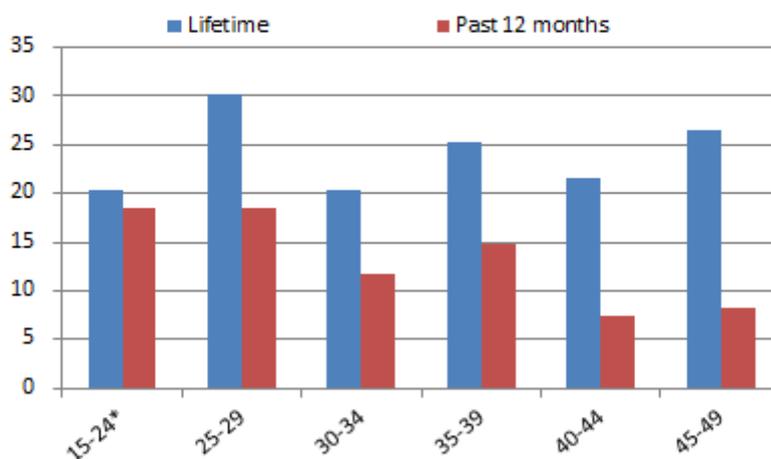
Figure 4.10. Prevalence of emotional partner violence, among ever-partnered women, by geographical area and by educational level, Tonga 2009 (N=455)



Generally, the lifetime and current (past-year) prevalence rate of emotional abuse is higher in urban compared to rural areas, and in Tongatapu compared to the rest of the country. There is not much difference between women with a lower education (i.e. secondary school and lower) compared to those with tertiary education; the prevalence is relatively high even in the highly educated groups. (Figure 4.10.)

The report of lifetime experience of emotional violence is similar in all age groups, and the report of current emotional violence decreases with age after 30, suggesting that emotional violence is especially important in the lives of younger women. (Figure 4.11.)

Figure 4.11. Prevalence of emotional partner violence, among ever-partnered women, by age, Tonga 2009 (N=455)



* The age groups 15-19 and 20-24 are combined due to the small numbers of individuals in the youngest group.

Frequency of emotionally abusive acts

Women were asked how often violent acts occurred in the past 12 months. They mostly occurred more than once, that is between two and five times or more than 5 times, indicating that they are not just “incidents” but part of continuing behaviour. (Table 4.7.)

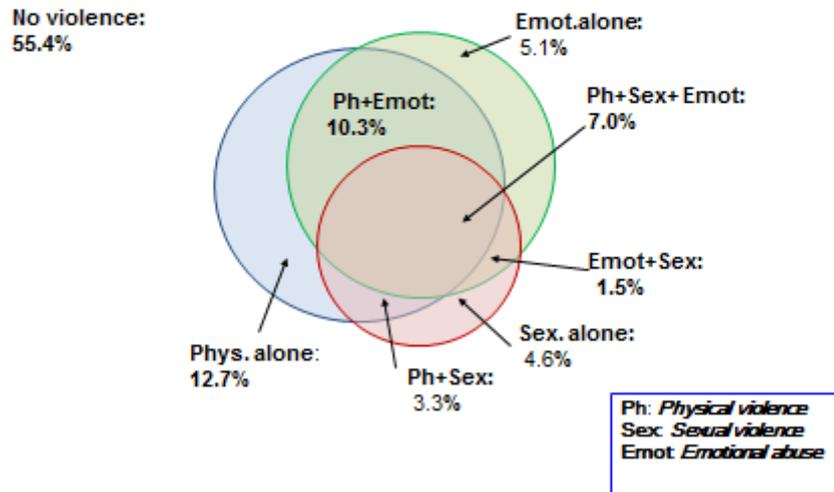
'If my colleagues or girlfriends visit me at my home, my husband would always come around and swear at me and even at my girlfriends so now, I do not invite anyone home again. If he sees me talking to them after work, he would swear at us. I always found this unfair because he would always go drinking alcohol with his friends and sometimes he would bring them home for a few drinks and now and then, his mates would sleep in our house.'

Woman, Talanoa, Tongatapu

4.5. Overlap of physical, sexual and emotional violence by partners

The data showed that almost half (45%) of women in Tonga reported having ever experienced at least one of the three types of violence (physical, sexual and emotional violence). The assessment of the overlap shows that many women who have experienced physical or sexual violence have also experienced emotional abuse. (Figure 4.12.) When analysing the overlap and all combinations of the three types of violence it is striking that the most commonly experienced “combination” is physical violence alone, reported by 13% of all ever partnered women (representing more than one quarter of all lifetime experience of violence).

Figure 4.12. Overlap of lifetime prevalence of physical and sexual violence and emotional abuse by partners, among ever-partnered women, Tonga 2009 (N=455)



The qualitative results show us some of the complex patterns of partner violence involving different types of violence. The women also suggested that if they are married to a man from a different island group they are usually prone to violence from their husbands. A woman from Ha'apai married a man from Tongatapu and now they are divorced and the woman is now back in Ha'apai. She shared her story:

'I was only 18 when I married my husband and we lived in a house that his parents had rented for us. His parents lived in Australia while their son and I lived on Tongatapu. Every night, my husband would go out with his friends and drink and even take drugs and they would leave me alone in the house. Sometimes, my husband would go for the whole weekend and I will be left alone and sometimes his friends would come around and shout and swear at me and tell me that I was not good enough for my husband. When I told my husband this, he would not listen to me. I told him that I would like to go back to Ha'apai because it was safer for me. I called his parents in Australia and told them about the incident and when my husband found out that I had called his parents, he hit me with a big stick while I was still in the shower one evening and after he hit me, he left me alone again.'

Woman, Talanoa, Ha'apai

The qualitative results for Tongatapu also showed that in particular cases where extended families were involved, there would be multiple abusers. It was common to find several members of the extended family verbally abusing the wife and in one case several members including male members of the extended family joined the husband in physically beating the wife.

According to women in Tongatapu verbal abuse against women was commonly found when other family members were involved in the domestic problem. Verbal abuse against women

by their husbands/partner was more evident during a beating and/or when the husband/partner was drunk.

The qualitative results for the outer islands show that besides physical violence emotional violence is also quite widespread. The results suggest that in the Tongan context, emotional violence is not considered “violence”. When people see that the husband has left the wife, they usually say that she deserves it because she must have done something wrong to drive her husband away. This leaves the woman helpless, but fortunately for some, the safety nets of the extended family are still strong and they promote well-built support systems amongst the family members which ensure that no physical harm comes to the woman or any other member. However in other cases, traditional culture and customs appears to encourage domestic violence. Some women indicate that emotional violence usually only occurs as a result of families moving away from the traditional kinship or *nofo ‘a kainga* system.

Women in the outer islands indicated that feeling lonely and rejected are most evident especially when the husband goes overseas to find employment to provide money for the family, as he typically re-marries and does not return to his wife and children. When the husband re-marries, he still sees himself as being in charge of his children with his wife in Tonga and he continues to make decisions for them, even without the wife’s consent. What is more, the new wife in the foreign country exacerbating the grief of the first wife through claims that she is the only legal wife. The mother-in-law also plays a major role since it is she who initially encourages the son to travel overseas and is also she who facilitates the son’s travel arrangements. Some women indicated that once the husband is overseas, the mother-in-law also encourages the son to leave the wife in the islands and to marry a woman who is a citizen or a permanent resident in the foreign country so that he can stay on in the country and find a better life.

The results from the study in the outer islands suggest that emotional violence is also associated with physical violence especially in situations where the husband is having extra-marital affairs. The violent behaviour is driven by the husband’s wish to exert his power over his wife so as to ensure that she is subservient and he ultimately remains the head of the household. The women believe that in cohabiting situations, violence usually only occurs after a prolonged period of association between the woman and the man and that this is motivated by jealousy and urged on by the use of alcohol and drugs.

4.6. Controlling behaviours

This survey also collected information on a range of controlling behaviours by a respondent’s partner. In this study controlling behaviours are not included in the computation for emotional violence (ensuring comparison with other countries that used the WHO Study questionnaire). Many researchers see controlling behaviours as a risk factor for partner violence, while some others consider controlling behaviours as part of psychological violence.

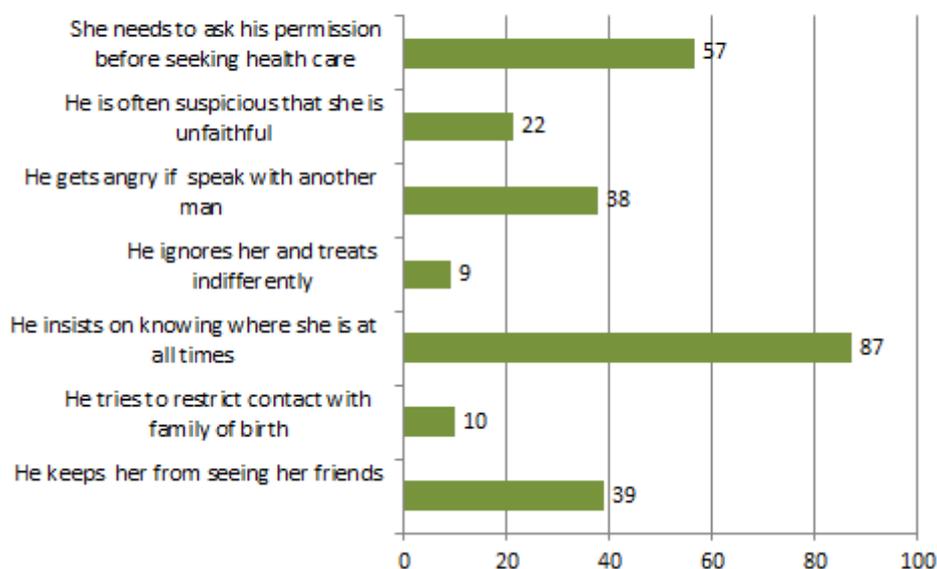
Among the behaviours measured were: whether the partner or husband commonly attempts to restrict a woman’s contact with her family or friends; whether he insists on knowing where she is at all times; whether he ignores her or treats her indifferently; whether he controls her

access to health care (she needs to ask his permission to seek health care); whether he is constantly suspicious of her being unfaithful; and whether he gets angry when she speaks with other men.(Table 4.8 and Figure 4.13.)

The data showed that the proportion of women reporting one or more acts of controlling behaviour by their husband at any one time in their life is as much as 91%, with little difference between geographical areas or by educational level. By far the most common type of controlling behaviour is that the partner insists on knowing where she is at all times. This was mentioned by 87% of the respondents. The next most common type was controlling the woman’s access to health care (57%), followed by keeping the woman from seeing her friends (39%), and getting angry when she speaks to another man (38%). Only one in 10 women mentioned that her partner restricts her contact with her own family (10%). A similar proportion mentioned that her partner ignored her or treated her indifferently (9%).

For most of the controlling behaviours there is a distinction between educational levels. For example, 60% of women with primary or secondary education mention a need to ask permission before seeking health care compared to ‘only’ 39% of women with higher education.

Figure 4.13. Prevalence of controlling behaviours by partners, among ever-partnered women, Tonga 2009 (N=455)



It is worthwhile underlining that women in Tonga reported, on the one hand, moderate levels of emotional abusive acts, but, on the other hand, very high levels of some types of controlling behaviours.

The qualitative results confirmed the findings on types of controlling behaviours that occurred to women. In Tonga, women are generally required to seek out her husband’s permission before she can undergo a major treatment such as an operation. If the husband consents to it, he will sign the consent form provided by the Ministry of Health.

Specifically, the different forms of controlling behaviour mentioned by the women in the outer islands are: the husband wants to know where the woman is at all times; the husband does not want the woman to talk to her friends; the husband is angry when the wife visits her family and in turn, swears at the wife's parents; the husband restricts the woman from going anywhere else but to church and to church functions; the husband is jealous when she speaks to another man; the husband is angry if people come to his house and his wife talks to them without his knowledge; the husband wants to control all the money that comes into the family even if the wife is the wage earner.

Also the qualitative results confirm the notion that the husband as head of the family makes all decisions, even those related to the health of his wife. Controlling behaviour in Tonga is most often not perceived as a form of violence because it is rooted in the traditional belief that the wife has to be obedient to her husband. It also stems from the Christian belief that once the man and woman are married, the woman disregards her parents and remains faithful to her husband. When a man controls his wife, it is regarded as the right thing to do as the wife has to be protected by the husband.

In addition, controlling behaviour is most often supported by the families. If a woman wants the freedom to do what she wants, this is regarded as being disobedient to the husband and the ultimate price is always getting beaten. The woman's family would regard the husband beating the wife as rightful discipline.

For many Tongan women, it is "a good thing" that her husband wants to know where she is at all times, because it shows that he cares and is concerned about her, but some other women say that this acts as a major hindrance on their freedom of movement.

'I am never allowed to go anywhere without my husband's permission. Even if I want to go to the shop to buy something, he will have to know. When we first got married, we lived with his parents but now we have our own little house. Before we moved to our house, his parents cautioned me not to go anywhere without my husband's permission. I was to remain at home, look after the children, prepare the food and just do my daily chores. I was never allowed to go to the neighbours or to visit any other relative. My husband supported this and I am not allowed to go anywhere or join in any village or community function. The only place that I am allowed to go to is to church and to be in the church women's group.'

Woman, Talanoa, 'Eua

'I used to like going out to the night-club with my husband but then when a man would come and ask me to dance, he would get up and punch the other man. After that, he would turn around to me and pull me by the hair out of the night-club and start beating me up and saying that I was dishonest to him and that I was seeing another man.'

Woman, Talanoa, Tongatapu

Controlling behaviour and all forms of violence are related to power dynamics within the marriage institution or within any relationship. In Tonga, the male partners usually exert their power upon their wives and they most often display their powers through vindictive means which are also acts of emotional abuse. A woman on Tongatapu shares her story by saying:

'I was sick in bed one day and while I was lying in bed, I saw my husband's mistress come up to the door of the house and call my husband. My husband went to her and they took off for about two hours. After that, she came and dropped my husband off. My husband just came up to me and lay down beside me. I did not want to get angry at him because if I did, he would beat me up. All I could do was smile at him.'

Woman, *Talanoa*, Tongatapu

The same woman also said:

'My husband has so many children with different women. If one of the women would give birth, he would tell me to go prepare some food for his mistress and go and visit her and her child.'

Woman, *Talanoa*, Tongatapu

A number of women in the outer islands described that due to emotional, controlling behaviour and psychological violence, they were living in a state of constant fear of their spouse or partner. Some said that the fear increased when living with the husband's family. There were consistent remarks of the mother-in-law involving herself in the domestic affairs of the couple, and that at times she made drastic decisions which the women believed were ultimately aimed at separating the couple. In the mother-in-law's view, this was for the betterment of her son's social and economic welfare.

4.7. Economic abuse

The survey was not specifically designed to collect data on economic abuse but from the questionnaire we can determine two specific kinds of economic abuse; specifically, whether the husband or partner took his wife's or partner's earnings or savings against her will, and whether he refused to give his wife or partner money for household expenses regardless of the money being available for other things (note that some researchers would classify this as a controlling behaviour). For the purpose of this analysis, if the husband or partner did at least one of those two things, his wife or partner is considered subject to economic abuse, though we should be cautious about interpreting these data because there may be other important forms of economic abuse that were not considered in this survey and thus were not measured.

In the survey, 12% of women reported economic abusive behaviour by the partner (see Table 4.9.). Slightly more women in rural areas are subject to economic abuse than those in urban areas (12% and 11%, respectively). The percentage of economic abuse among women with a primary/secondary education is almost twice those with a higher education (13% and 7%, respectively).

4.8. How violent are women against men?

Even though this study is about violence against women, in the survey women were asked whether they ever slapped or beat their husbands (Table 4.10 and 9.11.). This was done in two ways. Firstly, women were asked if they ever hit their husband first (i.e. whether they initiated physical violence without being beaten) and, secondly, women were asked if they had ever hit their husband in response to being beaten (“fighting back”). It is important to present the results to both these questions side to side for understanding the dynamics of partner violence.

The survey showed that 18% of ever-partnered women in the survey reported that they ever had initiated physical abuse against their partner. Among those who were ever physically abused by their partners, 41% reported that they had fought back. The results on “fighting back” will be discussed more in depth in Chapter 9 when presenting women’s responses to partner violence.

5. Violence against women by others (non-partners)

Main findings:

- **Two out of every three (68%) of women in Tonga reported that they had experienced physical violence by someone other than a partner since they were 15 years old. The prevalence rate was high across all the island groups, educational levels and age groups.**
- **Most women who reported physical violence by non-partners reported that this had happened more than 5 times.**
- **By far the most commonly mentioned perpetrators were fathers and teachers.**
- **6% of all women surveyed reported sexual violence since they were 15 years old. The most commonly mentioned perpetrators were boyfriends and strangers.**
- **8% of all women surveyed reported sexual abuse before they were 15 years old. Most women mentioned that the perpetrators were strangers. Male family members and “others” also were mentioned.**
- **Overall, more than 3 out of 4 (77%) women in Tonga have experienced physical or sexual violence in their lives by a partner or non-partner. When comparing partner and non-partner violence, it becomes clear that women in Tonga are almost three times more likely to experience violence by non-partners rather than by partners. This pattern is different compared to most countries in the world.**

While the main focus of this research is on violence by intimate partners or husbands, the survey questionnaire also included questions about a woman's experiences of physical and sexual violence by other perpetrators, here referred to as “non-partners”, either male or female. These questions were asked of all women, regardless of whether they had been partnered or not.

In a study on domestic violence it is also critical to explore violence by other perpetrators because this enables identifying forms of domestic violence against women by other family members. Further, exploring non-partner violence provides an opportunity to determine how important domestic violence and partner violence against women is in comparison to other experiences of interpersonal violence in a woman's life.

This chapter presents the results about the extent of physical and sexual violence against women by non-partners from age 15 years onwards and the experience of sexual abuse before that age (asked retrospectively).

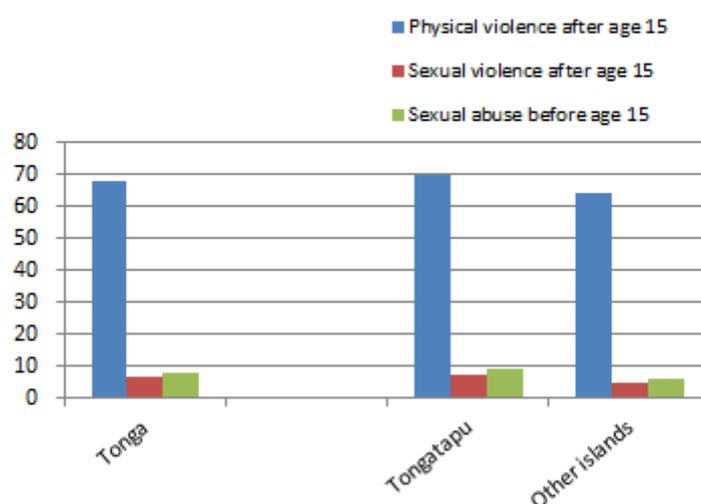
5.1. Physical violence by others since age 15

Prevalence and frequency of non-partner physical violence

More than two out of 3 women (68%) reported having experienced physical violence by perpetrators other than partners since age 15 (see Table 5.1 and Figure 5.1.). The prevalence was high in all geographical regions, educational levels and age groups. For example, when considering the proportions of women reporting physical non-partner violence by age group of the respondent, it is clear that women in all age groups report similar levels of physical abuse since age 15, with slightly higher levels in the young age groups; 71% among women aged 15-19 and 77% among women aged 20-24 reported physical abuse by non-partners.

Women who ever experienced physical violence by non-partners had experienced such violence multiple times. The survey showed that 56% of women were subject to physical violence at least twice since they were 15 years old, with the majority reporting “many” (i.e. more than 5) times. The prevalence of multiple events is somewhat higher among those with a primary/secondary education compared to those with a tertiary education. There is not much variation by age of the respondent.

Figure 5.1. Prevalence of non-partner violence, among all interviewed women, Tonga 2009 (N=634)



Perpetrators of non-partner physical violence since 15 years old

Among the women who reported physical violence by non-partners about half reported more than one perpetrator (see Table 5.3.). Among the perpetrators mentioned, about half were family members and half were non-family individuals. Of the perpetrators identified, fathers were overwhelmingly represented, and among the non-family members this was most frequently the teacher. Only one person mentioned a stranger.

In Tonga, disciplining children and young people is usually carried out with a stick or a slap. If children disobey, they are usually warned that they should watch out or else they will get a hiding. This is common throughout Tongan society, in the homes and in the schools. That the father was mentioned as a main perpetrator therefore does not come as a surprise because in the Tongan context discipline is traditionally carried out with the stick.

As well, corporal punishment is still prevalent in schools even though school legislation, Education Act of 2002 forbids this. In government high schools and primary schools, the usual procedure is for the principle to discipline students and he can carry out corporal punishment if he deems it necessary. The principle may authorise the deputy principle to carry out the punishment if he is not there.

Even though corporal punishment is not allowed, teachers still feel that they need to regulate their students' learning and this is most often carried out with the stick. In some of the high schools, the prefects also regard themselves as the authority and usually beat students as a disciplinary measure. Violence in schools is most often tolerated as it is seen as "care" for the students rather than a punishment.

Acquaintances and other family members are also perpetrators of physical violence. Once again, close family ties and the extended family and their relationships often encourage members to discipline the young ones. The aunts, uncles, older cousins and even grandparents have the permission "to discipline" the younger members of the family. From the data that was collected for the period since age 15, it appears that these experiences for most women continue far into their adulthood.

The qualitative results for Tongatapu contained some examples of multiple perpetrators (including the partner) where extended families are involved in abusing a married woman. Specifically there were a number of cases where several members of the extended family verbally abused the wife and in one case several members including male members of the extended family joined the husband in physically beating the wife.

5.2. Sexual violence by non-partners since age 15

Respondents also were asked whether, since they were 15 years old, they ever had been forced to have sex or to perform a sexual act when they did not want to, by anyone other than an intimate partner; 6% of the women responded "yes". There are wide variations between urban (9%) and rural areas (5%). (Table 5.2.)

Most of the women who experienced this type of abuse said that the perpetrator of sexual violence was a stranger (mentioned by 11 out of 38 women) or a boyfriend (also by 11 women). For 15 women the perpetrator is recorded as "other". (Table 4.4.)

A striking finding was that there was not a single report of a father, stepfather, grandfather, brother, teacher or church minister being the perpetrator of sexual violence.

5.3. Sexual abuse in childhood before age 15

Women were asked whether anyone ever had touched them sexually or made them do something sexual that they did not want to before they were 15 years old. Due to the high sensitivity of the issue, a two-stage process was used allowing women to first report childhood sexual abuse during the interview, second, to report this anonymously. For this second stage, at the end of each interview, the women again were asked about sexual abuse before they were 15 years old. The wording of the question was the same, but the respondents did not have to reveal their answer directly to the interviewers. Instead, they were asked to mark their answers on a card that had a pictorial representation for “yes” (a sad face) or “no” (a happy face). After the woman had ticked one of the faces, the card was placed in an envelope and sealed.

The data showed that the directly-reported rate of sexual abuse before 15 years old is 4% (22 women); in urban areas it is 5%, in rural areas 3% (Table 5.2.) Most women reported that the perpetrators were strangers (9 women). Male family members and “others” also were mentioned, but to a lesser extent (Table 5.3.)

It is not surprising that the anonymous responses using the face card revealed higher rates. Studies in other countries have shown that in many contexts more women disclose childhood sexual abuse when they are provided with a method by which they do not have to reveal this directly to the interviewer.³² The percentage of respondents reporting sexual abuse before they were 15 years old is 7%. Using both methods (direct interview and face card) resulted in an overall prevalence rate for childhood sexual abuse of 8% (Table 5.2.)

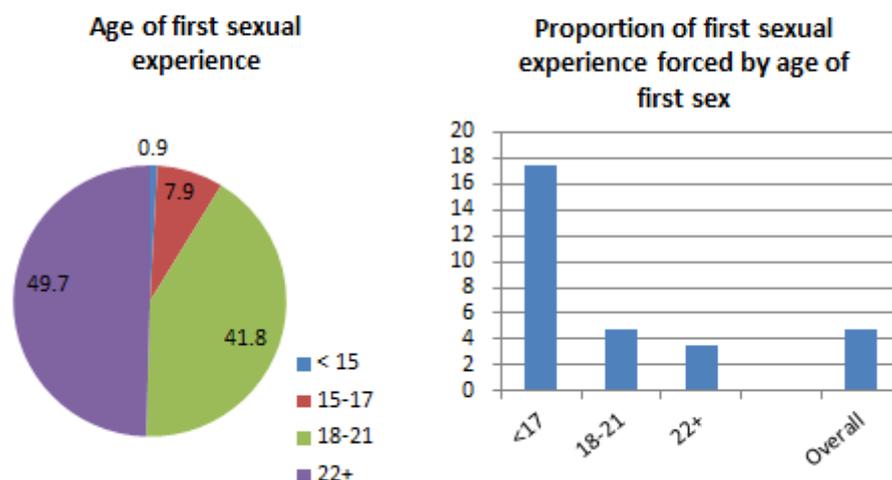
5.4. Forced first sex

Respondents who reported ever having had sex were asked at what age they had their first sexual intercourse. To explore the degree to which the first sexual experience was fully voluntary, the women were asked whether they would describe this experience as something that they had wanted to happen, that they had not really wanted to happen but that happened anyway (coerced), or that they had been forced to do.

Table 5.4 and Figure 5.2 show that only 9% of women who ever had sex, had their first sexual experience before age 18 years old, while half of the respondents had their first sexual experience after age 22 years old. Overall 5% of these respondents reported that their first sexual experience was forced, irrespective of the age at which first sex occurred. However, the younger a woman was at the time of her first sexual experience the greater the likelihood that her sexual initiation was forced (see Table 5.5 and Figure 5.2). In Tonga, 18% of women whose first sexual experience was before age 18 reported the first experience as forced.

³²Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization, 2005.

Figure 5.2. Age and nature of first sexual experience among interviewed women who ever had sex, Tonga 2009 (N=457)



5.5. Comparison of partner and non-partner violence since age 15

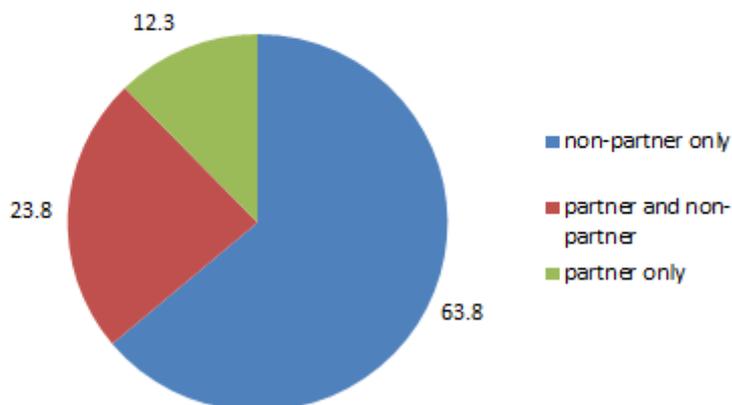
A common perception worldwide is that women are most at risk of violence from people they hardly know rather than from people they know well. To explore this issue, a measure of overall prevalence of physical or sexual violence, or both, since 15 years old, regardless of the perpetrators, was compiled for all respondents in the study, whether they ever had been partnered or not (Table 5.6.). The aggregate rates indicate that 79% of women in Tonga have experienced physical or sexual violence in their lives by partner or non-partner. Almost two-thirds of all physical violence experience is by non-partners only, one quarter by both partners and non-partners and 12% by partners only (Figure 5.3.)

This data can be used to compare the relative proportions of women experiencing violence by partners and non-partners.

When comparing partner and non-partner violence, it becomes overwhelmingly clear that women in Tonga are three times more likely to have experienced physical violence by non-partners rather than partners. This is the opposite compared to the situation in most other countries in the world.³³ Sexual violence by non-partners, on the other hand, is quite rare.

³³Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses.* Geneva, World Health Organization, 2005.

Figure 5.3. Frequency distribution of partner and non-partner physical or sexual violence, among women reporting such abuse since the age of 15 years, Tonga 2009 (N=634)



The reality that the data on the prevalence on partner and non-partner violence presented in Chapters 4 and 5 shows is that the phenomenon of violence against women is widespread and deeply ingrained in the society of Tonga. The violence that women experience is, to a large extent, physical and is perpetrated by men known to the women: by their partners, but more so by their fathers and teachers. We will see in chapter 11 - where we compare violence rates between a number of countries - that the level of physical violence by non-partners against women (mainly in childhood and teenage years) in Tonga is among the highest in the world.

As evidenced in this chapter, most of this was due to physical violence employed by fathers and teachers to “discipline” the women, even after age 15.

As for teachers, it would appear that their acts of violence are contrary to current regulations. The latest Education (Schools and General Provisions) Regulations 2002 instruct that corporal punishment is not allowed in schools. This includes emotional, degrading and injurious punishment. We found, however, that young women between 15 and 25 years old (and thus still in school in the period after 2002 when the Regulations took effect) reported at least as high levels of physical abuse as older women. This suggests that the old habits (pre-2002 head teachers were allowed to physically punish students or to delegate this to another teacher) are still pervasive. Even though the Ministry of Education has regular announcements on the radio clarifying the 2002 regulations, it seems they are not generally acknowledged, implemented and/or enforced.

6. Attitudes and perceptions about gender and partner violence

Main findings:

- The majority of women in Tonga agree with statements indicating that men are the decision-makers in the family, that women have to obey their husbands and that they cannot refuse sex. This is true for all geographical regions and age groups.
- Women with a tertiary or higher education are only slightly less likely to agree that a wife should obey, and that the man should be the boss.
- Women in Tonga perceive that changing values and practices in Tonga's society and extended family life put pressure on family and couple relations and contribute to violence

The survey included questions intended to assess gender attitudes. There were also questions to determine the circumstances under which women considered it acceptable for a husband to hit his wife and to determine the circumstances when a woman may refuse to have sex with her husband. The questions were asked to all respondents, whether they were partnered or not. This chapter summarises the results. The largest part of this chapter presents attitudes and perceptions as documented during the qualitative component of the study based on the case studies (*Talanoa*) and the household observations (*Talanoa and Nofo*).

6.1. Women's attitudes towards gender roles and violence

Women's attitudes towards gender roles

The data in Table 6.1 and Figure 6.1 show that the majority of women in Tonga agreed with statements indicating that men are the decision makers in the family, that women have to obey their husbands and that they cannot refuse sex.

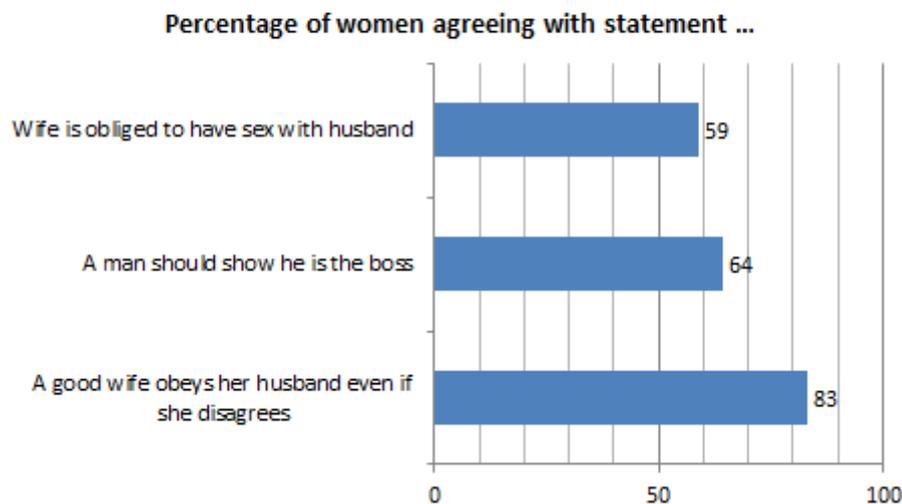
Overwhelmingly 83% of women said that they agree with the statement "a good wife obeys her husband even if she disagrees". Across the regions and the age groups, the percentage of women who consider that a good wife should obey her husband was similar. In terms of attitudes by educational level, women with a primary and/or secondary education were somewhat more likely to agree with the statement compared to women with a tertiary education.

Slightly lower levels (64%) but similar trends are found for the statement, "A man should show he is the boss".

It was striking also that 6 out of 10 women agreed with the statement that a “wife is obliged to have sex with her husband”. There was no differentiation in answers between women with tertiary education and those with less education.

These findings are of concern and great importance because they indicate that the subordinate status of women within the marital relationship is generally accepted by women themselves.

Figure 6.1. Attitudes towards power relations between husband and wife, among all interviewed women, Tonga 2009 (N=634)



The citation below is an example of the decision-making power of the male head of the family; in this case the father in-law of the respondent.

'My husband's parents are divorced and we live with my husband's mother and his brothers and sisters but the father is remarried. I was shocked when I first discovered that every Sunday, my sister-in-law and her children would always take him food. Not only that my father-in-law is still in charge of my husband's mother and the family. All the decisions about the family are still made by him and he comes home once a month to have a family meeting.'

Woman, Talanoa, Tongatapu

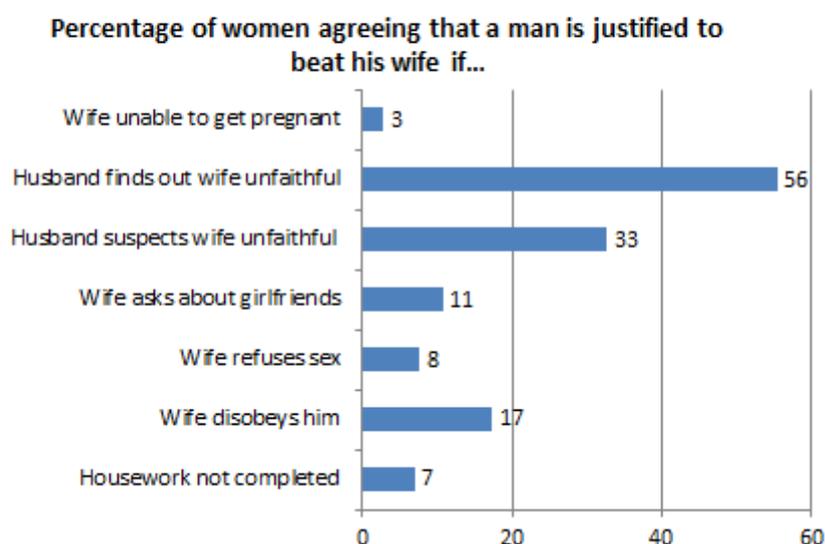
Women's attitudes around justifications for a man to beat his wife

To explore women's attitudes towards physical partner violence and whether such behaviour is a norm, a series of questions was designed to identify situations under which respondents considered it acceptable for a man to hit or mistreat his wife.

Table 6.2 and Figure 6.2 show the percentages of women who believe that a man has the right to beat his wife under the following circumstances: if she does not complete her housework (7% of the respondents); if his wife disobeys him (17%); if his wife refuses sex (8%); if his wife asks about his girlfriends (11%); if the husbands suspects that his wife is unfaithful (33%); if the husband finds out that his wife is unfaithful (56%) and if his wife is unable to get pregnant (3%). The variation in these percentages shows that women find some reasons more valid for being beaten than others.

Where we saw earlier that women with different educational levels had relatively similar gender attitudes, this is not the case with their attitudes towards violence. For all circumstances that were presented, women with tertiary or higher education were less likely to agree that it was a justification for a man to beat his wife.

Figure 6.2. Attitudes towards a man's right to beat his partner, among all interviewed women, Tonga 2009 (N=634)



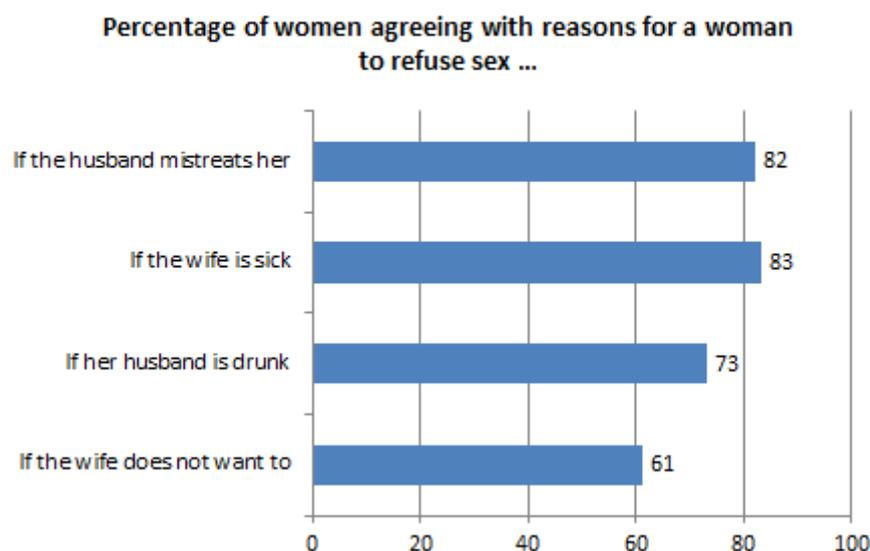
The women's answers reflect the moral beliefs of Tongan women on the values of a good relationship between a wife and a husband. These results support the notion that even though women strongly believe that their husband is the head of the household, this does not always give him the right to hit, and applies in the following circumstances: if she is unable to get pregnant; refuses sex; disobeys him; does not complete the house work; and asks about his girlfriends. It further supports the belief that most women love and respect their husbands and they expect this to be reciprocated. However, the majority of women agreed that the husband has a right to hit her if she is unfaithful.

Women's attitudes around reasons for a wife to refuse sex with her husband

(Table 6.3 and Figure 6.3.) In the survey women were asked if they believed that a woman has the right to refuse sex with her husband in a number of situations: if she does not want to; if her husband is drunk; if she is sick; and if he mistreats her. Interestingly between 73% and 83% of women believed that a wife had the right to refuse sex if the husband is drunk, if she is sick or if he mistreats her. Fewer women agreed with the statement that a wife can

refuse sex if she does not want to (61%). For these questions that examine sexual autonomy there was no significant difference between regions, age groups and educational levels.

Figure 6.3. Attitudes towards a woman’s sexual autonomy, among all interviewed women, Tonga 2009 (N=634)



Associations between attitudes and partner violence

(Table 6.4.) The results about several of the afore mentioned attitudes were analyzed further to determine any difference in attitudes between women who have experienced physical or sexual partner violence and women who have never experienced partner violence.

Women who have experienced physical or sexual violence are significantly more likely to agree with the statement, “The wife is obliged to have sex with the husband”: 67% compared to 58% for those who have not experienced violence. For the statements “a good wife obeys her husband even if she disagrees”, “a man should show he is the boss”, and “a man is justified to beat his wife if he suspects she is unfaithful”, there was no significant difference between women with or without experience of violence. This indicates that expectations around male dominance are widespread in Tongan society, reflecting a generalized societal attitude rather than normalization of violent behaviour by women who experience violence.

6.2. Perceived causes or triggers of partner violence

Reasons for violence as reported by the women in the survey

The 152 women who had experienced physical partner violence were asked about the context preceding violent incidents. A full 31% of these women reported that their husbands were drunk at the time. This was the most commonly given reason. Family problems, a

jealous partner, disobedient wife, as well as “no particular reason” were each mentioned by about 15% of the women as the reason or event that triggered the violence. Another 22% mentioned a number of other reasons such as the partner being unemployed, no food at home, he wants to discipline his wife and wife cannot get pregnant. (Table 6.5.)

6.3. Women’s perceptions of causes of violence

The qualitative results also gave us an insight into perceived causes of violence, from the perspectives of the women interviewed. These results are given below. The findings are presented and interpreted in the context of the Tongan culture and society and reflect the attitudes and beliefs of the respondents who took part in the study. The findings are presented for Tongatapu and the outer islands separately.

Key Findings from Tongatapu

Shifting values of extended family life

Qualitative results suggest that the perceived main cause of domestic violence in Tongatapu is the shifting values of extended family life or *nofo ‘a kainga*. Fundamental to maintaining harmony amongst extended families is the maintenance of respectful relationships. Such relationships are guided by principles of rank and gender, such as in the *‘ulumotu’a* (head of clan) and the *mehekitanga* (father’s sister or the sacred aunt). Additionally, these relationships are also guided by expectations and traditional protocols in respect to the duties of a woman as a wife, a mother, an aunt, a daughter in-law and as a sister in-law. Similarly, there are also expectations and protocols for a man as a husband, father, an uncle, a son in-law and as a brother in-law.

The qualitative results suggest that the perceived cause of domestic violence is due to changes in the values that have traditionally guided family relationships. The results suggest that the underlying tensions and conflicts that occur between couples and extended family members when left unresolved, lead to excessive alcohol consumption, extra-marital affairs and familial disputes, and ultimately violence.

The three key issues identified by the respondents as *major contributing factors* to the occurrence of domestic violence are:

- Changing kinship relationships
- Extra-marital affairs
- Excessive consumption of alcohol

Additionally the following factors were also identified by the respondents as increasing the risk for violence:

- Living with the extended family
- Hardship

- Young and unprepared for married life

Kinship relationships

The **most common contributing factor** to domestic violence was attributed to the changing nature of kinship relations. In all cases observed during the household based studies and the individual case studies, it was evident that the changing nature of kinship relationships directly relates to causes of familial disputes and domestic violence.

Large households or a single property holding several households are still common particularly for the rural areas and in certain cases for homes in the urban areas. The sampling procedure directed the study towards households that had mothers and wives who were at home during the duration of the study. As such, it was found that most households that participated included women who were either self-employed (e.g. traditional weaving, *tapa* making) or unemployed and/or dependent on remittances from overseas relatives.

It was not unusual to find properties that held three to four single cottages with a total number of people living on the property ranging from 15 – 20. Often such homes were supported by only a few people working and earning a stable cash flow. Incidences of hardship, poor hygiene and overcrowding were evident in some of the households that participated in the study and this was particularly evident in the urban areas of Tongatapu. Although large households and multiple families in a single property were also found in rural areas, such families tended to be more self-sustained with access to crops from their plantations and fish from the ocean.

While in the past it proved economically supportive that large families lived together and shared resources in a mutual and reciprocal way, in a changing social, economic and political context, the conditions can be taxing and more destructive than previously.

The most common dispute that eventuated in domestic violence was related to expectations around responsibilities of a wife towards her husband and to the extended family. A frequent example cited was failure to observe appropriate respect for the husband's mother and sister. Such failure to observe appropriate respect for the mother and sister-in-law was regarded as serious and often resulted in domestic violence. It was also observed that in some families, similar respects are also expected to be paid to the *'ulumotu'a*, the head of the husband's kin.

It was observed in the study that the tension and the failure to give respect was due to variations in perception of what is considered personal to the couple and their immediate family, versus matters considered belonging to the wider extended family. The data showed that this difference in perception creates tensions and often conflict amongst couples and within extended families. The differences underscore the shifting values which have historically guided relationships between couples and their extended families.

The most common source of conflict between couples and extended families is the issue of land ownership. This was most evident in urban areas, as increasingly, family land is leased to commercial companies and only a single member of the family stands to benefit from the land. As seen in one particular case, the leasing of family land to a business resulted in the

breakup of the traditional 'nofo 'a kainga' (large households, or multiple houses on a single family property).

Extra-marital affairs

The **second most commonly perceived contributing factor** in domestic violence is extra-marital affairs. An overwhelming number of cases showed that domestic violence occurred as a result of extra-marital affairs. Although it was more common to find the husband to be the one involved in the affair, it was evident that in some cases wives were also involved in extra-marital affairs. According to some female participants, they were often accused of having extra-marital affairs by their husbands, and at times by the relatives of their husbands. This was a common allegation when women were being verbally abused by relatives of their husbands. There were few cases however, where women admitted to having extra-marital affairs. These women often justified their actions by stating that they were angry with their husbands; and therefore had the affair to spite their husbands.

It was also evident that commonly, extra-marital affairs involved multiple partners and repeatedly occurred over a number of years. Associated with this form of extra-marital affair were repeated patterns of abuse, separation, and children born to the husbands by another woman. Less common but no less significant were extra-marital affairs involving one other person; these types of affairs generally eventuated in separation and divorce. A similar cycle of abuse was also observed in these cases, although they tended to occur within a shorter time span before a divorce was finalised.

It is notable that in cases where the husband was alleged to have an affair, the wife was verbally and physically abused as a result of enquiring about the allegations. Most often wives would hear of the alleged affairs from family members, neighbours and people from the village. The study also found that in certain cases of extra-marital affairs, the third party would be a woman from the neighbourhood, and in two cases the other woman was an immediate neighbour.

Other cases of extra-marital affairs occurred as a result of the husband leaving the country to find work overseas. It was common to find that the longer the period of separation the more likely the husband would have an affair while away and eventually break all contact with the wife and children. In some cases, the wife left behind, had an affair while the husband was away. In cases, where the husband returned, there was evidence of tension and abuse as they tried to resolve the problems.

Alcohol

The **third most common contributing factor** to domestic violence was perceived as excessive use of alcohol. In all reported cases of physical violence against a woman, either one or both partners were intoxicated. Most commonly, the man was intoxicated when he inflicted physical violence on his partner. The results showed that the most horrific cases of domestic violence occurred while the man was intoxicated. Most of these cases were preceded by extreme emotional and physical stress leading up to the violence and

afterwards. This included verbal abuse and in some cases complaints would be lodged to police and other family members. However, it was also common to find that shortly after the complaints were made and after talking to other family members, the victim would drop the charges and forgive her husband. The cycle of abuse would subsequently be repeated and was almost always associated with intoxication.

A most disturbing finding from this study was the frequent reported cases of violence against children. In most extreme cases, children were physically abused at the same time as the mother. This involved children being thrown against the wall, throttled and beaten until they bled. Although there were many cases that described physical beatings as routine 'discipline', there were also extreme cases of violence being committed against children at the same time as their mother, and notably, one mother believed that psychological damage was inflicted on the child. In a few cases, violence committed against a pregnant woman resulted in miscarriage.

The research shows that resoundingly the most horrific reported violence against women and children occurred while the man is intoxicated.

Living with the extended family

All abused respondents in this study believed that living with the extended family puts people at risk of domestic violence, whether this is verbal, emotional and/or physical abuse. Many incidents of domestic violence, particularly verbal and emotional, occurred where the extended family were living together. A number of participants identified gossiping as a major factor in damaging the couple's relationship. We also found cases of domestic violence as a direct result of members of the extended family physically and verbally abusing the wife. Based on these findings, it is clear that living with the extended family puts women at a higher risk of experiencing domestic violence.

However, not all communal living arrangements were pre-existing conditions for conflict. The study has shown that domestic violence actually occurs in this communal context when the nuclear family and the extended family are unable to maintain harmonious, reciprocal and understanding relationships. A frequent reference given by participants is the importance of '*tauhi vā*' - maintaining relationships to prevent conflicts and familial tension. They mentioned that living with the extended family can be supportive and harmonious if value is placed on maintaining harmonious relationships. It is when members of the nuclear and the extended family fail to '*tauhi vā*' to maintain relationships, that there is an increased risk of domestic violence.

Hardship

It is evident that women in families who are in hardship are at a greater risk of experiencing domestic violence. There were incidents of family separation as the husband leaves to find work overseas while the mother remains behind with the children. In some of these cases, either or one of the spouses finds another partner and in the event that the husband returns to Tonga, there is nearly always tension and a greater risk of domestic violence.

There is also risk of domestic violence when the family's resources cannot meet the costs of raising the children. There were two serious cases of children being neglected and suffering verbal and physical abuse. In one case the mother gave a detailed description of negligence, including lack of clothing and food and the inability to properly take care of these children. There were reported cases of children who could not attend school as the parents could not afford the school fees. There were also incidents of parents who failed to properly take care of their children, as funds were directed to other familial obligations which took priority. One particular case of domestic violence was attributed to the husband refusing a sensible course of family planning. A result of this was that the mother's health was affected as well as the health of the children.

Young and unprepared for married life

Evidence from the study also indicates that marrying young and being unprepared for married life puts people at risk of domestic violence. Data from individual case studies demonstrated that young wives were surprised to find married life different from what they had expected. Several participants stated that they were not prepared for married life, and when domestic problems occurred, they did not have the experience or the maturity to deal with these problems.

Couples who were unprepared for married life were further disadvantaged when they were using alcohol, and at times drugs, and were not able to deal with social pressures from their peers. Several cases of domestic violence illustrated conflict as a result of the young husband spending more time with his friends and drinking.

For the serious cases of domestic violence, we found a history of violence in the extended family. From this we can deduce that when a young couple is confronted with problems, it is more likely they will revert to the patterns of resolving conflict they observed in their own families.

Key Findings from Vava'u, Ha'apai and 'Eua

Shifting values of extended family life

As seen above in the Tongatapu findings, there was evidence that the perceived main cause of domestic violence against women comes from the *shifting values* of the Tongan society of today. This finding is also predominant in the outer islands and the shift is most apparent when a person moves setting. The context of that particular setting, whether it is the home of birth or a new home on another island, or new residence in a foreign land, influences the behaviour of the person. A new place of residence presents circumstances and perspectives which compel a behavioural change, and may eventuate in a disregard or suspension of one's original values. The old values may, but not necessarily, be reverted to on return to their original setting.

The perceived causes and risk factors for gender based violence from women in the case studies, and household observations in the outer islands, concentrate around the following themes:

- Economic factors are driving people to separate from their families;
- Having children outside of marriage;
- Gender and power dynamics in Tongan society.

The economic factors which drive people to separate from their families

The most common contributing factor of domestic violence against women is perceived as the inevitable break-up of the family due to financial hardship. Often this occurs when the husband goes overseas³⁴ to find employment in order to send money home to support his family. When he first travels abroad, he would send back home about TOP\$200 a week and this would be sufficient for the family's needs but as time progresses, he sends home less and less money and eventually he does not send any more. The wife and children have now lost the main source of livelihood and are now forced to find other means to survive. At the same time, they lose the father that they once loved and depended on.

Hence, the study showed that when male Tongans go overseas their values are suspended in order to fit in, and often deferred until they return. They are influenced by people overseas and the values of the country³⁵, which commonly result in leaving the wife, re-marrying and discontinuing attending church. These changes are underpinned by economic need and deflect from values once cherished at home. When this happens, the wife, children and the extended family in Tonga are faced with problems that often lead to emotional and psychological violence.

The biggest concern expressed by participants whose husbands are overseas, is the question of the legal status of their marriage. As found in this study, marrying another woman in a foreign land does not necessarily mean that the husband has divorced the wife in Tonga. This came up a lot in the outer islands and for those women whose husbands remarry either in New Zealand, Australia or the United States, there is always a constant argument between the new wife overseas and the wife in Tonga and the arguments are usually over who is the legal wife and who has the right to family resources and property. Sometimes, due to the women being uneducated, the mother-in-law would step in and claim that the divorce has been processed but when the wives go to the registry office to pick up the divorce papers, she usually finds that there is no record of divorce. Sometimes when the women give up hope of ever seeing their husband again, they chose to cohabit with another man, either to infuriate their husbands or, to seek out emotional comfort. This would complicate relationships further. For example, she may bear more children, may have multiple partners and therefore more responsibilities and an increased risk of further domestic violence from the new partners. Some women with husbands overseas said that when they were with their original husband, he did not beat her up, but the new partner

³⁴ The country mentioned most frequently in the data was New Zealand. Hawaii was mentioned only once.

³⁵ Most often these people are close relatives such as the mother.

beats her regularly. In some cases if she wants to re-marry but cannot because she is still married, the new partner leaves her as well.

The participants indicated two main reasons that a man would leave his wife in Tonga and marry another woman in a foreign land. Firstly, a new wife can secure permanent residency or citizenship for the man, which enables him to find a better and more secure job. Secondly, the husband can move out of his home with the relatives³⁶ or friends that he lived with when he first arrived to a more independent environment that affords him more freedom from family and church obligations.

As a result of the separation, women are faced with multiple disadvantages in this web of power relations. Even though the husband has illegally re-married, he retains complete control of the family in Tonga. There were many stories concerning this. One participant reported that her sister-in-law took her six children away from her when the husband who had already married another woman in Australia and had been gone for more than 5 years found out that she was living with another man. Another participant recounted that her only source of income was from the weaving of mats - not enough to pay for her children's education. When she telephoned her husband to assist with the fees, the new wife told her not to make contact again as she is the only legal wife and as such the participant has no right to call, and no right to ask for money.

Another participant reported that her husband had left her for a transgender who was a permanent resident of a foreign country. Before the husband left her, he had controlled her movements. She was not allowed to go anywhere without her husband's consent and she was told to stop smoking and drinking while the husband continued to drink and smoke. One weekend, her husband went out with his brother and the transgender friend who was a guest of the couple, to a night club. The brother returned but the husband did not. A week later, the woman discovered that he had left with the transgender. When the mother-in-law heard about it, she encouraged her son to go with the transgender to Tongatapu to apply for a visa to travel to the foreign country to find a better life.

There is also evidence that when the husband is at home with the family, he controls not only the wife and children, but also the family finances. Most women reported that they are the ones who do the weaving of the mats and other handicrafts and when they receive the money, the husband insists that the wife gives him the money. Sometimes the wife would refuse and say that the money is for the children's school fees or new uniform but instead the husband would refuse and say that he had other important things to take care of. In most cases, the women said that the husband came back home drunk after taking the money and often they would not return that weekend.

In the outer islands, the majority of the households in the study did not have people who were formally employed, rather, self-employed or working in the informal sector. The men typically go to the plantation to grow crops for the subsistence needs of the family and if he has the extra seed and resources, he can plant extra crops for the market. In the Ha'apai island group, the men grow the mulberry trees, strip and prepare them for the Tongatapu market³⁷. On Vava'u, the men plant kava, vanilla and pineapples. The women, although not

³⁶ The relatives could either be his or his wife's.

³⁷ The mulberry is used to prepare tapa cloth.

formally employed on all island groups, weave mats to sell. On Vava'u and Ha'apai, very few are involved in *tapa*³⁸ making. On the Vava'u island group, more than half of the participants are formally employed. Even though the sea is plentiful, there is no lucrative market to sell the catch to therefore, if the women go out to fish on the reef and the men go fishing, it is usually to provide the day's meal.

What the study tells us is that in the outer islands the woman is generally the breadwinner of the family. She has the skill to weave mats to sell, and to search for other employment. On the other hand, if the man is employed, he would hold jobs such as part time carpenter, security guard, soldier or working at the telephone company. Others are plantation growers or fishermen, and several choose to remain free to drink alcohol and kava, and sleep. For this later group, the husband is still the head of the household, and as such, controls the finances.

Remittances from relatives overseas are also common and this money usually goes to the church tithe. It was noted how important the church *misinale*³⁹ is to the family, taking precedence over other family needs, such as school fees and special occasions, for example, mother's day, father's day and Christmas.

Having children outside of marriage

The results suggested that having children outside of marriage is widespread and increasing, and is a risk factor for domestic violence. Young women in the outer islands are particularly vulnerable to experiencing a relationship outside of marriage and having a child from that relationship. These women are often stigmatised and shunned by the community for being 'free girls' and bringing shame upon the families.

In almost every household in the qualitative study, there is a report of an illegitimate child. Most of these illegitimate children are from single women who have had some association with a married man or a man who had visited the island for work purposes. On the island of Ha'apai it was reported that a group of men had been temporarily working on the island and these men were known to associate socially with the girls. After the men left the island, the young girls were allegedly too ashamed to come out of their homes as most of them were pregnant.

On the island of 'Eua, a young woman who had attending a technical school on Tongatapu became associated with a young man and had a child. The single mother is now back on her island with her child and looking after her sickly mother. The participant claimed that she was at a party and was sexually violated by her boyfriend. When she told her mother the story, her mother was distressed and hoped that the young man would come with his family from Tongatapu to ask for her daughter's hand. In the traditional *nofo 'a kainga* framework, this would be the honourable thing for the man to do but now, as social values have shifted, the man did not practice the conventional way of apologizing formally to the young woman's

³⁸ *Tapa* cloth (or simply *tapa*) is a bark cloth made in many of the Pacific island countries.

³⁹ The *misinale* is the annual church offering. This fund is very important to churches as it is used for the operation of the church and the church schools. There is also the quarterly church donation which is usually referred to as the "children's funds" and this is used to pay the salaries of the church ministers. Members of some churches make weekly donations in church on Sunday for the maintenance of the church. Members of other religions give a tenth of their earnings to the church.

family and asking for her hand. If he had done this, the parent's shame may have been diminished.

On the island of Vava'u, almost all of the participants in the *Talanoa* case studies were single mothers with two or more children. Of these single mothers, half were divorced and the other half were made up of mothers who were never married.

Of this group, one of the mothers was not from that island but had moved there to escape from her father who had been physically mistreating her. The young woman said that her parents had her out of wedlock. Her parents had met in New Zealand and when her mother had her, her father did not want to claim her. He insisted that they have a DNA test to verify that she was his daughter. When the test proved that she was his daughter, the father wanted to have her but the mother refused and kept the girl until she was 4 years old when the mother allowed the girl to live with her father. At this time, they had come back to Tonga and her father had married another woman and they had other children. When the participant was in High School, her father beat her with an electric wire and she was injured from this so she ran away and sailed to Vava'u where she now lives. In Vava'u, she met a young man and cohabited with him, and gave birth to a set of twins. The man, with the determined persuasion of his mother-in-law is now living in a foreign country and is married and has other children. The participant reported that even though the man is married, he still sends her children money and still sees himself as the father of the children.⁴⁰

Other single mothers on Vava'u stated that they met the father of their children in a night club. Some of them have children from different fathers and some of these fathers are married men. As the data shows, the association in the night clubs heartens most of these young and single mothers and their partners drink alcohol which put them at risk. Others on the islands of Vava'u and Ha'apai have reported that they smoke and have been introduced to drugs. This makes them susceptible to sexual and physical violence and other sexually transmitted diseases and HIV/AIDS.

There are reports from the outer islands of men who use their status and authority to take advantage of young and vulnerable women. On Ha'apai, it was reported that a church Reverend claimed he was related to the deceased father of a young girl and wanted the young girl to come and cook and clean up his house. The girl later gave birth to his child and when she told her mother that the Reverend was the father of the baby, he denied it. When the field researchers visited the house, the mother was so distressed and humiliated about the incident that she spent most of the time talking about it.

Gender issues which reflect the power dynamics in Tongan Society

The third contributing factor to domestic violence as perceived by the respondents is power dynamics in Tongan society. The majority of women in the qualitative studies agreed that the husband is the head of the household. This is rooted in the Tongan Christian belief that the woman should be subservient to her husband. This notion can be potentially damaging

⁴⁰ This case also illustrates a chain of complexities and problems and abuse as a result of the pursuit of a better material life.

to women especially when a husband uses his authority to justify his actions, for example extra-marital affairs and controlling behaviours.

Our data shows that extra-marital affairs are a common trend in the outer islands are justified by the authority that the husband has in Tongan families, and are a reason for acting violently. Given his place as head of the household and the belief that the husband owns the wife, many men regard it acceptable to have another woman and children outside of their primary relationship. Implicit approval is given by others who keep silent when this happens. Conversely when a woman has an affair, at the least she is shunned, at worst physically punished by her husband and members of her family.

We were told by several women the following happened in their families. The husband brought the other woman home and gave her a room in the house. When the wife discovered the woman was not a friend, but a lover, she was beaten and told to be quiet. Upon telling the mother-in-law who confronted the son, he denied it and beat his wife again.

There were cases where the authority of the husband was so extreme that due his extra-marital affair, he treated his wife like a child. On the island of Vava'u, a district officer of a town openly said that he could understand why women wanted to talk about their rights when they had no rights. He went on further to say that it is the man who is the head of the family and his wife, children, his children's spouses and grandchildren should all be obedient to him. The man had an extra-marital affair with another woman while his wife was still alive but now it was alleged the wife died as a result of the physical, sexual and psychological abuse applied by her husband over a long period of time.

Jealousy and controlling behaviours were pervasive. This form of violence is usually coupled with physical abuse and engenders a lot of fear in the woman. Many women reported that their husbands wanted to know where they were all the time and would restrict them from going anywhere but church. These women were not allowed to attend village meetings or any other event not affiliated with the church. In most of these cases, the husband's parents supported this rule suggesting that unless the woman did so, they were asking for trouble. The message here is that the woman is responsible for any ensuing conflict. Notably many of these men were church ministers and stewards.

Qualitative results also suggest that extra-marital affairs and violence are less likely to occur if the nuclear family lives with the extended family. This is because the husband is considered to be under the authority of the parents, and family values are still respected.

7. Impact of partner violence on women's health and wellbeing

Main findings:

- **About one in every five women (22%) who experienced physical or sexual partner violence, reported to have been injured at least once.**
- **Abused women in Tongatapu were twice as likely to be injured compared to women in the outer islands.**
- **Almost half of the women who had ever been injured had been injured more than once; one in four had been injured many times.**
- **Women who experienced physical or sexual partner violence were more likely to report “poor” or “very poor” general health than women who never experienced partner violence.**
- **Women who had experienced violence were also more likely to have had recent problems walking and carrying out daily activities, pain and memory loss, emotional distress and suicidal thoughts, mistimed pregnancies and miscarriages.**

In this chapter, we explain how partner violence impacts women's health and well-being in Tonga. The chapter begins by describing the direct effects of violence in the form of injuries and then describes women's perceptions on how violence affects their overall health. A large part of this chapter describes the findings on the associations between a woman experience over her lifetime of physical or sexual partner violence and selected indicators of physical, mental and reproductive health.

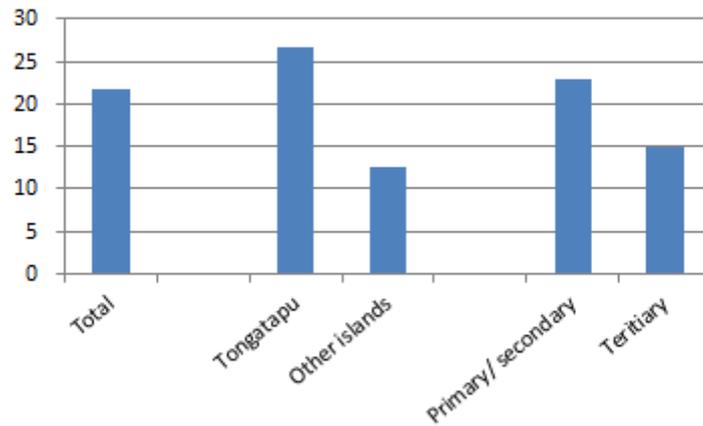
Qualitative data is presented to strengthen the interpretation, providing testimonies in women's own words.

7.1. Injuries due to partner violence

Women who reported physical or sexual violence by an intimate partner were asked whether the abuse had resulted in injuries, when it occurred, the types of injury, the frequency, and whether health care services were needed and used.

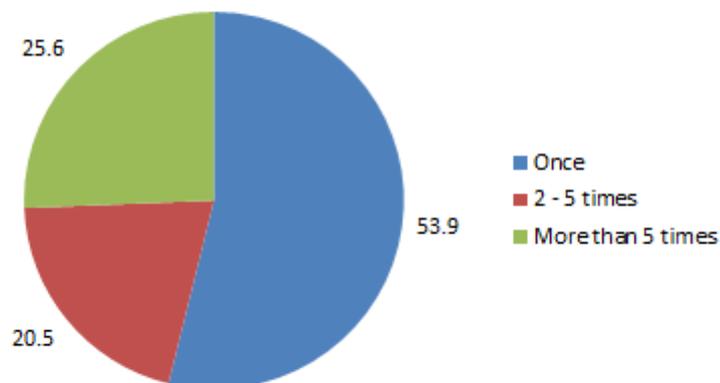
(Table 7.1 and Figure 7.1.) Approximately 22% of women who experienced partner violence reported having been injured as a direct consequence of the violence. These percentages ranged from a low of 13% on the “other islands” to 27% in Tongatapu, and even more in urban Tongatapu (30%), confirming that physical violence is most severe in Tongatapu (this is consistent with the findings in chapter 4 - that more women in Tongatapu suffer from violence in pregnancy compared to women in other islands).

Figure 7.1. Percentage of women ever injured, among women reporting physical or sexual partner violence, Tonga 2009 (N=180)



When broken down by types of violence, we see a clear relationship between injuries and the severity of violence: 19% of women who experienced physical violence only (i.e. without concurrent sexual violence) reported being injured, whereas 40% of women who experienced both physical and sexual violence reported being injured.

Figure 7.2. Frequency of injuries among women who were ever injured due to physical or sexual partner violence, Tonga 2009 (N=39)



Almost half of these ever-injured women had been injured more than once and 26% had been injured more than five times. Women who had experienced more severe forms of partner violence also reported more frequent injuries. For example, the percentage of ever-

injured women who were injured many times among those who experienced physical violence only is 20%; whereas among those who experienced both physical and sexual violence the proportion injured many times is 32%. (Table 7.2 and Figure 7.2.)

The majority of ever-injured women reported minor injuries such as scratches, abrasions and bruises (64% among those injured). Cuts, punctures and bites were mentioned by almost half of all ever injured women. Further, 4 women mentioned sprains and dislocations, 10 deep cuts, gashes, 2 eardrum and eye injuries, 2 bone fractures, 2 broken teeth, 1 burns, 1 internal injuries and 4 “other” .

Overall, 11% of ever-injured women reported that they had lost consciousness. This proportion was more than twice as high for those who reported both physical and sexual violence, which, again, supports that those who report both physical and sexual violence have experienced more severe forms of physical violence. One in 10 ever-injured women reported they had been injured enough to need health care. Of these 17 women who needed health care, 6 always received the healthcare they needed; 9 sometimes; while 2 never received the care they needed. Of the women who received health care for their injuries, 60% told the health personnel the real reason for their injuries (not presented in table). That means 40% concealed the real reason for their injuries.

A number of women in the qualitative study in Tongatapu indicated that the physical evidence of the beating was evident on the faces of the victims, with bruises and more extreme cases, cuts to the lips and broken noses. It was observed that in such serious cases, it was more likely that the police would be contacted rather than the hospital. However, in two cases, the women were taken to hospital for treatment for injuries which were a result of physical beatings.

In the qualitative studies in the outer islands, women reported that they received black eyes, bruises, cuts, swelling on different parts of the body, loss of teeth, and a broken arm, as a result of physical violence.

‘I was in our outside kitchen one day frying some fish. My husband came home and he was drunk. He was angry at me and he picked up the coconut scraper and hit me hard on my mouth. I lost 3 teeth that day and luckily I did not lose the baby I was carrying.’

Woman, Talanoa, Ha’apai

7.2. Self-reported impact of partner violence

Women who disclosed physical or sexual violence by a partner were asked whether their husband’s behaviour had affected their physical or mental health and whether it had affected their work or income-generating activities.

(Table 7.3.) 43% of respondents who experienced partner abuse reported that the violence had affected their health (16% reported that their health was affected a lot). It was substantially higher in Tongatapu compared to the other islands.

Among the 180 women who reported physical violence, almost half (88 women) worked. Among these 88 women, 11 reported that they had to take leave from work due to injuries or sickness as a consequence of partner violence, 7 reported that they could not concentrate on their work and 1 that her partner had stopped her from working (not in table).

The responses from the women in the qualitative component of the study show that violence perpetrated by husbands or partners leads to psychological and physical injuries, and in extreme cases, it was alleged to lead to death.

One woman shared how she was not only upset about being beaten, but also shameful about the incident.

'My husband came to my workplace to tell me to give him the money that his father had sent us to help us out. I did not want to give him the money because he would just use the money for his alcohol and his woman. I said no and he got very angry and left. On my way home after work, I was surprised when my husband attacked me. I was at the waterfront next to the bus terminal. He beat me and dragged me and I was so ashamed because there were people everywhere.'

Woman, Talanoa, Tongatapu

The woman who is cited here had been beaten so often that when she told her story, rarely did she mention the physical pain because she felt the emotional and mental pain was greater.

7.3. Partner violence and general health and physical symptoms

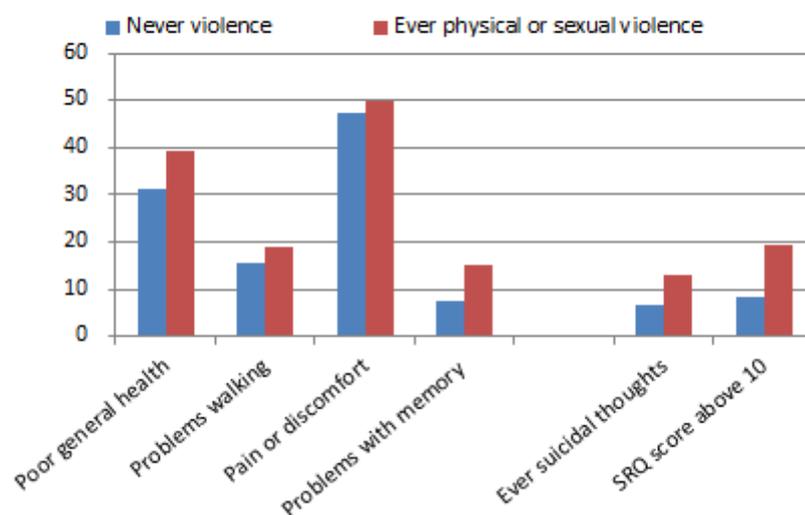
Early on during each interview (prior to questions regarding partner violence), all women were asked about their health status. To determine any association between violence and health, we compared the answers on health from women who reported experiencing physical and/or sexual partner violence, with those who did not. Because of the cross-sectional nature of the survey, we are limited to measuring “associations”. It is not possible to demonstrate causality.

All women were asked whether they considered their general health to be excellent, good, fair, poor or very poor. The data showed that women who ever had experienced physical and/or sexual violence were more likely to report poor or very poor health than those who had not experienced violence. Approximately 39% of women who had ever experienced physical and/or sexual violence by an intimate partner reported that their health was poor or

very poor, while only 31% of women with no experience of partner violence reported poor or very poor health. In both urban and rural areas, women who ever experienced physical and/or sexual violence were more likely than women who had not experienced violence to report that their general health was poor and very poor. In urban areas, the percentage is 45% and 30%, respectively; in rural areas, it is 38% and 32%, respectively. Similar results were found for Tongatapu and the other islands.

Women also were asked whether they had experienced any problems with walking, performing daily activities, pain or discomfort, and problems with memory and concentration, during the four weeks before the interview. For each of the physical symptoms, women with experience of physical and/or sexual violence by a partner were consistently more likely to report problems in the past four weeks compared with women who had never experienced partner violence. (Table 7.4 and Figure 7.2.)

Figure 7.3. Percentage of women who self-reported physical and mental health symptoms, according to experience of partner violence, Tonga 2009 (N=455)



Women were then asked about their use of medical services and certain medicines (to sleep, to relieve pain and for depression) in the four weeks preceding the interview. Comparisons between women who ever had and those who had not experienced violence did not however show a statistical difference in the use of these services and medicines. (Table 7.5.)

7.4. Partner violence and mental health

Women were asked a number of questions to assess their mental health status, as measured by suicidal ideation and by self-reported symptoms of depression.

Women who experienced physical or sexual violence were two times more likely to report suicidal thoughts than those who had not experienced violence (13% and 7% respectively).

In urban areas the difference was more marked and women who experienced violence were almost three times more likely to have contemplated suicide (21% vs. 8%). Similar trends were found among women who at some time had attempted suicide.

The second indicator of mental health was measured using the self-reported questionnaire (SRQ) score. The SRQ20 is a screening tool for depression and consists of 20 questions about symptoms experienced in the previous four weeks. The more questions that are answered with “yes”, the more likely a person is suffering emotional distress. The results show that women who experienced partner violence were more than twice as likely to score 10 or more on the SRQ scale compared to women who had not experienced partner violence, with mean scores of 6.4 and 4.7 respectively. (Table 7.4 and Figure 7.3.)

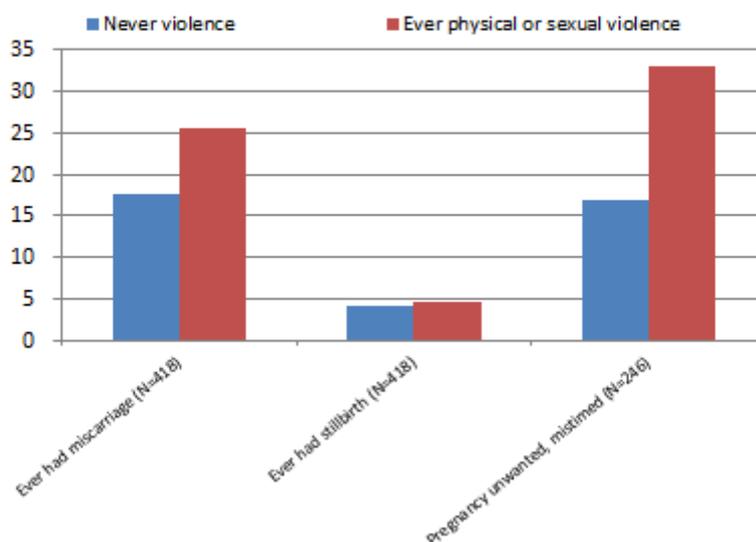
7.5. Partner violence and reproductive health

All women were asked about the number of pregnancies, miscarriages and abortions. Only very few women reported stillbirths and not a single women reported abortions. The results however show an association between the experience of violence and miscarriages; 25% of women who experienced physical and/or sexual violence reported at least one miscarriage, whereas among those who had not experienced physical and/or sexual violence, only 18% reported miscarriages.

Women who had a child (live birth) that was born in the five years preceding the survey, were asked if the pregnancy had been wanted; whether she had wanted to wait until later; whether she did not want to have (more) children; or if she did not mind either way.

The results indicate that women who experienced partner violence had a significantly higher risk of mistimed pregnancies (these are pregnancies that are either unwanted or wanted later). The percentage of women who experienced physical and/or sexual violence that had a mistimed pregnancy was 33%, whereas this was only 17% for women who had not experienced violence. (Table 7.6 and Figure 7.4.)

Figure 7.4. Reproductive health outcomes, among women who were ever pregnant, according to experience of partner violence, Tonga 2009



Women with a live birth in the last five years were also asked if they had used antenatal care for that pregnancy. Almost all (98%) of women claimed to use antenatal services during pregnancy, therefore we could not determine any difference in the use of antenatal services between women who did and did not experience partner violence.

The qualitative study provided complementary information on the impact of violence on health, showing that violence not only impacts women physically and mentally, but is also linked closely to negative reproductive health outcomes. The interviews show that women who lived in a violent situation ran an increased risk of unplanned pregnancy and sexually transmitted infections (STIs), and were unable to negotiate safer sex or contraception. One woman shared her concern for her health and how she tried to make her husband understand her situation.

'My husband wants to have sex almost every night and most of the time I do not want to because I am afraid for my health. The last time I got pregnant, my baby was not yet one year old and when I gave birth to my other child, I lost a lot of blood and the doctor advised me to stop having babies if not, to use contraceptives. I told my husband this and to him, my saying that word to him is like swearing at him.'

Woman, Talanoa, Tongatapu

7.6. Discussion

The study in Tonga suggests that experiences of intimate partner violence are associated with a number of direct and indirect physical, mental and reproductive health outcomes. This is consistent with findings in other countries where the WHO multi-country study

methodology has been used, as well as other studies from around the world that show that women who are physically abused often have many somatic complaints, including chronic headaches, abdominal and pelvic pain, and muscle aches.^{41,42,43}

Except for injuries that are clearly a direct result of the violence experienced, we are unable to establish whether exposure to violence occurred before or after the onset of symptoms because of the cross-sectional design of the study. Theoretically, women who reported ill health could have been more vulnerable to violence. Nevertheless, there is some evidence of the temporal association between violence and ill-health, in that we recorded an association between self-reported symptoms in the four weeks preceding the interview (i.e. recent symptoms) and self-reported symptoms from experiences of partner violence over a lifetime, some of which may have been a long time ago in a woman's life. This suggests that the impact of violence may last long after the actual violence has ceased.

Unlike many other countries, more women in Tonga experience violence by non-partners than by partners, which may confound or dilute the findings on the associations between partner violence and health outcomes. A more advanced multivariable logistic regression analysis would be required to find any associations that remain after controlling for possible confounding factors. This is beyond the scope of this report.

We found a statistically significant association between women's experience of partner violence and unwanted or mistimed pregnancy. This was also found in other studies in the Pacific region, such as the Solomon Islands.⁴⁴ Other studies also show that women who had experienced violence had more unwanted pregnancies, higher fertility levels and a lessened ability to use contraceptives.⁴⁵ This indicates that women who have experienced violence have less control over their reproductive health choices. Health care providers will need to consider how partner violence influences some of their patient's use of reproductive health services, particularly contraception, and the higher risk of unplanned pregnancy and sexually transmitted infections among abused women.^{46,47}

⁴¹ Campbell JC. Health consequences of intimate partner violence. *Lancet* 2002, 359:1331-36.

⁴² Ellsberg M, Jansen HAFM, Heise L, Watts CH, and Garcia-Moreno C. Intimate partner violence and women's physical and mental health in the WHO multi-country study on women's health and domestic violence: an observational study. *Lancet* 2008, 371:1165-72.

⁴³ McCaw B, Golding JM, Farley M, Minkoff JR. Domestic violence and abuse, health status and social functioning. *Women Health* 2007, 45:1-23.

⁴⁴ Secretariat of the Pacific Community for Ministry of Women, Youth & Children's Affairs. *Solomon Islands Family Health and Safety Study: A study on violence against women and children, 2009.*

⁴⁵ Kishor S, Johnson, K. Domestic violence in nine developing countries: a comparative study. Cleverton, MD: ORC MACRO International, 2004a.

⁴⁶ Ellsberg M. Candies in hell: women's experiences of violence in Nicaragua. *Social Science and Medicine* 2000, 51:1595-1610.

⁴⁷ Fanslow J, Whitehead A, Silva M, Robinson E. Contraceptive use and associations with intimate partner violence among a population-based sample of New Zealand women. *Australian and New Zealand Journal of Obstetrics and Gynaecology* 2008, 48:83-89.

8. Impact of partner violence against women on their children, intergenerational aspects of violence

Main findings:

- **More than half of the women who experienced physical partner violence also reported that their children have witnessed this at least once. In two thirds of these cases the child had witnessed multiple times that his/her mother was beaten.**
- **Women who experienced partner violence were more likely to have a partner whose mother had been beaten or who himself was beaten as a child.**
- **In Tonga physical violence against children is seen as a normal way to discipline them.**
- **The findings suggest that boys who have been beaten, or who have witnessed his mother beaten, are more likely to commit domestic violence.**

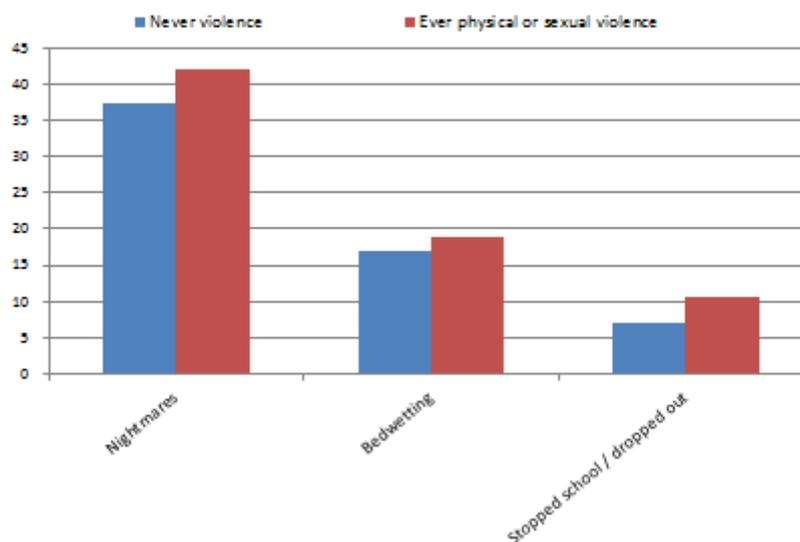
This chapter explores associations between a woman's experience of partner violence over her lifetime and behavioural problems in her children 6-14 years old. It also describes the proportion of women who reported their children witnessing the violence, and it explores the intergenerational aspects of violence: how witnessing or experiencing violence has an impact on the next generation.

8.1. Partner violence and the well-being of children

Among the women in the survey, 398 had children between 6 and 14 years old living with them. These women were asked about behavioural problems among their children: whether their children had frequent nightmares; often wet their bed; were extremely timid or extremely aggressive. These women were also asked about school enrolment and school dropout among their children. This was addressed before questions on partner and non-partner violence. In this analysis we compare the behaviour of children from women who reported partner violence with those who had not reported partner violence. It does not take into account whether these children witnessed the violence against their mother or not.

(Table 8.1 and Figure 8.1.) Women who experienced partner violence were slightly more likely to report that their children had behavioural problems. The differences however were not statistically significant.

Figure 8.1. Behavioural problems in children, as reported by partnered women with children 6-14 years old, according to experience of partner violence, Tonga 2009 (N=254)



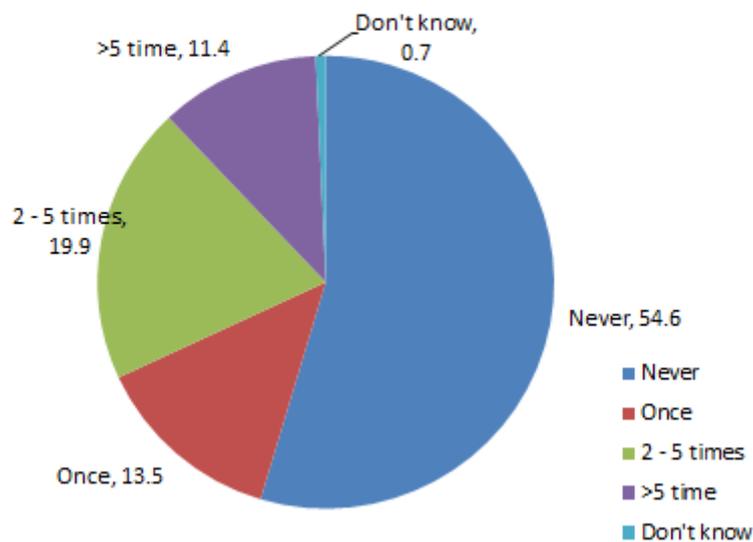
In other countries where similar studies have been done, the effect on children of domestic violence against their mother is often much clearer. It should be noted that the Tongan data shows that a relatively high proportion of women state that their children have behavioural problems. Approximately 40% reported that their children 6-14 years old had nightmares, 18% reported bedwetting and 37% reported that their children were very aggressive. With the quantitative data on abuse by non-partners (Chapter 4) and the qualitative data on violence against children, we documented that most children in Tonga are experiencing physical violence. We can hypothesize that a child's direct experience of violence also has an effect on a child's behaviour and that therefore it is difficult to recognize a net effect on the child of the violence against his/her mother.

8.2. Children witnessing violence as reported by women

Women who experienced physical partner violence were asked whether their child(ren) had ever witnessed this violence and how many times they had witnessed it.

Almost half of the women who experienced physical partner violence reported that their children had witnessed it (Table 8.2 and Figure 8.2.). A full 14% reported that they had witnessed the beating once or twice; 20% reported that it happened several times, and 11% said that it happened more than five times. In urban areas, women were more likely to report children witnessing violence than in rural areas. The real proportions may be higher because women are not always aware whether their children witnessed them being beaten.

Figure 8.2. Children witnessing domestic violence, as reported by women experiencing physical partner violence, Tonga 2009 (N=141)



In Section 8.1 above, we showed that living in a household with a woman who is abused affects the children’s well-being. While the fact of living in a household where the mother experiences violence in itself affects children, direct witnessing of this violence against the mother may further affect the well-being of the child. Parental behaviour may be copied later in life by some children witnessing it because the child has learnt that this is how adults behave.

In the qualitative study we noted that many women are afraid of their husbands especially if he is physically and sexually abusive. One woman in ‘Eua said,

‘Whenever my husband gets very angry, he would shout at me and I and my children would be very scared.’

Woman, Talanoa, ‘Eua

8.3. Intergenerational violence

Learning and copying behaviour from parents could be explored further by examining the experiences of the respondent and her partner when they were children themselves. In the survey, women were asked whether their father beat their mother when she was young, whether their partner’s mother had been beaten when her partner was a child, and whether her partner himself was beaten as a child.

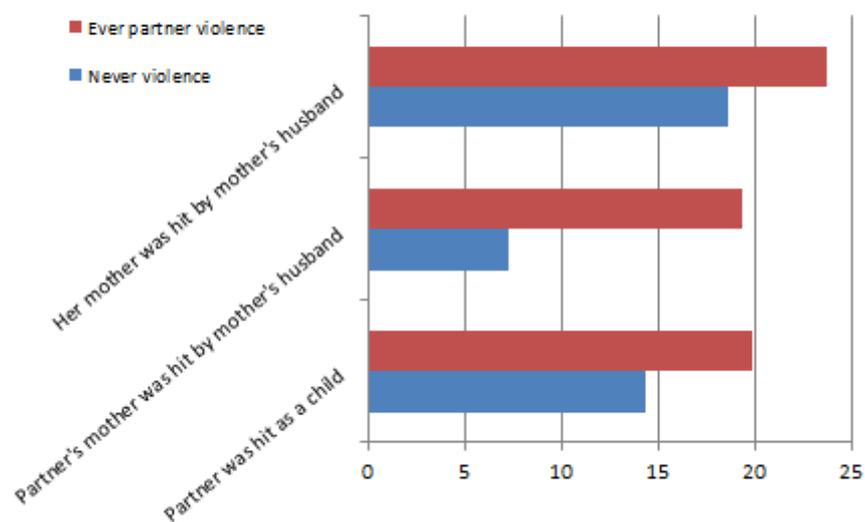
We found that 21% of all ever-partnered women reported that their mother had been hit by their mother’s husband (and among these 94% mentioned they had seen or heard this violence). Further, 12% of women reported that their husband or partner’s mother was hit by

her own husband; as much as 16% of the women reported that her husband or partner was beaten as a child.

Women who experienced different types of partner violence were compared with women who did not report violence (Table 8.3 and Figure 8.2.). A woman who has experienced partner violence is more likely to have had a mother who was beaten, and to have had a partner whose mother was beaten as a child, or who himself was beaten as a child, compared with women who had not experienced violence. For women who experienced severe physical violence, this relationship is even stronger -- they are three times more likely to have a partner who witnessed violence against his mother when he was a child.

This is evidence for the part that childhood experiences play as a risk factor for future violence. If a man experienced violence in his family as a child, he is not only at risk to experience more problems with his well-being during his childhood, but he has a higher risk of becoming a perpetrator of violence against women as an adult. In chapter 10 on risk factor analysis, we will explore this more in-depth.

Figure 8.3. Violence in family home of respondent and her partner, according to whether women reported partner violence, Tonga 2009 (N=451)



A most disturbing finding from the qualitative component was the frequently reported cases of child violence. In the most extreme cases, children were physically abused at the same time that the mother was being abused. This involved children being thrown against the wall, throttled and beaten until they bled. Although there were common cases that described the 'discipline' of children and young teenagers that involved physical beatings, there were extreme cases of violence being committed against children as part of the violence being committed against the mother.

The qualitative study in Tongatapu did document as one of the most serious consequences of domestic violence, the impact on the children. In all reported cases of domestic violence, the couples involved had children. In the extreme cases reported, children were also victims of the domestic violence, often injured in the process. There were several reported cases of violence against children reported from the household data as well as from the individual case studies.

There were at least two cases where the participants blamed the violent behaviours of their husbands on his family background, which was also often violent and abusive. By such reports then, it is most likely to assume that the impact of domestic violence on the emotional and psychological health of these children can be long lasting and damaging.

The results for the outer islands also show that the children were adversely affected by the violence. There were reports of children being beaten together with their mothers. One mother reported that she feared for her son's life as she was carrying her son one night, her husband was intoxicated and he came to beat her up. When he saw that she was carrying their son, he pulled the son away from her and tried to swing and hurl him to the ground but his sister heard and she snatched the child away saving him from a near death.

In other cases noted on the outer islands, the children act as the mother's protector. In one incident, the mother was attacked with a knife by the husband. The son was with the mother at that time and he noticed his father moving toward his mother with a knife so he jumped up and pulled the knife away from the father before he could reach the mother. In other cases, the husband would reach home drunk late at night, and the woman would ensure that she woke the children to be with her when her husband walked in.

Children are regularly exposed to parental disagreements, and this is largely unavoidable due to the small and intimate housing arrangements (small homes on the outer islands and on average two or three houses on a piece of town allotment). Many parents also do little to hide their conflict since violence is condoned in Tongan society.

9. Women's responses to partner violence and their coping strategies

Main results:

- Almost half of the women who had been physically or sexually abused by their husbands or partners never told anyone about the violence before the interview for the survey. If women had told someone, it was usually a family member, and, less commonly, friends or neighbours.
- A total of 75% of abused women never sought help from formal services or people in authority. If they sought help, usually when the violence was severe, it was most commonly from the health services (12%), the police (12%) or religious leaders (8%).
- Women were generally satisfied with the support received from the services or persons of authority they went to for help.
- Women would especially seek help when their situation became intolerable.
- About one third of abused women left home for at least one night. If they left home, on average they stayed away for two weeks. Women usually returned home because they were asked to by the husband or family, as well as other family reasons.

Little has been known about women's response to partner violence, including the help sought and received from informal networks such as families and friends, and more formal government and non-government agencies. To explore these issues further, respondents who reported partner abuse were asked who they spoke to, where they sought help, who helped them and whether they had fought back or left their partner because of his violence. If a woman had been abused by more than one partner, questions were asked about the most recent partner who had been violent towards her.

Coping was also explored in the qualitative study to allow a better understanding of this in the Tongan context.

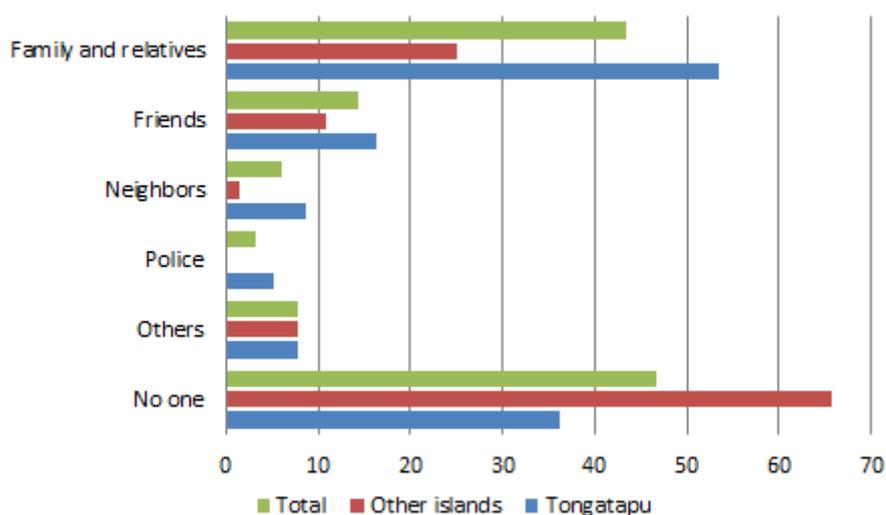
9.1. Who women tell about violence and who helps

Who women tell about violence

Women who experienced partner violence were asked whether they had told anyone about their partner's violent behaviour. The question was an open one, however women were told that multiple answers could be given.

Nationwide, almost half of the abused women (47%) reported that they had not told anyone about their partner's physical or sexual violence. Women in rural areas were more silent about it than women in urban areas (52% versus 32%). Women on the outer islands were most unspoken, with 66% reporting in the interview that they had not told anyone. This suggests that for many women, the interviewer was the first person they had told about their partner's violence. (Table 9.1 and Figure 9.1.)

Figure 9.1. Proportion of women who told someone, among women who experienced physical or sexual partner violence, Tonga 2009 (N=180)



If women spoke with anyone about their partner's violence, in most cases it was with family members (43% of all abused women). This was especially the case for women in Tongatapu where more than half of the women confided in their family members. Among the family members, the woman's parents were the most frequently mentioned category.

In some cases, women also told friends or neighbours about their husband's violence: 14% of them had spoken with friends, 6% to neighbours. It is interesting to note that in Tongatapu, 9% of women who experienced violence had spoken about it with neighbours while only 2% of women in the other island groups had spoken with neighbours.

Without being prompted, 3% said that they had told the police. All 3% were women in Tongatapu; on the other island groups not a single woman mentioned she had told the police.

Who helps?

Women who experienced physical or sexual violence by a partner were asked in an open question whether anyone ever tried to help them. (Table 9.2.)

Between 54% (Tongatapu) and 83% (other islands) of women reported that no-one had ever tried to help them. Only a very few women from the outer islands said that someone tried to

help. Those who tried to help were predominantly family members (mentioned by 24% of abused women nationwide, most of which are in Tongatapu). The family members mentioned most were the woman's parents.

About one in ten (11%) mentioned that friends tried to help them when they had experienced violence (in urban areas this was 21% and in rural areas only 7%). More women in rural areas said that neighbours tried to help (11%) compared to urban areas (2%). These women were almost all from rural Tongatapu. Only 2% mentioned that the police tried to help (these women were all in rural Tongatapu).

The qualitative research demonstrated that in some cases the extended family provided a support network for an abused woman. However it also showed that often the "support" of parents and parents-in-law was not effective or made matters worse.

We live on a small compound. My mother-in-law lives in the main house with my husband's younger brother and sister and I and my husband live in a small house just beside theirs. My mother-in-law always knew that my husband mistreated me and hit me but she did not stop him. One day, after returning home from taking a balanced meal for one of my children at primary school, he was waiting angrily for me. When I entered the house, he started to shout at me and ask me where his food was and why I had to go and give food to the school when he was hungry and also why I had taken so long to come back home. I told him that I had left him some food in the kitchen and before I could finish my sentence, he started to punch me all over my body. I tried hard to defend myself and also to escape his punches but he was too strong. I did not want him to land a punch on my face so I fell to the ground and this angered him so he started kicking me on the abdomen, my thighs and on my legs. I cried out for him to forgive me and to stop but he didn't. He kept on kicking me and finally, he got tired and went out of the room and left me on the floor. I crawled out of the room, my children were crying and watching from one corner of the room. I crawled to the door and I saw my mother-in-law and when she saw me, she looked away. I knew that she was there the whole time but she did not even attempt to come and stop her son.

Woman, *Talanoa* on 'Eua

Migration and work are factors that bring change to the traditional kinship structure, placing an increased emphasis on relations with neighbours, church ministers, friends, colleagues and foreigners. With this, tensions and challenges are emerging, which may weaken a woman's traditional support system. The attitudes to this are mixed.

In several cases involving extra-marital affairs, the affair was with a woman who was living next door. In traditional forms of living arrangements, as in *nofo 'a kainga*, the next door neighbour would have been a relative of close blood ties, and the data suggest that the breakdown of *nofo 'a kainga* may result in more affairs.

Similarly, in two cases of domestic violence where the women were beaten and locked up, they were not helped for two days when their relatives came looking for them. In the traditional living arrangement, some women said that it was less likely to have occurred as other family members would have been present and intervened.

For other women, they believe that the traditional safety net is not strong enough to protect them and that in fact the Tongan traditional culture and customs encourage domestic violence and act as a catalyst for emotional abuse.

One woman on Tongatapu reported the following:

'When I was only 19 years old, I eloped with my husband and got married. We moved into a small house, one bedroom house, which only had a dirt floor and card board walls. My parents felt sorry for us and bought concrete and timber for us to build a new house. When my in-laws saw the building material, they told me that the material will be used to build my husband's older brothers house. I cried to my husband about this and he told me to shut up because that was the right thing to do. When I questioned his decision, he beat me up but I could not tell my parents about this.'

Woman, Talanoa, Tongatapu

In Tongatapu we observed that domestic violence affects other extended family members. Other family members were often called upon to help stop the beating, and other incidences showed that family members were called upon to help house and feed the children in the course of a family separation. Based on Tonga's strong family ties with the extended families, it is most likely that the impact of domestic violence on the extended families can be disturbing, stressful and painful. In one case, the sister of a victim came to her rescue having tried for days to contact her sister who had been beaten and locked inside the house for days by the husband.

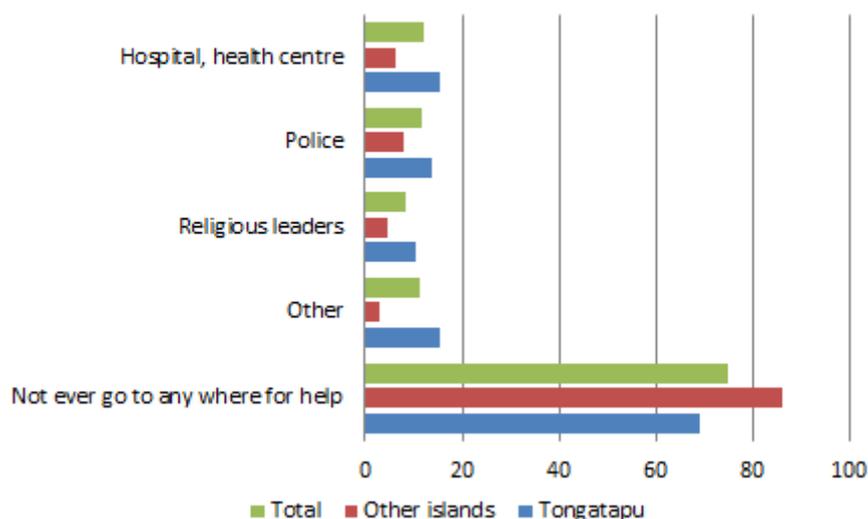
9.2. Agencies or authorities to which women turn for support

To whom do women go for support?

Respondents were asked whether they had gone to formal services or people in positions of authority for help, including the police and health services (Table 9.3 and Figure 9.2.). The services were presented to them one by one and women were asked to respond "yes" or "no" depending on whether they had sought help from the aforementioned service.

A total of 75% of women who experienced intimate partner violence reported that they had not sought help from any of the services. Only 25% of women subjected to violence had sought help from different agencies. The women who sought help were mainly from Tongatapu. The services and agencies where women went for support were: hospital or health centre (12%), police (12%) and church ministers (8%). Only very few women mentioned legal advice centre (3%), court (3%) and women organizations (3%; these were all from Tongatapu). Only 1% mentioned shelters and local leaders.

Figure 9.2. Proportion of women who sought help from official agencies, among women who experienced physical or sexual partner violence, Tonga 2009 (N=180)



Despite the high number of domestic violence reported in the qualitative study, only three cases (all in Tongatapu) were reported to the police. Of these three cases, only one case had progressed through to the court, the other two cases were dropped before they reached court. In the one case where the complaint had reached a court date, it was evident from the data that the pending court case had created further tension between the families of the husband and the wife. What is evident here is the need to have a deeper understanding of processes that the police and the magistrate court can adopt to assist in resolution of these cases.

Respondents' satisfaction with the support received

Despite the fact that only few women ever sought support from official agencies or authorities, most women who did, reported that they were satisfied with it, regardless of the provider (Table 9.4.). This shows that it is not dissatisfaction with services that are a key factor in women not using them.

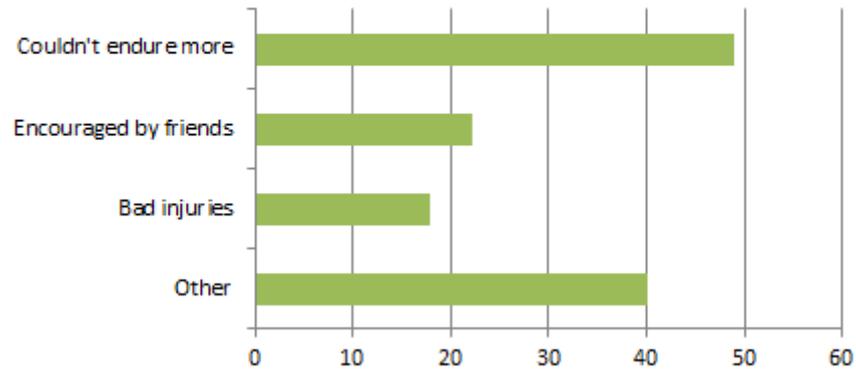
Reasons for seeking support from agencies

Women's attempt to seek help was strongly related to the severity of partner violence that they experienced. Women who had experienced severe violence were more likely to seek support than women who had experienced moderate violence.

When asked about the reasons for seeking help, it is clear that these reasons were related to either the severity or the impact of the violence. Half of all women subjected to partner violence reported that they sought help because they could not tolerate the violence any

longer. The other most frequently given reasons were severe injuries (18%), or they were encouraged by their friends (22%). (Table 9.5 and Figure 9.3.) Two women sought help because their partners threatened to hurt the children.

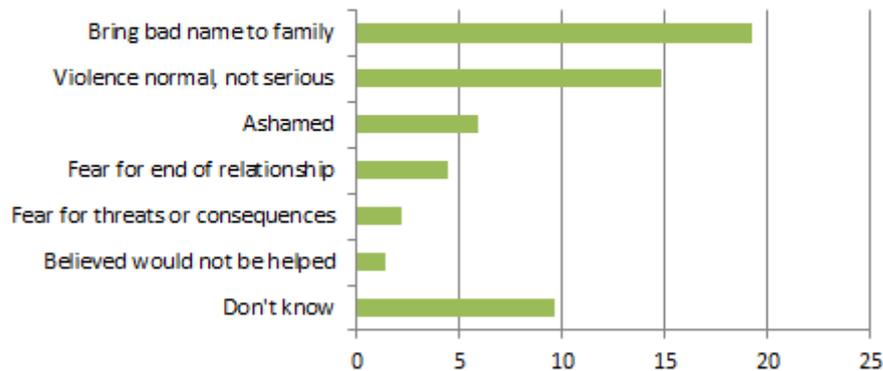
Figure 9.3. Reasons for seeking help among women who sought help for partner violence, Tonga 2009 (N=45)



Reasons for not seeking support from agencies

Women who had not sought help were also asked why. The most common explanation was that they did not want to bring a bad name to the family (19%; with a higher proportion in rural areas), followed by considering that the abuse was “normal and not serious” (15%). 10% could not give a specific reason and 6% mentioned they were ashamed to seek support. Other less frequently given reasons included fear for the end of their relationship (4%) or fear of the consequences (2%). (Table 9.6 and Figure 9.4.)

Figure 9.4. Reasons for not seeking help among women who did not seek help for partner violence, Tonga 2009 (N=135)



9.3. Leaving home due to the violence

Do women leave home?

Women who reported physical or sexual violence by an intimate partner or husband were asked if they ever left home because of the violence, even if only overnight.

As much as one third of the women (32%) had left home because of partner violence. 17% reported that they had left 2-5 times and 16% reported leaving once. (Table 9.7.)

The mean number of days that women stayed away from home was 16 days (14 days in Tongatapu and 19 days in the other islands).

Reason for leaving home

Women who left home were asked about their reason for leaving based on the last time they left. As with seeking help, they motivations were strongly related to the severity of violence. The data showed that 61% of women reported that they had left because they could not tolerate the violence any longer; 23% said they were aware of their rights; 11% could not give a clear reason; while 7% were encouraged by friends and 5% were badly injured. The following reasons were each given by 4% of the women: he had threatened to kill her; he had thrown her out of the home; she was afraid that he would kill her' and she was afraid that she would kill him. (Table 9.8.)

Some women left the relationship for good. In the qualitative observations in Tongatapu, in all reported cases of domestic violence, the families experienced separation, some of which resulted in divorce. In several cases of separation and eventual divorce, the domestic situation did not improve, and there is evidence of neglect of children by either spouse, compounded by serious hardship endured by the spouse left to take care of the children.

I left my husband because I could no longer stand the abuse, lies and his unfaithfulness. When he hit me, I was able to tolerate this because I still loved him but when I found him naked in a small hut with another woman, that was the last straw and this is what made me determined to leave him.

Woman, *Talanoa*, Tongatapu

Reasons for returning

Women, who returned after having left their husband temporarily, were asked about their reasons for returning. Overwhelmingly, women returned because of their love and concern for their children, and their love and respect for their husband. A total of 48% said that the husband asked her to come back; 23% said they could not leave the children; 18% returned for the sake of the children; 23% said they loved their husband; 13% said the family told her to return; 13% thought he would change; and 11% said they forgave the partner. This points to the importance that Tongan women place on keeping the family together, protecting the children and emotional attachment (Table 9.9.)

Reasons to stay

Women, who never left home as a result of violence, gave similar reasons for not leaving as the ones who returned. Women stayed because they loved their partner (36%), they did not want to leave the children (27%), they forgave him (20%), they stayed for the sanctity of the marriage (16%). A few women (8%) stayed because they considered the violence was not serious enough (Table 9.10.). Some had other reasons. Among them, five mentioned that they stayed for the sake of the family, four because they believed they could not support their children on their own, and four because they were unable to stay at the place they wanted to go (not reflected in table).

9.4. Fighting back

Do women fight back?

A high proportion of women who experienced physical partner violence fought back physically in retaliation or in self-defence: 41% of all abused women. The data showed that 50% of the physically abused women in Tongatapu, and 26% in the other islands, had fought back at least once, 8% of women in Tongatapu and 4% in the other islands had fought back many times. More women in urban Tongatapu fought back and with a higher frequency than women in the

rest of the country. Women in the other islands rarely fought back and if they did it was only once or twice. (Table 9.11.)

Impact of fighting back

Almost all women who fought back (98%) reported a change after doing so. For 25%, the violence got worse, but for 3 out of 4 (75%) fighting back had a positive effect, in that the violence lessened or stopped, if only temporarily. This was similar throughout the country. (Table 9.12.)

It is relevant to note again that while about 4 in 10 abused women fought back in retaliation or self-defence, much less (18%) of all partnered women, reported they initiated violence against their husbands (this was also touched on in Chapter 4).

9.5. Women's own descriptions of their coping strategies

This section describes women's own perceptions on what they do to cope with and respond to partner violence based on the qualitative data. The results are given for Tongatapu and the outer islands separately.

Coping strategies - Tongatapu

Lotu - Faith

The most utilised coping mechanism for women dealing with domestic violence in Tonga is 'lotu', that is, prayers and seeking peace in their faith. Even in the most extreme cases of domestic violence, participants believed that prayers and going to church helped them process the 'hurts and pains' of domestic violence and ultimately find some resolution. It is significant to note that out of the women who mentioned 'lotu' as a coping strategy, only two had visited a church minister and had found his counsel effective. The majority of participants believed that their Christian faith held the key to maintaining peaceful and harmonious relationships within the nuclear and extended families. Women in Tonga believe that when a person lives the life of a true Christian and prayers are honest – *lotu pea lotu ke mo'oni* - there should not be any relational problems.

Children

The second most cited reason for coping with domestic violence is consideration of the children's welfare. In all cases, respondents believed that despite the problems in a marriage, it is more important to consider the welfare of the children - '*sio ki he mata 'o e fanau*'. Such considerations typically calm stormy quarrels and verbal abuse. Often this advice is given by members of the extended family who wish for the couple to reconsider separation and resolve their problems so the family unit can remain together. Couples are

encouraged to have more patience, tolerance and forgiveness towards each other and to put the welfare of their children above their own problems.

Talanoa – Communicate

The third most cited strategy to mitigate violence was communicating often and clearly - '*Talanoa mahino 'o lava ai ke veteki `a e palopalema*' - in order to resolve conflict. The individual case studies showed a marked lack of communication amongst couples who experienced domestic violence. In several cases, it was clear that stonewalling was occurring, that is, one partner attempting to communicate, but the other (often the husband) refusing to. In one case, the wife was beaten upon asking if the husband was having an affair with the neighbour. In another case, the wife was repeatedly beaten when she asked the husband to consider using contraceptives. The failure to communicate clearly can put couples at risk of frustration, anger, unresolved issues and often eventuate in abuse.

Respondents believe that there are a host of other communication and behavioural strategies which are crucial in maintaining harmonious relationships. They include: love (*`ofa*), respect (*faka`apa`apa*), helpfulness (*fetokoni`aki*), honesty (*faitotonu*), obedience (*talangofua*), friendliness (*feohi fiefia*), patience (*fa`a kataki*), good manners (*anga lelei*), humility (*anga fakatokilalo*), sharing (*topono, fevahevahe`aki*), easy going manners (*anga fakafaingofua*), reciprocity (*feveitokai`aki*), calm voiced (*le`o molu/ le`o mokomoko*).

The data from the household study also highlighted specific strategies mentioned by women to build peaceful, harmonious relationships. These included: encourage families to be at home (*anga nofo, nofo ki `api*), honest prayers (*lotu mo`oni*), encourage, advise, counsel family members (*akonaki`i lelei*), family time (*fofola e fala kae alea e kāinga – fakafamili*), encourage education (*poupou`i e ako*), know how to keep a household (*ngaue faka`api*), to know one's rank and responsibilities within the family (*takitaha `ilo hono tu`unga*), be a good role model for others (*fa`ifa`itaki`anga*), share responsibilities (*vahe vahe fatongia*), maintain relationships (*tauhi vaha`angatae*), work together (*fa`ū taha*), resolve problems at home (*veteki pe palopale `i `api*).

Women also identified ways to build and maintain harmonious relationships within the nuclear and extended families using the core Tongan values of *'ofa* (love), *faka`apa`apa* (respect), *loto tō* (humility) and *feveitokai`aki* (reciprocity). These values were considered critical in maintaining relationships (*tauhi e ngaahi vaha`a ngatae*) between couples, with children and with extended families and requires a commitment from all.

Coping strategies - outer islands

Women's responses to coping with violence are diverse in Tonga. In the outer islands we found polarities, from women choosing to remain on their own with their children to choosing to silently bear the abuse.

For the women of Ha'apai, one strategy is to choose to divorce the husband and remain a single parent. Although most women are forced in to single parenting because the husband leaves, more women with children are choosing to manage on their own with financial support from their immediate and extended relatives, both in Tonga and overseas. Some of the older women with working children receive help from them.

However the key coping strategy in the outer islands is silence. An overwhelming majority of women remain silent about abuse because they love their husbands, and they are the father of her children. Other women keep quiet because they are ashamed of what others in the village will say.⁴⁸

In some cases, women chose to speak out, with variable results. Two women in Ha'apai said they reported their husband's violence to the police. The police either referred them to a church minister, or gave them a "lecture". When we asked if they would consider taking their husbands to the police now, they replied no due to the unhelpfulness of the police previously.⁴⁹

A small number of women took their husbands to court, only after a prolonged period of violence, and this decision in one case backfired. On the island of 'Eua, one case reached the court. The woman had been living with violence for about 10 years. Finally, she reported the case to the police and this was taken to court. On the day that the chief magistrate was going to pass judgement, he asked the woman if she will be able to support her children financially and she replied, no therefore the judge forgave the husband and told him not to hit his wife again and if he hears in the future that the husband has hit the wife, he will be sent straight to prison. At the time the woman reported this, it had been 2 months since the case and according to her, he had not changed. He was not hitting her but he was intimidating her and telling her that one day he will beat her up. The woman reported that she was living in constant fear of her husband and she really regrets her reply to the Magistrate's question because her husband does not bring in any money. She is the one who weaves the mats to sell for money for the family.

Some women feel they have the confidence to speak out because their husband and children are living on her land, amongst her family and relatives. In these circumstances the husband is usually driven off the land, and this marks a relief and a new chapter for the women. Four women from Ha'apai and Vava'u reported that they had chased out their physically violent husbands. Two of these men returned to their homes on Tongatapu, one went overseas and remarried and the last one remained on the island but was living where he works. Even if these women started a new life, their husbands still affect their lives. One of these women told us that her husband wanted to return but that she refuses because she knows that he is living with another woman. Another woman said that even though her husband was very abusive, she wants her husband to come back to her and her children but she has not been able to get in contact with him for over eight months. The third woman reported that her husband who had left with another woman, returned to her, though she did not want to get back with him. She said that her being at home amongst her family made it easier for her to say no to her husband because when she was still living with him, he controlled her a lot.

⁴⁸ In every village, there are small groups of women who get together every day to weave or make *tapa*. It is in these groups that gossip and stories about the village are shared and most often, this would lead to verbal and physical fighting amongst the women.

⁴⁹ The women were then encouraged by the field researchers to go to the police as the Nodrop policy of the Ministry of Police stands for zero tolerance against Domestic Violence, especially physical violence.

9.6. Women's opinions on factors that protect against domestic violence

The findings presented here are based on the *Talanoa* qualitative interviews in Tongatapu. The results highlight a number of factors that women believe protect them from and prevent domestic violence. Some of these factors reveal a tension between maintaining some autonomy away from the extended family, while maintaining respectful relationships with them at the same time.

The importance of the nuclear family unit in protecting women against domestic violence – 'Api

Women considered it important for nuclear families to have separate housing from the extended family. Participants identified that having a separate home for a couple can help separate matters relating to the extended family from that of the couple's. A greater equity in land division among sons was mentioned as a pre-requisite to enable couples to afford a separate home. However, it is still common to find extended families living together because land has not been divided equally between sons, or the land is intended to be passed on to the eldest son.

Another key reason supporting the separation of nuclear families from the extended family was the notion that couples should learn to resolve problems on their own. It was evident through the women's stories that when members of the extended family were involved in domestic problems, the problem would escalate and be more difficult to resolve.

Conflict resolution to prevent domestic violence

As a way to resolve problems, several key skills were identified by women. The data identified that *talanoa* (conversations, talking, dialogue) is fundamental to gaining understanding (*femahino'aki*), respect (*feongoongoi, faka'apa'apa*), and mutual love (*fe'ofa'aki*). A number of participants stated that it is important for the couple to commit to staying together in spite of economic and other social pressures. This was most evident from families that have experienced separation as a result of the husband leaving for work overseas.

Better management of resources to prevent domestic violence

The management of resources was also identified as a way to prevent conflict and domestic violence. This included better management of cash received as well as equipment and resources that families use to earn a livelihood. Several participants also mentioned the importance in maintaining a clean house, taking care of the property, and ensuring that the home is a place where the children and family enjoy living in.

Children as a factor in the prevention of domestic violence

Some participants believed that one of the important factors in preventing domestic violence is the children. This was particularly evident from the household data, which stressed maintaining the family unit first, for the sake of their children. Also noted as a preventative

factor was to take care of the children in terms of health, education, and teaching them appropriate behaviours and manners that promote harmonious relationships.

Maintaining relationships with extended family to prevent domestic violence

It was deemed especially important for the couple to maintain their relationships with the extended family. Breakdown with kin was identified in the qualitative study as a major factor contributing to domestic violence. Participants believed that a wife should maintain respectful relationships with her sisters-in-law and mother-in-law as well as with the *'ulumotu'a* of the husband's kin. Managing these relationships was identified as crucial to maintaining a harmonious relationship amongst couples and with the extended family. Such values as respect (*faka`apa`apa*), reciprocity (*feveitokai`aki*), *loto to`* (humility) and love (*fe`ofa`aki*) are seen as important for a wife to manage these relationships effectively.

The continued importance of the extended family – 'Kainga'

What is clear from this research is that there is a significant shift in the role that the extended family plays in a couple's life. While in the past the relationship between an extended and nuclear family was one of support and reciprocity, there is now a firm belief among the women we interviewed that the extended family should be less involved in nuclear family matters, particularly when their involvement is counterproductive. This study showed a high number of cases where the extended family's involvement not only added to a couple's problems, but contributed directly to the prevalence of domestic violence in a woman's life.

But despite the call for decreased involvement of their extended family, women still value these key relationships. The importance of encouraging understanding (*femahino`aki*), humility (*anga fakatokilalo*), reciprocity (*feveitokai`aki*) and appropriate behaviour were identified as pivotal to maintaining harmony in extended and nuclear families. Also considered important were familial obligations (*fua kavenga*) and acknowledging directions given by the head of the kin (*'ulumotu'a*) and respecting the sacred aunt (*mehikitanga*).

The role of law enforcement in protecting women

Despite the high number of domestic violence cases identified in the study, few cases were reported to the police and women do not have confidence that the police and courts will protect them. That said, several participants called for the laws against bodily harm and abuse to be enforced, and for legal provisions to protect women and children who are victims of domestic violence.

Education and faith

There is a belief among respondents that education and faith are two factors that can prevent and reduce the prevalence of domestic violence against women and children.. This is consistent with the findings on coping strategies, and is not surprising given the important role that Christianity plays in Tongan society.

10. Factors associated with violence against women by partners

Main findings

- All important risk factors for both lifetime violence and current partner violence against women are related to characteristics of the partner rather than of the woman: fighting with other men and being having extra-marital affairs are both independently strongly associated with violence against a wife or female partner.
- A man's regular use of alcohol is a risk factor for current violence against a partner.
- Overwhelmingly, the evidence indicates that violence is a learned behaviour: a man's experience of violence in his childhood is associated with his acts of violence as an adult. Childhood experiences of violence include being beaten as a child, or witnessing his mother being beaten by his father.

One of the key objectives of this study was to identify factors associated with the prevalence of intimate partner violence in Tonga to facilitate the design of appropriate strategies and interventions.

So far we have examined what factors, according to abused women, triggered their partner to be violent towards them (Chapter 6). In the same chapter, we analysed qualitative data from case studies and household observations, to identify causes and contributing factors from the perspectives of the respondents. In this chapter we use a statistical approach to explore risk factors or characteristics that predict whether a woman is more likely to experience partner violence.

Our theoretical model is the ecological framework for understanding partner violence⁵⁰ that was described in Chapter 1, Section 1.1. The data collected with the survey questionnaire gave us particular information on the innermost circles of the ecological framework: the individual, her family, and her relationship.

It should therefore be noted that the findings of this analysis will be only part of the picture, as the current analysis does not look at community and society factors (the outer circles of the ecological framework) that also play a role in explaining violence against women. At the society level, norms around gender roles and domestic violence, as well as the legal context and law enforcement, vary between communities, regions and countries. These are related to tradition, culture and socio-economic development and have been shown to be related to partner violence.⁵¹

⁵⁰Heise L, Ellsberg M, Gottemoeller M. Ending violence against women. *Population Report* 1999, 27:1-43.

⁵¹Gracia E, Herrero J. Acceptability of domestic violence against women in the European Union: a multilevel analysis. *Journal of Epidemiology and Community Health* 2006, 60:123-9.

Nevertheless, the data collected enables us to explore the inner circles of the ecological framework and the aim of this analysis is to investigate selected individual and relationship factors associated with partner violence in a representative sample of women aged 15-49 years living in Tonga. We selected a set of characteristics from the woman, her support network, and from her partner, that could be expected to be related to her experience of partner violence. This selection was based on existing conceptual models, other published analysis and previous findings already described in this report.

10.1. Method used for risk factor analysis

1) Dependent variables in this analysis

Two dependent or outcome variables for the analysis were used

- Lifetime experience of physical or sexual violence by current or most recent partner
- Current experience of physical or sexual violence by current or most recent partner

2) Independent variable or potential risk factors considered in this analysis

The potential risk factors that are used in this analysis are listed below, together with how the variable was recoded into categories for this analysis. Apart from age, all other variables have been recoded into binary variables, indicating that an event either occurs or it does not.

Potential risk factors for the woman

Demographic variables

- *Age (recoded into 3 groups: 15-29, 30-39, and 40-49)*

A woman's age is thought to affect the likelihood that she will ever experience partner violence; a young age is usually a risk factor for current violence because (as we have seen in Chapter 4) violence usually starts early in the relationship and diminishes with age.

- *Island group (two groups: Tongatapu and other islands)*

We considered it important to include a factor for geographical region because the results for Tonga show that there are considerable differences in the experiences of violence between women from Tongatapu and women from the rest of the country.

- *Education (two groups: primary/secondary and tertiary)*

Education is considered a source of empowerment that may protect women from violence. As seen in earlier chapters, women with a tertiary education reported a lesser degree of partner violence compared to women with primary or secondary education.

- *Marital status (two groups: currently partnered and previously partnered)*

Many studies show that women who are currently partnered report lower levels of violence compared to women who were previously partnered. Those previously partnered women could be divorced or separated due to the violence. Another mechanism that has been observed is that women find it easier to disclose violence if they are no longer with the partner.

- *Earn own income (two groups: yes and no)*

Women who have financial autonomy are hypothesized to have more say over financial and other household matters and be able to leave an abusive relationship more easily.

- *Religion (two groups: Wesleyan and other)*

Religion, church and church ministers play an important role in Tongan society. There is no person without religion in Tonga. The Tongan Wesleyan religion is by far the most common, but there are many smaller religious denominations. Some studies elsewhere have shown a relationship between religion and violence. The variable has been recoded into Wesleyan religion and others.

Variables for women's immediate support network/contact with family

- *Proximity of women's family (two groups: yes and no)*

It can be hypothesized that if a woman lives close enough to her family so that she can easily visit them, or if the couple lives with the woman's family of birth, that she may have a better support network and may be better protected against partner violence.

- *Frequency of talking with family members (two groups: often and not)*

As before, if a woman often talks to her family of birth she may be better protected. The variable was recoded into often (at least once a week) and not often (less than once a week/never).

- *Can count on support of the family members when having a problem (two groups: yes and no)*

We mention the importance of the family as a support network above. The variable is recoded into 'yes' and 'no' as to whether the woman can count on support of family members if there is a problem. The category 'no' includes 'don't know'.

Women's experience with violence by others than her partner

- *Physical violence by others since age 15 years old (two groups: yes and no)*

- *Sexual abuse by others since age 15 years old (two groups: yes and no)*

- *Child sexual abuse by others before age 15 years old (two groups: yes and no)*

Many studies elsewhere show that non-partner experiences of violence can increase the vulnerability for partner violence. Therefore we included these three indicators of violence by others than partners.

- *Nature of first sexual intercourse (two groups: coerced/forced vs. wanted)*

Other studies have shown that if a woman's first sexual experience was not wanted (coerced or forced) this increases her risk for partner violence. In some countries

this first experience could have been with her current partner, but this is not always the case in all contexts.

- *Women's mother was beaten (two groups: yes and no)*

Some other studies have shown that a woman whose mother has been beaten by the mother's partner is more likely to become a victim of partner violence herself.

Potential risk factors for the partner

It should be noted that all the data collected for these factors were provided by the female partner.

Partner's demographics

- *Age (three groups: 15-34, 35-44, 45+)*

Since younger women on average have younger male partners than older women, we will need to include age of the partner. We have seen before that age is a determining factor in the experience of violence.

- *Education (two groups: primary/secondary and tertiary)*

As with the women, the educational level of her partner can be hypothesized to play a role in the risk of a woman experiencing violence.

- *Employment status (two groups: working vs. other)*

A partner's employment status is both related to his status in society, as well as to the extent to which he can contribute to the economic status of the family. For the analysis, the categories were regrouped into 'working' and 'other' (including unemployed, studying, retired, etc.).

Partner's behaviour

- *Alcohol consumption (two groups: at least weekly vs. less than weekly)*

A partner's drinking patterns have consistently been found to be strongly related with domestic violence in a variety of settings; this is particularly true for daily drinking. In Tonga, relatively few women reported that her husband drinks daily (this is the category which in a number of other studies shows the highest risk for violence). Therefore the original categories were recoded to 'at least once a week' and 'less than once a week'. Though this dilutes the strength of the analysis it ensures that both groups contained enough cases for the analysis.

- *Fighting with other men (two groups: yes and no/don't know)*

Women who have a partner who is known to fight with other men can be hypothesized to be at higher risk of violence. In the recoding of the categories we included "don't know" with "no" even if this is likely to dilute the relationship (a number of men in the "don't know" group may actually have been fighting with other men).

- *Having a parallel relationship with other women (two groups yes/may have and no/don't know)*

Studies elsewhere have shown that men who are unfaithful (having extra-marital affairs) are more likely to beat their wives. The categories for this variable have been recoded into 'yes' (including "may have") and 'no' (including "don't know"). This can possibly dilute the association because a number of men in the "don't know" group may actually have other relationships and thus the bias is towards underestimation of the effect.⁵²

Partner's childhood experience with violence

- *Partner's mother was beaten (yes and no/don't know)*
Research has found that male children who see their mother being abused by their father are at a higher risk of becoming abusers in their intimate relationship⁵³. The categories for this variable have been recoded into "yes" and "no". "No" includes "don't know"; this can possibly dilute the association because a number of men in the "don't know" group may actually have had mothers who have been beaten.
- *Partner was beaten by family member (yes and no/don't know)*
Childhood exposure to violence is also commonly cited as a risk factor for violence in intimate relationships. The categories for this variable have been recoded into "yes" and "no". "No" includes "don't know"; this can possibly dilute the association because a number of men in the "don't know" group may actually have been beaten.

Potential risk factor from women's household environment

- *Index of socio-economic level (two groups: lower/medium and high)*
As education, socio-economic level can be considered a source of empowerment that may protect women from violence or give her more opportunities to seek help or leave a relationship. The breakdown of partner violence by SES level in the tables in this report showed that women from households with a higher SES level consistently reported a lesser degree of partner violence compared to women from households with a lower SES level. If the respondent is living with her partner SES of the household could be considered a relationship variable rather than an individual variable. However, some of the women in this study had violent partners who are not/no longer part of her current household, therefore we consider household SES separately from the women characteristics and the partner characteristics.

Subsample of women used in the analysis

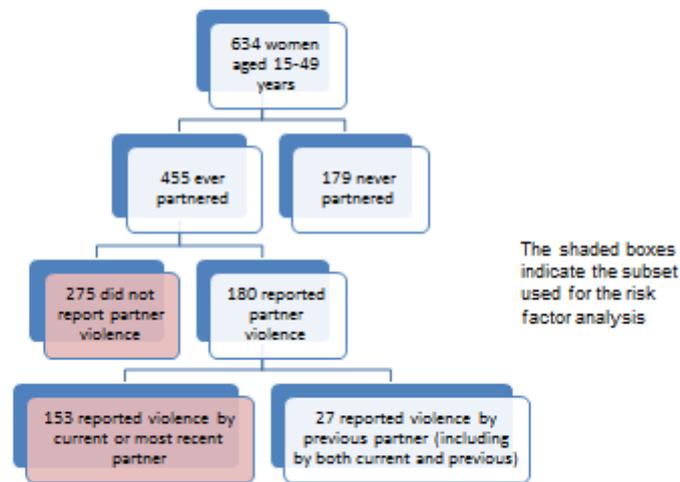
Interviews were completed with 634 women aged 15-49 years old. Of these women, 455 had experienced a relationship/partner (ever partnered). Among the ever-partnered women, 275 did not report partner violence, while 180 women reported physical and/or sexual violence by a partner at a certain point in their life. Among the women who reported partner violence, only those women whose current or most recent partner was violent were included

⁵²Djikanovic B, Jansen HAFM, Otasevic S. Factors associated with intimate partner violence against women in Serbia: a cross-sectional study. *Journal of Epidemiology and Community Health* 2010, 64:728-735 doi:10.1136/jech.2009.090415.

⁵³Kishor S, Johnson K. *Risk factors for the experience of domestic violence. Profiling domestic violence: a multi-country study*. Calverton, Maryland: Measure DHS+ ORC Macro, 2004, 27-52.

in the group exposed to violence, because data on partner characteristics were collected for the current or most recent partner only (all data on partner characteristics were obtained through the report of the wives/female partners). Also, data from women who reported partner violence by both the current and the previous partner were excluded to not contaminate or dilute observations. The risk factor analysis thus used data from 428 women and their partners. (Figure 10.1.)

Figure 10.1. Numbers of women in the survey according to their partnership status and their experience of physical and or sexual partner violence



Statistical analysis

Descriptive cross-tabulations were done for each of these potential risk factors and the lifetime and current experience of physical and/or sexual violence, with the risk factors as the independent variables, and lifetime and current physical and/or sexual violence as the dependent variables. Both lifetime and current (past 12 months) violence were selected as dependent variables to explore if the associations would be similar or different. Other studies have shown that risk factors correlate in similar ways with current and lifetime partner violence except for age, with young age of the respondent, in most contexts, being a predictor for increased current violence, but generally not for lifetime violence.⁵⁴

The statistical analysis was done in three stages

1. Descriptive analysis: We examined for each factor or characteristic the prevalence rate of violence for the women presenting this characteristic.
2. Univariable analyses: Each factor was assessed in isolation and was therefore the only variable to be specified using univariable logistic regression analysis. For each

⁵⁴ Bassuk E, Dawson R, Hungtington N. Intimate partner violence in extremely poor women: longitudinal patterns and risk markers. *Journal of Family Violence* 2006, 21:387-99.

variable, its statistical significance was calculated (P-value) and the effects of each variable were identified in terms of (crude) odds ratios, relative to a reference category (with OR=1) to identify in a statistical way candidate variables to construct a multivariable model. Variables with two tailed probability values (P-values) of equal or less than 0.1, and age, were considered relevant to be included for further analysis.

3. Multi-variable analysis. This analysis using logistic regression modelling is done to identify the factors which show the strongest association with the experience of physical and/or sexual violence by a husband or partner, after controlling for all other variables that were hypothesized as relevant. In such a model some of the variables that were significantly associated with violence in the univariable analysis may become redundant (no longer significant) primarily because several risk factors can be expected to be highly correlated. In this way we identify factors that remain significant, net of all other factors hypothesized as relevant. Age usually is included in such a model, regardless of its effect, for control purposes. In multivariable analysis, the effect of a variable is expressed as an (adjusted) odds ratio (i.e. accounting for all other variables in the model), also here relative to a reference category with OR = 1. For multivariable models, a two-tailed probability value of 0.05 or less was considered significant.

We approached the multivariable analysis in two steps:

- 1) Model 1 and 2 only includes characteristics of the respondent and her partner respectively. This way we can identify predicting factors for an individual if no information is known on the other person in a couple.
- 2) Model 3 includes the characteristics of both the woman and her partner at the same time, to show which factor remains strongly associated if we account for all factors of both partners in a couple in the same model.

These modelling exercises have been conducted independently for lifetime and current experience of partner violence. The results are reflected in Tables 10.1 and 10.2.

10.2. Risk factors for ever experiencing partner violence against women

(Table 10.1.) Univariable analysis shows that the following factors from the woman's side are associated with lifetime experience of partner violence (with $P < 0.1$):

- Age: youngest women reported more lifetime violence compared to the oldest of the three age groups (OR=1.87);
- Religion: women who did not adhere to the Wesleyan religion reported more lifetime violence (OR=1.50);
- Physical violence by others after age 15: Women who had ever experienced physical violence by perpetrators other than partners reported less lifetime partner violence (OR=0.70);

- Sexual abuse by others after age 15: Women who had ever experienced sexual violence by perpetrators other than partners reported more lifetime partner violence (OR=2.80);
- Nature of first sexual intercourse: women whose first sexual intercourse was unwanted (including forced sex) reported more lifetime partner violence than women whose first sexual experience was wanted (OR= 2.30).

The remaining variables including those related to existence and functionality of the social support network of women, expressed through proximity of their family of birth, frequency of talking with her family and counting on family members for support, as well as a women's report of her mother having been beaten, were not associated with lifetime partner violence.

Univariable exploration of the associations between each of the partners' characteristics and the respondents' experience of lifetime partner violence shows that the following factors were significantly associated with lifetime violence:

- Age (OR=1.85 for the youngest age group vs. the oldest);
- Education (OR=0.57 for those with higher education vs. those with primary or secondary education);
- Alcohol use (OR=2.27 for those drinking at least once a week);
- Fighting with other men (OR=4.15);
- Having parallel relationships with other women (OR=5.27);
- Partner's mother was beaten (OR=3.20).

Finally univariable analysis showed that the SES index was significantly associated with lifetime experience of partner violence (OR=1.99 for those with a low/medium SES index).

Model 1.

In a multivariable logistic regression model including only all women characteristics identified as potential risk factors in univariable analysis, only being physically abused since age 15 remains a significant protective factor for lifetime partner violence (OR=0.63). All other factors are no longer significant.

Model 2.

In a multivariable logistic regression model including only all partners' characteristics identified as potential risk factors in univariable analysis, almost all previously identified factors remain significant, except for education and alcohol use that were no longer significantly associated with lifetime experience of partner violence after accounting for all other factors.

Model 3.

This final model combines all women and all partner factors that were significant at univariable level to test what remains significant when controlling for all other factors of both

persons in the couple. Also SES (significant at univariable level) was included. In the final model, almost all previously mentioned risk factors from the woman's side disappeared, and only the experience of non-partner physical violence remained protective (OR=0.48). From the partner's side, fighting with other men (OR=3.12), infidelity (OR=3.60) and having a mother who had been beaten (OR=2.62) remained very significantly associated with partner violence. Also low/medium SES remained significant (OR=1.85) in model 3.

10.3. Risk factors for currently experiencing partner violence against women

(Table 10.2.) Univariable analysis shows that the following factors from the woman are associated with current experience of partner violence (with $P < 0.1$):

- Age: youngest women reported more current violence compared to oldest group (OR=6.24);
- Island group: women from outer islands reported less current violence compared to women from Tongatapu (OR=0.59);
- Education: women with tertiary education reported less current violence compared to lower educated women (OR=0.48);
- Religion: women who did not adhere to the Wesleyan religion reported more current violence (OR=1.80);
- Sexual abuse by others after age 15: Women who had ever experienced sexual violence by perpetrators other than partners reported more current partner violence (OR=2.36);
- Nature of first sexual intercourse: women whose first sexual intercourse was unwanted (including forced sex) reported more current partner violence than women whose first sexual experience was wanted (OR= 3.36).

The other variables, including those related to existence and functionality of the social support network of women, expressed through proximity of their family of birth, frequency of talking with her family and counting on family members for support, as well as a women's report of her mother having been beaten, were not associated with current partner violence.

Univariable exploration of the associations between each of the partners' characteristics and the respondents' experience of current partner violence shows that the following factors were significantly associated with current violence:

- Age (OR=4.39 for the youngest age group vs. the oldest);
- Education (OR=0.36 for those with higher education);
- Alcohol use (OR=3.15 for those drinking at least once a week);
- Fighting with other men (OR=2.77);
- Having parallel relationships with other women (OR=3.26);
- Partner was beaten as a child (OR=2.18).

Interestingly, and in contrast to the findings for lifetime violence, for current violence it was the partner's own experience of violence as a child, as opposed to his mother's, that was found to be significantly related with him being abusive.

The household's SES index was not significantly associated with current partner violence at univariable level and was not further considered in the modelling exercise for current violence.

Model 1.

In a multivariable logistic regression model including all women's characteristics identified as potential risk factors in the univariable analysis, only young age and low education remain risk factors. All other factors are no longer significant.

Model 2.

In a multivariable logistic regression model including all partner's characteristics identified as potential risk factors in the univariable analysis, almost all previously identified factors remain significant, except for education and fighting with other men, though they are both still close to be significant.

Model 3.

This final model combines all women and partner factors that were significant at univariable level to test what remains significant when controlling for all other factors. In this final model, all previously mentioned risk factors from the woman's side disappeared except young age, which remains a risk factor highly associated with current violence. From the partner's side, all potential risk factors remain significant except age and education. Fighting with other men is no longer statistically significant but is close to being significant.

10.4. Risk factor analysis: discussion and conclusions

Risk factor analysis was done for both lifetime and current experience of violence. The results show that there are slightly different risk factors predicting ever having experienced partner violence and currently experiencing partner violence, respectively.

All important risk factors for both lifetime violence and current partner violence against women are characteristics of the partner rather than of the woman: "fighting with other men" and "having extra-marital affairs" are both independently strongly associated with being violent against a wife or female partner. A woman whose partner fights with other men has 3.2 times increased odds to ever experiencing partner violence, and 1.9 times increased odds that she is currently experiencing partner violence, compared to women whose partners do not fight. If her partner has relationships with other women the odds ratio is 3.6 for ever violence and 2.1 for current violence.

A man's regular use of alcohol is a risk factor for him being currently violent against his wife (odds ratio = 2.3). There was no significant association between alcohol use and lifetime violence.

From all the risk factors from the woman's side examined, only being young of age remained highly significantly related with the experience of current violence only.

A lower index of socio-economic status of the woman's household increased only the risk for ever having experienced partner violence but, interestingly, not the risk for current partner violence.

The findings from the final models on risk factors for domestic violence against women are reflected in a slightly modified version of the ecological framework for explaining violence against women; see Figure 10.2 for lifetime violence and Figure 10.3 for current violence.

Only the "protective factor" for lifetime violence - being physically abused since age 15 - has not been reflected (see discussion below) in Figure 10.2.

Figure 10.2. Risk factors for lifetime experience of physical and/or sexual partner violence, Tonga 2009

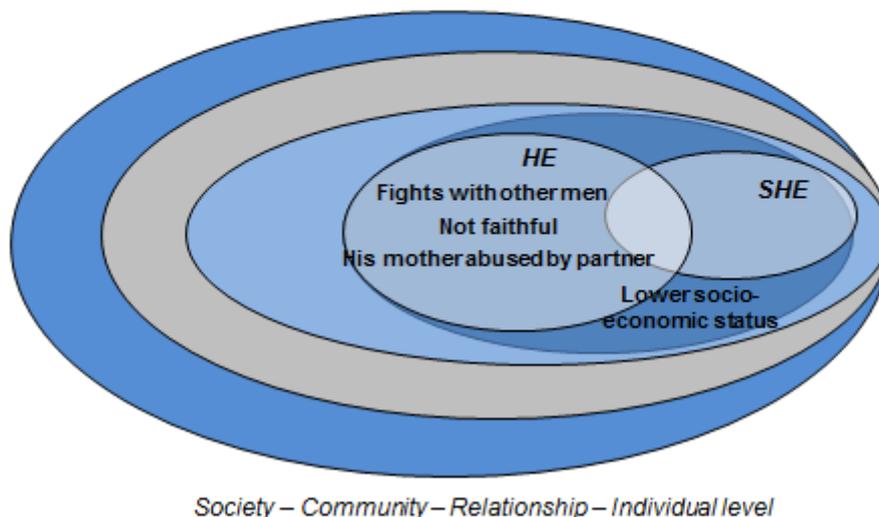
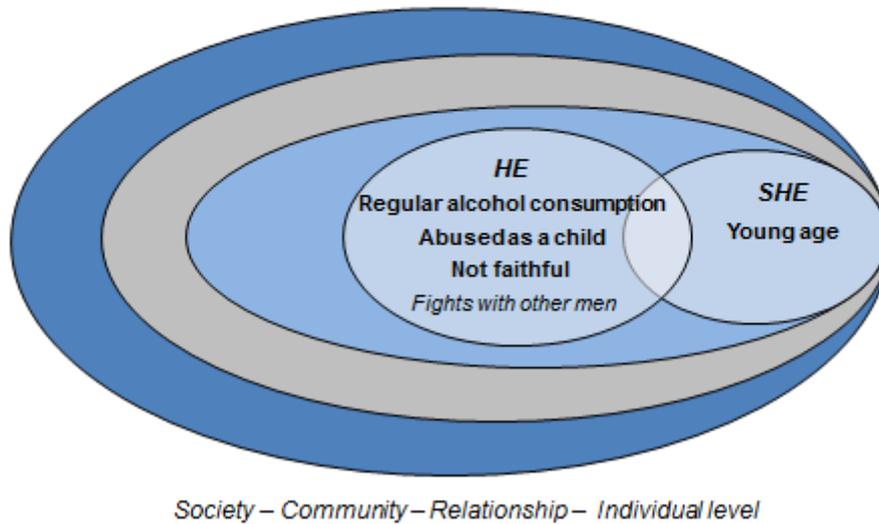


Figure 10.3. Risk factors for current experience of physical and/or sexual partner violence, Tonga 2009



This analysis indicates that for both lifetime and current violence, from a long list of potential risk factors, the majority of factors that remain independently associated (when accounting for all other factors) with intimate partner violence against women, are factors related to the male partner; in particular his fighting with other men and having parallel relationships with other women (extra-marital relationships), which are related with both lifetime and current violence.

Alcohol use (though measured in a way that is biased towards underestimating the effect) was significantly associated with current violence only. The fact that in the final model no association between alcohol use and lifetime violence was found (when controlling for other potential risk factors), can possibly be explained by the fact that current use of alcohol rather than lifetime use was measured, and the partner's current use is not likely to predict violence in the past when he may or may not have been using alcohol. Moreover, alcohol use can probably be one of several manifestations of the same problem (such as aggressive behaviour) and when examined together with the other factors it does no longer show an independent effect.

What is interesting is that for the data from Tonga, the partner's childhood experience with violence works differently in predicting whether he is currently violent or whether he has ever been violent against his wife or partner. If her partner's mother had been beaten there is a higher risk that a woman will have ever experienced partner violence, but the same characteristic is not a predictor for current violence. This implies then that if the partner's mother was beaten it is likely that the partner is violent against his wife in particular early on in the relationship. He may follow the example of his father but this may be only temporarily.

However, if he himself has been beaten as a child, this may have a longer lasting effect because it is an independent predictor of him being currently violent.

The analysis of the characteristics from the woman's side is fascinating because it shows that when looking superficially and at a model with only women's characteristics, it may seem that there are a number of factors on her side that put her at risk of partner violence. We refer in particular to model 1 for current violence, where her educational level and the nature of her first sexual intercourse seem to predict her as currently experiencing violence. However when combined in a model with men's characteristics, these women's factors no longer play a significant role. For the nature of her first intercourse, it could be hypothesized that a first sexual experience that is unwanted could have been caused by the very same partner that is currently abusing her. In this case these the first sexual experience is highly correlated with one or more of the male partner's factors.

The most puzzling finding was that a woman's experience of physical abuse by others seems to be a protective factor for lifetime partner violence. Thus if a woman has been beaten by another person she is more likely to not have ever experienced partner violence than a woman who has not been beaten. In the WHO multi-country study, having been a victim of physical non-partner violence was for women in many countries a strong risk factor for partner violence.⁵⁵ In an attempt to explain this unusual finding for Tonga, we should consider that in Tonga more women have ever been beaten by a non-partner than by a partner (which in most other countries in the world is the other way around). We saw in Chapter 5 that the perpetrator is in almost all cases her father or her teacher, who beats her in an attempt to discipline her. Possibly this experience may cause some women to learn how to avoid being beaten, or may have resulted in some women's learnt submissive behaviour making her no longer "disobedient". To know if this is a valid explanation more analysis would need to be done. This finding is not very comfortable to be used for policy or campaigns as it may not give the appropriate signal. It is therefore purposely not included in Figure 10.2.

It should also be deliberated that while we modelled risk factors for both lifetime and current violence, the latter model (represented in Figure 10.3) could be considered the better conceptualized and more meaningful model among the two. This is because of the recent/on-going nature of the outcome variable and thus the risk-factors are more likely to precede the outcome. The risk factor model for current violence is more suitable to interpretation and also more practical for use for policy and programs as it better allows identification of risk factors that can be targeted by interventions and services.

All in all, the results described in this chapter shed a light on the complexity of factors that play a role in partner violence: individual factors of the woman and those of her partner, current factors and factors related to events early in their lives. While one limitation of our analysis is that we have only been able to look at possible risk factors at the individual and relationship level (the inner circles of the ecological framework), the analysis nevertheless reveals strong and consistent patterns, in particular for factors related to the woman's partner.

⁵⁵Abramsky T, Watts CH, Garcia-Moreno C, Devries K, Kiss L, Ellsberg M, Jansen HA, Heise L. What factors are associated with recent intimate partner violence? Findings from the WHO multi-country study on women's health and domestic violence. *BMC Public Health* 2011, 11:109 doi:10.1186/1471-2458-11-109

Another limitation of this analysis is that it is based on self-report by women only and may be biased when it comes to reporting on partner's characteristics. It has been mentioned that studies on violence against women are usually biased towards underreporting of violence, due to the taboos and stigma surrounding the topic, and an overestimation of the effect is not likely, due to the nature of the measured experience.^{56,57} The methodology developed for the WHO study, including the special training of the interviewers, was designed to maximise disclosure of violence.⁵⁸

Because it was a cross-sectional study, there are limitations for establishing causal relationships, although the risk factors related to the partner's childhood which remained significant in the final model, obviously dated from before the relationship.

Our findings on risk factors for violence, except for the finding of physical abuse by non-partners, are consistent with results from previous studies in other cultures, where men's exposure to family violence in childhood predicted violent behaviour towards women later in life.^{59,60} Another commonly identified factor is alcohol abuse.^{61,62,63}

A striking finding from our study is that having extra-marital relationships (seeing one or more women concurrently while being in a relationship with the respondent) was highly correlated with partner violence.

The data suggests that violence is learned behaviour: a man's experience of violence in his childhood is highly associated with him being violent against his wife. This can be either him having been beaten as a child or having seen his mother being beaten by his father. The importance of risk factor analysis for partner violence lies in the potential to use the findings for focusing violence prevention activities on particular aspects that have been shown to be associated with violent behaviour.

⁵⁶Ellsberg M, Heise L. *Researching violence against women: a practical guide for researchers and activists*. Washington DC, United States: World Health Organization, PATH, 2005.

⁵⁷Ruiz-Perez I, Plazaola-Castano J, Vives-Cases C. Methodological issues in the study of violence against women. *Journal of Epidemiology and Community Health* 2007, 61:ii26-31.

⁵⁸Jansen HAFM, Watts C, Ellsberg M, et al. Interviewer training in the WHO Multi-country study on women's health and domestic violence. *Violence Against Women* 2004, 10:831-49.

⁵⁹Jewkes R, Levin J, Penn-Kekana L. Risk factors for domestic violence: findings from a South African cross-sectional study. *Social Science and Medicine* 2002, 55:1603-17.

⁶⁰Gil-Gonzalez D, Vives-Cases C, Ruiz MT, et al. Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. *Journal of Public Health* 2008, 30:14-22.

⁶¹Walton-Moss B, Manganello J, Frye V, et al. Risk factors for intimate partner violence and associated injury among urban women. *Journal of Community Health* 2005, 30:377-89.

⁶²Rodriguez E, Lasch KE, Chandra P, et al. Family violence, employment status, welfare benefits, and alcohol drinking in the United States: what is the relation? *Journal of Epidemiology and Community Health* 2001, 55:172-8.

⁶³Gil-Gonzalez D, Vives-Cases C, Alvarez-Dardet C, et al. Alcohol and intimate partner violence: do we have enough information to act? *European Journal of Public Health* 2006, 16:278-84.

11. Discussion, conclusion and recommendations

11.1. Strengths and limitations of the study

This National Study on Domestic Violence in Tonga has generated rich data about violence against women in this country. It presents key findings on the magnitude, patterns and scope of domestic violence against women, attitudes and perceptions of violence, the impact of violence on women and families, women's responses to domestic violence, and key risk factors for violence.

The key objective of this study is to create awareness of the scale and scope of domestic violence, and to guide and inform targeted policies and programmes in order to markedly reduce the occurrence of domestic violence and violence in general.

In terms of the limitations of this research, the prevalence measures of violence against women are sensitive to methodological issues. Results will differ with various questions, the training and background of interviewers⁶⁴ and whether the study is solely about violence against women or one that includes questions on violence⁶⁵, ultimately affecting comparability.

The decision to select only one woman per household could introduce bias by under-representing women from households with more than one woman. However, additional weighting for the number of eligible women, showed that the estimates of violence did not change significantly (see Chapter 3, Section 3.4). Throughout the report, unweighted estimates have been used.

Current (i.e. past-year prevalence) is often thought to be a more reliable assessment of intimate partner violence because of the assumption of less recall bias⁶⁶. However, recent events of violence may be more difficult to report due to relatively raw feelings of shame or fear of retaliation when disclosing such family problems, especially incidents of sexual violence.

There is an advantage in reporting both lifetime and past-year prevalence because they indicate different time perspectives and illustrate different aspects of the problem, as explained in Chapter 2, Section 2.2. Recall bias generally may be less in studies on grievous experiences such as intimate partner violence than when inquiring about less sensitive matters. There is support for this notion in a study from the United Republic of Tanzania⁶⁷. But since violence is something that women in general, as well as in Tonga, are not immediately willing to disclose, there is always a risk of underreporting. Another important potential bias regarding the lifetime risk is, of course, differential recall bias. It

⁶⁴Jansen HAFM et al. Interviewer training in the WHO Multi-Country Study on Women's Health and Domestic Violence. *Violence Against Women* 2004, 10:831-849.

⁶⁵Ellsberg M et al. Researching domestic violence against women: methodological and ethical considerations. *Studies in Family Planning* 2001, 32:1-16.

⁶⁶Gil-Gonzales D et al. Childhood experiences of violence in perpetrators as a risk factor of intimate partner violence: a systematic review. *Journal of Public Health* 2008, 30:14-22.

⁶⁷Moshiro C et al. Effect of recall in estimation of non-fatal injury rates: a community based study in Tanzania. *Injury Prevention* 2005, 11:48-25.

could lead to an underestimation of the learned risks. Therefore, our results almost certainly represent conservative estimates.

Another limitation is that this is a cross-sectional study and the direction of the associations for some of the variables is not possible to establish. However, statements about causality can be formulated due to time sequencing. This pertains, for example, to childhood experiences and their associations with adult violence or to lifetime violence and recent health problems. For other factors, the direction of the association only can be discussed in terms of plausibility.

Another limitation is that we have not been able to do a quantitative survey on men nor a qualitative study on men's views.

With regard to the strengths of the study, we would like to stress again that the data in the survey was collected with a state-of-the-art and well-tested methodology and standard instruments, with full consideration for ethics and safety by well-trained and committed interviewers. This has shown to contribute to disclosure. Also, all quality control measures were thoroughly implemented. We are thus confident that the data from the survey is scientifically sound and robust.

Both quantitative and qualitative methods (the latter using a Tongan framework, methodology and ethics) were used in gathering data, which enabled triangulation of findings, further illustrating the high quality of the research.

Finally, employing a survey method that was developed for use across cultures has a huge advantage in that it has generated data that can be applied to international comparisons and to follow trends over time.

11.2. Partner violence in Tonga and other countries around the world

The development of the methodology for the WHO multi-country study started in 1997 to address the lack of reliable and comparable data on violence against women, its consequences and root causes across culturally and geographically diverse countries. The study was implemented between 2000 and 2005 in 10 countries (Bangladesh, Brazil, Ethiopia, Japan, Namibia, Peru, Samoa, Serbia, Thailand and the United Republic of Tanzania) and 15 sites. Most countries had two sites, a major city and a province. Japan, Namibia and Serbia only included a city sample, Ethiopia a provincial sample and Samoa had a national sample.⁶⁸

⁶⁸ Garcia-Moreno C, Jansen HAFM, Ellsberg M et al. *WHO Multi-country Study on Women's Health and Domestic Violence against Women. Initial results on prevalence, health outcomes and women's responses*. Geneva, World Health Organization, 2005. Available at http://www.who.int/gender/violence/who_multicountry_study/en/index.html .

In recent years, other national studies have used the same methods as developed for the WHO multi-country study, among others in Kiribati⁶⁹, Maldives⁷⁰, New Zealand⁷¹, Solomon Islands⁷², Turkey⁷³, Vanuatu⁷⁴ and Viet Nam⁷⁵.

Figure 11.1 shows prevalence rates for lifetime and current physical and/or sexual partner violence worldwide for countries and sites where the WHO methodology was used and for which comparable results are available.

Among the countries in the WHO study, the reported lifetime prevalence of physical or sexual partner violence varied from 15% to 71%. Between 4% and 54% of respondents reported physical or sexual partner violence in the past year.⁷⁶

Despite using the same method, it should be noted that there always remain aspects that cannot be compared precisely. One of them is the partnership definition, which is crucial to determine the target group for partner violence questions. Although the WHO study tried to maintain the highest possible level of standardization across countries, it was agreed that the same definition could not be used in all of the countries because the concept of “partner” is culturally or legally defined.

In working out the country-specific definitions of “ever-partnered women”, the study researchers were aware of the need to use a broad definition of partnership because any woman, who had been in a relationship with an intimate partner, whether or not she had been married, could have been exposed to the risk of violence. It also was recognized that the definition of ever-partnered women would need to be narrower in some contexts than others. Therefore, partnered women in, for example, Bangladesh and Turkey, included only married women; others also included cohabiting and/or dating partners. In Tonga partnered

⁶⁹ Government of the Republic of Kiribati. *Kiribati Family Health and Support Study: A study on violence against women and children*, 2010. Available at http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=89&dir=ASC&order=name&Itemid=44&limit=5&limitstart=0.

⁷⁰ UNFPA, UNICEF and WHO. *The Maldives Study on Women's Health and Life Experiences - Initial results on prevalence, health outcomes and women's responses to violence*, 2007. Available at <http://minivannews.com/files/2010/10/Maldives-Study-on-Womens-Health-and-Life-Experiences-2007.pdf>

⁷¹ Fanslow J, Robinson E, Violence against Women in New Zealand; Prevalence and health consequences. *New Zealand Medical Journal*, 2004 117:1206

⁷² Secretariat of the Pacific Community for Ministry of Women, Youth & Children's Affairs. *Solomon Islands Family Health and Safety Study: A study on violence against women and children*, 2009. Available at http://www.spc.int/hdp/index.php?option=com_docman&task=cat_view&gid=39&Itemid=44.

⁷³ Turkish Republic Prime Ministry General Directorate on the Status of Women, Hacettepe University Institute of Population Studies, ICON-Institut Public Sector GmbH and BNB Consulting. *National Research on Domestic Violence against Women in Turkey 2008, 2009*. Available at http://kadininstatusu.gov.tr/upload/mce/eski_site/tdvaw/Documents.htm

⁷⁴ Vanuatu Women's Centre, Vanuatu National Statistics Office. *The Vanuatu National Survey on Women's Lives and Family Relationships*, 2011.

⁷⁵ GSO/UN. *Keeping silent is dying. Results from the National Study on Domestic Violence against Women in Viet Nam. 2010*. Available at: http://www.gso.gov.vn/default_en.aspx?tabid=487&ItemID=10693

⁷⁶ Garcia-Moreno C, Jansen HAFM, Ellsberg M, Heise L, Watts C. Prevalence of intimate partner violence: findings from the WHO Multi-country Study on Women's Health and Domestic Violence against Women. *Lancet* 2006, 368:1260-69.

women included mostly currently or previously married women and only a small fraction was not legally married.

Another aspect is age range (most countries interviewed women 15-49 years old, with the following exceptions: Japan, 18-49 years old; New Zealand, 18-64 years old; Turkey, 15- 59 years old; and Viet Nam 18-60 years old). A different age range will affect the results in terms of prevalence. In Tonga, 15-49 years was used.

When national data are presented for comparing countries and sites, the sub-country regional differences – which often are major -- will not be noticed. Further, there always will be context-specific variations in levels of non-disclosure, the extent of which we will never know.

Most countries, when presenting prevalence rates of “partner violence”, usually report “physical or sexual violence” – as is the case here in Figure 11.1. This is due to the fact that the measures of physical and sexual violence are most developed and robust and have demonstrated to be a reliable and valid measure for international comparability.

We notice in Figure 11.1, for example, that Tonga has similar rates of lifetime physical or sexual violence as New Zealand. These aggregate results can hide differences. When we look closer, the violent experiences of women in Tonga and New Zealand may not be as similar as they first look, as we will show next.

Compared with physical and sexual violence, it is much more difficult to measure emotional violence uniformly across cultural settings, and much methodological work still needs to be done on this. For this reason, many studies report emotional abuse acts separately and do not include it in an aggregate measure on partner violence. Another reason to be careful about including emotional violence in an aggregate partner violence measure is that a conservative measure (excluding acts of emotional violence) is often preferred so critics cannot charge that the results are exaggerated.

That said, to illustrate that the “ranking” in Figure 11.1 has only a relative value; we have included in Figure 11.2 the prevalence rates for the same countries for lifetime experience of emotional abuse by partners. It is significant that the prevalence rates for emotional violence follow very different patterns than the rates for physical or sexual partner violence, and Tonga’s place in the ranking would be very different.

In Figure 11.3 we have ranked countries by emotional violence. In doing so, New Zealand moves up higher in the ranks of countries with high levels of emotional partner violence, while Tonga moves to the bottom end: the countries with the lowest emotional violence. This shows that, in general, ranking of countries by levels of violence is complex and risks being misinterpreted or even misused, and should thus be used with utmost caution.

Figure 11.1. Prevalence of lifetime and current physical and/or sexual partner violence around the world (studies that used WHO methodology)

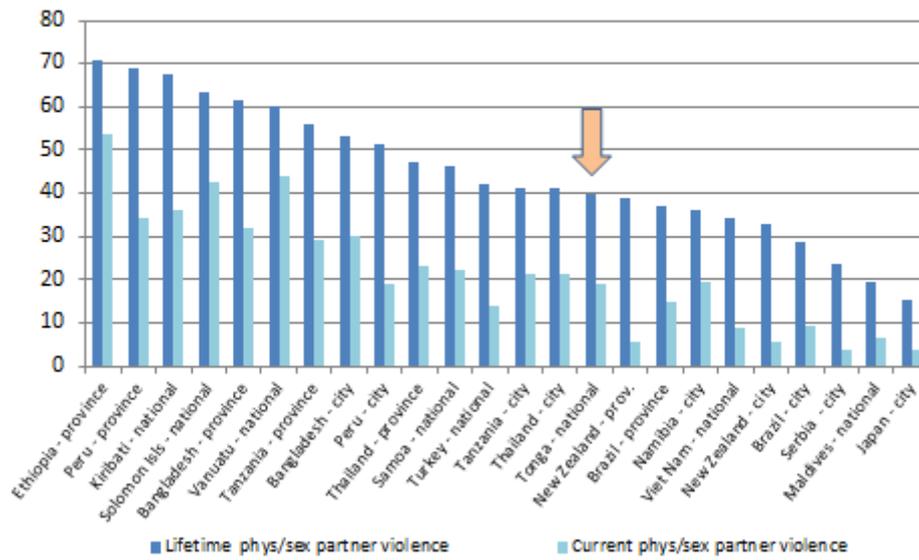


Figure 11.2. Prevalence of lifetime physical and/or sexual and emotional partner violence around the world (studies that used WHO methodology)

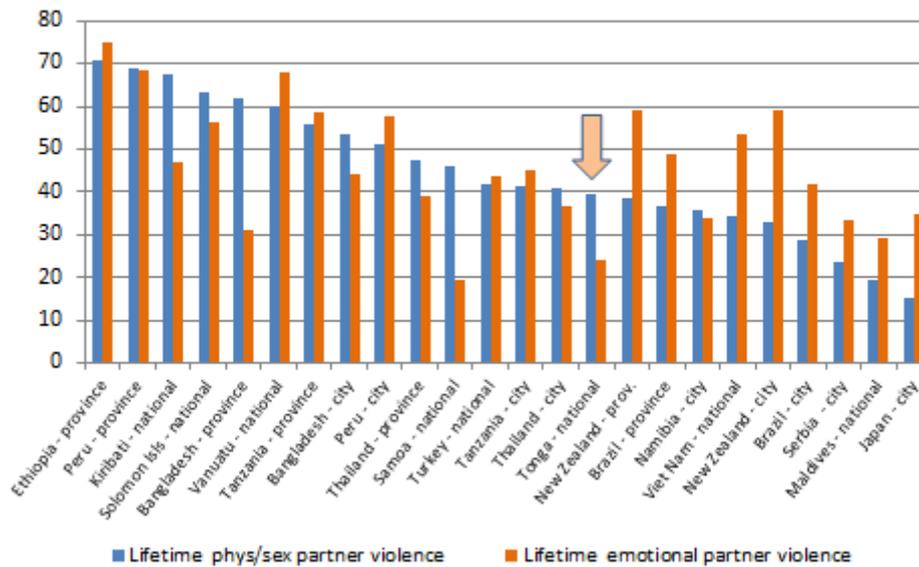
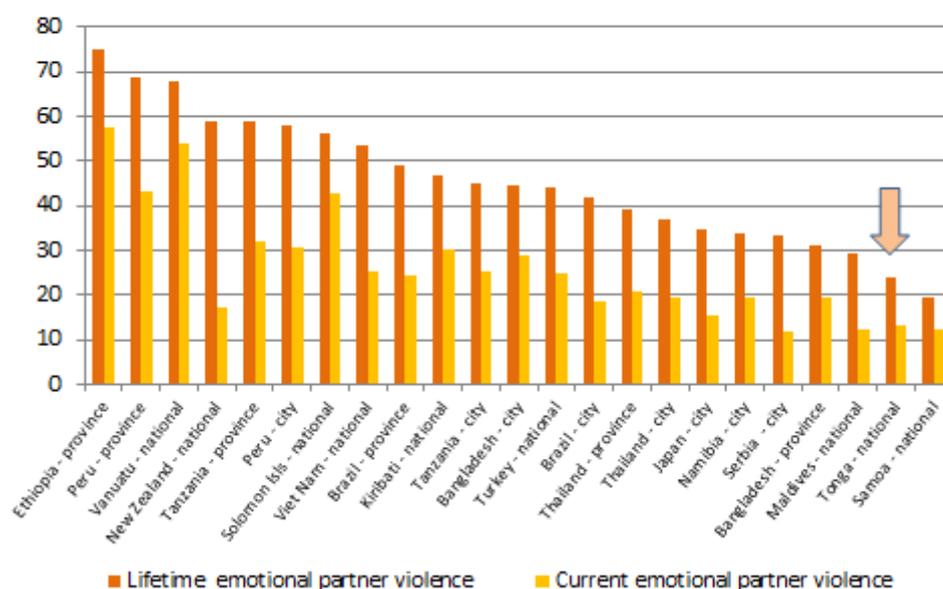


Figure 11.3. Prevalence of lifetime and current emotional partner violence around the world (studies that used WHO methodology)



11.3. Do all women in the Pacific have similar experiences of violence?

To date, there are five countries in the Pacific that have data on violence against women using the same methods and definitions. This is very useful for comparability (taking the limitations mentioned above into consideration, in particular regarding differences in disclosure and in the validity of the emotional violence measure.). The countries for which we currently have data are Kiribati, Samoa, Solomon Islands, Tonga and Vanuatu.

To get an impression of the levels of violence in Tonga compared to those in other Pacific island countries we have plotted a number of the violence indicators in one figure (See Figure 11.4). These are

- Lifetime physical or sexual violence by partner
- Current physical or sexual violence by partner
- Lifetime emotional violence by partner
- Current emotional violence by partner
- Non partner physical violence since age 15
- Non partner sexual violence since age 15.

Figure 11.4. Patterns of violence against women across five Pacific Island countries

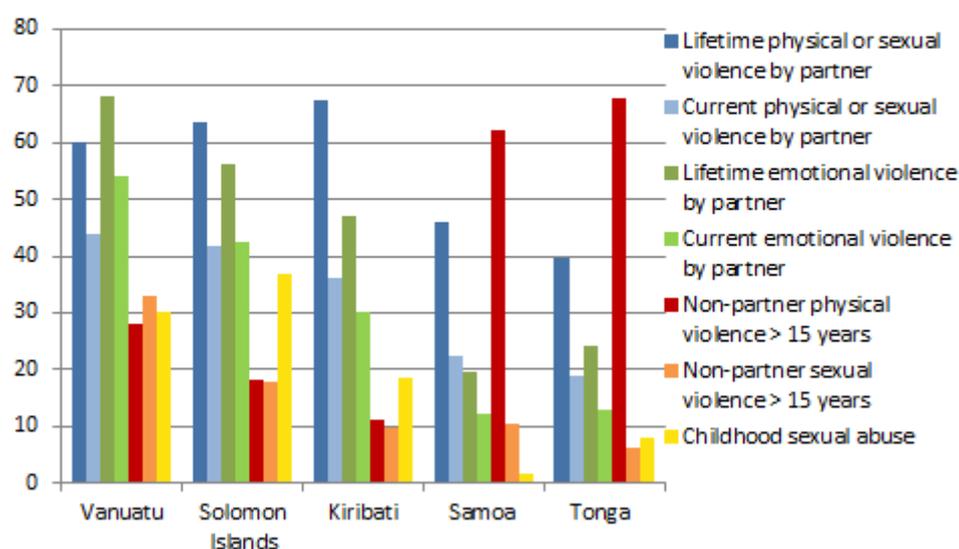


Figure 11.4 shows striking differences in patterns between Vanuatu, Solomon Islands and Kiribati on the one hand, and Samoa and Tonga on the other hand. These differences can be summarized as follows:

- In Vanuatu, Solomon Islands and Kiribati, levels of partner violence are significantly higher than levels of non-partner violence. This is the other way around in Tonga and Samoa, especially for physical violence.
- In Vanuatu and Solomon Islands, emotional partner violence is equally common as physical and/or sexual partner violence. Emotional violence is less common than physical and/or sexual violence Tonga and Samoa, with Kiribati having an in-between position.
- Childhood sexual abuse is very common in Vanuatu and Solomon Islands, relatively uncommon in Tonga and Samoa, and again, with Kiribati having an in-between position.
- Tonga and Samoa have very similar patterns of violence, particularly high levels of non-partner physical violence, which is distinct from those that are found in most other countries in the world.

11.4. Conclusions of this report

This survey opens a window that enables us to see Tongan women's reality in a way that has not yet been seen before. It reveals a critical situation for women, one that includes intimidation, threats, controlling behaviours, and acts of physical and sexual violence by the one person expected to be closest to her - her husband. And for most women, the violence experienced in her marriage is unfortunately not her first. Preceding her marriage, most

women have been subject to repeated physical violence by those she trusted - her father and her teachers - on an even larger scale than violence within her marriage.

When the results of this national research on domestic violence against women were evaluated, the most striking findings were:

- The phenomenon of violence against women, and against children, is widespread and deeply ingrained in Tongan society. The violence is, to a large extent, physical, and is perpetrated by men known to the women – partners - but even more so, fathers and teachers.
- The level of physical violence by non-partners against women (mainly in childhood and teenage years) is among the highest in the world.
- Sexual violence by non-partners is, on the other hand, quite rare.
- Violence against women carries a serious threat to health and wellbeing. Many women suffer severe injuries and many have long term indirect health effects. The violence at home also affects children and other family.
- Violence against women during the life cycle shows variations among subcategories, such as age, education, and region, but no category is spared: women are being abused at all levels of Tongan society.
- Despite the pervasiveness of violence against women, women are alone. They feel isolated and ashamed in their experience of violence and in their struggles against violence, because, above all, they love their husbands, hope that their husbands change, and want to keep the family together.
- Some characteristics in men predict to a certain level if they will be violent against their partners. These characteristics include: their aggressive behaviour with other men; their extramarital relationships with other women; the use of alcohol; and their own experience with violence in their family of origin as children.
- Violence is transferred from one generation to the next. It is a phenomenon that is learned during the socialization process.
- A commonly perceived justification for the violence is the traditional Tongan power relationships with dominant males using violence as a means to discipline women (and children). This makes it hard for individual women to stand up for their rights.
- Many women themselves believe that in some situations, men are justified in 'disciplining' their wives.
- It is widely perceived that violence is augmented by the strains caused by recent social changes which affect traditional kinship relations.
- Women develop their own strategies to cope: many pray, some talk to parents, and a very few seek help from official authorities - the latter only when the situation is critical.

The study identified gaps between perception and reality in terms of the efficacy of Christian faith on the matter of domestic violence. Faith alone is not enough to stop violence if some interpretations of faith are actually used to support the subservient position of women. However there is much scope for faith in healing and coping and therefore designing appropriate interventions.

Treasured family values for a multitude of reasons are not protecting women and are working against them because of social norms and fear. Some women in this study cited tradition and culture as a cause or justification for gender based violence. However in most

societies worldwide, violence against women and children is considered an abuse of human rights, and a practice that governments and civil society are taking action to end. It is never acceptable and should not be defended or justified in terms of culture, tradition or religion, in Tonga or anywhere else.

In fact, traditional Tongan culture and values do provide useful entry points for campaigns and programmes and should be used as leverage in strategies to prevent and respond to violence. The study points towards important traditional values that would be supportive of women and families, and should be a central part of any strategy to fight violence against women and against children.

11.5. Recommendations

1. Policy and program recommendations

It is important that all parties involved in the study recognize and understand that the study is not a stand-alone activity but part of an on-going process that works towards improving the situation of women. The study, while an intervention in its own right, needs to be seen as a step towards facilitating further interventions towards eradicating violence against women in Tonga. The report has identified that while the extended family can put couples at risk of domestic violence, the extended family can also be a source of support. Key to gaining and fostering this supportive environment are core Tongan values of respect, love, reciprocity, and humility. Findings in this report suggest that to alleviate domestic violence against women and against children, it is important to re-think and to adopt positive core Tongan values as guides for familial relationships.

Traditional and societal values, attitudes and practices that discriminate women and promote violence against women, however, should be challenged. The findings show that creating more gender equitable attitudes and empowerment of women are vital to reducing violence against women. Strategies should focus on education of boys, along with girls, and on changing social norms and notions of masculinity associated with power and dominance. Challenging impunity for perpetrators of domestic violence is also important.

To end the cycle of violence, children must be protected from abuse. And ultimately men must become partners in social justice work to eliminate all forms of violence.

It is also important to take measures to make the community accountable, and to involve the churches, who are highly influential, to change people's attitudes and behaviour.

The findings from the study have also identified areas and sectors that need further strengthening to protect and support the survivors of violence, such as the health sector, the education sector, and law enforcement and legislation.

It is recommended that the Task Force that has been set up to support and advocate for this study now supports the process of taking ownership of the results at all levels of society, including government. The Task Force is well placed to take on policy guidance as well as mobilizing support for the dissemination of the findings. Such action would facilitate the results of this study being used by NGO stakeholders, together with the Government of Tonga, to effectively develop and implement multi-sectoral policies and strategies. A

participatory process has the best potential to yield the urgently needed detailed recommendations, an action plan, and policies to combat violence against women and children. In view of the many churches in Tonga and their important role in Tongan society, it is recommended that high profile members of several of the main churches are involved as well.

Box 5 presents an initial set of recommendations for MFF produced by the core research team in the study, as a starting point to move towards a full set of multi-dimensional recommendations on prevention and response.⁷⁷

2. Research recommendations

This study shows results that led to a set of recommendations that require urgent action. This should be a first priority at this stage rather than immediately addressing further research needs. Nevertheless we conclude this report with some research recommendations.

Further analysis

The wealth of data that has been collected through this research has the potential to address many more questions regarding violence against women and domestic violence in Tonga. Exploring them further in the future will help to deepen our understanding about the nature, causes and consequences of violence and the best ways to respond to it or prevent it. If resources are available for this, some priority topics and themes for further analysis of the current data are:

- Analysis of violence by socioeconomic status (SES) quintiles
- Analysis of the relationship between violence and HIV risk
- More in-depth analysis of the relationship between violence and health
- Analysis of the relation between the age of marriage, and who chose the marriage partner on the one hand, and partner violence on the other hand
- Analysis of age of first sexual encounter and the nature of the first sexual experience and their relation to partner violence later in life
- More in-depth analysis of risk and protective factors, including for example, age of marriage, who chose the marriage partner, controlling behaviours
- Analysis of risk factors at the community and society levels (multi-level analysis)

Further research

If resources are limited, further research should not be a priority. However if resources are available for further research, the following should be considered:

- A study on the perspective and motivation of men, as well as men's own experiences with violence. This should be both qualitative and quantitative research.
- A study to estimate the direct and indirect economic costs of violence against women and children.

⁷⁷This box was adapted from the one presented in the previous report on his study written by Dr. Seu'ula Johansson-Fua, Gaberiella Renee 'Ilolahia, and Betty Hafoka-Blake (2010).

Box 5: Suggested Strategies for Ma`a Fafine Tonga

Strategic Areas of Intervention	Ma`a Fafine Tonga	Partnership
<p>1. Training;</p> <p>1.1 <i>Talanoa</i> (communication skills)</p> <p>1.2 Human Rights Training</p> <p>1.3 Parenting Skills</p> <p>1.4 Married Life Skills</p>	<p>To develop '<i>Talanoa</i>' programs to promote, encourage and improve communication skills amongst families (extended and nuclear families). Negotiation, problem solving, conflict resolution, decision making skills, based on Tongan values that promote harmonious relationships.</p> <p>To continue to empower women through Human Rights training throughout the villages of Tonga</p> <p>To develop parenting skills package for parents on raising children, family health, dealing with adolescent issues (alcohol, drugs, pregnancy), supporting schools, counselling young people.</p> <p>To develop Married Life skills package for couples to provide advice, knowledge and skills to build a successful marriage, foster harmonious relationships, based on Tongan values. Skills to build relationships with in-laws, extended families and friends. Skills to manage resources wisely, to be able to meet familial obligations responsibly and meet needs of the family.</p>	<ul style="list-style-type: none"> • Community Paralegals trained by RRR/SPC • Crown Law • Tonga Law Society • WCCC
<p>2. Publications;</p> <p>2.1 <i>Talanoa</i> pamphlets</p> <p>2.2 Parenting skills pamphlets</p> <p>2.3 Married Life skills pamphlets</p> <p>2.4 First assistance for victims of domestic violence pamphlets</p> <p>2.5 Secondary assistance for victims of domestic violence pamphlets</p>	<p>Publish <i>Talanoa</i> skills pamphlets</p> <p>Publish Parenting skills pamphlets</p> <p>Publish Married Life skills pamphlets</p> <p>Develop, compile and publish information that victims of domestic violence can use as first call for assistance (police, hospital, safe house)</p> <p>Develop, compile and publish information that victims of domestic violence can use as secondary call for assistance (counselling, recovering, support)</p>	<p>National Council of Women</p>
<p>3. Advocacy;</p> <p>Foster stronger ties with Tonga Police</p> <p>Stronger ties with the churches</p> <p>Closer ties with the Health system</p> <p>Involving youth and men</p>	<p>Work together with police to assist victims seeking police assistance; identify and assist police close gaps in the system of dealing with victims.</p> <p>Provide links with the churches to educate church leaders on domestic violence and to support the counselling given to couples, victims and families.</p> <p>Foster stronger links with hospital and family health unit to liaise in assisting victims to get immediate health assistance.</p> <p>Develop appropriate media campaign with positive messages that support violence prevention directed to youth and men, using peers and role models.</p>	<p>Tonga Police</p> <p>Churches</p> <p>Ministry of Health</p>

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ANNEXES

Annex I. Research team, field staff and task force members

Annex II. Survey questionnaire

Annex III. Differences between Tonga questionnaire and generic WHO questionnaire

Annex IV. Framework for qualitative analysis of violence against women in English and Tongan

Annex V. Method to develop index of socio-economic status

Annex VI. Tables

Annex I. Research team, field staff and task force members

Core Research Team

Gaberiella Renee 'Ilolahia, Ma'a Fafine mo e Famili – Research Coordinator
Dr. Seu'ula Johansson-Fua, University of the South Pacific – Research Consultant
Sela Moa, Ma'a Fafine mo e Famili – Research Assistant
Fuka Taupeaafe, Ma'a Fafine mo e Famili – Research Assistant
Fele'unga Vaka'uta, Ma'a Fafine mo e Famili & Ministry of Health – Research Assistant
Betty Hafoka-Blake, Ma'a Fafine mo e Famili

International Consultants

Dr. Henrica A.F.M. (Henriette) Jansen, Geneva, Switzerland - Interviewer re-training and pilot for the survey (2009), data analysis and report writing (2011-2012)
Ligia Kiss, London, UK - Interviewer training for the survey (2008)

Task Force members

1. Mr. Busby Kautoke, Chief Executive Officer and Secretary to Cabinet
2. Mrs. Mishkha Tu'ifua, Chairperson Public Service Commission
3. Mrs. Tuna Fielakepa, President of the Pan Pacific and a member of the Tonga National Women's Congress
4. Mrs. Polotu Paunga, Deputy Director for the Ministry of Education, Women's Affairs and Culture
5. Mr. Kris Kelly, Commander of the Tonga Police and Fire Services
6. Dr. Siale 'Akau'ola, Director of the Ministry of Health
7. Dr. Selina Fusimalohi, Director Tonga Family Health
8. Fr. 'Ita Koloamatangi, Vicar General Roman Catholic Church
9. Mr. 'Aminiasi Kefu, Solicitor General
10. Mrs. Fuiva Kavaliku, Director National Centre for Women and Children
11. Mrs. 'Ofa Likiliki, Director of the Tonga Women and Children's Crisis Centre
12. Mrs. Siale 'Ilolahia, Director Civil Society Forum Tonga.

Statisticians

1. Feleti Wolfgram, Statistics Department - Data processing supervisor
2. Sosefina Takau, Ma'a Fafine mo e Famili - Data entry
3. Melenaite Blake, Ma'a Fafine mo e Famili - Data entry

Field Researchers for the qualitative (Talanoa and Talanoa mo e Nofo) and quantitative (survey) components of the research

- | | |
|---|---|
| 1. Laumeesi Latu, Tonga National Youth Congress | 26. Vika Finau, Tonga Family Health Association |
| 2. Laumanu Latu, Ma'ufanga | 27. Vanessa Lolohea, Tonga National Youth Congress |
| 3. Latu Kalolaine Fifita, Ma'a Fafine mo e Famili | 28. Vanessa Heleta, Ma'a Fafine mo e Famili |
| 4. Katisa Kata, Ma'ufanga | 29. Tupou 'Ahou Palu, Ministry of Health |
| 5. Katherine Vaka, Ministry of Health | 30. Temaleti Moala, Tonga Family Health Association |
| 6. Kasilini Ma'ake, Ministry of Health | 31. Siosilini Kelepi |
| 7. Joylyn 'Ilolahia, University of the South Pacific | 32. Siakala Taumoefolau, Hala 'o Vave |
| 8. Henilieta Kelepi | 33. Sia Taumalolo, MEWAC |
| 9. Folauhola Toli, Tonga Family Health Association | 34. Sela Tupou |
| 10. Fine Langi | 35. Sateki Naiteitei, Ministry of Health |
| 11. Filisi 'Ufi, University of the South Pacific | 36. Salote Tongi |
| 12. Fataki 'Ilolahia, University of the South Pacific | 37. Salesi Panipo'oi, Ministry of Health |
| 13. Fane Lynch, Ministry of Health | 38. Rutikha 'Ilolahia, Fasi |
| 14. Fakafeta'i Taumalolo, Longolongo | 39. Penisimani Moli, Ministry of Health |
| 15. Dorothy Bryce-Fauonuku, Salvation Army | 40. Palu Mahina |
| 16. Bale Huni, Tonga Family Health Association | 41. Misileti 'Unga, Ministry of Health |
| 17. Ann Marie Uele, Ma'a Fafine moe Famili | 42. Mele'ofa Hoeft, Tupou Tertiary Institute |
| 18. Angela Patolo, Tonga Family Health Association | 43. Mele Latai 'Alofi, Ministry of Health |
| 19. 'Ungatea Finaulahi-Palu, USP | 44. Mapa Taumalolo, Longolongo |
| 20. 'Ofa Masila, MEWAC | 45. Makeleta Taufia, Pahu |
| 21. 'Initi Tuiono, Salvation Army | 46. Malia Losa Folau, Havelu |
| 22. 'Ana Talanoa, Halafo'ou | 47. Mailangi Lofitu, Ministry of Health |
| 23. 'Alisi Takau, Ma'ufanga | 48. Lona 'Akau'ola |
| 24. Lesieli Teu | 49. Liliani Havili, University of the South Pacific |
| 25. Lesieli 'Ahomana, Ministry of Health | |

Annex II. Survey questionnaire



National Survey On the Extended Family, Women's Health and Skills in Tonga

A SURVEY FOR WOMEN

11 Sept 2009

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View this paper
After it has been completed**

Ma'a Fafine mo e Famili Inc.
P.O.Box 1978
Nuku'alofa
Telephone: 25991
Email: mfftonga@gmail.com

To begin in September 2009

This survey instrument was adapted from the "WHO Multi-Country Study on Women's Health and Life Experiences", Questionnaire, version 10, Jansen H, Watts C et al. World Health Organization, 2003, rev 2005.

ADMINISTRATION FORM

IDENTIFICATION

ISLAND DIVISION (TBU=1; VV=2; HP=3; EUA=4; NIUA=5)	[]
DISTRICT	[]
VILLAGE	[][]
BLOCK NUMBER	[][][]
HOUSEHOLD NUMBER	[][]
NAME OF HOUSEHOLD HEAD : _____	

INTERVIEWER VISITS

	1	2	3	FINAL VISIT
DATE	_____	_____	_____	DAY [][] MONTH [][] YEAR [][][][]
INTERVIEWERS NAME RESULT***	_____	_____	_____	INTERVIEWER [][] RESULT [][]
NEXT VISIT: DATE TIME LOCATION	_____	_____		TOTAL NUMBER OF VISITS []

QUESTIONNAIRES COMPLETED?	*** RESULT CODES Refused (specify): _____ _____...11 Dwelling vacant or address not a dwelling 12 Dwelling destroyed13 Dwelling not found, not accessible14 Entire hh absent for extended period.....15 No hh member at home at time of visit16 Hh respondent postponed interview17 Entire hh speaking only strange language. 18		CHECK HH SELECTION FORM:
[] 1. None completed ⇒		⇒Need to return ⇒Need to return	TOTAL IN HOUSEHOLD (Q1) [][]
[] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): _____ _____...21 No eligible woman in household.....22 Selected woman not at home.....23 Selected woman postponed interview24 Selected woman incapacitated25	⇒Need to return ⇒Need to return	TOTAL ELIGIBLE WOMEN IN HH OF SELECTED WOMAN (Q3, total with YES) [][]
[] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : _____ _____...31 Rest of interview postponed to next visit .32	⇒Need to return	LINE NUMBER OF SELECTED FEMALE RESPONDENT (Q3) [][]
[] 4. Woman's questionnaire completed ⇒41		

QUALITY CONTROL PROCEDURE CONDUCTED (1 = yes, 2 = no)	[][] [][] []
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FIELD SUPERVISOR	OFFICE EDITOR	ENTERED BY
NAME [][]	NAME [][]	ENTRY 1: _____
DAY [][]		ENTRY 2: _____
MONTH [][]		
YEAR [][][][]		

IF MORE THAN ONE HH IN SELECTED DWELLING: FILL OUT SEPERATE HH SELECTION FORM FOR EACH ONE

HOUSEHOLD SELECTION FORM						
Hello, my name is _____. I am here from the MFF and USP. We are conducting a survey in TONGA to learn about women's health and skills and family relations.						
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as house-girls, house-boys, friends, visitors or relatives who have lived here and shared food for more than one month? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL				TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [][]	
2	Is the head of the household male or female? PUT BOTH IF THEY DON'T WANT TO SAY EITHER MALE OR FEMALE				MALE 1 FEMALE 2 BOTH 3	
	FEMALE HOUSEHOLD MEMBERS	RELATIONSHIP TO HH HEAD	RESIDENCE	AGE	ELIGIBLE	
3	Today we would like to talk to one woman from your household. To help me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).		Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) YES NO	
LINE NUM.						
1			1 2		1 2	
2			1 2		1 2	
3			1 2		1 2	
4			1 2		1 2	
5			1 2		1 2	
6			1 2		1 2	
7			1 2		1 2	
8			1 2		1 2	
9			1 2		1 2	
10			1 2		1 2	
CODES						
01 HEAD	06 ADOPTED DAUGHTER	15 MOTHER-IN-LAW				
02 WIFE (or PARTNER)	07 SISTER	16 HOUSE-GIRL				
03 DAUGHTER OF BOTH WIFE AND HUSBAND	08 SISTER-IN-LAW	17 ANOTHER RELATIVE				
04 DAUGHTER FROM FORMER RELATIONSHIP OF WIFE	09 AUNTY	18 VISITOR				
05 DAUGHTER FROM FORMER RELATIONSHIP OF HUSBAND	10 NIECE (HUSBAND)	19 FRIEND				
	11 NIECE (WIFE)	98 OTHER NOT RELATIVE:				
	12 DAUGHTER-IN-LAW	_____				
	13 GRANDDAUGHTER	99 DON'T KNOW				
	14 MOTHER					
(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:						
• HOUSE-GIRLS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.						
• VISITORS, FRIENDS OR OTHER RELATIVES IF THEY SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.						
(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 49 YEARS LIVING IN HOUSEHOLD.						
MORE THAN ONE ELIGIBLE WOMEN IN HH:						
▪ RANDOMLY SELECT ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG, CUP OR POT. ASK THE HOUSEHOLD HEAD OR OTHER MEMBER TO PICK OUT A NUMBER – THIS SELECTS THE PERSON TO BE INTERVIEWED.						
▪ PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED. ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.						
▪ CONTINUE WITH HOUSEHOLD QUESTIONNAIRE						
NO ELIGIBLE WOMAN IN HH:						
▪ SAY "I cannot continue because I can only interview women 15–49 years old. Thank you for your assistance."						
▪ FINISH HERE.						

* If both (male and female) are the head, refer to the male.

THE MALE HEAD OF THE HOUSEHOLD CAN ANSWER THESE QUESTIONS, OR ANY RESPONSIBLE ADULT IN HOUSEHOLD – SUCH AS ANY ADULT WOMAN, GRANDPARENTS OR A CHILD OVER 15 YEARS.

HOUSEHOLD QUESTIONNAIRE

QUESTIONS & FILTERS		CODING CATEGORIES			
1	If you don't mind, I would like to ask you a few questions about your household. What is the main source of drinking-water for your household?	PIPED WATER SUPPLY.....	1		
		CEMENT/TANK	2		
		OWN WELL COVERED/PROTECTED	3		
		OWN WELL OPENED/UNPROTECTED.....	4		
		BOTTLED WATER	5		
		BOILED WATER.....	6		
		OTHER:	7		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
2	What kind of toilet does your household have?	FLUSH TOILET	1		
		MANUAL FLUSH TOILET	2		
		PIT	3		
		NONE	4		
		OTHER:	6		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
3	What are the main materials used in the roof of the house? RECORD OBSERVATION	CONCRETE	1		
		METAL	2		
		WOOD	3		
		THATCH	4		
		OTHER:	6		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
4	Does your household have:		YES	NO	DK
	a) Boat	a) BOAT	1	2	8
	b) Hot water system	b) HOT WATER	1	2	8
	c) Bath or shower	c) BATH, SHOWER	1	2	8
	d) Motor vehicle	d) MOTOR VEHICLE	1	2	8
	e) Refrigerator	e) REFRIGERATOR	1	2	8
	f) Washing machine	f) WASHING MACH	1	2	8
	g) Television	g) TELEVISION	1	2	8
	h) Video/DVD player	h) VIDEO/DVD	1	2	8
	i) Telephone/landline/private	i) TEL/LANDLINE	1	2	8
	j) Mobile telephone	j) MOBILE PHONE	1	2	8
	k) Computer	k) COMPUTER	1	2	8
5	What is the main type of energy for cooking?	ELECTRICITY SUPPLY	1		
		GAS	2		
		KEROSENE.....	3		
		FIREWOOD COLLECTED	4		
		FIREWOOD BOUGHT	5		
		OTHER:	6		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		
6	Do people in your household own any land?	YES	1		
		NO.....	2		
		DON'T KNOW	8		
		REFUSED/NO ANSWER	9		

7	How many rooms in your household are used for sleeping?	NUMBER OF ROOMS[][] DON'T KNOW 98 REFUSED/NO ANSWER 99	
8	Are you concerned about the levels of crime in your community (like robberies or assaults)? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED 1 A LITTLE CONCERNED 2 VERY CONCERNED 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	
9	In the past 4 weeks, has someone from this household been the victim of a crime in this community, such as a robbery or assault?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
9 a TON	Are you concerned about violence due to land disputes? Would you say that you are not at all concerned, a little concerned, or very concerned?	NOT CONCERNED 1 A LITTLE CONCERNED 2 VERY CONCERNED 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	
10	NOTE SEX OF RESPONDENT	MALE 1 FEMALE 2	

Thank you very much for your assistance.

Survey on women's lives and family relationships

WOMAN'S QUESTIONNAIRE

Confidential upon completion

INDIVIDUAL CONSENT FORM

Hello, my name is _____. I work for the MFF. We are conducting a survey to learn about women’s family relationships, health and skills. You have been chosen by chance to participate in the survey. (EXPLAIN HOW SHE WAS CHOSEN IF NECESSARY.)

All your answers will be kept strictly secret. I will not keep a record of your name or address. You have the right to stop the interview at any time, or to skip any questions that you don’t want to answer. There are no right or wrong answers. Some of the topics may be difficult to discuss, but many women have found it useful to have the opportunity to talk.

Your participation is completely voluntary but your experiences could be very helpful to other women in TONGA.

Do you have any questions?

(The interview takes between 30 to 60 minutes to complete.) Do you agree to be interviewed?

NOTE WHETHER RESPONDENT AGREES TO INTERVIEW OR NOT

DOES NOT AGREE TO BE INTERVIEWED → THANK PARTICIPANT FOR HER TIME AND END

AGREES TO BE INTERVIEWED



Is now a good time to talk?

It’s very important that we talk in private. Is this a good place to hold the interview, or is there somewhere else that you would like to go?

TO BE COMPLETED BY INTERVIEWER

I CERTIFY THAT I HAVE READ THE ABOVE CONSENT PROCEDURE TO THE PARTICIPANT.

SIGNED:

DATE OF INTERVIEW: day [][] month [][] year [][][][]

100. RECORD THE TIME		Hour [][] (24 h) Minutes [][]	
SECTION 1 RESPONDENT AND HER COMMUNITY			
QUESTIONS & FILTERS		CODING CATEGORIES	SKIP TO
If you don't mind, I would like to start by asking you a little about <COMMUNITY NAME>.			
<i>INSERT NAME OF COMMUNITY/VILLAGE/ ABOVE AND IN QUESTIONS BELOW. IF NO NAME, SAY "IN THIS COMMUNITY/VILLAGE/AREA" AS APPROPRIATE.</i>			
101	Do neighbours in COMMUNITY NAME generally tend to know each other well?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
102	If there were a street fight in COMMUNITY NAME would people generally do something to stop it?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
103	If someone in COMMUNITY NAME decided to undertake a community project (<i>INSERT LOCALLY RELEVANT EXAMPLES</i>) would most people be willing to contribute time, labour or money?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
104	In this neighbourhood do most people generally trust one another in matters of lending and borrowing things?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
105	If someone in your family suddenly fell ill or had an accident, would your neighbours offer to help?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
106	I would now like to ask you some questions about yourself. What is your date of birth (day, month and year that you were born)?	DAY [][] MONTH [][] YEAR [][][][] DON'T KNOW YEAR..... 9998 REFUSED/NO ANSWER..... 9999	
107	How old are you now? (MORE OR LESS)	AGE (YEARS) [][]	
108	How long have you been living continuously in COMMUNITY NAME?	NUMBER OF YEARS [][] LESS THAN 1 YEAR00 LIVED ALL HER LIFE95 VISITOR (AT LEAST 4 WEEKS IN HOUSEHOLD)96 DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
108 a	What is your religion?	NO RELIGION00 WESLEYAN01 CATHOLIC02 ANGLICAN03 ASSEMBLIES OF GOD (AOG)04 MORMON05 FREE CHURCH OF TONGAN06 CHURCH OF TONGAN.....07 TONGA CONSTITUTION08 SEVENTH DAY ADVENTIST09 BAHAI10 MAAMA FO'OU11 OTHER:96 DON'T KNOW/DON'T REMEMBER.....98	

		REFUSED/NO ANSWER.....99	
109	Can you read and write?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	
110	Have you ever attended school?	YES.....1 NO2 DON'T KNOW8 REFUSED/NO ANSWER.....9	⇒112
111	What is the highest level of education that you achieved? MARK HIGHEST LEVEL. ADD UP THE TOTAL NUMBER OF YEARS IN SCHOOLING, INCLUDING TERTIARY EDUCATION	PRIMARY _____ year1 SECONDARY _____ year2 TERTIARY _____ year.....3 NUMBER OF YEARS SCHOOLING . [] DON'T KNOW/DON'T REMEMBER.....98 REFUSED/NO ANSWER.....99	
112	Where did you grow up? PROBE: Before age 12 where did you live longest?	THIS COMMUNITY1 OTHER RURAL AREA/VILLAGE/ISLAND...2 ANOTHER TOWN3 ANOTHER COUNTRY4 ANOTHER COMMUNITY IN SAME TOWN .5 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
113	Do any of your family of birth live close enough by that you can easily see/visit them?	YES.....1 NO2 LIVING WITH FAMILY OF BIRTH3 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒ 115
114	How often do you see or talk to a member of your family of birth? Would you say at least once a week, once a month, once a year, or never?	AT LEAST ONCE A WEEK1 AT LEAST ONCE A MONTH2 AT LEAST ONCE A YEAR3 NEVER (HARDLY EVER)4 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
115	When you need help or have a problem, can you usually ask your family of birth for support?	YES.....1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	
116 a	Do you regularly attend a group, organization or association? PROMPT: Organizations like women's or community groups, religious groups or political associations.	YES.....1 NO2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER.....9	⇒118
117	Is this group (Are any of these groups) attended by women only? (REFER TO THE ATTENDED GROUPS ONLY)	YES.....1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	

118	Has anyone ever prevented you from attending a meeting or participating in an organization? IF YES, ASK: Who prevented you? MARK ALL THAT APPLY PROMPT FOR TYPE OF GOVERNMENT OR COMMUNITY LEADER (e.g. Chief, Police, Church leader etc)	NOT PREVENTEDA PARTNER/HUSBANDB PARENTSC PARENTS-IN-LAW/PARENTS OF PARTNERD BROTHERE SONF DAUGHTERG OTHER RELATIVEH GOVERNMENT/CHIEF/NOBLE (specify):I OTHER:X	
119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED1 MARRIED BUT NOT LIVING TOGETHER2 LIVING WITH MAN, NOT MARRIED3 CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP)5	⇒123 ⇒123 ⇒123 ⇒123
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED1 YES, LIVED WITH A MAN, BUT NEVER MARRIED3 NO5	⇒121 ⇒121
120b	Have you ever had a regular male sexual partner?	YES1 NO2 REFUSED/NO ANSWER9	⇒S2 ⇒S2
121	Did the <u>last partnership with a man</u> end in divorce or separation, or did your husband/partner die?	DIVORCED1 SEPARATED/BROKEN UP2 WIDOWED/PARTNER DIED3 DON'T KNOW8 REFUSED/NO ANSWER9	⇒123
122	Was the divorce/separation initiated by you, by your husband/partner, or did you both decide that you should separate?	RESPONDENT1 HUSBAND/PARTNER2 BOTH (RESPONDENT AND PARTNER)3 HIS RELATIVES4 HER RELATIVES5 OTHER:6 DON'T KNOW8 REFUSED/NO ANSWER9	
123	How many times in your life have you been married and/or lived together with a man? (INCLUDE CURRENT PARTNER IF LIVING TOGETHER)	NUMBER OF TIMES MARRIED/ LIVED TOGETHER [] [] IF "00" DON'T KNOW/DON'T REMEMBER98 REFUSED/NO ANSWER99	⇒S2
124	The next few questions are about your <u>current or most recent</u> partnership. Do/did you live with your husband/partner's parents or any of his relatives?	YES1 NO2 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	

125	IF CURRENTLY WITH PARTNER: Do you <u>currently</u> live with your parents or any of your relatives? IF NOT CURRENTLY WITH PARTNER: Were you living with your parents or relatives <u>during your last relationship</u> ?	YES1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	
129 TON	Did you have a formal marriage ceremony?	YES1 NO.....2	⇒S2
130	In what year was the (first) ceremony performed? In what year were you first married? (THIS REFERS TO CURRENT/LAST RELATIONSHIP)	YEAR [] [] [] [] DON'T KNOW/DON'T REMEMBER.....9998 REFUSED/NO ANSWER9999	
131	Did you yourself choose your <u>current/most recent</u> husband, did someone else choose him for you, or did he choose you? IF SHE DID NOT CHOOSE HERSELF, PROBE: Who chose your <u>current/most recent</u> husband for you?	BOTH CHOSE1 RESPONDENT CHOSE.....2 RESPONDENT'S FAMILY CHOSE3 PARTNER CHOSE4 PARTNER'S FAMILY CHOSE.....5 OTHER:6 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	⇒S2 ⇒S2
131a TON	What was the reason that your <u>current/most recent husband</u> was chosen for you? PROBE THE REASON THAT HER HUSBAND WAS CHOSEN FOR HER	ARRANGED MARRIAGE1 MARRIED TO THE MAN WHO RAPED HER2 BECAUSE PREGNANT3 OTHER:6 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	
132 TON	Were you forced to marry your <u>current/most recent husband</u> ?	YES1 NO.....2 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	

SECTION 2 GENERAL HEALTH

**BEFORE STARTING WITH SECTION 2:
REVIEW RESPONSES IN SECTION 1 AND MARK MARITAL STATUS ON REFERENCE SHEET, BOX A.**

201	I would now like to ask a few questions about your health and use of health services. Would you describe your overall health as excellent, good, fair, poor or very poor?	EXCELLENT1 GOOD2 FAIR3 POOR4 VERY POOR5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																					
202	Now I would like to ask you about your health in the <u>past 4 weeks</u> . How would you describe your ability to walk around? I will give 3 options, which one best describes your situation: Would you say that you have no problems, very few problems, or many problems walking?	NO PROBLEMS1 SOME PROBLEMS2 MANY PROBLEMS3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																					
203	In the <u>past 4 weeks</u> did you have problems with performing usual activities, such as work, study, household, family or social activities? I will give 3 options, which one best describes your situation: Would you say that you have no problems, very few problems, or many problems with daily activities?	NO PROBLEMS1 SOME PROBLEMS2 MANY PROBLEMS3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																					
204	In the <u>past 4 weeks</u> have you been in pain or discomfort? I will give 3 options, which one best describes your situation: Would you say that you have no problems, very few problems, or many problems with pain?	NO PROBLEMS1 SOME PROBLEMS2 MANY PROBLEMS3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																					
205	In the <u>past 4 weeks</u> have you had problems with your memory or concentration? I will give 3 options, which one best describes your situation: Would you say that you have no problems, very few problems, or many problems with memory?	NO PROBLEMS1 SOME PROBLEMS2 MANY PROBLEMS3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9																					
206	In the <u>past 4 weeks</u> have you had: a) Dizziness b) Vaginal discharge	<table border="0"> <tr> <td></td> <td align="center">YES</td> <td align="center">NO</td> <td align="center">DK</td> </tr> <tr> <td>a) DIZZINESS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> <tr> <td>b) VAGINAL DISCHARGE</td> <td align="center">1</td> <td align="center">2</td> <td align="center">8</td> </tr> </table>		YES	NO	DK	a) DIZZINESS	1	2	8	b) VAGINAL DISCHARGE	1	2	8									
	YES	NO	DK																				
a) DIZZINESS	1	2	8																				
b) VAGINAL DISCHARGE	1	2	8																				
207	In the <u>past 4 weeks</u> , have you taken medication: (including medicine/tablets or custom medicine) a) To help you calm down or sleep? b) To relieve pain? c) To help you not feel sad or depressed? FOR EACH, IF YES PROBE: How often? Once or twice, a few times or many times?	<table border="0"> <tr> <td></td> <td align="center">NO</td> <td align="center">ONCE OR TWICE</td> <td align="center">A FEW TIMES</td> <td align="center">MANY TIMES</td> </tr> <tr> <td>a) FOR SLEEP</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> <tr> <td>b) FOR PAIN</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> <tr> <td>c) FOR SADNESS</td> <td align="center">1</td> <td align="center">2</td> <td align="center">3</td> <td align="center">4</td> </tr> </table>		NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES	a) FOR SLEEP	1	2	3	4	b) FOR PAIN	1	2	3	4	c) FOR SADNESS	1	2	3	4	
	NO	ONCE OR TWICE	A FEW TIMES	MANY TIMES																			
a) FOR SLEEP	1	2	3	4																			
b) FOR PAIN	1	2	3	4																			
c) FOR SADNESS	1	2	3	4																			

208	<p>In the <u>past 4 weeks</u>, did you consult a doctor or other professional or traditional health worker or church leader because you yourself were sick?</p> <p>IF YES: Whom did you consult? MARK ALL THAT APPLY</p> <p>PROBE: Did you also see anyone else?</p>	<p>NO ONE CONSULTED A DOCTOR B NURSE C CLINIC D LOCAL HEALER E MIDWIFE F PRIEST G</p> <p>OTHER: _____ ... X</p>																																																																
209	<p>The next questions are related to other common problems that may have bothered you in the <u>past 4 weeks</u>. If you had the problem in the past 4 weeks, answer yes. If you have not had the problem in the past 4 weeks, answer no.</p> <p>a) Do you often have headaches? b) Is your appetite poor? c) Do you sleep badly? d) Are you easily frightened?</p> <p>e) Do your hands shake? f) Do you feel nervous, tense or worried? g) Is your digestion poor? h) Do you have trouble thinking clearly?</p> <p>i) Do you feel unhappy? j) Do you cry more than usual? k) Do you find it difficult to enjoy your daily activities? l) Do you find it difficult to make decisions?</p> <p>m) Are you finding it hard to do your daily work? n) Do you feel unable to be active and useful in your life? o) Are you no longer interested in things that you used to enjoy? p) Do you feel that you are a worthless person?</p> <p>q) Have you been thinking of ending your life? r) Do you feel tired all the time? s) Do you have uncomfortable feelings in your stomach? t) Are you easily tired?</p>	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr><td>a) HEADACHES</td><td>1</td><td>2</td></tr> <tr><td>b) APPETITE</td><td>1</td><td>2</td></tr> <tr><td>c) SLEEP BADLY</td><td>1</td><td>2</td></tr> <tr><td>d) FRIGHTENED</td><td>1</td><td>2</td></tr> <tr><td>e) HANDS SHAKE</td><td>1</td><td>2</td></tr> <tr><td>f) NERVOUS</td><td>1</td><td>2</td></tr> <tr><td>g) DIGESTION</td><td>1</td><td>2</td></tr> <tr><td>h) THINKING</td><td>1</td><td>2</td></tr> <tr><td>i) UNHAPPY</td><td>1</td><td>2</td></tr> <tr><td>j) CRY MORE</td><td>1</td><td>2</td></tr> <tr><td>k) NOT ENJOY</td><td>1</td><td>2</td></tr> <tr><td>l) DECISIONS</td><td>1</td><td>2</td></tr> <tr><td>m) WORK SUFFERS</td><td>1</td><td>2</td></tr> <tr><td>n) USEFUL</td><td>1</td><td>2</td></tr> <tr><td>o) LOST INTEREST</td><td>1</td><td>2</td></tr> <tr><td>p) WORTHLESS</td><td>1</td><td>2</td></tr> <tr><td>q) ENDING LIFE</td><td>1</td><td>2</td></tr> <tr><td>r) FEEL TIRED</td><td>1</td><td>2</td></tr> <tr><td>s) STOMACH</td><td>1</td><td>2</td></tr> <tr><td>t) EASILY TIRED</td><td>1</td><td>2</td></tr> </tbody> </table>		YES	NO	a) HEADACHES	1	2	b) APPETITE	1	2	c) SLEEP BADLY	1	2	d) FRIGHTENED	1	2	e) HANDS SHAKE	1	2	f) NERVOUS	1	2	g) DIGESTION	1	2	h) THINKING	1	2	i) UNHAPPY	1	2	j) CRY MORE	1	2	k) NOT ENJOY	1	2	l) DECISIONS	1	2	m) WORK SUFFERS	1	2	n) USEFUL	1	2	o) LOST INTEREST	1	2	p) WORTHLESS	1	2	q) ENDING LIFE	1	2	r) FEEL TIRED	1	2	s) STOMACH	1	2	t) EASILY TIRED	1	2	
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210	<p>Just now we talked about problems that may have bothered you in the past 4 weeks. I would like to ask you now: In your life, have you <u>ever</u> thought about ending your life?</p>	<p>YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>	⇒212																																																															
211	<p>Have you <u>ever</u> tried to take your life?</p>	<p>YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>																																																																
212	<p>In the <u>past 12 months</u>, have you had an operation (other than a caesarean section)?</p>	<p>YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9</p>																																																																
213	<p>In the <u>past 12 months</u>, did you have to spend any nights in a hospital/clinic/health centre or dispensary because you were sick (other than to give birth)? IF YES: How many nights in the past 12 months?</p>	<p>NIGHTS IN HOSPITAL [][] NONE 00 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99</p>																																																																

213 a	Have you ever heard of HIV or AIDS? <i>OPTIONAL FOR COUNTRIES INTERESTED IN HIV/AIDS</i>	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
213 b	Is it possible for a person who looks and feels completely healthy to have the AIDS virus? <i>OPTIONAL FOR COUNTRIES INTERESTED IN HIV/AIDS</i>	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
213 c	Many people in (COUNTRY) are getting tested for HIV. Have you had an HIV/AIDS test? We do not want to know the result, only if you ever had the test. <i>OPTIONAL FOR COUNTRIES INTERESTED IN HIV/AIDS</i>	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
214	Do you <u>now</u> smoke..... 1. Daily? 2. Occasionally? 3. Not at all?	DAILY 1 OCCASIONALLY 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒216 ⇒216
215	Have you <u>ever</u> smoked in your life? Did you ever smoke.... 1. Daily? (smoking at least once a day) 2. Occasionally? (at least 100 cigarettes in your lifetime, but never daily) 3. Not at all? (not at all, or less than 100 cigarettes in your life time)	DAILY 1 OCCASIONALLY 2 NOT AT ALL 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
216	How often do you drink alcohol? Would you say: 1. Every day /nearly every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never/Stopped more than one year ago	EVERY DAY 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S3
217	On the days that you drank in the <u>past 4 weeks</u> , about how many alcoholic drinks did you usually have a day?	USUAL NUMBER OF DRINKS [] [] NO ALCOHOLIC DRINKS IN PAST 4 WEEKS....00	
218	In the <u>past 12 months</u> , have you experienced any of the following problems, related to your drinking of alcohol? a) money problems b) health problems c) conflict with family, relatives or friends d) problems with authorities (bar owner, police, chief, church leaders) x) other, specify.	YES NO a) MONEY PROBLEMS 1 2 b) HEALTH PROBLEMS 1 2 c) CONFLICT 1 2 d) PROBLEMS WITH AUTHORITIES 1 2 x) OTHER: _____ 1 2	

SECTION 3 REPRODUCTIVE HEALTH

	Now I would like to ask about all of the children that you may have given birth to during your life. A WOMAN WHO HAS NEVER SLEPT WITH A MAN SHOULD NOT ANSWER THIS QUESTION		
301	Have you ever given birth? How many children have you given birth to that were alive when they were born? (INCLUDE BIRTHS WHERE THE BABY DIDN'T LIVE FOR LONG)	NUMBER OF CHILDREN BORN[][] IF 1 OR MORE ⇒ ⇒303 NONE00	
302	Have you ever been pregnant?	YES.....1 ⇒304 NO.....2 ⇒310 MAYBE/NOT SURE3 ⇒310 DON'T KNOW/DON'T REMEMBER.....8 ⇒310 REFUSED/NO ANSWER.....9 ⇒310	
303	How many children do you have, who are alive now? RECORD NUMBER	CHILDREN[][] NONE00	
304	Have you ever given birth to a boy or a girl who was born alive, but later died? This could be at any age. IF NO, PROBE: Any baby who cried or showed signs of life but survived for only a few hours or days?	YES1 NO2 ⇒306	
305	a) How many sons have died? a) How many daughters have died? (THIS IS ABOUT ALL AGES)	a) SONS DEAD[][] b) DAUGHTERS DEAD[][] IF NONE ENTER '00'	
306	Do (did) all your children have the same biological father, or more than one father?	ONE FATHER.....1 MORE THAN ONE FATHER2 N/A (NEVER HAD LIVE BIRTH)7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER.....9 ⇒ 308	
307	How many of your children receive financial support from their father(s)? Would you say none, some or all? IF ONLY ONE CHILD AND SHE SAYS 'YES,' CODE '3' ('ALL').	NONE1 SOME2 ALL.....3 N/A7 DON'T KNOW/DON'T REMEMBER.....8 REFUSED/NO ANSWER9	
308	How many times have you been pregnant? Include pregnancies that did not end up in a live birth, and if you are pregnant now, your current pregnancy? PROBE: How many pregnancies were with twins, triplets?	a) TOTAL NO. OF PREGNANCIES.[][] b) PREGNANCIES WITH TWINS [] c) PREGNANCIES WITH TRIPLETS []	
309	Have you ever had a pregnancy that miscarried, or ended in a stillbirth? PROBE: How many times did you miscarry, how many times did you have a stillbirth, and how many times did you abort?	a) MISCARRIAGES[][] b) STILLBIRTHS[][] c) ABORTIONS.....[][] IF NONE ENTER '00'	
310	Are you pregnant now?	YES.....1 ⇒ A NO.....2 ⇒ B MAYBE3 ⇒ B	
DO EITHER A OR B: IF PREGNANT NOW ==> IF NOT PREGNANT NOW ==> VERIFY THAT ADDITION ADDS UP TO THE SAME FIGURE. IF NOT, PROBE AGAIN AND CORRECT.		A. [301] ____ + [309 a+b+c] ____ + 1 = _ [308a] ____ + [308b] ____ + [2x308c] ____ = ____ B. [301] ____ + [309 a+b+c] ____ = [308a] ____ + [308b] ____ + [2x308c] ____ = ____	

311	Have you <u>ever</u> used anything, or tried in any way, to delay or avoid getting pregnant?	YES..... 1 NO 2 NEVER HAD SEXUAL INTERCOURSE 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒315 ⇒S.5
312	Are you <u>currently</u> doing something, or using any method, to delay or avoid getting pregnant?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒315
313	What (main) method are you <u>currently</u> using? IF MORE THAN ONE, ONLY MARK MAIN METHOD	PILL/TABLETS 01 INJECTABLES..... 02 IMPLANTS (NORPLANT)..... 03 IUD 04 FEMALE CONDOM..... 05 CALENDAR/MUCUS METHOD..... 06 FEMALE STERILIZATION..... 07 CONDOMS 08 MALE STERILIZATION/VASECTOMY 09 WITHDRAWAL..... 10 HERBS..... 11 OTHER:..... 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	⇒315 ⇒315 ⇒315
314	Does your <u>current</u> husband/partner know that you are using a method of family planning?	YES..... 1 NO..... 2 N/A: NO CURRENT PARTNER 7 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
315	Has/did your <u>current/most recent</u> husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒317 ⇒317 ⇒317
316	How did he let you know that he disapproved of using methods to avoid getting pregnant? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME..... C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED METHOD F THREATENED TO GET ANOTHER WOMAN/ GOT ANOTHER WOMAN G THREATENED TO DESERT HER OR DESERTED HER H OTHER X	
317	Apart from what you have told me before, I would now like to ask some specific questions about condoms. Have you ever used a condom with your <u>current/most recent</u> partner?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒318
317 a	The last time that you had sex with your <u>current/most recent</u> partner did you use a condom?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

318	Have you ever asked your <u>current/most recent</u> partner to use a condom?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
319	Has your <u>current/most recent</u> husband/partner ever refused to use a condom?	YES..... 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒S.4 ⇒S.4 ⇒S.4
320	How did he let you know that he disapproved of using a condom? MARK ALL THAT APPLY	TOLD ME HE DID NOT APPROVE A SHOUTED/GOT ANGRY B THREATENED TO BEAT ME..... C THREATENED TO LEAVE/THROW ME OUT OF HOME D BEAT ME/PHYSICALLY ASSAULTED E TOOK OR DESTROYED CONDOM..... F ACCUSED ME OF BEING UNFAITHFUL/ NOT A GOOD WOMAN G LAUGHED AT/NOT TAKE ME SERIOUS... H SAID IT IS NOT NECESSARY..... I THREATENED TO GET ANOTHER WOMAN/GOT ANOTHER WOMAN J THREATENED TO DESERT HER OR DESERTED HER K OTHER X	

SECTION 4 CHILDREN

**BEFORE STARTING WITH SECTION 4:
REVIEW RESPONSES AND MARK REPRODUCTIVE HISTORY ON REFERENCE SHEET, BOX B.**

CHECK: Ref. Sheet, box B, point Q <i>(s4bir)</i>	ANY LIVE BIRTHS [] ↓ <i>(1)</i>	NO LIVE BIRTHS [] ⇒ <i>(2)</i>	⇒S.5
401	I would like to ask about the last time that you gave birth (Live birth, regardless of whether the child is still alive or not). What is the date of birth of this child?	DAY [][] MONTH [][] YEAR [][][]	
402	What name was given to your last born child? Is (NAME) a boy or a girl?	NAME: _____ BOY 1 GIRL..... 2	
403	Is your last born child (NAME) still alive?	YES 1 NO 2	⇒405
404	How old was (NAME) at his/her last birthday? RECORD AGE IN COMPLETED YEARS CHECK AGE WITH BIRTH DATE	AGE IN YEARS [][] IF NOT YET COMPLETED 1 YEAR 00	⇒406 ⇒406
405	How old was (NAME) when he/she died?	YEARS [][] MONTHS (IF LESS THAN 1 YEAR)..... [][] DAYS (IF LESS THAN 1 MONTH)..... [][]	
406	CHECK IF DATE OF BIRTH OF LAST CHILD (IN Q401) IS MORE OR LESS THAN 5 YEARS AGO	5 OR MORE YEARS AGO 1 LESS THAN 5 YEARS AGO 2	⇒417
407	I would like to ask you about your <u>last pregnancy</u> . At the time you became pregnant with this child (NAME), did you want to become pregnant then, did you want to wait until later, did you want no (more) children, or did you not mind either way?	BECOME PREGNANT THEN..... 1 WAIT UNTIL LATER..... 2 NOT WANT CHILDREN..... 3 NOT MIND EITHER WAY..... 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
408	At the time you became pregnant with this child (NAME), did your husband/partner want you to become pregnant then, did he want to wait until later, did he want no (more) children at all, or did he not mind either way?	BECOME PREGNANT THEN..... 1 WAIT UNTIL LATER..... 2 NOT WANT CHILDREN..... 3 NOT MIND EITHER WAY..... 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	
409	When you were pregnant with this child (NAME), did you see anyone for an antenatal check? IF YES: Whom did you see? Anyone else? MARK ALL THAT APPLY	NO ONE A DOCTORB OBSTETRICIAN/GYNAECOLOGIST.....C NURSE/MIDWIFE D AUXILARY NURSE E TRADITIONAL BIRTH ATTENDANT F OTHER: _____ _____ X	
410	Did your husband/partner stop you, encourage you, or have no interest in whether you received antenatal care for your pregnancy?	STOP 1 ENCOURAGE 2 NO INTEREST 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER..... 9	

411	When you were pregnant with this child, did your husband/partner have preference for a son, a daughter or did it not matter to him whether it was a boy or a girl?	SON..... 1 DAUGHTER..... 2 DID NOT MATTER..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9																									
412	During this pregnancy, did you consume any alcoholic drinks or kava?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9																									
413	During this pregnancy, did you smoke any cigarettes or use tobacco or marijuana? PROBE: If yes, which one did you smoke?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9																									
414	Were you given a (postnatal) check-up at any time during the 6 weeks after delivery?	YES..... 1 NO..... 2 NO, CHILD NOT YET SIX WEEKS OLD..... 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9																									
415	Was this child (NAME) weighed at birth?	YES..... 1 NO..... 2 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒417 ⇒417																								
416	How much did he/she weigh? RECORD FROM HEALTH CARD WHERE POSSIBLE	KG FROM CARD [][]..... 1 KG FROM RECALL [][]..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9																									
417	Do you have any children aged between 6 and 14 years? How many? (include 6-year-old and 14-year-old children)	NUMBER.....[][] NONE..... 00	⇒S.5																								
418	a) How many are boys? b) How many are girls?	a) BOYS.....[] b) GIRLS.....[]																									
419	How many of these children (ages 6-14 years) currently live with you? PROBE: a) How many boys? b) How many girls?	a) BOYS.....[] b) GIRLS.....[] IF "0" FOR BOTH SEXES == GO TO ⇒	⇒S.5																								
420	Do any of these children (ages 6-14 years): a) Have nightmares often? b) deleted c) Wet their bed often? d) Are any of these children very quiet or withdrawn, or find it difficult to talk to or play with other children? e) Are any of them aggressive with you or other children?	<table style="width:100%; border:none;"> <thead> <tr> <th></th> <th style="text-align:center">YES</th> <th style="text-align:center">NO</th> <th style="text-align:center">DK</th> </tr> </thead> <tbody> <tr> <td>a) NIGHTMARES</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>b) deleted</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>c) WET BED</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>d) QUIET/ALONE</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> <tr> <td>e) AGGRESSIVE</td> <td style="text-align:center">1</td> <td style="text-align:center">2</td> <td style="text-align:center">8</td> </tr> </tbody> </table>		YES	NO	DK	a) NIGHTMARES	1	2	8	b) deleted	1	2	8	c) WET BED	1	2	8	d) QUIET/ALONE	1	2	8	e) AGGRESSIVE	1	2	8	
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421	Of these children (ages 6-14 years), how many of your boys and how many of your girls have ever run away from home?	a) NUMBER OF BOYS RUN AWAY.....[] b) NUMBER OF GIRLS RUN AWAY.....[] IF NONE ENTER '0'																									
422	Of these children (ages 6-14 years), how many of your boys and how many of your girls are studying/in school?	a) BOYS.....[] b) GIRLS.....[] IF "0" FOR BOTH SEXES == GO TO ⇒	⇒S.5																								
423	Have any of these children had to repeat (failed) a year at school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9																									
424	Have any of these children stopped school for a while or dropped out of school? MAKE SURE ONLY CHILDREN AGED 6-14 YEARS.	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9																									

SECTION 5 CURRENT OR MOST RECENT PARTNER

CHECK: Ref. sheet, Box A (s5mar)	CURRENTLY MARRIED, OR LIVING WITH A MAN/<i>WITH SEXUAL PARTNER</i> (Options K, L) [] ↓ (1)	FORMERLY MARRIED/ LIVING WITH A MAN/ <i>WITH SEXUAL PARTNER</i> (Option M) [] ↓ (2)	NEVER MARRIED/ NEVER LIVED WITH A MAN (<i>NEVER SEXUAL PARTNER</i>) (Option N) [] ⇒ (3)	⇒S.6
501	I would now like you to tell me a little about your <u>current/most recent</u> husband/partner. How old was your husband/partner on his last birthday? PROBE: MORE OR LESS IF MOST RECENT PARTNER DIED: How old would he be now if he were alive?	AGE (YEARS)[][]		
502	In what year was he born?	YEAR.....[][][] DON'T KNOW/DON'T REMEMBER 9998 REFUSED/NO ANSWER 9999		
503	Can (could) he read and write?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9		
504	Did he ever attend school?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒506	
505	What is the highest level of education that he achieved? MARK HIGHEST LEVEL. CONVERT TO YEARS IN SCHOOL	PRIMARY _____ year 1 SECONDARY _____ year 2 TERTIARY _____ year 3 DON'T KNOW 8 NUMBER OF YEARS SCHOOLING...[][] DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99		
506	IF CURRENTLY WITH PARTNER: Is he currently working, looking for work or unemployed, retired or studying? IF NOT CURRENTLY WITH PARTNER: Towards the end of your relationship was he working, looking for work or unemployed, retired or studying?	WORKING 1 LOOKING FOR WORK/UNEMPLOYED 2 RETIRED 3 STUDENT 4 DISABLED/LONG TERM SICK..... 5 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒508 ⇒508 ⇒509	
507	When did his last job finish? Was it in the past 4 weeks, between 4 weeks and 12 months ago, or before that? (FOR MOST RECENT HUSBAND/PARTNER: in the last 4 weeks or in the last 12 months of your relationship?)	IN THE PAST 4 WEEKS 1 4 WKS - 12 MONTHS AGO 2 MORE THAN 12 MONTHS AGO 3 NEVER HAD A JOB 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒509	

508	What kind of work does/did he normally do? SPECIFY KIND OF WORK FOR EACH ANSWER	PROFESSIONAL: _____ 01 OWN BUSINESS: _____ 02 LABOURER: _____ 03 MILITARY/POLICE: _____ 04 SELF EMPLOYED: _____ 05 (agriculture, fishing, forestry, carving, vending, sewing) CIVIL SERVANT: _____ 06 (national, provincial, area) POLITICIAN: _____ 07 OTHER: _____ 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
509	How often does/did your husband drink alcohol/home brew? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY1 ONCE OR TWICE A WEEK2 ONCE OR TWICE A MONTH3 ONCE OR TWICE A YEAR4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒511a
510	In the <u>past 12 months</u> (In the <u>last 12 months of your last relationship</u>), how often have you seen (did you see) your husband/partner drunk on alcohol or home brew? Would you say most days, once or twice a week, once or twice a month, once or twice a year, or never?	MOST DAYS1 ONCE OR TWICE A WEEK2 ONCE OR TWICE A MONTH3 ONCE OR TWICE A YEAR4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
511	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking of alcohol or home brew? a) Money problems b) Family problems x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	
511 a TON	How often does/did your husband drink kava? 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY1 ONCE OR TWICE A WEEK2 ONCE OR TWICE A MONTH3 ONCE OR TWICE A YEAR4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	⇒512
511b TON	In the <u>past 12 months</u> (In the <u>last 12 months of your last relationship</u>), how often have you seen (did you see) your husband/partner drunk on kava? Would you say most days, once or twice a week, once or twice a month, once or twice a year, or never?	MOST DAYS1 ONCE OR TWICE A WEEK2 ONCE OR TWICE A MONTH3 ONCE OR TWICE A YEAR4 NEVER5 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
511c TON	In the <u>past 12 months</u> (In the <u>last 12 months</u> of your relationship), have you experienced any of the following problems, related to your husband/partner's drinking of kava? a) Money problems b) Family problems x) Any other problems, specify.	YES NO a) MONEY PROBLEMS 1 2 b) FAMILY PROBLEMS 1 2 x) OTHER: _____ 1 2	

512	Does/did your husband/partner ever use drugs? Would you say: 1. Every day 2. Once or twice a week 3. Once or twice a month 4. Occasionally, about once or twice a year 5. Never	EVERY DAY 1 ONCE OR TWICE A WEEK 2 ONCE OR TWICE A MONTH 3 ONCE OR TWICE A YEAR 4 NEVER 5 IN THE PAST, NOT NOW 6 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
513	<u>Since you have known him</u> , has he ever been involved in a physical fight with another man?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒515 ⇒515
514	In the <u>past 12 months</u> (In the <u>last 12 months</u> of the relationship), has this happened never, once or twice, a few times or many times?	NEVER 1 ONCE OR TWICE 2 A FEW (3-5) TIMES 3 MANY (MORE THAN 5) TIMES 4 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
515	Has your <u>current/most recent</u> husband/partner had a relationship with any other women while being with you?	YES 1 NO 2 MAY HAVE 3 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.6 ⇒S.6
516	Has your <u>current/most recent</u> husband/partner had children with any other woman while being with you?	YES 1 NO 2 MAY HAVE 3 DON'T KNOW /DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 6 ATTITUDES

	In this community and everywhere, people have different ideas about families and what is acceptable behaviour for men and women in the home. I am going to read you a list of statements, and I would like you to tell me whether you generally agree or disagree with the statement. There are no right or wrong answers.																																		
601	A good wife obeys her husband even if she disagrees	AGREE1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
602	Deleted																																		
603	It is important for a man to show his wife that he is the boss	AGREE1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
604	Deleted																																		
605	It's a wife's obligation to have sex with her husband even if she doesn't feel like it	AGREE1 DISAGREE2 DON'T KNOW8 REFUSED/NO ANSWER9																																	
606	Deleted																																		
607	In your opinion, does a man have a good reason to hit his wife if: a) She does not complete her household work to his satisfaction b) She disobeys him c) She refuses to have sexual relations with him d) She asks him whether he has other girlfriends e) He suspects that she is unfaithful f) He finds out that she has been unfaithful g) She is unable to get pregnant	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) HOUSEHOLD</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DISOBEYS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) NO SEX</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) GIRLFRIENDS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>e) SUSPECTS</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>f) UNFAITHFUL</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>g) NOT PREGNANT/ BARREN</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) HOUSEHOLD	1	2	8	b) DISOBEYS	1	2	8	c) NO SEX	1	2	8	d) GIRLFRIENDS	1	2	8	e) SUSPECTS	1	2	8	f) UNFAITHFUL	1	2	8	g) NOT PREGNANT/ BARREN	1	2	8	
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f) UNFAITHFUL	1	2	8																																
g) NOT PREGNANT/ BARREN	1	2	8																																
608	In your opinion, can a married woman refuse to have sex with her husband if: a) She doesn't want to b) He is drunk c) She is sick d) He mistreats her	<table border="0"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> <th>DK</th> </tr> </thead> <tbody> <tr> <td>a) NOT WANT</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>b) DRUNK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>c) SICK</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>d) MISTREAT</td> <td>1</td> <td>2</td> <td>8</td> </tr> </tbody> </table>		YES	NO	DK	a) NOT WANT	1	2	8	b) DRUNK	1	2	8	c) SICK	1	2	8	d) MISTREAT	1	2	8													
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SECTION 7 RESPONDENT AND HER PARTNER

CHECK: Ref. sheet, Box A (s7mar)	EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K, L, M) (1)	NEVER MARRIED/NEVER LIVED WITH A MAN/NEVER SEXUAL PARTNER (Option N) (2)	[] ↓ [] ⇒ ⇒S.10
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When two people marry or live together, they usually share both good and bad moments. I would now like to ask you some questions about your current and past relationships and how your husband/partner treats (treated) you. If anyone interrupts us I will change the topic of conversation. I would again like to assure you that your answers will be kept secret, and that you do not have to answer any questions that you do not want to. May I continue?

701	In general, do (did) you and your (<u>current or most recent</u>) husband/partner discuss the following topics together: a) Things that have happened to him in the day b) Things that happen to you during the day c) Your worries or feelings d) His worries or feelings		YES NO DK		
		a) HIS DAY 1 2 8 b) YOUR DAY 1 2 8 c) YOUR WORRIES 1 2 8 d) HIS WORRIES 1 2 8			
702	In your relationship with your (<u>current or most recent</u>) husband/partner, how often would you say that you quarrelled? Would you say rarely, sometimes or often?	RARELY 1 SOMETIMES..... 2 OFTEN..... 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9			
703	I am now going to ask you about some situations that are true for many women. Thinking about your (<u>current or most recent</u>) husband/partner, would you say it is generally true that he: a) Tries to keep you from seeing your friends b) Tries to restrict contact with your family of birth c) Insists on knowing where you are at all times d) Ignores you and treats you indifferently e) Gets angry if you speak with another man f) Is often suspicious that you are unfaithful g) Expects you to ask his permission before seeking health care for yourself		YES NO DK		
		a) SEEING FRIENDS 1 2 8 b) CONTACT FAMILY 1 2 8 c) WANTS TO KNOW 1 2 8 d) IGNORES YOU 1 2 8 e) GETS ANGRY 1 2 8 f) SUSPICIOUS 1 2 8 g) HEALTH CARE 1 2 8			
704	The next questions are about things that happen to many women, and that your current partner, or any other partner may have done to you. Has your <u>current</u> husband/partner, or <u>any</u> other <u>partner</u> ever....	A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened <u>in the past 12 months</u> ? (If YES ask C only. If NO ask D only) YES NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One Few Many
	a) Insulted you or made you feel bad about yourself?	1 2	1 2	1 2 3	1 2 3
	b) Belittled or humiliated you in front of other people?	1 2	1 2	1 2 3	1 2 3
	c) Done things to scare or intimidate you on purpose (e.g. by the way he looked at you, by yelling and smashing things)?	1 2	1 2	1 2 3	1 2 3
	d) Threatened to hurt you or someone you care about?	1 2	1 2	1 2 3	1 2 3

CHECK: Question 704	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] ↓ (1)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) [] (2)	⇒705		
704 e)	Was the behaviour you just talked about (mention acts reported in 704) by your current or most recent husband/partner, by any other partner that you may have had before or both?	CURRENT/MOST RECENT PARTNER1 PREVIOUS PARTNER.....2 BOTH.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9			
705	Has <u>he or any other partner</u> ever....	A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened <u>in the past 12 months?</u> (If YES ask C only. If NO ask D only) YES NO	C) <u>In the past 12 months</u> would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many	D) <u>Before the past 12 months</u> would you say that this has happened once, a few times or many times? One Few Many
	a) Slapped you or thrown something at you that could hurt you?	1 2	1 2	1 2 3	1 2 3
	b) Pushed you or shoved you or pulled your hair?	1 2	1 2	1 2 3	1 2 3
	c) Hit you with his fist or with something else that could hurt you?	1 2	1 2	1 2 3	1 2 3
	d) Kicked you, dragged you or beaten you up?	1 2	1 2	1 2 3	1 2 3
	e) Choked or burnt you on purpose?	1 2	1 2	1 2 3	1 2 3
	f) Threatened to use or actually used a gun, knife, wood, iron, axe or other weapon against you?	1 2	1 2	1 2 3	1 2 3
CHECK: Question 705	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] ↓ (1)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) [] (2)	⇒706		

705 g	Was the behaviour you just talked about (mention acts reported in 705), by your current or most recent husband/partner, by any other partner that you may have had before, or both?	CURRENT/MOST RECENT PARTNER1 PREVIOUS PARTNER2 BOTH.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9			
706		A) (If YES continue with B. If NO skip to next item) YES NO	B) Has this happened in the past 12 months? (If YES ask C only. If NO ask D only) YES NO	C) In the past 12 months would you say that this has happened once, a few times or many times? (after answering C, go to next item) One Few Many	D) Before the past 12 months would you say that this has happened once, a few times or many times? One Few Many
	a) Did your current husband/partner or any other partner ever physically force you to have sexual intercourse when you did not want to?	1 2	1 2	1 2 3	1 2 3
	b) Did you ever have sexual intercourse when you did not want to because you were afraid of what your partner or any other partner might do?	1 2	1 2	1 2 3	1 2 3
	c) Did your partner or any other partner ever force you to do something sexual that you found degrading or humiliating?	1 2	1 2	1 2 3	1 2 3
CHECK: Question 706	MARK WHEN YES FOR ANY ACT (AT LEAST ONE "1" CIRCLED IN COLUMN A) [] ↓ (1)	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED IN COLUMN A) [] (2)			⇒707
706 d	Was the behaviour you just talked about (mention acts reported in 706), by your current or most recent husband/partner, by any other partner that you may have had before, or both?	CURRENT/MOST RECENT PARTNER1 PREVIOUS PARTNER2 BOTH.....3 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9			
707	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON PHYSICAL VIOLENCE, SEE QUESTION 705	YES, PHYSICAL VIOLENCE 1 NO PHYSICAL VIOLENCE 2			MARK IN BOX C
708	VERIFY WHETHER ANSWERED YES TO ANY QUESTION ON SEXUAL VIOLENCE, SEE QUESTION 706	YES, SEXUAL VIOLENCE 1 NO SEXUAL VIOLENCE 2			MARK IN BOX C
708a TON	Are you afraid of your current/most recent husband or partner? Would you say never, sometimes, many times, most/all of the time?	NEVER..... 1 SOMETIMES 2 MANY TIMES 3 MOST/ALL OF THE TIMES..... 4 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9			
708b (905)	Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you? IF YES: How often? Would you say once or twice, several times or many times?	NEVER..... 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES 4 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9			

CHECK : Ref. sheet, Box B	EVER BEEN PREGNANT (option P) (1) [] ↓ NUMBER OF PREGNANCIES (option T) [][] ↓ CURRENTLY PREGNANT? (option S) YES....1 NO.... 2 ↓	NEVER PREGNANT (2) []⇒	⇒ S.8
709	You said that you have been pregnant TOTAL times. Were you ever slapped, hit, beaten, punched or kicked by (any of) your partner(s) while you were pregnant?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒S.8 ⇒S.8 ⇒S.8
710	IF RESPONDENT WAS PREGNANT ONLY ONCE, ENTER "01" IF RESPONDENT WAS PREGNANT MORE THAN ONCE: Did this happen in one pregnancy, or more than one pregnancy? In how many pregnancies were you beaten?	NUMBER OF PREGNANCIES BEATEN ..[][]	
710 a	Did this happen in the <u>last</u> pregnancy? IF RESPONDENT WAS PREGNANT ONLY ONCE, CIRCLE CODE '1'.	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
711	Were you ever punched or kicked in the stomach while you were pregnant?	YES..... 1 NO..... 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
IF VIOLENCE REPORTED IN MORE THAN ONE PREGNANCY, THE FOLLOWING QUESTIONS REFER TO THE LAST/MOST RECENT PREGNANCY IN WHICH VIOLENCE REPORTED			
712	During the <u>most recent pregnancy in which you were beaten</u> , was the person who has slapped, hit or beaten you the father of the child?	YES 1 NO 2 DON'T KNOW /DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
713	Were you living with this person when it happened?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
714	Had the same person also done this you before you were pregnant?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	⇒S.8 ⇒S.8
715	Compared to before you were pregnant, did the slapping/beating (REFER TO RESPONDENT'S PREVIOUS ANSWERS) get less, stay about the same, or get worse while you were pregnant? By worse I mean, more frequent or more severe.	GOT LESS..... 1 STAYED ABOUT THE SAME 2 GOT WORSE 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	

SECTION 8 INJURIES

SECTION 8 INJURIES																																																							
CHECK: Ref. sheet Box C (S8phsex)	WOMAN EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("YES" TO Option U or V) (1) ↓ []	WOMAN HAS NOT EXPERIENCED PHYSICAL OR SEXUAL VIOLENCE ("NO" to BOTH Option U and V) (2) [] ⇒																																																					
I would now like to learn more about the injuries that you experienced from (any of) your partner's acts that we have talked about (MAY NEED TO REFER TO SPECIFIC ACTS RESPONDENT MENTIONED IN SECTION 7). By injury, I mean any form of physical harm, including cuts, sprains, burns, broken bones or broken teeth, or other things like this.																																																							
801	Have you <u>ever</u> been injured as a result of these acts by (any of) your husband/partner(s). Please think of the acts that we talked about before.	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒804a																																																				
802 a	<u>In your life</u> , how many times were you injured by (any of) your husband(s)/partner(s)? Would you say once or twice, several times or many times?	ONCE/TWICE 1 SEVERAL (3-5) TIMES 2 MANY (MORE THAN 5) TIMES 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																					
802 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																					
803 a	<p>What type of injury did you have? Please mention any injury due to (any of) your husband/partners acts, no matter how long ago it happened.</p> <p>MARK ALL</p> <p>PROBE: Any other injury?</p>	<table border="0"> <tr> <td>SMALL CUTS, PUNCTURES, BITES A</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SCRATCH, ABRASION, BRUISES B</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>SPRAINS, DISLOCATIONS C</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BURNS D</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>PENETRATING INJURY, DEEP CUTS, GASHES E</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN EARDRUM, EYE INJURIES F</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>FRACTURES, BROKEN BONES G</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>BROKEN TEETH H</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>INTERNAL INJURIES FROM SEXUAL VIOLENCE I</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER INTERNAL INJURIES J</td> <td>1</td> <td>2</td> <td>8</td> </tr> <tr> <td>OTHER (specify): X</td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>	SMALL CUTS, PUNCTURES, BITES A	1	2	8	SCRATCH, ABRASION, BRUISES B	1	2	8	SPRAINS, DISLOCATIONS C	1	2	8	BURNS D	1	2	8	PENETRATING INJURY, DEEP CUTS, GASHES E	1	2	8	BROKEN EARDRUM, EYE INJURIES F	1	2	8	FRACTURES, BROKEN BONES G	1	2	8	BROKEN TEETH H	1	2	8	INTERNAL INJURIES FROM SEXUAL VIOLENCE I	1	2	8	OTHER INTERNAL INJURIES J	1	2	8	OTHER (specify): X	1	2	8	<p>b) ONLY ASK FOR RESPONSES MARKED IN 803a: Has this happened <u>in the past 12 months</u>?</p> <table border="0"> <tr> <td></td> <td>YES</td> <td>NO</td> <td>DK</td> </tr> <tr> <td></td> <td>1</td> <td>2</td> <td>8</td> </tr> </table>		YES	NO	DK		1	2	8
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804 a	In your life, did you <u>ever</u> lose consciousness because of what (any of your) your husband/partner(s) did to you?	YES 1 NO 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒805a ⇒805a																																																				
804 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9																																																					

805 a	In your life, were you <u>ever</u> hurt badly enough by (any of) your husband/partner(s) that you needed health care (even if you did not receive it)? IF YES: How many times? IF NOT SURE: More or less?	TIMES NEEDED HEALTH CARE [] [] REFUSED/NO ANSWER 99 NOT NEEDED..... 00	⇒S.9
805 b	Has this happened <u>in the past 12 months</u> ?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
806	In your life, did you <u>ever</u> receive health care for this injury (these injuries)? Would you say, sometimes or always or never?	YES, SOMETIMES 1 YES, ALWAYS 2 NO, NEVER..... 3 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒S.9
807	In your life, have you ever had to spend any nights in a hospital, clinic, or health centre due to the injury/injuries? IF YES: How many nights? (MORE OR LESS)	NUMBER OF NIGHTS IN HOSPITAL. [] [] IF NONE ENTER '00' DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER 99	
808	Did you tell a health worker the real cause of your injury?	YES 1 NO 2 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	

SECTION 9 IMPACT AND COPING

I would now like to ask you some questions about what effects your husband/partner's acts has had on you . With acts I mean... (REFER TO SPECIFIC ACTS THE RESPONDENT HAS MENTIONED IN SECTION 7).

IF REPORTED MORE THAN ONE VIOLENT PARTNER, ADD: I would like you to answer these questions in relation to the most recent/last partner who did these things to you.

CHECK: Ref. sheet Box C (S9phys)	WOMAN EXPERIENCED PHYSICAL VIOLENCE ("YES" TO Option U) [] ↓ (1)	WOMAN HAS EXPERIENCED SEXUAL VIOLENCE ONLY ("NO" to Option U and "YES" to option V) [] ⇒ (2)	⇒906
901	<p>Are there any particular situations that tend to lead to your husband/partner's behaviour? REFER TO ACTS OF PHYSICAL VIOLENCE MENTIONED BEFORE.</p> <p>PROBE: Any other situation?</p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR REASONA WHEN HE IS DRUNK ON ALCOHOL.....B MONEY PROBLEMS.....C DIFFICULTIES AT HIS WORKD WHEN HE IS UNEMPLOYEDE NO FOOD AT HOME.....F PROBLEMS WITH HIS OR HER FAMILYG SHE IS PREGNANTH HE IS JEALOUS OF HERI SHE REFUSES SEXJ SHE IS DISOBEDIENTK HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HERL SHE IS UNABLE TO GET PREGNANTM</p> <p>OTHER (specify):X</p>	
CHECK: (Ref. sheet, Box B, option R) (s9child)	CHILDREN LIVING [] ↓ (1)	NO CHILDREN ALIVE [] ⇒ (2)	⇒903
902	<p>For any of these incidents, were your children present or did they overhear you being beaten? IF YES: How often? Would you say once or twice, several times or most of the time?</p>	<p>NEVER 1 ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW8 REFUSED/NO ANSWER9</p>	
902 a TON	<p>For any of these incidents, were your children also beaten? IF YES: How often? Would you say once or twice, several times or most of the time?</p>	<p>NEVER 1 ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/MOST OF THE TIME4 DON'T KNOW8 REFUSED/NO ANSWER9</p>	
903	<p>During or after a violent incident, does (did) he ever force you to have sex? PROBE: Make you have sex with him against your will? IF YES: How often? Would you say once or twice, several times or most of the time?</p>	<p>NEVER 1 ONCE OR TWICE 2 SEVERAL TIMES 3 MANY TIMES/MOST OF THE TIME 4 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9</p>	

904	During the times that you were hit, did you ever fight back physically or to defend yourself? IF YES: How often? Would you say once or twice, several times or most of the time?	NEVER 1 ONCE OR TWICE..... 2 SEVERAL TIMES..... 3 MANY TIMES/MOST OF THE TIME..... 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	⇒906
904 a	What was the effect of you fighting back on the violence at the time? Would you say, that it had no effect, the violence became worse, the violence became less, or that the violence stopped, at least for the moment.	NO CHANGE/NO EFFECT 1 VIOLENCE BECAME WORSE 2 VIOLENCE BECAME LESS 3 VIOLENCE STOPPED 4 DON'T KNOW/DON'T REMEMBER 8 REFUSED/NO ANSWER 9	
905	Moved to s7		
906	Would you say that your husband /partner's behaviour towards you has affected your physical or emotional health, or your spiritual well-being? Would you say, that it has had no effect, a little effect or a large effect? REFER TO SPECIFIC ACTS OF PHYSICAL AND/OR SEXUAL VIOLENCE SHE DESCRIBED EARLIER	NO EFFECT 1 A LITTLE..... 2 A LOT 3 DON'T KNOW/DON'T REMEMBER..... 8 REFUSED/NO ANSWER..... 9	
907	In what way, if any, has your husband/partner's behaviour (the violence) disrupted your work or other income-generating activities? MARK ALL THAT APPLY	N/A (NO WORK FOR MONEY)A WORK NOT DISRUPTEDB PARTNER INTERRUPTED WORK.....C UNABLE TO CONCENTRATE.....D UNABLE TO WORK/SICK LEAVEE LOST CONFIDENCE IN OWN ABILITY F PARTNER STOPPED HER FROM WORKING ..G OTHER (specify):X	
908	Who have you told about his behaviour? MARK ALL MENTIONED PROBE: Anyone else?	NO ONEA FRIENDS.....B PARENTSC BROTHER OR SISTER.....D UNCLE OR AUNTE HUSBAND/PARTNER'S FAMILY F CHILDRENG NEIGHBOURSH POLICE I DOCTOR/HEALTH WORKER.....J CHURCH LEADERK COUNSELLORL OTHER NGO/WOMEN'S ORGANIZATIONM CHIEF.....N OTHER (specify): X	

909	Did anyone ever try to help you? IF YES, Who helped you? MARK ALL MENTIONED PROBE: Anyone else?	NO ONE..... A FRIENDS B PARENTS C BROTHER OR SISTER D UNCLE OR AUNT E HUSBAND/PARTNER'S FAMILY F CHILDREN G NEIGHBOURS H POLICE..... I DOCTOR/HEALTH WORKER J CHURCH LEADER K COUNSELLOR L OTHER NGO/WOMEN'S ORGANIZATION M CHIEF N OTHER (specify): X																																																								
910 a	Did you ever go to any of the following for help? READ EACH ONE a) Police b) Hospital/health centre/aid post d) Lawyer e) Courts f) Safe house g) Town officer h) women groups i) Religious leader x) Anywhere else? Where?	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>a) POLICE</td> <td>1</td> <td>2</td> </tr> <tr> <td>b) HOSPITAL/ HEALTH CENTRE</td> <td>1</td> <td>2</td> </tr> <tr> <td>d) LAWYERS</td> <td>1</td> <td>2</td> </tr> <tr> <td>e) COURT</td> <td>1</td> <td>2</td> </tr> <tr> <td>f) SAFE HOUSE</td> <td>1</td> <td>2</td> </tr> <tr> <td>g) TOWN OFFICER</td> <td>1</td> <td>2</td> </tr> <tr> <td>h) WOMEN GROUPS</td> <td>1</td> <td>2</td> </tr> <tr> <td>i) CHURCH LEADER</td> <td>1</td> <td>2</td> </tr> <tr> <td>x) ELSEWHERE (specify) : _____</td> <td>1</td> <td>2</td> </tr> <tr> <td></td> <td>*</td> <td>**</td> </tr> </tbody> </table>		YES	NO	a) POLICE	1	2	b) HOSPITAL/ HEALTH CENTRE	1	2	d) LAWYERS	1	2	e) COURT	1	2	f) SAFE HOUSE	1	2	g) TOWN OFFICER	1	2	h) WOMEN GROUPS	1	2	i) CHURCH LEADER	1	2	x) ELSEWHERE (specify) : _____	1	2		*	**	910 b. ASK ONLY FOR THOSE MARKED YES in 910a. Were you satisfied with the help given? <table border="1"> <thead> <tr> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>2</td> </tr> </tbody> </table>	YES	NO	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2	1	2
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CHECK: Question 910a * ** <i>(s9check)</i>	MARK WHEN YES FOR ANY IN Q. 910a (AT LEAST ONE "1" CIRCLED IN COLUMN MARKED WITH *) [1] ↓ <i>(1)</i>	MARK WHEN ALL ANSWERS NO CIRCLED (ONLY "2" CIRCLED **) [] <i>(2)</i>	⇒912																																																							
911	What were the reasons that made you go for help? MARK ALL MENTIONED AND GO TO 913	ENCOURAGED BY FRIENDS/HER FAMILY A COULD NOT TAKE ANY MORE B BADLY INJURED C HE THREATENED OR TRIED TO KILL HER D HE THREATENED OR HIT CHILDREN E SAW THAT CHILDREN SUFFERING F THROWN OUT OF THE HOME G AFRAID SHE WOULD KILL HIM H AFRAID HE WOULD KILL HER I OTHER (specify): _____ _____ X	FOR ALL OPTIONS GO TO 913																																																							

912	<p>What were the reasons that you did not go to any of these?</p> <p>MARK ALL MENTIONED</p>	<p>DON'T KNOW/NO ANSWER A</p> <p>FEAR OF THREATS/CONSEQUENCES/ MORE VIOLENCE B</p> <p>VIOLENCE NORMAL/NOT SERIOUS C</p> <p>EMBARRASSED/ASHAMED/AFRAID WOULD NOT BE BELIEVED OR WOULD BE BLAMED D</p> <p>BELIEVED NOT HELP/KNOW OTHER WOMEN NOT HELPED E</p> <p>AFRAID WOULD END RELATIONSHIP F</p> <p>AFRAID WOULD LOSE CHILDREN G</p> <p>BRING BAD NAME TO FAMILY H</p> <p>OTHER (specify): _____ . X</p> <p>_____ . X</p>	
913	<p>Is there anyone that you would like (have liked) to receive (more) help from? Who?</p> <p>MARK ALL MENTIONED</p>	<p>NO ONE MENTIONED A</p> <p>HER FAMILY B</p> <p>HIS FAMILY C</p> <p>HEALTH CENTRE/HOSPITAL D</p> <p>POLICE E</p> <p>LAWYERS F</p> <p>CHIEF G</p> <p>CHURCH LEADER H</p> <p>TOWN OFFICER I</p> <p>CENTER FOR WOMEN J</p> <p>OTHER (specify): _____ . X</p> <p>_____ . X</p>	
914	<p>Did you ever leave, even if only overnight, because of his behaviour? IF YES: How many times? (MORE OR LESS)</p>	<p>NUMBER OF TIMES LEFT [][]</p> <p>NEVER 00</p> <p>N.A. (NOT LIVING TOGETHER) 97</p> <p>DON'T KNOW/DON'T REMEMBER 98</p> <p>REFUSED/NO ANSWER 99</p>	<p>⇒919</p> <p>⇒S.10</p>
915	<p>What were the reasons why you left <u>the last time</u>?</p> <p>MARK ALL MENTIONED</p>	<p>NO PARTICULAR INCIDENT A</p> <p>ENCOURAGED BY FRIENDS/HER FAMILY B</p> <p>ENCOURAGED BY HIS FAMILY C</p> <p>HAD INFORMATION ABOUT WHERE TO GO D</p> <p>AWARE OF HER RIGHTS E</p> <p>KNEW OTHER WOMEN WHO HAD BENEFITED F</p> <p>COULD NOT TAKE ANY MORE G</p> <p>BADLY INJURED H</p> <p>HE THREATENED OR TRIED TO KILL HER I</p> <p>HE THREATENED OR HIT CHILDREN J</p> <p>SAW THAT CHILDREN SUFFERING K</p> <p>THROWN OUT OF THE HOME L</p> <p>AFRAID SHE WOULD KILL HIM M</p> <p>AFRAID HE WOULD KILL HER N</p> <p>ENCOURAGED BY ORGANIZATION (specify): _____ O</p> <p>OTHER (specify): _____ . X</p> <p>_____ . X</p>	

916	Where did you go <u>the last time</u> ? MARK ONE	HER RELATIVES 01 HIS RELATIVES..... 02 HER FRIENDS/NEIGHBOURS..... 03 HOTEL..... 04 STREET 05 CHURCH LEADER..... 06 SHELTER 07 CHIEF 08 OTHER (specify): 96 DON'T KNOW/DON'T REMEMBER 98 REFUSED/NO ANSWER..... 99	
917	How long did you stay away <u>the last time</u> ? RECORD NUMBER OF DAYS OR MONTHS	NUMBER OF DAYS (IF LESS THAN 1 MONTH) [][] ..1 NUMBER OF MONTHS (IF 1 MONTH OR MORE)..... [][] ..2 LEFT PARTNER/DID NOT RETURN/NOT WITH PARTNER 3	⇒S.10
918	What were the reasons that you returned? MARK ALL MENTIONED AND GO TO SECTION 10	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGEB FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR).....C COULDN'T SUPPORT CHILDREN D LOVED HIM.....E HE ASKED HER TO COME BACK..... F FAMILY SAID TO RETURN G FORGAVE HIM H THOUGHT HE WOULD CHANGE I THREATENED HER/CHILDREN/FAMILYJ COULD NOT STAY THERE (WHERE SHE WENT) K VIOLENCE NORMAL/NOT SERIOUSL RECEIVED COUNSELLING FROM (specify):M OTHER (specify): X	FOR ALL OPTIONS GO TO Section 10
919	What were the reasons that made you stay? MARK ALL MENTIONED	DIDN'T WANT TO LEAVE CHILDREN A SANCTITY OF MARRIAGEB FOR SAKE OF FAMILY/CHILDREN (FAMILY HONOUR).....C COULDN'T SUPPORT CHILDREN D LOVED HIM.....E SHE DID NOT WANT TO STAY SINGLEF FAMILY SAID TO RETURN G FORGAVE HIM H THOUGHT HE WOULD CHANGE I THREATENED HER/CHILDREN/FAMILYJ COULD NOT STAY THERE (WHERE SHE WENT) K VIOLENCE NORMAL/NOT SERIOUSL RECEIVED COUNSELLING FROM (specify):M OTHER (specify): X	

		Once or twice	A few times	Many times
<p>you to have sex or to perform a sexual act when you did not want to?</p> <p>(FOR WOMEN WITH CURRENT OR PAST PARTNER: this is about persons other than your partner/husband)</p> <p>IF YES: Who did this to you?</p> <p>PROBE: How about a relative? How about someone at school or work? How about a friend or neighbour? A stranger or anyone else?</p>	FATHER..... B	1	2	3
	STEPFATHER..... C	1	2	3
	GRANDFATHER D	1	2	3
	BROTHER E	1	2	3
	OTHER MALE FAMILY MEMBER F	1	2	3
	FEMALE FAMILY MEMBER: G	1	2	3
	TEACHER..... H	1	2	3
	POLICE/ SOLDIER..... I	1	2	3
	MALE FRIEND OF FAMILY J	1	2	3
	FEMALE FRIEND OF FAMILY K	1	2	3
	BOYFRIEND..... L	1	2	3
	STRANGER M	1	2	3
	SOMEONE AT WORK..... N	1	2	3
	CHURCH LEADER O	1	2	3
	CHIEF..... P	1	2	3
OTHER (specify): X	1	2	3	

1003 a	<p><u>Before the age of 15 years</u>, do you remember if anyone in your family ever touched you sexually, or made you do something sexual that you didn't want to?</p> <p>IF YES: Who did this to you?</p> <p>IF YES OR NO CONTINUE: How about someone at school? How about a friend or neighbour? Has anyone else done this to you?</p> <p>IF YES: Who did this to you?</p>	NO ONE..... A	⇒ 1004				
			ASK ONLY FOR THOSE MARKED IN 1003a				
			b) How old were you when it happened with this person for the first time? (more or less)	c) How old was this person? PROBE: roughly (more or less).	d) How many times did this happen?		
					Once/ twice	Few times	Many times
		FATHER..... B	[][]	[][]	1	2	3
		STEPFATHER..... C	[][]	[][]	1	2	3
		GRANDFATHER..... D	[][]	[][]	1	2	3
		BROTHER..... E	[][]	[][]	1	2	3
		OTHER MALE FAMILY MEMBER..... F	[][]	[][]	1	2	3
		FEMALE FAMILY MEMBER:..... G	[][]	[][]	1	2	3
		TEACHER..... H	[][]	[][]	1	2	3
		POLICE/ SOLDIER..... I	[][]	[][]	1	2	3
		MALE FRIEND OF FAMILY..... J	[][]	[][]	1	2	3
		FEMALE FRIEND OF FAMILY..... K	[][]	[][]	1	2	3
		BOYFRIEND..... L	[][]	[][]	1	2	3
		STRANGER..... M	[][]	[][]	1	2	3
		SOMEONE AT WORK..... N	[][]	[][]	1	2	3
		CHURCH LEADER..... O	[][]	[][]	1	2	3
		CHIEF..... P	[][]	[][]	1	2	3
		OTHER (specify):..... X	[][]	[][]	1	2	3
				DK = 98			
1004	How old were you when you first had sex?	AGE YEARS (MORE OR LESS) [][]			⇒1006		
		NOT HAD SEX 95					
		REFUSED/NO ANSWER 99					
1005	How would you describe the first time that you had sex? Would you say that you wanted to have sex, you did not want to have sex but it happened anyway, or were you forced to have sex?	WANTED TO HAVE SEX 1					
		NOT WANT BUT HAD SEX 2					
		FORCED TO HAVE SEX 3					
		DON'T KNOW/DON'T REMEMBER 8					
		REFUSED/NO ANSWER 9					
1006	When you were a child, was your mother hit by your father (or her husband or boyfriend)?	YES 1			⇒s10mar*		
		NO 2			⇒s10mar*		
		PARENTS DID NOT LIVE TOGETHER..... 3			⇒s10mar*		
		DON'T KNOW 8					
		REFUSED/NO ANSWER 9					
1007	As a child, did you see or hear this violence?	YES 1					
		NO 2					
		DON'T KNOW 8					
		REFUSED/NO ANSWER 9					

* CHECK: Ref. sheet Box A (s10mar)	EVER MARRIED/EVER LIVING WITH A MAN/SEXUAL PARTNER (Options K,L,M) [] ↓ (1)	NEVER MARRIED/NEVER LIVED WITH A MAN (Option N) [] ⇒ (2)	⇒S.11
1008	As far as you know, was your (most recent) partner's mother hit or beaten by her husband?	YES 1 NO 2 PARENTS DID NOT LIVE TOGETHER 3 DON'T KNOW 8 REFUSED/NO ANSWER 9	⇒1010 ⇒1010 ⇒1010
1009	Did your (most recent) husband/partner see or hear this violence?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	
1010	As far as you know, was your (most recent) husband/partner himself hit or beaten regularly by someone in his family?	YES 1 NO 2 DON'T KNOW 8 REFUSED/NO ANSWER 9	

1106	<p>Has your husband/partner ever taken your earnings or savings from you against your will? IF YES: Has he done this once or twice, several times or many times?</p>	NEVER 1 ONCE OR TWICE.....2 SEVERAL TIMES (5-10 TIMES).....3 MANY TIMES/ALL OF THE TIME4 N/A (DOES NOT HAVE SAVINGS/EARNINGS) 7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
1107	<p>Does your husband /partner ever refuse to give you money for household expenses, even when he has money for other things? IF YES: Has he done this once or twice, several times or many times?</p>	NEVER 1 ONCE OR TWICE.....2 SEVERAL TIMES.....3 MANY TIMES/ALL OF THE TIME4 N/A (PARTNER DOES NOT EARN MONEY)7 DON'T KNOW/DON'T REMEMBER8 REFUSED/NO ANSWER9	
1108	<p>In case of emergency, do you think that you alone could raise enough money to house and feed your family for 4 weeks? This could be for example by selling things that you own, or by borrowing money from people you know, or from a bank or moneylender?</p>	YES 1 NO.....2 DON'T KNOW8 REFUSED/NO ANSWER9	

REFERENCE SHEET (THIS WILL BE USED IF VIOLENCE QUESTIONS APPLIED TO ALL WOMEN WHO EVER HAD A PARTNER, CURRENT OR PAST)

Box A. MARITAL STATUS

Copy exactly from Q119 and 120a. Follow arrows and mark **only ONE** of the following for marital status:

119	Are you <u>currently</u> married or do you have a male partner? IF RESPONDENT HAS A MALE PARTNER ASK Do you and your partner live together?	CURRENTLY MARRIED 1 MARRIED, NOT LIVING TOGETHER 2 LIVING WITH MAN, NOT MARRIED 3 CURRENTLY HAVING A REGULAR PARTNER (SEXUAL RELATIONSHIP), LIVING APART 4 NOT CURRENTLY MARRIED OR LIVING WITH A MAN (NOT INVOLVED IN A SEXUAL RELATIONSHIP) 5	<input type="checkbox"/> Currently married and/or living with man (K) <input type="checkbox"/> Currently with regular sexual partner (dating relationship) (L) <input type="checkbox"/> Previously married/previously lived with man (no current sexual relationship) (M1) <input type="checkbox"/> Previously had sexual relationship (M2)
120 a	Have you <u>ever</u> been married or lived with a male partner?	YES, MARRIED 1 LIVED WITH A MAN, NOT MARRIED 3 NO 5	<input type="checkbox"/> Never married /never lived with man (no current or past sexual relationship) (N)
120 b	Have you ever had a regular male sexual partner?	YES 1 NO 2	

123. Number of times married/lived together with man: [] [] **(O)**

Box B. REPRODUCTIVE HISTORY

Check and complete ALL that applies for reproductive history of respondent:

(P) Respondent has been pregnant at least once (Question 308, 1 or more) [] Yes [] No

(Q) Respondent had at least one child born alive (Question 301, 1 or more) [] Yes [] No

(R) Respondent has children who are alive (Question 303, 1 or more) [] Yes [] No

(S) Respondent is currently pregnant (Question 310, option 1) [] Yes [] No

(T) Number of pregnancies reported (Question 308): [] []

Box C. VIOLENCE AND INJURIES

Check and complete ALL that applies for respondent:

(U) Respondent has been victim of physical violence (Question 707) [] Yes [] No

(V) Respondent has been victim of sexual violence (Question 708) [] Yes [] No

Annex III. Differences between Tongan and generic WHO questionnaire

Summary of adaptations in the Tongan questionnaire

Safe name of the study:

- National Survey On the Extended Family, Women's Health and Skills in Tonga

Admin sheet:

- Country specific adaptations to arrive at unique individual codes for each questionnaire consisting of island group (one digit), district (one digit), village (2 digits), block number (3 digits) and household number (2 digits).
- Removed cell at bottom for field editor (because the supervisor will be at the same time the field editor)

Household selection form:

- More codes for relationship to head of household have been included (causing that some of the original codes as in generic questionnaire now have a different value)

Household questionnaire:

- Q01-Q05: answer options replaced by Tongan specific options as commonly used in other surveys in Tonga (such as in the Household Income and Expenditure Survey).
- TON09a: new question added to ask about whether the household is concerned about violence due to land disputes

Section 1:

- S108a on religion adapted for Tongan religions
- S116a (on group attendance) simplified (suppressed options for different individual groups)
- S118: added options for persons who prevented group attendance
- S119 added option 2 (married, not living together), kept all other options
- S122: (on persons who initiated divorce) added options
- S129 (question on marriage ceremony): simplified, which implies different coding than in generic (background: Tongan law determines that a religious ceremony cannot be performed unless the couple has a civil marriage, and civil unions can be cancelled if the couple did not have a religious ceremony to formalize their union. Taking into account this context, women were not asked if they had any kind of marriage ceremony to formalize the union.)
- TON131a and TON132: Tongan specific questions on marriage (reasons and whether forced)

Section 2:

- S202-205: simplified 5 point Likert scale into 3 point scale
- S208: answer options adapted
- S216: changed the option “never” to include those who stopped drinking longer than one year ago.
- Questions on HIV/AIDS were kept due to on-going awareness program on this⁷⁸

Section 3:

- S313: option 5, original value (diaphragm, jelly) changed into female condom
- S316 and S320: added additional answer options

Section 4:

- S412: includes kava besides alcohol
- S413: includes tobacco and marihuana besides cigarettes
- S417-424: applied to age group 6-14
- S420: deleted option b

Section 5:

- S508: codes changed to include locally appropriate codes
- Added TON 511a, b, and c on use of kava

Section 6:

- Removed S602, S604 and S606
- S607: added option g) is unable to get pregnant

Section 7:

- After S704, S705 and S706, added a filter that if yes to any of the abuse questions go to the next newly inserted question which was whether the abuse was by current/most recent partner, a former partner or both
- Added TON708a: Are you afraid of your current/most recent husband or partner?
- Added S708b (moved from Section 9, formerly S905): Have you ever hit or physically mistreated your husband/partner when he was not hitting or physically mistreating you?
- Removed S716 (“exposure table”) and the preceding filters

Section 8:

- S803a, inserted option INTERNAL INJURIES FROM SEXUAL VIOLENCE (now option I) and moved OTHER INTERNAL INJURIES (now option J)

Section 9:

- S901: added option L) HE WANTS TO TEACH HER A LESSON, EDUCATE OR DISCIPLINE HER and M) SHE IS UNABLE TO GET PREGNANT
- Added TON902a: For any of these incidents, were your children also beaten?

⁷⁸ By September 2009 there had have been 17 cases in Tonga, of which 2 are currently alive

- Removed S905 (moved to Section 7), and changed skip at S904
- S907: added option G) PARTNER STOPPED HER FROM WORKING
- S913: added several options for others from whom she would have liked to receive help (note that there are differences/shifts compared to original generic coding of the options)
- S915: added options (note that there are differences/shifts compared to original generic coding)
- S916: added option CHIEF 08)
- S917: where did you go last time) removed options 6) and 7)
- S918 and S919: added option M) RECEIVED COUNSELLING (specify).

Section 10:

- S1001, S1002, S1003: added several answer options (note that there are differences/shifts compared to original generic coding). All three questions have the same answer options

Section 11:

- S1101, added several answer options and renumbered the current ones (no longer the same as original generic coding)
- S1102, removed option d)

Face card: the face card prepared for the Samoa 2000 survey was considered useful and culturally acceptable for Tonga

Reference sheet II was used so that questions of violence will be administered to all currently and formerly partnered women (married, cohabitated and with boyfriend)

The Tongan version contained at the back a Pounds/kg conversion table, and a table with max number of years schooling at each level. Further a birth date/age conversion table was provided.

Annex IV. Framework for qualitative analysis of violence against women in English and Tongan

Operational Definition of Domestic Violence – Broken down further for the analysis of the <i>Talanoas</i> or Case Studies <i>(Ko hono vahevahe 'o e ngaahi fotunga 'o e houtamaki mo e ngaahi fakamamahi 'oku fe'ao mo e hou'eiki fafine)</i>	
VIOLENCE / HOU TAMAKI	
PHYSICAL / FAKAESINO	HOW IT IS MEASURED / KOHONO FUA
Moderate Physical – being slapped, pushed or shoved / <i>Tu'unga Ma'olalo Taha 'o e Fakamamahi Fakaesino – ko hono paa'i/hapo'i, teke'i pe liaki</i>	Slapped her, or thrown something at her that could hurt her / <i>Ko hano paa'i pe ko hono tolongi 'aki ha me'a 'o malava pe ke lavea ai</i> Pushed or shoved her / <i>Teke'i pe liaki</i>
Physical – intense (hitting leading onto being struck with a fist) / <i>Tu'unga Fakatu'utamaki ange 'o e Fakamamahi fakaesino – (paa'i 'o a'u atu pe ki hano tuki 'aki 'a e nima)</i>	Hit her with a fist or something else that could hurt her/ <i>Tuki'i pe ko hano taa'i 'aki ha me'a kehe pea 'e lava pe ke lavea ai</i>
Severe Physical violence – being hit with a fist, kicked, dragged, threatened with a weapon, or having a weapon used against her / <i>Tu'unga Fakatu'utamaki 'aupito 'a e Fakamamahi Fakaesino – ko hono taa'i pe tuki'i, 'akahi, toho'i, fakamanamana'i 'aki ha me'a tau pe me'a masila, pe ko hono fakamamahi'i 'aki e me'atau</i>	Kicked, dragged or beaten her up / <i>'Akahi, toho'i pe ko hono ta</i>
Most severe physical violence – choking, burning, and the threatened or actual use of a weapon/ <i>Fakamamahi Fakaesino fakalilifu taha – ko hono fakasisina 'o e monga, tutu pea mo hono fakamanamana'i pe ko hono ngaue'aki tonu 'o ha me'atau ki he fakamamahi</i>	Choked or burnt her on purpose / <i>Koe loto ke fakasisina 'o e monga pe ko hono tutu</i> Threatened her with, or actually used a gun, knife or other weapon against her / <i>Fakamanamana'i ia pe ko hano ngaue'aki 'o ha me'afana, hele pe ko ha toe me'amasila kehe</i>
SEXUAL/FAKAELOKIMOHE/FAKAE'API	HOW IT IS MEASURED
Physically forced into intercourse (forced sex) – (difficulty that many women have in protecting themselves from HIV infections) / <i>Ko hano fakamalohi'i ke mohe mo ha tokotaha 'oku 'ikai ke loto ki ai (ko hono fakatu'utamaki ko e 'ikai ke lava 'e he fefine 'o malu'i ia mei he ngaahi fokoutua/mahaki hange ko e fokoutua 'Eitisi)</i>	Being physically forced to have sexual intercourse against her will / <i>Ko hano fakamalohi'i 'o ha fefine ke mohe mo ha siana ka 'oku 'ikai ke loto ki ai</i>
Resulting from - physical force/ <i>Koe ola 'o ha mamahi tupu mei ha fakamamahi fakamalohi/ mei hano fakamalohi'i</i>	Having sexual intercourse because she was afraid of what her partner might do / <i>Ko ha mohe 'aha fefine mo ha tangata koe'uhi pe ko e ilifia 'a e fefine 'i ha me'a 'e lava 'e hono hoa/pe koe tokotaha 'oku na mohe 'o fai ki ai</i>
Or – fear / <i>Pe ko ha'ane ilifia/manavahe</i>	Being forced to do something sexual she found degrading or humiliating / <i>Ko hano fakamalohi'i 'o e fefine kene fai ha ngaahi 'ulungaanga fakalokimohe 'oku 'ikai ke taau pe 'oku ne tukuhifo 'a e ngeia 'o e fefine</i>
OVERLAP BETWEEN PHYSICAL AND SEXUAL VIOLENCE / KO E FEHU'AKI 'O E FAKAMAMAHI FAKAESINO PEA MO E FAKAMAMAHI FAKAE'API/LOKIMOHE	
This happens when women experience both physical and sexual violence / <i>'Oku hoko eni 'i he taimi 'oku ta ai fakataha mo hono fakamalohi'i 'o ha fefine ke mohe mo ha siana/taha ka 'oku 'ikai ke loto ki ai</i>	

EMOTIONAL ABUSE / FAKAMAMAHI KI HE LOTO	
Being insulted or made to feel bad about oneself / <i>Ko hano tukuhifo 'a hoto ngeia/langilangi pe ko ha feinga ha taha kete ongo'i 'oku 'ikai ke 'iai hato lelei/kete ongo'i kovi</i>	
Being humiliated or belittled in front of others/ <i>Ko hano tuku hifo kita 'i mu'a 'o ha taha kehe</i>	
Being intimidated or scared on purpose (for example by a partner yelling and smashing things) / <i>Ko hano tukuhifo ha ngeia 'o ha taha pe ko hano fakailifia'i koe'uhi pe ke ilifia (fakatata 'o hange ha mali oku kaikaiila noa'ia holo pe mo fahi 'a e me'a kotoa pe)</i>	
Being threatened with harm (directly or indirectly in the form of a threat to hurt someone the respondent cared about) / <i>Koe hano fakamanamana'i ke fakatupu ha lavea (fakahangatonu ki he fefine pe 'i ha founa 'oku hange 'e hanga 'e he mali 'o fakamamahi'i ha tokotaha kehe 'oku 'ofa ai 'a e fefine)</i>	
Feeling rejected and lonely / <i>Ongo'i mamahi lahi mo ta'elata 'o 'ikai ke toe 'ilo pe 'e hanga kia hai mo 'ene mamahi mo e faingata'a'ia</i>	
CONTROLLING BEHAVIOUR / 'ULUNGAANGA FIE PULE PE FIE LAHI	
Keeping her from seeing friends / <i>Ta'ota'ofi mei he sio ki hono kaunga fefine pe ngaahi kaungame'a</i>	
Restricting contact with her family of birth / <i>Fakangatangata 'a e ngofua ke sio ki hono famili totonu ('a e na'e fa'ele'i ai) ki hono ongo matu'a, etc.</i>	
Insisting on knowing where she is at all times / <i>Fiema'u kene 'ilo ma'u pe 'a e feitu'u 'oku 'alu ki ai</i>	
Ignoring or treating her indifferently / <i>Fakasiosio kehe mei ai mo ngaahi 'o hange ha kehe</i>	
Getting angry if she speaks with other men / <i>'Ita 'okapau 'e toe lea ki ha siana kehe</i>	
Often accusing her of being unfaithful / <i>Fua'a 'o fa'a talaange 'oku toe 'alu 'a e fefine mo ha taha kehe.</i>	
Controlling her access to health care / <i>Ta'ota'ofi 'a 'ene 'a'ahi ki falemahaki pe ko ha kumi tokoni 'o felave'i mo e mo'ui lelei.</i>	
CAUSES / TUPU'ANGA	
Economic / 'Ekonomika	
Employment status / <i>Ngaue pe 'ikai</i>	
Others in the nuclear family / <i>Memipa kehe 'o e famili –tamai, fa'e, mo 'ena ki'i fanau</i>	
Extended family / <i>Ko e kainga 'o hange koe kui, tuonga'ane 'aki, tuofefine 'aki, fa'e tangata, etc.</i>	
Social / Fakasosiale	
Alcohol / <i>Kava Malohi</i> Kava / <i>Kava Tonga</i>	Family disputes / <i>Ngaahi va fakafamili</i>
Customs and Culture / <i>Ngaahi 'ulungaanga fakafonua</i>	Her husband's beliefs / <i>Koe tui 'a hono mali</i>
Her beliefs / <i>Ko 'ene tui</i>	
CONSEQUENCES	
Health	
Rape / <i>Fakamalohi faka'api (tohotoho)</i>	Domestic / <i>'i 'api</i>
Sexual / <i>Faka'api/fakalokimohe</i>	Psychological / <i>Faka'atamai</i>
Physical Assault / <i>Fakamalohi mo e fakamamahi fakaesino</i>	
Economic / 'Ekonomika	
Individual's ability to provide for her family / <i>Koe lava 'e he tokotaha mamahi 'o fakakakato 'a e ngaahi fiema'u 'i 'api</i>	
Maintain a job / <i>Tauhi ha ngaue fakapa'anga</i>	
Keep her income / <i>Pukepuke 'a 'ene vahe/silini hu mai (ki he famili)</i>	
Social / Fakasosiale	
Breakdown of family / <i>Movete 'a e famili</i>	
Stay in contact with her relatives / <i>Tauhi 'a e ngaahi fetu'utaki mo e kainga</i>	
Be an active member of groups or associations / <i>Malava ke kau ki he ngaahi kulupu fakalakalaka mo e ngaahi kautaha</i>	
Effects on Children / Uesia 'a e Fanau	
Witnessed physical violence against their mother / <i>Sio tonu ki hono fakamamahi'i fakaesino 'a e fa'e</i>	
Children's attendance at school / <i>Ma'u ako 'a e fanau</i>	
Behavioural problems / <i>Ngaahi palopalema faka'ulungaanga 'o fekau'aki mo e fanau</i>	
Children running away from home / <i>Hola 'a e fanau mei 'api</i>	
Children attaching their parents / <i>Pipiki 'a e fanau ki he matu'a 'e taha kae tuku 'a e taha</i>	

Annex V. Method to develop index of socio-economic status

1. INTRODUCTION

The Tonga VAW survey collected information on a number of individual variables reflecting different dimensions of household socioeconomic status (SES). This annex⁷⁹ describes the method used to develop a single measure or index of SES using this information. A key issue in deriving a single measure index of SES using different indicators is how to assign weights to the individual variables. Principal components analysis (PCA) is a commonly used approach of statistically deriving weights for SES indices. PCA is a multivariate statistical technique that reduces the number of variables in a data set into a smaller number of components. Each component is a weighted combination of the original variables. The higher the degree of correlation among the original variables in the data, the fewer components required to capture the common information. An important property of the components derived is that they are uncorrelated, therefore each component captures a dimension in the data. The next section details the steps taken to derive a PCA-based SES index.

2. METHOD

Guided by Vyas and Kumaranayake (2006) this study undertook three steps to derive a PCA-based SES index: first, a descriptive analysis; second, the construction of the PCA-based SES index; and third, the classification of households into SES groups. The analysis was conducted using STATA version 10.00 statistical software.

2.1 Descriptive analysis

The first step was to conduct descriptive analysis which involved establishing the overall sample size, the frequency of each variable, and patterns of missing data for individual variables. This descriptive analysis was essential exploratory work to ensure data quality, and appropriate data coding and recoding for further analysis.

Overall sample size

From a total of 1000 households visited, a household selection form and questionnaire was administered and completed in 832. The household questionnaire gathered information on different SES indicators, and the household selection form identified whether or not a woman eligible for a subsequent woman's questionnaire was present. A woman's questionnaire was administered and completed in 634 households. The SES index was constructed using data from all 832 households where full SES data were collected.

Frequency analysis

The purpose of the frequency analysis was to establish the extent to which the variables are distributed across the households and to inform subsequent coding of the variables. An issue with PCA is that it works best when asset variables are correlated, but also when the

⁷⁹Prepared by Seema Vyas, April 2012

distribution of variables varies across households. It is the assets that are more unequally distributed between households that are given more weight in PCA. For example, an asset which all households own or which no households own would exhibit no variation between households and would carry a weight close to zero from a PCA. A second issue with PCA is that data in categorical form are not suitable for inclusion in the analysis. This is because the categories are converted into a quantitative scale which does not have any meaning. To avoid this, qualitative categorical variables are recoded into binary variables.

The Tonga survey data gathered information on source of drinking water, type of toilet facility, roofing material, main source of energy for cooking, ownership of a range of household durable items, land ownership, and the number of rooms in the house for sleeping and the total number of people in the household. A description and frequency distribution of the variables is shown in Table 1.

The findings reveal very little variation across the households in source of drinking water and main roofing material used. The vast majority of households obtain their drinking water from cement/tank (90%) and virtually all (95%) have metal roofing with very few households having a roof made of rudimentary material (3.4% wood 0.1% thatch). There is more variation across the households in type of toilet facility and main source of energy used for cooking. While the vast majority (80%) of households have a flush toilet, the remaining households are split equally between having either a manual flush toilet or a pit toilet. There are two dominant main sources of energy used for cooking accounting for 93% of the sample, gas – a modern energy source, and firewood – a rudimentary energy source. A further 5% reported electricity – another modern energy source – as their main source of energy.

Ownership of durable assets was generally high with ownership levels for most of the assets ranging between 57% (phone) to 84% (TV). However, virtually all households owned a mobile (94%) and ownership levels of boat and hot water system was low at less than 10%. Three-quarters of households owned land. The number of rooms for sleeping ranged from 1-9 (mean=3.016), and the number of people in the household ranged from 1-21 (mean=6.04).

Inclusion of variables in the analysis

Based on the frequency distribution, with the exception of roofing material, all variables were considered for inclusion in the PCA analysis. Roofing material was excluded because the counts for the responses concrete, wood, thatch and other were too few to include in a PCA. Combining similar types of materials e.g. wood and thatch into 'rudimentary' material still yielded too few counts for PCA.

Table 1: Description and frequency of SES variables

Variable long name (short name) <i>/ Variable type</i>	Variable Label	%/Mean (Std. Dev.) (N=832)	Number of cases with missing data
Drinking water (q01) <i>Categorical</i>	Piped water supply	5.2	
	Cement/Tank	90.3	
	Own well covered/protected	1.0	
	Own well opened/unprotected	0.2	
	Bottled water	2.9	
	Boiled water	0.2	
	Other	0.2	
Toilet facility (q02) <i>Categorical</i>	Flush toilet	80.4	
	Manual toilet	9.7	
	Pit	9.9	
Roof materials (q03) <i>Categorical</i>	Concrete	1.3	
	Metal	95.0	
	Wood	3.4	
	Thatch	0.1	
	Other	0.2	
Main source of energy for cooking (q05) <i>Categorical A47</i>	Electricity	5.4	
	Gas	57.0	
	Kerosene	1.3	
	Firewood collected	35.9	
	Firewood bought	0.2	
	Other	0.1	
Household appliances (q04)	Boat	6.4	4 (N=828)
	Hot water system	8.7	3 (N=829)
	Bath or shower	78.7	2 (N=830)
	Motor vehicle	65.6	
	Refrigerator	74.9	
	Washing machine	68.9	1 (N=831)
	TV	84.4	
	Video/DV player	77.4	
	Phone	57.9	1 (N=831)
	Mobile	94.4	
Computer	23.2	1 (N=831)	
Land owner in household (q06) <i>Categorical</i>	Yes	73.6	9 (N=823)
Rooms for sleeping (q07) <i>Continuous</i>	1-9	3.016 (1.279)	
Total in household (hh1) <i>Continuous</i>	1-21	6.040 (3.121)	

Coding of variables

Table 2 describes the coding for each SES indicator. For source of drinking water three separate variables were created: piped, cement/tank; and well. The option to create seven separate binary variables for each response was rejected because for many of the responses the counts were too low. Three separate binary variables were created for toilet facility: flush toilet, manual flush toilet and pit. A binary variable was created for main source of energy used for cooking that combined electricity, gas and other into 'modern energy source' and firewood (collected or bought) and kerosene into 'rudimentary energy source'. All household appliances and land ownership were considered as binary variables. A 'crowding' index was created as the ratio between the number of people in the household and the number of rooms in the house for sleeping.

Missing values

Another data issue is that of missing values and two options exist to deal with this. The first is to exclude households with at least one missing value from the analysis, and the second is to replace missing values with the mean value for that variable. Exclusion of households based on missing socioeconomic data could significantly lower sample sizes and the statistical power of study results. However, attributing mean scores for missing values reduces variation among households. Though in both situations, the limitation is more pronounced with high numbers of missing values.

In the Tonga survey, six of the household appliances and land ownership have cases of missing data. However, missing values accounted for less than 0.01% of the sample. Therefore missing values were recoded to the mean of that variable – it is expected inclusion or exclusion of these households would have little impact on the distribution of SES.

Table 2: Description of SES variables used in PCA analysis

Variable description	Type of variable	Value labels
Piped water source (piped, boiled, other)	Binary	No=0 Yes=1
Cement/tank water source (cement/tank, bottled)	Binary	No=0 Yes=1
Well (open well covered/protected, uncovered/unprotected)	Binary	No=0 Yes=1
Flush toilet	Binary	No=0 Yes=1
Manual flush toilet	Binary	No=0 Yes=1
Pit toilet	Binary	No=0 Yes=1
Modern energy source used for cooking (electricity, gas, other)	Binary	No=0 Yes=1
Boat	Binary	No=0 Yes=1
Hot water system	Binary	No=0 Yes=1
Bath or shower	Binary	No=0 Yes=1
Motor vehicle	Binary	No=0 Yes=1
Refrigerator	Binary	No=0 Yes=1
Washing machine	Binary	No=0 Yes=1
TV	Binary	No=0 Yes=1
Video/DV player	Binary	No=0 Yes=1
Phone	Binary	No=0 Yes=1
Mobile	Binary	No=0 Yes=1
Computer	Binary	No=0 Yes=1
Land ownership	Binary	No=0 Yes=1
Crowding (No. people in household/No. of rooms for sleeping)	Continuous	2.278 (1.552)

2.2 Principal components analysis

The first principal component is considered a measure of SES and is therefore retained. The output from a PCA is a table of factor scores or weights for each variable. Generally, a variable with a positive factor score is associated with higher SES, and conversely a variable with a negative factor score is associated with lower SES. PCA was conducted using all the original SES variables described in Table 2.⁸⁰ The results from the final PCA model are shown in Table 3.⁸¹

Table 3: Results from principal components analysis (N=832)

Variable	Mean	Std. Dev	PC score
Boat	0.064	0.244	0.018
Hot water system	0.087	0.281	0.133
Bath or shower	0.789	0.408	0.314
Motor vehicle	0.656	0.475	0.295
Refrigerator	0.749	0.434	0.303
Washing machine	0.690	0.463	0.306
TV	0.844	0.363	0.264
Video/DV player	0.774	0.418	0.248
Phone	0.580	0.494	0.240
Mobile	0.944	0.231	0.056
Computer	0.232	0.422	0.214
Flush toilet	0.804	0.397	0.363
Manual toilet	0.097	0.297	-0.218
Pit	0.099	0.298	-0.266
Modern energy source	0.625	0.484	0.276
Land ownership	0.736	0.438	0.087
Household crowding	2.278	1.552	-0.199

% variance explained by first component 26.7%

A household that has more durable assets, a flush toilet, uses a modern energy source for cooking (gas or electric), owns land, and has a lower crowding index would attain a higher SES score. The variables refrigerator, washing machine, motor vehicle, flush toilet, and high energy source displayed the highest weights. The variables boat and mobile displayed the lowest weights. Households with a manual or pit toilet or that had higher household crowding was associated with lower SES.

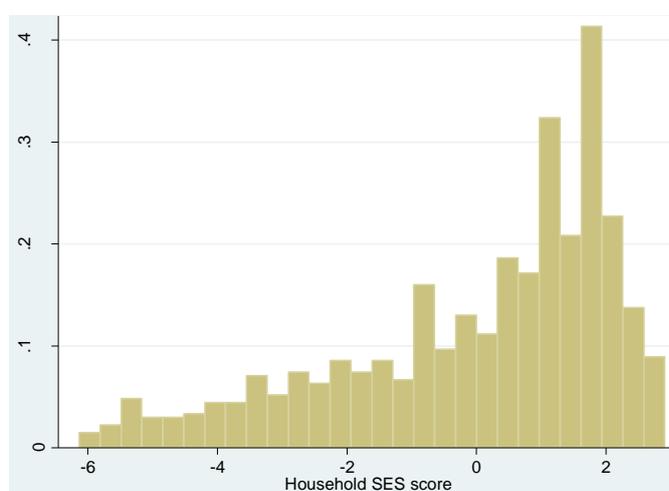
⁸⁰In STATA, when specifying PCA, the user is given the choice of deriving eigenvectors (weights) from either the correlation matrix or the co-variance matrix of the data. If the raw data has been standardized, then PCA should use the co-variance matrix. As the data was not standardized, and they are therefore not expressed in the same units, the analysis specified the correlation matrix to ensure that all data have equal weight. For example, crowding is a quantitative variable and has greater variance than the other binary variables, and would therefore dominate the first principal component if the co-variance matrix was used.

⁸¹ A PCA model using source of water was included, however, the results for these variables were not easy to interpret. The weights were very low for all three sources of water indicators. In addition, piped water carried a marginally negative weight – a source of water that is assumed to be a characteristic of higher SES households. Therefore, sources of water was excluded from the final PCA model.

2.2 Classification of households into SES group

Using the factor scores from the first principal component as weights, a dependent variable can then be constructed for each household which has a mean equal to zero, and a standard deviation equal to one. This dependent variable can be regarded as the household's SES score, and the higher the household SES, the higher the implied SES of that household. A histogram of the household SES scores using the Tonga data is shown in Figure 1. The figure reveals that the distribution of the household SES score is left skewed towards 'higher' SES.

Figure 1: Distribution of household SES score



To differentiate households into broad SES categories studies have used cut-off points – most commonly an arbitrarily defined disaggregation e.g. quintiles. Another method is to use a data driven approach – cluster analysis – to derive SES categories. Cluster analysis was used in the WHO multi-country study on domestic violence and women's health to derive 'low', 'medium' and 'high' SES categories.

For this study both methods to classify households into SES groups were explored. First households were ranked according to their SES score and were then split into three equal sized groups or terciles. K-means cluster analysis was then used to group households into three clusters. The mean SES score for each SES category, derived using both methods, is shown in Table 4. When considering the SES classification using terciles, the difference in the mean SES score is much higher between the low and medium SES group than for the medium and high SES group (3.199 and 1.344 respectively). This compares with a difference of 3.012, between the low and medium SES group, and 2.237, between the medium and high SES group. Using the cluster method, the majority of households (54.2%) are classified in the high SES group, just over one-quarter are classified as medium SES and 18.6% are classified as low SES.

Table 4: Mean socioeconomic scores by SES group (N=832)

	Terciles			Cluster analysis		
	Low	Medium	High	Low	Medium	High
N	278	277	277	155	226	451
%	33.4	33.2	33.2	18.6	27.2	54.2
Mean SES score	-2.578	0.621	1.966	-3.664	-0.652	1.586
Std. Dev	1.507	0.534	0.366	1.111	0.725	0.580
Min	-6.132	-0.491	1.372	-6.132	-2.148	0.474
Max	-0.505	1.364	2.908	-2.163	0.445	2.908

Internal coherence compares the mean value for each asset variable by SES group to assess whether ownership differs by group. Table 5 show the mean ownership levels of the original SES variables by both the tercile and cluster derived SES groups. When considering ownership of household appliances, all, except boat and mobile, increase by SES group for both the tercile and cluster method. However, ownership of a bath or shower or a TV does not differentiate the medium and high SES groups using the tercile method. While flush toilet increases by cluster derived SES group, this is not the case for the tercile SES group. Land ownership and use of modern energy source for cooking both increase by SES group, and household crowding decreases by SES group.

The findings from Tables 4 and 5 suggest that the cluster approach is better at differentiating all three SES groups.

Table 5: Mean ownership of SES variables by SES group

Variable	Terciles			Cluster analysis		
	Low (N=278)	Medium (N=277)	High (N=277)	Low (N=155)	Medium (N=226)	High (N=451)
Boat	0.051	0.080	0.062	0.058	0.049	0.074
Hot water system	0.011	0.040	0.210	0.000	0.027	0.147
Bath or shower	0.452	0.923	0.993	0.277	0.765	0.977
Motor vehicle	0.270	0.708	0.993	0.206	0.447	0.916
Refrigerator	0.414	0.834	1.000	0.265	0.642	0.969
Washing machine	0.327	0.757	0.986	0.174	0.558	0.933
TV	0.590	0.942	1.000	0.497	0.783	0.993
Video/DV player	0.511	0.830	0.982	0.406	0.681	0.947
Phone	0.263	0.572	0.906	0.206	0.442	0.777
Mobile	0.906	0.957	0.968	0.897	0.929	0.967
Computer	0.032	0.116	0.549	0.000	0.080	0.389
Flush toilet	0.424	0.989	1.000	0.181	0.841	1.000
Manual toilet	0.281	0.011	0.000	0.368	0.062	0.000
Pit	0.295	0.000	0.000	0.452	0.053	0.000
Modern energy source	0.284	0.646	0.946	1.742	0.478	0.854
Land ownership	0.643	0.706	0.861	0.671	0.627	0.814
Household crowding	3.011	2.039	1.780	3.341	2.486	1.808

3. SUMMARY

This report describes how a PCA-based SES index was created using the Tonga VAW survey data. From the PCA-based index, two SES groups were derived: first, equal sized groups based on SES score – terciles, and second, using cluster analysis. The SES groups derived from cluster analysis generally fit the pattern found from the distribution of the household SES score and from the descriptive analysis. While this means that over half of households are classified in the high SES group, this reflects the high degree of clustering in the original SES variables where, on face value, ownership of household appliances and modern infrastructure is quite high.

REFERENCE

Vyas S and Kumaranayake L (2006) How to do (or not to do) . . .Constructing socio-economic status indices: how to use principal components analysis. Health Policy and Planning 21(6): 459-468

Annex VI. Tables

Table 3.1. Household and individual sample obtained and response rates, Tonga 2009

	Urban		Rural		Tongatapu		Other islands		Total	
	Number	%	Number	%	Number	%	Number	%	Number	%
Total number of households in the sample	281		719		686		314		1000	
Dwelling vacant	7	2.5	22	3.1	15	2.2	14	4.5	29	2.9
Dwelling destroyed	3	1.1	6	0.8	6	0.9	3	1.0	9	0.9
Dwelling not found	9	3.2	14	2.0	20	2.9	3	1.0	23	2.3
Strange language (not eligible)	8	2.9	1	0.1	8	1.2	1	0.3	9	0.9
Total number of true (eligible) households visited	254		676		637		293		930	
Household absent	21	8.3	64	9.5	66	10.4	19	6.5	85	9.1
No member at home	1	0.4	0	0.0	1	0.2	0	0.0	1	0.1
Refused at household level	10	3.9	10	1.5	18	2.8	2	0.7	20	2.2
Household interview completed (household response rate, based on true households)	222	87.4	602	89.1	552	86.7	272	92.8	824	88.6
No eligible woman in household	51	20.1	126	18.6	118	18.5	59	20.1	177	19.0
Total number of households with selected eligible woman	171		476		434		213		647	
Selected woman not at home	0	0.0	1	0.2	1	0.2	0	0.0	1	0.2
Selected woman incapacitated	2	1.2	4	0.8	5	1.2	1	0.5	6	0.9
Refused by selected woman	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Does not want to continue (partially completed)	2	1.2	4	0.8	6	1.4	0	0.0	6	0.9
Completed individual interview (individual response rate based on households with selected eligible woman)	167	97.7	467	98.1	422	97.2	212	99.5	634	98.0

Table 3.2. Characteristics of respondents in the sample (unweighted and weighted for number of eligible women in household), Tonga 2009

	Urban (unweighted)				Rural (unweighted)				Total (unweighted)				Total (weighted****)			
	All respondents		Ever-Partnered		All respondents		Ever-Partnered		All respondents		Ever-Partnered		All respondents		Ever-Partnered	
	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%	Number	%
Total	167	100.0	113	100.0	467	100.0	342	100.0	634	100.0	455	100.0	634	100.0	414	100.0
Island groups *																
Tongatapu	167	100.0	113	100.0	255	54.6	196	57.3	422	66.6	309	67.9	427	67.4	283	68.5
Vava'u					109	23.34	75	21.9	109	17.2	75	16.5	105	16.6	68	16.5
Ha'apai					55	11.78	31	9.1	55	8.7	31	6.8	55	8.7	26	6.3
Eua					35	7.49	31	9.1	35	5.5	31	6.8	27	4.3	24	5.8
Niuas					13	2.78	9	2.6	13	2.1	9	2.0	19	3.1	12	3.0
Education of respondent**																
Primary	3	1.8	2	1.8	5	1.1	5	1.5	8	1.3	7	1.5	9	1.4	8	2.0
Secondary	124	74.3	85	75.2	383	82.0	284	83.0	507	80.0	369	81.1	514	81.1	338	81.7
Tertiary	40	24.0	26	23.0	79	16.9	53	15.5	119	18.8	79	17.4	111	17.5	67	16.2
Age group of respondent																
15-19***	21	12.6	1	0.9	61	13.1	5	1.5	82	12.9	6	1.3	108	17.0	7	1.7
20-24	30	18.0	16	14.2	71	15.2	27	7.9	101	15.9	43	9.5	114	18.0	43	10.5
25-29	31	18.6	19	16.8	66	14.1	57	16.7	97	15.3	76	16.7	94	14.9	69	16.6
30-34	26	15.6	23	20.4	78	16.7	70	20.5	104	16.4	93	20.4	88	13.8	76	18.4
35-39	23	13.8	21	18.6	79	16.9	74	21.6	102	16.1	95	20.9	77	12.2	69	16.8
40-44	26	15.6	23	20.4	72	15.4	70	20.5	98	15.5	93	20.4	92	14.5	88	21.3
45-49	10	6.0	10	8.9	40	8.6	39	11.4	50	7.9	49	10.8	61	9.6	61	14.6
Current Partnership status																
Currently married	91	54.5	91	80.5	295	63.2	295	86.3	386	60.9	386	84.8	347	54.7	347	83.9
Living with man (not married)	4	2.4	4	3.5	15	3.2	15	4.4	19	3.0	19	4.2	17	2.7	17	4.2
Regular partner (Dating)	6	3.6	6	5.3	8	1.7	8	2.3	14	2.2	14	3.1	12	1.9	12	3.0
Currently divorced/separated	6	3.6	6	5.3	8	1.7	8	2.3	14	2.2	14	3.1	16	2.5	16	3.9
Currently widowed	6	3.6	6	5.3	16	3.4	16	4.7	22	3.5	22	4.8	21	3.3	21	5.1
Never married/partnered	54	32.3			125	26.8			179	28.2			220	34.7		

* Because of the relatively low numbers in the island groups other than Tongatapu in the rest of the analysis these "other islands" are grouped together

** Because there are only 8 persons with primary education in the rest of the analysis primary and secondary education are combined in one group

*** Because of the relatively low numbers in the age group 15-19 year in a number of the tables and graphs this age group is combined with the group 20-24 year

**** Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household

Table 3.3. Characteristics of respondents in the sample (unweighted and weighted) and female population age 15-49 years in the general population (2006 Census)

	Unweighted		Weighted**		Census 2006	
	All respondents Number	%	All respondents Number	%	Population Number	%
Total	634	100.0	634	100.0	23394	100.0
Island groups *						
Tongatapu	422	66.6	427	67.4	16894	72.2
Vava'u	109	17.2	105	16.6	3364	14.4
Ha'apai	55	8.7	55	8.7	1634	7.0
Eua	35	5.5	89	4.3	1156	4.9
Niuas	13	2.1	19	3.1	346	1.5
Education of respondent						
Primary/Secondary	515	88.8	523	82.5	21057	88.8
Tertiary	119	11.2	111	17.5	2666	11.2
					23723	100.0
Age group of respondent						
15-19	82	12.9	108	17.0	4848	20.7
20-24	101	15.9	114	18.0	4477	19.1
25-29	97	15.3	94	14.9	3585	15.3
30-34	104	16.4	88	13.8	3103	13.3
35-39	102	16.1	77	12.2	3053	13.1
40-44	98	15.5	92	14.5	2356	10.1
45-49	50	7.9	61	9.6	1972	8.4
					23,394	100.0
Current Partnership status						
Currently married	386	60.9	347	54.7	12439	52.0
Living with man (not married)	19	3.0	17	2.7	88	0.4 ***
Regular partner (Dating)	14	2.2	12	1.9	1	0.0 ****
Currently divorced/separated	14	2.2	16	2.5	258	1.1
Currently widowed	22	3.5	21	3.3	519	2.2
Never married	179	28.2	220	34.7	10603	44.3
					23908	
Religion						
Wesleyan	232	36.6				
Catholic	113	17.8				
Mormon	113	17.8				
Free Church Of Tonga	79	12.5				
Church Of Tonga	38	6.0				
Assemblies Of God	19	3.0				
Seventh Day Adventist	13	2.1				
Maama Fo'ou	11	1.7				
Tonga Constitution	5	0.8				
Bahai	2	0.3				
Anglican	2	0.3				
Others	7	1.1				
No Religion	0	0.0				

* Because of the relatively low numbers in the island groups other than Tongatapu in the rest of the analysis these other islands are grouped together

** Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household

*** Not exactly equivalent with the survey categories. In the census data these were coded as "other"

**** Not exactly equivalent with the survey categories. In the census data these were coded as "not stated"

Table 3.4. Prevalence of partner violence, unweighted and weighted for number of eligible women in the household, Tonga 2009

Type of partner violence	Prevalence unweighted		Prevalence weighted for total eligible women in hh*	
	%	95% CI	%	95% CI
Lifetime physical violence	33.4	29.1 - 37.8	31.8	27.5 - 36.1
Current physical violence	12.5	9.5 - 15.6	12.8	9.7 - 15.8
Lifetime sexual violence	16.5	13.1 - 19.9	16.1	12.7 - 19.5
Current sexual violence	11.0	8.1 - 13.9	11.1	8.2 - 14.0
Lifetime phys/sexual violence	39.6	35.1 - 44.1	38.5	34.0 - 43.0
Current phys/sexual violence	18.9	15.3 - 22.5	19.5	15.8 - 23.1
Lifetime emotional violence	24.0	20.0 - 27.9	24.8	20.8 - 28.8
Current emotional violence	13.0	9.9 - 16.1	12.6	9.6 - 15.7

* Weights have been applied for total eligible women in the household to correct for differences in selection probability within the household

Table 3.5. Women's satisfaction upon completion of interview and duration of interview, according to experience of partner violence, Tonga 2009

	By experience of partner violence						Number of ever-partnered women (N=452)
	All ever-partnered respondents (%) (n=452)	No violence (%) (n=273)	Only sexual violence (%) (n=28)	Only physical violence (%) (n=104)	Both physical and sexual violence (%) (n=47)	Physical and/or sexual violence (%) (n=179)	
The interview made you feel..							
Good/better	81.9	83.5	89.3	73.1	87.2	79.3	370
Same/ no difference	18.1	16.5	10.7	26.9	12.8	20.7	82
Worse	0.0	0.0	0.0	0.0	0.0	0.0	0
Agreed to be contacted again							
Yes	100.0	100.0	100.0	100.0	100.0	100.0	452
No	0.0	0.0	0.0	0.0	0.0	0.0	0
Duration of interview							
Mean (minutes)	44.4	41.5	49.6	45.5	55.8	48.9	452
Median (minutes)	40.0	37.0	45.0	43.5	50.0	45.0	452

Table 4.1. Prevalence of physical, sexual and physical and/or sexual partner violence, among ever-partnered women, Tonga 2009

	Physical violence		Sexual violence		Physical and/or sexual violence		Number of ever-partnered women (N)
	Life time prevalence (%)	12 month prevalence (%)	Life time prevalence (%)	12 month prevalence (%)	Life time prevalence (%)	12 month prevalence (%)	
Total	33.4	12.5	16.5	11.0	39.6	18.9	455
Urban- Rural							
Urban	31.9	16.8	19.5	11.5	41.6	24.8	113
Rural	33.9	11.1	15.5	10.8	38.9	17.0	342
Region							
Tongatapu	30.7	13.9	16.8	11.7	37.5	21.0	309
Other islands	39.0	9.6	15.8	9.6	43.8	14.4	146
Education of respondent							
Primary/secondary	34.8	14.6	17.3	11.4	40.7	20.5	376
Tertiary	26.6	2.5	12.7	8.9	34.2	11.4	79
Age group of respondent							
15-24	22.4	22.4	26.5	24.5	42.9	40.8	49
25-29	43.4	25.0	27.6	19.7	51.3	34.2	76
30-34	31.2	11.8	11.8	9.7	35.5	17.2	93
35-39	35.8	7.4	13.7	6.3	40.0	11.6	95
40-44	31.2	4.3	10.8	6.5	33.3	7.5	93
45-49	32.7	10.2	14.3	4.1	36.7	12.2	49
Current Partnership status							
Currently married	31.9	11.9	13.7	9.3	36.8	17.6	386
Living with man (not married)*	63.2	5.3	15.8	5.3	63.2	5.3	19
Regular partner (dating)*	35.7	35.7	28.6	28.6	57.1	57.1	14
Currently divorced/separated*	35.7	7.1	50.0	35.7	64.3	35.7	14
Currently widowed	31.8	18.2	36.4	18.2	40.9	18.2	22
Socio-economic status of household **							
Lower	50.5	17.2	23.2	16.2	57.6	24.2	99
Middle	33.9	11.0	18.1	11.0	42.5	18.1	127
Higher	25.8	11.4	12.7	8.7	30.1	17.0	229

* In these rows percentages are not precise because based on fewer than 20 women

** SES index calculated based on household assets, using principal component analysis. For details see Annex V

Table 4.2. Lifetime and current prevalence of specific acts of physical and of sexual partner violence, and frequency of these acts in the past 12 months, among ever-partnered women, Tonga 2009

	Among ever-partnered women (N=455)		Frequency distribution of number of times acts happened in past 12 months		
	Ever happened (%)	During past 12 months (%)	One time (%)	2-5 times (%)	More than 5 times (%)
Acts of physical violence					
Slapped, threw something	26.8	10.3	40.4	44.7	14.9
Pushed or shoved	17.8	7.9	25.0	47.2	27.8
Hit with a fist or something else	18.2	7.3	30.3	51.5	18.2
Kicked, dragged, beat	16.0	6.2	39.3	35.7	25.0
Choked or burnt on purpose	4.4	2.2	50.0*	20.0*	30.0*
Threatened or used a gun, knife or weapon	4.8	2.6	58.3*	25.0*	16.7*
At least one act of physical violence	33.4	12.5			
Acts of sexual violence					
Physically forced to have sexual intercourse when she did not want to	12.3	8.4	34.2	42.1	23.7
Had sexual intercourse she did not want to because she was afraid of what your partner might do	10.1	5.9	11.1	70.4	18.5
Forced to perform degrading or humiliating sexual act	4.8	3.7	29.4*	58.8*	11.8*
At least one act of sexual violence	16.5	11.0			

* These percentages are not precise because based on fewer than 20 women

Table 4.3. Prevalence of physical partner violence, broken down by severity, among ever-partnered women, Tonga 2009

	Moderate physical violence (%)	Severe physical violence (%)	Number of ever-partnered women (N)
Total	10.8	22.6	455
Urban- Rural			
Urban	8.9	23.0	113
Rural	11.0	22.5	342
Region			
Tongatapu	8.7	22.0	309
Other islands	15.1	24.0	146
Education of respondent			
Primary/secondary	10.1	24.7	376
Tertiary	13.9	12.7	79
Age group of respondent			
15-24	4.1	18.4	49
25-29	15.8	27.6	76
30-34	11.8	19.4	93
35-39	9.5	26.3	95
40-44	8.6	22.6	93
45-49	14.3	18.4	49

Table 4.4. Proportion of women who reported physical violence in pregnancy among ever-pregnant women, Tonga 2009

	Experienced violence during pregnancy (%)	Number of ever-pregnant women (N)
Total	8.1	418
Urban- Rural		
Urban	8.7	103
Rural	7.9	315
Region		
Tongatapu	9.7	279
Other islands	5.0	139
Education of respondent		
Primary/Secondary	8.6	351
Tertiary	6.0	67
Age group of respondent		
15-24	7.9	38
25-29	11.6	69
30-34	9.5	84
35-39	6.7	89
40-44	7.7	91
45-49	4.3	47

Table 4.5. Characteristics of violence during pregnancy as reported by ever-pregnant women, Tonga 2009

	number	%
Among ever-pregnant women (N=418)		
Ever beaten during a pregnancy	34	8.1
Among women ever beaten during a pregnancy (N=34)		
Ever punched or kicked in abdomen in pregnancy	14	41.2
Perpetrator in most recent pregnancy was father of child	33	97.1
Living with person who beat her while pregnant	39	88.2
Same person had beaten her before pregnancy	20	58.8
Among women who were beaten during pregnancy by same person as before pregnancy (N=20)		
Beating got worse during pregnancy	3	15.0
Beating stayed the same during pregnancy	7	35.0
Beating got less during pregnancy	10	50.0

Table 4.6. Prevalence of emotional partner violence, among ever-partnered women, Tonga 2009

	Lifetime prevalence (%)	12 months prevalence (%)	Number of ever partnered women (N)
Total	24.0	13.0	455
Urban- Rural			
Urban	31.9	17.7	113
Rural	21.4	11.4	342
Region			
Tongatapu	25.9	15.5	309
Other islands	19.9	7.5	146
Education of respondent			
Primary/secondary	23.7	13.6	376
Tertiary	25.3	10.1	79
Age group of respondent			
15-24	20.4	18.4	49
25-29	30.3	18.4	76
30-34	20.4	11.8	93
35-39	25.3	14.7	95
40-44	21.5	7.5	93
45-49	26.5	8.2	49
Socio-economic status of household			
Lower	31.3	14.4	99
Middle	29.1	18.8	127
Higher	17.9	9.2	229

Table 4.7. Lifetime and current prevalence of different acts of emotional partner violence, and frequency of these acts in the past 12 months, among ever-partnered women, Tonga 2009

	Among ever-partnered women (N=455)		Frequency distribution of number of times acts happened in past 12 months		
	Ever happened (%)	During past 12 months (%)	One time (%)	2-5 times (%)	More than 5 times (%)
Insulted you or made you feel bad	19.6	10.8	14.3	53.1	32.7
Belittled or humiliated you	6.8	4.6	4.8	57.1	38.1
Scared or intimidated you	13.0	7.5	32.4	41.2	26.5
Threatened to hurt you or someone you care about	6.4	4.0	33.3	33.3	33.3

Table 4.8. Prevalence of different controlling behaviours by partners, among ever-partnered women, Tonga 2009

	At least one type of controlling behavior (%)	Keeps her from seeing her friends (%)	Tries to restrict contact with family of birth (%)	Insists on knowing where she is at all times (%)	Ignores and treats indifferently (%)	Gets angry if speak with another man (%)	Often suspicious that she is unfaithful (%)	Needs to ask his permission before seeking health care (%)	Number of ever partnered women (N)
Total	90.5	38.9	9.9	87.0	9.2	38.0	21.5	56.5	455
Urban- Rural									
Urban	90.3	35.4	15.0	84.1	8.0	38.9	30.1	56.6	113
Rural	90.6	40.1	8.2	88.0	9.6	37.7	18.7	56.4	342
Region									
Tongatapu	90.9	39.2	10.4	87.1	9.1	37.9	23.6	56.3	309
Other islands	89.7	38.4	8.9	87.0	9.6	38.4	17.1	56.8	146
Education of respondent									
Primary/secondary	91.5	42.0	10.6	88.3	10.6	40.4	23.4	60.1	376
Tertiary	86.1	24.1	6.3	81.0	2.5	26.6	12.7	39.2	79
Age group of respondent									
15-24	93.9	16.3	16.3	87.8	10.2	57.1	38.8	49.0	49
25-29	94.7	14.5	14.5	92.1	6.6	44.7	28.9	60.5	76
30-34	90.3	6.5	6.5	87.1	7.5	35.5	15.1	50.5	93
35-39	88.4	8.4	8.4	83.2	12.6	32.6	20.0	58.9	95
40-44	90.3	8.6	8.6	89.2	10.8	30.1	15.1	55.9	93
45-49	85.7	8.2	8.2	81.6	6.1	38.8	20.4	65.3	49

Table 4.9. Prevalence of economic abusive acts by partners, as reported by ever-partnered women, Tonga 2009

	Taken away what she earned or saved (%)	Refused to give money (%)	At least one or both acts (%)	Number of ever partnered women for whom questions were applicable (N)
Total	5.5	8.4	11.9	419
Urban- Rural				
Urban	5.9	7.9	10.9	101
Rural	5.4	8.5	12.3	318
Region				
Tongatapu	6.4	8.2	12.4	282
Other islands	3.7	8.8	11.0	137
Education of respondent				
Primary/secondary	5.4	9.7	12.9	350
Tertiary	5.8	1.5	7.3	69
Age group of respondent				
15-24	7.1	4.8	9.5	42
25-29	8.8	13.2	20.6	68
30-34	2.3	8.0	10.2	88
35-39	3.5	5.9	8.2	85
40-44	4.5	7.9	10.1	89
45-49	10.6	10.6	14.9	47

Table 4.10. Percentage of women who reported they ever initiated violence against partner, and frequency distribution of number of times it happened, among ever-partnered women, Tonga 2009

	Ever initiated violence against partner (%)	Number of ever-partnered women (N)	Frequency distribution of number of times initiated violence		
			One time (%)	Several times (%)	Many times (%)
Total	18.3	455	31.3	45.8	22.9
Urban- Rural					
Urban	23.2	113	26.9	46.2	26.9
Rural	16.7	342	33.3	45.6	21.1
Region					
Tongatapu	20.8	309	29.7	45.3	25.0
Other islands	13.0	146	36.8	47.4	15.8
Education of respondent					
Primary/secondary	16.8	376	31.8	44.4	23.8
Tertiary	25.3	79	30.0	50.0	20.0
Age group of respondent					
15-24	30.6	49	20.0	53.3	26.7
25-29	25.0	76	36.8	36.8	26.3
30-34	16.1	93	33.3	46.7	20.0
35-39	15.8	95	26.7	60.0	13.3
40-44	16.3	93	40.0	33.3	26.7
45-49	8.2	49	25.0	50.0	25.0

Table 5.1. Prevalence of physical violence since the age of 15 years by non-partners, among all interviewed women, Tonga 2009

	Ever had non-partner physical violence since age 15 (%)	Physical violence by any person 1 time (%)	Physical violence by any person 2-5 times (%)	Physical violence by any person > 5 times (%)	Number of women interviewed (N)
Total	67.8	11.7	26.8	29.34	634
Urban- Rural					
Urban	67.7	15.0	25.8	26.95	167
Rural	67.9	10.5	27.2	30.19	467
Region					
Tongatapu	69.7	14.2	26.5	28.91	422
Other islands	64.2	6.6	27.4	30.19	212
Education of respondent					
Primary/secondary	70.1	11.7	27.2	31.26	515
Tertiary	58.0	11.8	25.2	21.01	119
Age group of respondent					
15-19	70.7	14.6	20.7	35.37	82
20-24	77.2	13.9	37.6	25.74	101
25-29	62.9	14.4	20.6	27.84	97
30-34	64.4	6.7	27.9	29.81	104
35-39	67.7	4.9	29.4	33.33	102
40-44	66.3	16.3	27.6	22.45	98
45-49	64.0	12.0	18.0	34	50

Table 5.2. Prevalence of sexual abuse by non-partners, since the age of 15 years and before the age of 15 years, as reported by all interviewed women, Tonga 2009

	Sexual violence since age 15		Sexual abuse before age 15						Number of women interviewed (N)
	Number	%	Face to face interview		Card		Both interview and card		
			Number	%	Number	%	Number	%	
Total	40	6.3	22	3.5	46	7.3	51	8.0	634
Urban	15	9.0	8	4.8	18	10.8	20	12.0	167
Rural	25	5.4	14	3.0	28	6.0	31	6.6	467
Tongatapu	30	7.1	17	4.0	33	7.8	38	9.0	422
Other islands	10	4.7	5	2.4	13	6.1	13	6.1	212

Table 5.3. Percentage of all interviewed women who reported physical or sexual violence by non-partners, broken down by number and type of perpetrator (N=634), Tonga 2009

	Physical violence since age 15 years old		Sexual violence since age 15 years old		Sexual abuse before age 15 years old	
	Number	%	Number	%	Number	%
Number of perpetrators						
No violence	204	32.2	594	93.7	612	96.5
One perpetrator	231	36.4	38	6.0	21	3.3
More than one perpetrator	199	31.4	2	0.3	1	0.2
Type of perpetrator (grouped)						
Family member(s)	300	47.3	2	0.3	4	0.6
Other(s)	293	46.2	38	6.0	18	2.8
Type of perpetrator (detail)						
Father	278					
Stepfather	1					
Grandfather	9					
Brother	7					
Other male family member	4		2		4	
Female family member	14					
Teacher	131					
Police/ soldier			1			
Male friend of family			2			
Female friend of family	4				1	
Boyfriend	1		11		3	
Stranger	1		11		9	
Someone at work						
Church leader						
Chief	1					
Other	236		15		6	

Table 5.4. Age on which women experienced their first sexual intercourse among all respondents (N=634), Tonga 2009

Age of first sexual experience	Number	Percent among all respondents (%)	Percent among women who ever had sex (%)
Not had sex	176	27.8	
< 15	4	0.6	0.9
15-17	36	5.7	7.9
18-21	191	30.1	41.8
22+	227	35.8	49.7
Total	634	100	100

Table 5.5. Nature of first sexual experience by age of first sex, among women who ever had sex (N=457), Tonga 2009

Age of first sexual experience	Nature of first sexual experience						Total number of women
	Wanted		Coerced		Forced		
	Number	%	Number	%	Number	%	
<17	29	72.5	4	10	7	17.5	36
18-21	175	91.6	7	3.7	9	4.7	191
22+	221	93.4	7	3.1	8	3.5	226

Table 5.6. Overlap of non-partner and partner violence among all women (N=634), Tonga 2009

	Non-partner violence (%)	Partner violence* (%)	Partner or non-partner violence (%)
Physical violence	67.8	24.0	76.8
Sexual violence	6.3	11.8	17.4
Physical and/or sexual violence	68.9	28.4	78.6

* The prevalence rates for partner violence are slightly lower here compared to the tables in chapter 4 because all women and not all-partnered women are taken as denominator.

Table 6.1. Gender attitudes. Proportion of interviewed women who said they agree with specific statements presented to them (N=634), Tonga 2009

	<i>Percentage of women who agreed with</i>		
	"A good wife obeys her husband even if she disagrees" (%)	"A man should show he is the boss" (%)	"Wife is obliged to have sex with husband" (%)
Total	83.0	64.2	58.8
Urban- Rural			
Urban	82.0	62.3	55.1
Rural	83.3	64.9	60.2
Island groups			
Tongatapu	81.8	62.3	59.7
Other islands	85.4	67.9	57.1
Education of respondent			
Primary/ secondary	87.4	68.0	58.6
Tertiary	63.9	47.9	59.7
Age group of respondent			
15-19	90.2	54.9	57.3
20-24	84.2	56.4	55.5
25-29	79.4	63.9	51.6
30-34	80.8	66.4	55.8
35-39	74.5	61.8	59.8
40-44	88.8	76.5	71.4
45-49	86.0	72.0	62.0

Table 6.2. Attitudes around physical partner violence. Proportion of interviewed women who said they agree that a man has good reason to hit his wife for reasons stated below (N=634), Tonga 2009

	<i>Percentage of women who agreed with</i>						
	"Reason to hit: not complete housework" (%)	"Reason to hit: wife disobeys him" (%)	"Reason to hit: wife refuses sex" (%)	"Reason to hit: wife asks about girl firends" (%)	"Reason to hit: husband suspects wife unfaithful" (%)	"Reason to hit: husband finds out wife unfaithful" (%)	"Reason to hit: wife unable to get pregnant" (%)
Total	6.9	17.4	7.6	10.7	32.7	55.5	2.7
Urban- Rural							
Urban	3.0	12.0	7.2	12.6	27.5	50.9	1.2
Rural	8.4	19.3	7.7	10.1	34.5	57.2	3.2
Island groups							
Tongatapu	4.0	11.9	5.5	11.1	30.8	52.4	2.4
Other islands	12.7	28.3	11.8	9.9	36.3	61.8	3.3
Education of respondent							
Primary/ secondary	8.2	19.8	9.1	12.2	37.5	60.6	3.1
Tertiary	1.7	6.7	0.8	4.2	11.8	33.6	0.8
Age group of respondent							
15-19	8.5	22.0	7.3	17.1	41.5	57.3	2.4
20-24	6.9	13.9	5.0	9.9	25.7	51.5	0.0
25-29	5.2	18.6	5.2	8.3	30.9	56.7	2.1
30-34	3.9	15.4	6.7	10.6	28.9	50.0	1.0
35-39	7.8	16.7	11.8	9.8	38.2	60.8	2.9
40-44	8.2	15.3	7.1	9.2	33.7	59.2	4.1
45-49	10.0	24.0	12.0	12.0	30.0	52.0	10.0

Table 6.3. Attitudes around sexual partner violence. Proportion of interviewed women who said they agree that a married women can refuse to have sex with her husband for reasons stated below (N=634), Tonga 2009

	<i>Percentage of women who agreed with</i>			
	"A married woman can refuse sex if she doesn't want to" (%)	"A married woman can refuse sex if her husband is drunk" (%)	"A married woman can refuse sex if she is sick" (%)	"A married woman can refuse sex if her husband mistreats her" (%)
Total	61.4	73.3	83.4	82.2
Urban- Rural				
Urban	64.1	75.5	81.4	83.2
Rural	60.4	72.6	84.2	81.8
Island groups				
Tongatapu	61.6	73.2	81.8	79.6
Other islands	60.9	73.6	86.8	87.3
Education of respondent				
Primary/ secondary	57.9	72.2	82.9	82.3
Tertiary	76.5	78.2	85.7	81.5
Age group of respondent				
15-19	58.5	78.1	81.7	81.7
20-24	71.3	73.3	87.1	82.2
25-29	58.8	67.0	81.4	77.3
30-34	58.7	70.2	80.8	79.8
35-39	65.7	77.5	88.2	90.2
40-44	57.1	75.5	81.6	84.7
45-49	56.0	72.0	82.0	76.0

Table 6.4. Gender and violence attitudes of ever-partnered women, according to their experience of partner violence (N=455), Tonga 2009

	<i>Percentage of women who agreed with</i>									
	"A good wife obeys her husband even if she disagrees" (%)	P-value *	"A man should show he is the boss" (%)	P-value	"Wife obliged to have sex with husband" (%)	P-value	"Reason to hit: husband suspect wife unfaithful" (%)	P-value	"A married women can refuse sex if she doesn't want to" (%)	P-value
All ever-married women	82.9		67.0		61.1		56.5		60.7	
According to experience of physical and/or sexual partner violence										
Never experienced any violence	82.9		66.9		57.5		53.5		59.6	
Ever experienced physical or sexual violence	82.8	1.00	67.2	0.92	66.7	0.049	61.1	0.10	62.2	0.56
According to type of partner violence experienced										
No violence	82.9		66.9		57.5		53.5		59.6	
Sexual only	85.7		57.1		60.7		60.7		71.4	
Physical only	81.9		66.7		65.7		56.2		55.2	
Sexual and physical violence	83.0		74.5		72.3		72.3		72.3	
According to severity of physical partner violence										
No physical violence	83.2		66.0		57.8		54.1		60.7	
Moderate physical violence	79.6		71.4		69.4		57.1		55.1	
Severe physical violence	83.5		68.0		67.0		63.1		63.1	

* Fisher exact two tailed P-value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence

Table 6.5. Situations leading to violence as reported by women who ever experienced physical partner violence (N=152), Tonga 2009

	No particular reason (%)	Partner drunk (%)	Family problems (%)	Partner jealous (%)	She was disobedient (%)	Other problems*
Total	16.5	30.9	15.1	14.5	15.1	22.4
Urban- Rural						
Urban	13.9	50.0	19.4	11.1	5.6	25.0
Rural	17.2	25.0	13.8	15.5	18.1	21.6
Island groups						
Tongatapu	10.5	39.0	15.8	15.8	10.5	29.5
Other islands	26.3	17.5	14.0	12.3	22.8	10.5
Education of respondent						
Primary/ secondary	17.6	29.0	15.3	15.3	16.0	22.1
Tertiary	9.5	42.9	14.3	9.5	9.5	23.8
Age group of respondent						
15-24	27.3	54.6	9.1	0.0	0.0	27.3
25-29	9.1	21.2	21.2	30.3	18.2	24.2
30-34	13.8	41.4	17.2	10.3	24.1	10.3
35-39	20.6	26.5	8.8	11.8	11.8	29.4
40-44	13.8	27.6	17.2	6.9	13.8	24.1
45-49	25.0	31.3	12.5	18.8	12.5	18.8

* Including money problems, being unemployed, no food at home, woman cannot get pregnant, he wants to discipline her, etc.

Table 7.1. Percentage of women reporting injuries as a result of physical or sexual partner violence, Tonga 2009

	Ever injured (%)	Number of women reporting partner violence (N)
Total	21.7	180
Urban- Rural		
Urban	29.8	47
Rural	18.8	133
Island groups		
Tongatapu	26.7	116
Other islands	12.5	64
Education of respondent		
Primary/ secondary	22.9	153
Tertiary	14.8	27
Age group of respondent		
15-24	9.5	21
25-29	25.6	39
30-34	27.3	33
35-39	15.8	38
40-44	29.0	31
45-49	16.7	18

Table 7.2. Types, frequency and other aspects of injuries as a result of physical or sexual partner violence, according to type of violence experienced, Tonga 2009

	<i>Type of partner violence</i>			
	Sexual only (%)	Physical only (%)	Both physical and sexual (%)	Total physical and/or sexual (%)
Injuries among women reporting partner violence (N=180)				
Ever injured due to partner violence	0.0	19.1	40.4	21.7
Injured in the past 12 months	0.0	5.7	19.2	8.3
Ever lost consciousness	10.7	7.6	19.2	11.1
Lost consciousness in past 12 months	7.1	0.0	12.8	4.4
Ever hurt enough to need health care	3.6	9.6	12.8	9.5
Frequency injured among ever injured (N=39)				
Once time	-	75.0	31.6	53.9
2 - 5 times	-	5.0	36.8	20.5
More than 5 times	-	20.0	31.6	25.6
Type of injury among ever injured (N=39)				
Abrasion and bruises	-	55.0	73.7	64.1
Cuts, puncture, bites	-	35.0	63.2	48.7
Others	-	40.0	42.1	41.0

Table 7.3. Self-reported impact of violence on women's well-being, among women who reported physical or sexual partner violence, Tonga 2009

	<u>By urban/rural area</u>		<u>By island group</u>		Total (%)
	Urban (%)	Rural (%)	Tongatapu (%)	Other islands (%)	
Self reported impact on health (N=180)					
No effect	42.6	61.7	49.1	70.3	56.7
A little	25.5	27.8	29.3	23.4	27.2
A lot	31.9	10.5	21.6	6.3	16.1

Table 7.4. General, physical and mental health problems reported among ever-partnered women, according to women's experience of physical and/or sexual partner violence, Tonga 2009

	By urban/rural area						By island group						Total Tonga		
	Urban(N=113)			Rural (N=342)			Tongatapu (N= 309)			Other Islands (N=146)			Total (N=455)		
	No Violence (N=66) %	Physical/sexual Violence (N=47) %	All partnered women (N=113) %	No Violence (N=209) %	Physical/sexual Violence (N=133) %	All partnered women (N=342) %	No Violence (N=193) %	Physical/sexual Violence (N=116) %	All partnered women (N=309) %	No Violence (N=82) %	Physical/sexual Violence (N=64) %	All partnered women (N=146) %	No Violence (N=275) %	Physical/sexual Violence (N=180) %	All partnered women (N= 455) %
General health status															
Fair, poor and very poor of health	30.3	44.7	36.3	31.6	37.6	33.9	33.2	42.2	36.6	26.8	34.4	30.1	31.3	39.4	34.5
Some/many problems walking	10.6	23.4	15.9	17.2	17.3	17.3	17.6	20.7	18.8	11.0	15.6	13.0	15.6	18.9	16.9
Some, many problems with performing usual activities	21.2	29.8	24.8	18.2	21.8	19.6	20.7	26.7	23.0	14.6	18.8	16.4	18.9	23.9	20.9
Some/ many problem of pain	47.0	51.1	48.7	47.4	49.6	48.3	47.7	52.6	49.5	46.3	45.3	45.9	47.3	50.0	48.4
Some/many problems with memory or concentration	6.1	17.0	10.6	8.1	14.3	10.5	8.8	20.7	13.3	4.9	4.7	4.8	7.6	15.0	10.6
Emotional distress in past 4 weeks as measured by SRQ*															
0-5	72.7	42.6	60.2	67.5	51.1	61.1	66.3	44.8	58.3	74.4	56.3	66.4	68.7	48.9	60.9
6-10	18.2	31.9	23.9	24.4	31.6	27.2	22.8	35.3	27.5	23.2	25.0	24.0	22.9	31.7	26.4
11-15	6.1	23.4	13.3	7.2	15.0	10.2	8.8	17.2	12.0	2.4	17.2	8.9	6.9	17.2	11.0
16-20	3.0	2.1	2.7	1.0	2.3	1.5	2.1	2.6	2.3	0.0	1.6	0.7	1.5	2.2	1.8
Mean SRQ score**	4.5	7.0	5.5	4.7	6.2	5.3	5.0	6.7	5.6	3.9	5.8	4.7	4.7	6.4	5.3
Median SRQ score**	3.0	6.0	4.0	4.0	5.0	4.0	4.0	6.0	5.0	3.0	4.0	4.0	4.0	6.0	4.0
Ever thought about suicide	7.6	21.3	13.3	6.2	9.8	7.6	7.3	17.2	11.0	4.9	4.7	4.8	6.6	12.8	9.0
Ever attempted suicide	3.0	4.3	3.5	0.5	0.8	0.6	1.0	1.7	1.3	1.2	1.6	1.4	1.1	1.7	1.3

* SRQ-20 is a set of 20 questions in a self-reported questionnaire that make up a WHO screening tool for emotional distress, more points indicating more probability for depression

** Note that this is not a percentage but an average score for each of the subgroups

Table 7.5. Use of health services and medication in the past 4 weeks among ever-partnered women, according to their experience of physical and/or sexual partner violence, Tonga 2009

Use of services and medicines in the past 4 weeks (N=455)	No Violence (%)	Physical/sexual violence (%)	All respondents (%)
Consulted a doctor or health worker	30.2	33.9	31.7
Took medicine to sleep	39.6	38.9	39.3
Took medicine for pain	41.5	46.7	43.5
Took medicine for sadness/depression	5.8	7.2	6.4

Table 7.6. Reproductive health outcomes reported by women, according to their experience of physical and/or sexual partner violence, Tonga 2009

Reproductive health outcomes	No Violence (%)	Physical/sexual violence (%)	P-value*	All respondents (%)
Pregnancy rate among ever-partnered women (N=455)				
Ever pregnant	90.6	93.9	0.22	91.9
Circumstances of most recent pregnancy for women who delivered in last 5 yrs (N=246)				
Pregnancy unwanted or wanted later	16.8	33.0	0.0041	24.0
Reproductive health among those ever pregnant (N=418)				
Ever had miscarriage	17.7	25.4	0.065	20.8
Ever had stillbirth	4.0	4.7	0.81	4.3
Ever had abortion	0.0	0.0		0.0

* Fisher exact two tailed P value for the difference between women who experienced violence and who did not experience physical and/or sexual partner violence

Table 8.1. Children's well-being as reported by women with children 6-14 years old, according to the women's experience of physical and/or sexual partner violence, Tonga 2009

	No Violence (N=140) (%)	With physical or sexual partner violence (N=112) (%)	All women (N=252) (%)
Nightmares	37.3	42.0	39.4
Bedwetting	16.9	18.8	17.7
Child quiet / withdrawn	31.0	31.3	31.1
Child aggressive	37.3	37.5	37.4
Child has failed / had to repeat a year at school	10.7	10.7	10.7
Child has stopped school / dropped out of school	7.1	10.7	8.7

Table 8.2. Children witnessing the violence, according to women who ever experienced physical partner violence, Tonga 2009

	By urban/rural area		By island group		Total (N=141) (%)
	Urban (N=33) (%)	Rural (N=108) (%)	Tongatapu (N=87) (%)	Other islands (N=54) (%)	
Never	48.5	56.5	47.1	66.7	54.6
Once or twice	12.1	13.9	13.8	13.0	13.5
Several times	21.2	19.4	24.1	13.0	19.9
Many times	18.2	9.3	14.9	5.6	11.4
Don't know	0.0	0.9	0.0	1.9	0.7

Table 8.3. Percentage of respondents reporting violence against her mother, against her partner's mother or against her partner when he was a child, among ever-partnered women, according to women's experience of partner violence, Tonga 2009

	Proportion of women who reported that...		
	Her mother was hit by mother's husband (%)	Partner's mother was hit by mother's husband (%)	Partner was hit as a child (%)
According to all ever-partnered women	20.6	12.0	16.4
According to experience of partner violence			
Not experienced any partner violence	18.6	7.3	14.3
Ever experienced physical or sexual violence	23.7	19.4	19.9
According to type of partner violence			
No violence	18.6	7.3	14.3
Sexual only	21.4	0.0	23.1
Physical only	24.3	24.5	18.0
Both sexual and physical	23.9	16.2	22.5
According to severity of physical partner violence			
No physical violence	18.9	6.8	15.1
Moderate physical violence	17.0	20.9	19.6
Severe physical violence	27.5	22.8	19.2

Table 9.1. Percentage of women who had told others, and persons to whom they told about the violence, among women experiencing physical or sexual partner violence, Tonga 2009

<i>People told</i>	By urban/rural area		By island group		Total (N=180) (%) *
	Urban (N=47) (%)	Rural (N=133) (%)	Tongapatu (N=116) (%)	Other islands (N=64) (%)	
No one	31.9	51.9	36.2	65.6	46.7
Family and relatives	53.2	39.9	53.5	25.0	43.3
Friend	21.3	12.0	16.4	10.9	14.4
Neighbors	2.1	7.5	8.6	1.6	6.1
Police	4.3	3.0	5.2	0.0	3.3
Others	8.5	7.5	7.8	7.8	7.8

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.2. Percentage of women who received help, and from whom, among women experiencing physical or sexual partner violence, Tonga 2009

<i>Who helped</i>	By urban/rural area		By island group		Total (N=180) (%) *
	Urban (N=47) (%)	Rural (N=133) (%)	Tongapatu (N=116) (%)	Other islands (N=64) (%)	
No one	51.1	69.2	54.3	82.8	64.4
Family and relatives	31.9	21.8	32.8	9.4	24.4
Friend	21.3	6.8	12.9	6.3	10.6
Neighbors	2.1	10.5	11.2	3.1	8.3
Police	0.0	2.3	2.6	0.0	1.7
Others	6.4	3.8	5.2	3.1	4.4

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.3. Percentage of women who sought help from agencies/persons in authority, among women who experienced physical or sexual partner violence, Tonga 2009

<i>To whom gone for support</i>	By urban/rural area		By island group		Total (N=180) (%) *
	Urban (N=47) (%)	Rural (N=133) (%)	Tongapatu (N=116) (%)	Other islands (N=64) (%)	
Not ever gone anywhere for help	66.0	78.2	69.0	85.9	75.0
Hospital, health centre	21.3	9.0	15.5	6.3	12.2
Police	17.0	9.8	13.8	7.8	11.7
Religious leaders	8.5	8.3	10.3	4.7	8.3
Legal advice centre	2.1	3.8	3.5	3.1	3.3
Court	6.4	2.3	4.3	1.6	3.3
Women Organization	6.4	1.5	4.3	0.0	2.8
Shelter	2.1	0.8	0.9	1.6	1.1
Local leader	2.1	0.8	1.7	0.0	1.1
Elsewhere	10.6	2.3	6.9	0.0	4.4

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.4. Percentage of women who were satisfied about the support received, among women who sought help from official services for partner violence, Tonga 2009 *

<i>Satisfaction with support received</i>	Number	(%)	Number of women who sought help from services (N)
Hospital, health centre	22	100.0	22
Police	19	90.5	21
Religious leaders	14		15
Legal advice	6		6
Court	6		6
Women organization	5		5
Shelter	2		2
Local leader	2		2
Elsewhere	8		8

* Data provided for the whole country of Tonga only, since there are too few cases to give regional breakdown; percentages only reflected when based on at least 20 cases

Table 9.5. Main reasons for seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who sought help, Tonga 2009

<i>Reason for seeking support</i>	By urban/rural area		By island group		Total (N=45) (%) **
	Urban (N=16) (%)*	Rural (N=29) (%)	Tongapatu (N=36) (%)	Other islands (N=9) (%)*	
Couldn't endure more	43.8	51.7	50.0	44.4	48.9
Encouraged by friends	31.3	17.2	22.2	22.2	22.2
Bad injuries	18.8	17.2	16.7	22.2	17.8
Other	37.5	41.4	47.2	11.1	40.0

* Percentages not precise because based on fewer than 20 women

** More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.6. Main reasons for not seeking support from agencies, as mentioned by women who experienced physical or sexual partner violence and who did not seek help, Tonga 2009

<i>Reason for not seeking support</i>	By urban/rural area		By island group		Total (N=135) (%) *
	Urban (N=31) (%)	Rural (N=104) (%)	Tongapatu (N=80) (%)	Other islands (N=55) (%)	
Bring bad name to family	6.5	23.1	15.0	25.5	19.3
Violence normal, not serious	16.1	14.4	15.0	14.6	14.8
Don't know	6.5	10.6	7.5	12.7	9.6
Ashamed	3.2	6.7	7.5	3.6	5.9
Fear for end of relationship	6.5	3.9	6.3	1.8	4.4
Fear for threats or consequences	3.2	1.9	2.5	1.8	2.2
Believed would not be helped	0.0	1.9	1.3	1.8	1.5
Other	61.3	55.8	61.3	50.9	57.0

** More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.7. Percentage of women who ever left home because of violence, among women who experienced physical or sexual partner violence, Tonga 2009

	<u>By urban/rural area</u>		<u>By island group</u>		Total (N=180) (%)
	Urban (N=47) (%)	Rural (N=133) (%)	Tongapatu (N=116) (%)	Other islands (N=64) (%)	
Ever left home because of violence	39.5	30.0	36.0	25.8	32.4
Number of times leaving home					
Never	60.5	70.0	64.0	74.2	67.6
Once	18.6	14.6	18.0	11.3	15.6
2 - 5 times	20.9	15.4	18.0	14.5	16.8
<i>Mean number of days away last time*</i>	13.6	16.1	13.8	19.4	15.5

* Note that this is not a percentage but an average number of days for each of the subgroups

Table 9.8. Main reasons for leaving home last time she left, as mentioned by women who experienced physical or sexual partner violence and who left home (temporarily), Tonga 2009

<i>Reasons for leaving home</i>	Number	Total (N=56) (%) *
Could not take any more	34	60.7
Aware of her rights	13	23.2
No particular incident	6	10.7
Encouraged by friends/her family	4	7.1
Badly injured	3	5.4
He threatened or tried to kill her	2	3.6
Thrown out of the home	2	3.6
Afraid she would kill him	2	3.6
Afraid he would kill her	2	3.6
Knew other women who had benefited	1	1.8
He threatened or hit children	1	1.8
Saw that children suffering	1	1.8
Other	12	21.4

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.9. Main reasons for returning, as mentioned by women who experienced physical or sexual partner violence, who left home and returned, Tonga 2009

<i>Reasons for returning</i>	Number	Total (N=56) (%) *
He asked her to come back	27	48.2
Didn't want to leave children	13	23.2
Loved him	13	23.2
For sake of family/children	10	17.9
Family said to return	7	12.5
Thought he would change	7	12.5
Forgave him	6	10.7
Sanctity of marriage	2	3.6
Couldn't support children	2	3.6
Received counselling	2	3.6
Could not stay there (where she went)	1	1.8
Other	3	5.4

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.10. Main reasons for not leaving home, as mentioned by women who experienced physical or sexual partner violence and who never left home, Tonga 2009

	By urban/rural area		By island group		Total (N=117) (%)*
	Urban (N=26) (%)	Rural (N=91) (%)	Tongapatu (N=71) (%)	Other islands (N=46) (%)	
<i>Reasons for not leaving home</i>					
Loves him	50.0	31.9	40.9	28.3	35.9
Didn't want to leave children	26.9	26.4	36.6	10.9	26.5
Forgives him	15.4	20.9	16.9	23.9	19.7
Sanctity of marriage	7.7	18.7	8.5	28.3	16.2
Violence normal/not serious	19.2	4.4	12.7	0.0	7.7
Other	19.2	40.7	31.0	43.5	35.9

* More than one answer could be given, therefore the total percentage is greater than 100%

Table 9.11. Retaliation/fighting back, among women reporting physical partner violence, Tonga 2009

	By urban/rural area		By island group		Total (N=152) (%)
	Urban (N=36) (%)	Rural (N=116) (%)	Tongapatu (N=96) (%)	Other islands (N=57) (%)	
<i>Whether ever fought back</i>					
Never	44.4	62.9	49.5	73.7	58.6
Once or twice	19.4	19.8	21.1	17.5	19.7
Several times	22.2	12.9	21.1	5.3	15.1
Many times	13.9	4.3	8.4	3.5	6.6

Table 9.12. Effect of fighting back, among women who ever fought back because of physical partner violence, Tonga 2009

	By urban/rural area		By island group		Total (N=63) (%)
	Urban (N=20) (%)	Rural (N=43) (%)	Tongapatu (N=48) (%)	Other islands (N=15) (%)	
<i>Result of retaliation</i>					
No change	0.0	2.3	2.1	0.0	1.6
Violence became worse	35.0	20.9	22.9	33.3	25.4
Violence became less	45.0	32.6	37.5	33.3	36.5
Violence stopped	20.0	44.2	37.5	33.3	36.5

Table 10.1. Exploration of risk factors (respondent's and her partner's characteristics) for lifetime experience of physical and/or sexual partner violence, among ever-partnered women, Tonga 2009

	Number of women (N=428)	Experienced violence (%)	Univariable analysis			Multivariable analysis					
			Crude odds Ratio	95% CI	P-value	Explorative models for women and partners separately			Combined (final) model including riskfactors at univariable level		
						Adjusted odds Ratio	95% CI	P-value	Adjusted odds Ratio	95% CI	P-value
<i>Women's characteristics</i>											
Age group (years)						<i>Model 1</i>			<i>Model 3</i>		
15-29	116	44.0	1.87	1.11-3.16	0.019	1.69	0.98-2.91	0.058	1.92	0.84-4.40	0.13
30-39	180	35.0	1.28	0.79-2.08	0.31	1.23	0.75-2.01	0.41	1.06	0.56-1.99	0.86
39-49	132	29.6	1			1			1		
Island group											
Tongatapu	294	34.4	1								
Other island	134	38.8	1.21	0.79-1.85	0.37						
Education											
Primary/secondary education	354	37.0	1								
Tertiary education	74	29.7	0.72	0.42-1.24	0.24						
Earn own income											
No	113	34.5	1								
Yes	315	36.2	1.08	0.69-1.69	0.75						
Religion											
Wesleyan	156	30.1	1			1			1		
Other	272	39.0	1.50	0.97-2.25	0.067	1.31	0.84-2.01	0.23	0.33	0.63-1.69	0.90
Current partnership											
Currently partnered	391	36.3	1								
Previously partnered	17	23.5	0.54	0.17-1.69	0.29						
Physical violence by others > age 15 years											
No	140	41.4	1			1			1		
Yes	288	33.0	0.70	0.46-1.06	0.088	0.63	0.41-0.97	0.037	0.48	0.29-0.77	0.003
Sexual abuse by others > age 15 years											
No	401	34.2	1			1			1		
Yes	27	59.3	2.80	1.27-6.21	0.011	1.93	0.78-4.76	0.16	1.47	0.55-3.90	0.44
Childhood sexual abuse by others < age 15 years											
No	419	35.1	1			1			1		
Yes	9	66.6	3.70	0.91-15.01	0.067	2.55	0.59-11.07	0.21	2.01	0.43-9.46	0.38
Nature of first sexual intercourse											
Wanted	393	34.1	1			1			1		
Coerced or forced	35	54.3	2.30	1.14-4.61	0.019	1.73	0.80-3.75	0.17	1.51	0.63-3.64	0.36
Proximity of women's family											
Living with family or family near	373	35.1	1								
Family not near	55	40.0	1.23	0.69-2.20	0.48						
Frequency talking with family members											
At least once a week	360	34.7	1								
Less than once a week/never	68	41.2	1.32	0.78-2.24	0.31						
Can count on support of family members											
Often	398	34.7	1								
No	30	41.2	0.76	0.34-1.69	0.50						
Women's mother was beaten											
No	340	34.4	1								
Yes	84	39.3	1.23	0.75-2.02	0.40						

Table 10.1 (continued)

Partner's characteristics

						<i>Model 2</i>			<i>Model 3 (continued)</i>		
Age group (years)											
15-34	143	39.6	1.85	1.03-3.30	0.039	1.87	0.99-3.52	0.055	1.32	0.55-3.14	0.53
35-44	195	37.4	1.72	0.98-2.99	0.057	1.91	1.04-3.51	0.038	1.89	0.95-3.74	0.069
45+	89	25.8	1			1			1		
Education											
Primary/secondary education	347	38.0	1			1			1		
Tertiary education	81	25.9	0.57	0.33-0.98	0.042	0.70	0.39-1.25	0.23	0.79	0.42-1.48	0.46
Employment status											
Working	304	37.5	1								
Not working, studying, retired	124	31.5	0.76	0.49-1.19	0.24						
Alcohol consumption											
Less than weekly	355	32.4	1			1			1		
Weekly or daily *	73	52.1	2.27	1.36-3.77	0.002	1.41	0.79-2.51	0.25	1.43	0.77-2.65	0.25
Fighting with other men											
No**	331	28.1	1			1			1		
Yes	97	61.9	4.15	2.58-6.67	<0.001	3.02	1.80-5.07	<0.001	3.12	1.80-5.41	<0.001
Having parallel relationships											
No ***	366	30.1	1			1			1		
Yes	62	69.4	5.27	2.94-9.45	<0.001	3.75	2.00-7.02	<0.001	3.60	1.88-6.90	<0.001
Partner's mother was beaten											
No****	382	32.7	1			1			1		
Yes	46	60.9	3.20	1.70-6.00	<0.001	2.64	1.33-5.29	0.006	2.62	1.27-5.39	0.009
Partner was beaten as a child											
No *****	361	34.4	1								
Yes	67	43.3	1.46	0.86-2.48	0.16						
<i>Household characteristics</i>											
Socio-economic status											
Higher	223	28.3	1						1		
Lower/medium	205	43.9	1.99	1.33-2.97	0.001				1.85	1.16-2.95	0.010

* Includes only 4 men drinking daily

** "No" includes 4 "Don't know"

*** "No" includes 4 "Don't know" and "Yes" includes 3 "May have"

**** "No" includes 39 "Don't know"

***** "No" includes 19 "Don't know"

Table 10.2. Exploration of risk factors (respondent's and her partner's characteristics) for current (past 12 months) experience of physical and/or sexual partner violence, among ever-partnered women, Tonga 2009

	Number of women (N=428)	Experienced violence (%)	Univariable analysis			Multivariable analysis					
			Crude odds Ratio	95% CI	P-value	Explorative models for women and partners separately			Combined (final) model including riskfactors at univariable level		
						Adjusted odds Ratio	95% CI	P-value	Adjusted odds Ratio	95% CI	P-value
<i>Women's characteristics</i>											
						Model 1			Model 3		
Age group (years)											
15-29	116	36.2	6.24	3.03-12.88	<0.001	5.62	2.67-11.87	<0.001	1		
30-39	180	14.4	1.86	0.88-3.91	0.103	1.73	0.81-3.70	0.16	0.24	0.11-0.53	<0.001
39-49	132	8.3	1			1			0.15	0.05-0.44	<0.001
Island group											
Tongatapu	294	20.8	1			1			1		
Other island	134	13.4	0.59	0.33-1.05	0.073	0.62	0.34-1.16	0.13	0.70	0.36-1.36	0.30
Education											
Primary/secondary education	354	20.1	1			1			1		
Tertiary education	74	10.8	0.48	0.22-1.05	0.067	0.38	0.17-0.87	0.022	0.44	0.18-1.07	0.069
Earn own income											
No	113	21.2	1								
Yes	315	17.5	0.78	0.46-1.34	0.38						
Religion											
Wesleyan	156	12.8	1			1			1		
Other	272	21.7	1.80	1.09-3.3	0.024	1.36	0.76-2.45	0.30	1.22	0.65-2.30	0.53
Current partnership											
Currently partnered	391	18.5	1								
Previously partnered	17	17.7	0.94	0.26-3.37	0.93						
Physical violence by others > age 15 years											
No	140	17.9	1								
Yes	288	18.8	1.06	0.63-1.79	0.82						
Sexual abuse by others > age 15 years											
No	401	17.5	1			1			1		
Yes	27	33.3	2.36	1.02-5.48	0.045	1.20	0.41-3.48	0.74	0.79	0.25-2.48	0.68
Childhood sexual abuse by others < age 15 years											
No	419	18.1	1			1			1		
Yes	9	33.3	2.26	0.55-9.22	0.26	1.90	0.40-9.06	0.42	2.57	0.50-13.21	0.26
Nature of first sexual intercourse											
Wanted	393	16.5	1			1			1		
Coerced or forced	35	40.0	3.36	1.63-6.96	0.001	2.26	0.95-5.40	0.066	1.93	0.75-4.99	0.18
Proximity of women's family											
Living with family or family near	373	19.3	1								
Family not near	55	12.7	0.61	0.26-1.40	0.25						
Frequency talking with family members											
At least once a week	360	17.8	1								
Less than once a week/never	68	22.1	1.31	0.69-2.47	0.41						
Can count on support of family members											
Often	398	18.8	1								
No	30	13.3	0.66	0.22-1.96	0.46						
Women's mother was beaten											
No	340	17.1	1								
Yes	84	23.8	1.52	0.85-2.70	0.16						

Table 10.2 (continued)

Partner's characteristics

						<i>Model 2</i>			<i>Model 3 (continued)</i>		
Age group (years)											
15-34	143	27.3	4.39	1.87-10.32	0.001	4.37	1.79-10.68	0.001	1.42	0.43-4.69	0.57
35-44	195	16.4	2.30	0.97-5.43	0.058	2.36	0.96-5.78	0.061	1.92	0.68-5.43	0.22
45+	89	7.9	1			1			1		
Education											
Primary/secondary education	347	20.8	1			1			1		
Tertiary education	81	8.6	0.36	0.16-0.82	0.015	0.43	0.18-1.02	0.055	0.52	0.21-1.28	0.15
Employment status											
Working	304	19.4	1								
Not working, studying, retired	124	16.1	0.80	0.46-1.39	0.43						
Alcohol consumption											
Less than weekly	355	14.9	1			1			1		
Weekly or daily *	73	35.6	3.15	1.80-5.52	<0.001	2.33	1.25-4.35	0.008	2.32	1.18-4.58	0.015
Fighting with other men											
No**	331	14.5	1			1			1		
Yes	97	32.0	2.77	1.64-4.68	<0.001	1.77	0.97-3.24	0.062	1.87	0.98-3.54	0.057
Having parallel relationships											
No ***	366	15.3	1			1			1		
Yes	62	37.1	3.26	1.81-5.88	<0.001	2.31	1.10-4.13	0.025	2.08	1.02-4.22	0.043
Partner's mother was beaten											
No****	382	17.8	1								
Yes	46	23.9	1.45	0.70-3.00	0.32						
Partner was beaten as a child											
No *****	361	16.3	1			1			1		
Yes	67	29.9	2.18	1.20-3.94	0.010	1.95	1.01-3.78	0.047	2.23	1.08-4.58	0.029
<i>Household characteristics</i>											
Socio-economic status											
Higher	223	16.6	1								
Lower/medium	205	20.5	1.29	0.79-2.11	0.30						

* Includes only 4 men drinking daily

** "No" includes 4 "Don't know"

*** "No" includes 4 "Don't know" and "Yes" includes 3 "May have"

**** "No" includes 39 "Don't know"

***** "No" includes 19 "Don't know"