

SOCIAL DETERMINANTS OF HEALTH

COUNTRY CASE

Measuring and responding to violence against women in Kiribati

Action on gender inequality as a social
determinant of health

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ABBREVIATIONS

AMAK	Aia Maea Ainen Kiribati
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DFAT	Australian Government, Department of Foreign Affairs and Trade
EVAW	Elimination of Violence Against Women
FHSS	Family Health and Support Study
GEWD	Gender Equality and Women's Development
GGK	(UN) Gender Group in Kiribati
KANGO	Kiribati Association of Non-Governmental Organizations
KFHSSC	Kiribati Family Health and Support Study Committee
K-WAN	Kiribati Women's Activist Network
MISA	Ministry of Internal and Social Affairs
NAP	National action plan
NGO	Nongovernmental organization
NSO	National Statistics Office
NTF	National task force
RPAC	Regional project advisory committee
RRRT	Regional Rights Resource Team
SPC	Secretariat of the Pacific Community
STI	sexually transmitted infection
TAP	Technical Advisory Panel
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women, now UN WOMEN
UNITE	United Nations Secretary-General's Campaign to End Violence against Women
WHO	World Health Organization

EXECUTIVE SUMMARY

As in many places, gender inequality is prevalent in the Pacific island nation of Kiribati. The WHO Commission on Social Determinants of Health underlined in 2008 that gender inequality impacts health through “discriminatory feeding patterns, violence against women, lack of decision-making power, and unfair divisions of work, leisure, and possibilities of improving one’s life,” in addition to limiting access to health care services. A significant consequence of gender inequality is the high level of gender-based violence, including sexual, emotional and physical, perpetrated by intimate partners and non-partners. Three years after the final report of the Commission on Social Determinants of Health, WHO convened the World Conference on Social Determinants of Health in Rio de Janeiro, Brazil, in October 2011 to review progress on implementing the recommendations of the Commission, draw lessons from experiences and catalyse coordinated global action. This paper was developed in the run-up to the world conference as examples of policy action aimed at tackling key determinants of health and reducing health inequities. Covering the period between 2008 and 2011, the paper demonstrates that efforts to measure the extent of a problem can raise political awareness and thereby effectively trigger policy responses on key determinants of gender-based violence and, more broadly, health.

Prior to 2008, health policy-makers were unaware of the prevalence of gender-based violence in Kiribati, as no nationally representative study on the problem had ever been conducted. With support from the Australian Government, the United Nations Population Fund (UNFPA) and the Secretariat of the Pacific Community (SPC), and drawing on the methodology of the WHO Multi-country Study on Women’s Health and Domestic Violence, the Kiribati Ministry of Internal and Social Affairs (MISA) conducted its first family health and support study in 2008. A committee of stakeholders was assembled to guide the research, support its planning and implementation, and provide a longitudinal sense of buy-in and ownership.

The Kiribati Family Health and Support Study (KFHSS) included a research phase followed by an intervention phase in which research findings were disseminated and subsequently translated into national policy responses (with ongoing support from the United Nations [UN] and other partners). The study revealed an alarming prevalence of gender-based violence in Kiribati: 68% of women aged 15–49 who had ever been in a relationship had experienced some form of violence (emotional, physical and/or sexual), from an intimate partner; 90% had experienced controlling behaviour from a male partner; and 10% had faced violence from a non-partner. Survivors were more likely to report poorer health outcomes, including emotional stress, and were three times more likely to have attempted suicide. Qualitative research with men’s focus groups investigated the causes of gender-based violence and attitudes towards women so as to inform later interventions.

Upon release of the draft study report, members of the committee of stakeholders held consultations to develop a strategy to disseminate the controversial findings. In an impressive show of government support, the President of Kiribati accepted the results and launched the initial findings of the study. After six months of community-based awareness raising on the findings, the Cabinet unanimously endorsed the draft report. With the continued support of UN partners, MISA began to develop a national plan to eliminate violence against women in the same consultative manner, actively engaging stakeholders and other ministries in the process.

The study reflected systematic stakeholder consultation, combined with government promotion, technical support from UN agencies and experts on violence against women as well as adaptation of the research methodology and implementation plan to the Kiribati context. The subsequent dissemination of research findings to government officials, community leaders and the general population won broad-based support for the creation of two policies on gender equality and gender-based violence, guided by a 10-year national plan of action. Too little time has elapsed since the adoption of these policies to evaluate the full impact of the study, but anecdotal evidence of changes and the policy responses it has generated indicate its effectiveness.

The research methodology determined, in large part, the information to be collected and its potential use. The KFHSS inspired policy responses to both gender-based violence and its key determinant, gender inequality, because it included gender-sensitive indicators and attempted to measure gender inequality itself. Also, the qualitative research sufficiently focused on men, validating, while attempting to understand, their perspectives so that men and boys can be involved as agents of social change.

Measuring and responding to violence against women in Kiribati – Action on gender inequality as a social determinant of health

Problem

Following the WHO Multi-country Study on Women's Health and Domestic Violence, a previously unevaluated but pervasive level of violence against women, stemming from gender inequality, was revealed by the Kiribati Family Health and Support Study (FHSS) in 2008, spurring national action.

Gender-based violence is defined as actions which result in “physical, sexual or psychological harm or suffering to women ... [encompassing] but not limited to ... physical, sexual and psychological violence occurring within the family, ... within the general community, ... [and] perpetrated or condoned by the State, wherever it occurs.” Violence against women is “a manifestation of the historically unequal power relations between men and women,” (2) fundamentally related to gender-based inequalities, which both lead to and result from violence against women, in a vicious cycle. (3)

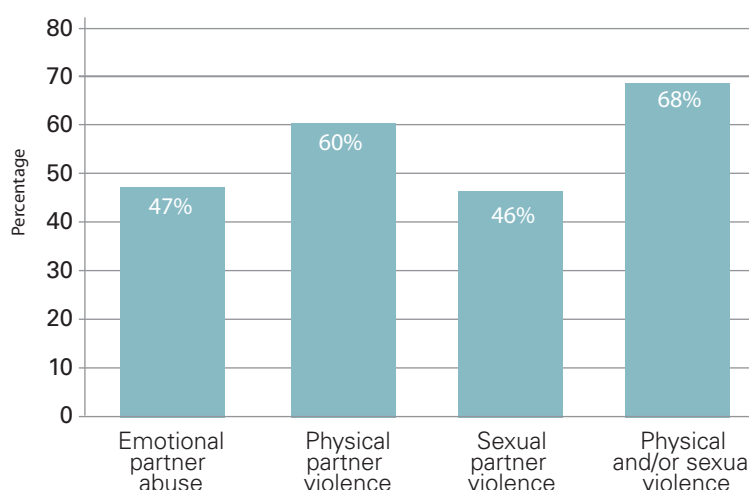
Prior to the publication of the FHSS findings, violence against women and children was considered “an accepted fact” – something that happened “behind closed doors” – a reality of women's lives, but not an issue of national public health concern. (4) While sporadic donor-funded initiatives to counter violence against women were implemented during and before the 2000s, Kiribati had no policies or laws related to violence against women, gender equality or the status of women. Police procedures related to violence against women lacked clarity and accountability mechanisms, (6) and no reliable national data were available on the prevalence of violence against women, its causes or the resources available for victims. (4,6) It had become evident that government intervention was imperative.

In the context of growing regional and global concerns about violence against women, and as part of UNFPA's initiative on sociocultural research on gender-based violence and child abuse in Melanesia and Micronesia, the Kiribati Government embarked on the family health study in collaboration with SPC, and with support from the Government of Australia. Replicating the WHO multi-country study methodology, FHSS aimed to: i) estimate the national prevalence of violence against women, especially violence committed by intimate partners; ii) analyse associations between violence against women and health outcomes; iii) identify risk and protective factors; iv) assess coping strategies and services used by victims; and v) investigate associations between violence against women and child abuse. (4,8)

The family health study revealed an alarming prevalence of violence against women in Kiribati: 68% of women aged 15–49 who had ever been in a relationship had experienced some form of violence (emotional, physical and/or sexual) from an intimate partner (Figure 1); 90% had experienced controlling behaviour from a male partner; and 10% had survived violence from a non-partner. Survivors were more likely to report poorer health outcomes,

including emotional distress, and were three times more likely to have attempted suicide. Four main causes of violence against women given by men in focus groups were: i) jealousy; ii) alcohol; iii), acceptance of violence as a form of discipline and iv) gender inequality. The FHSS was well implemented, with high adherence to the WHO multi-country study methodology. (7) As such, it shares the WHO study limitations – primarily that, as a cross-sectional study, it cannot prove causality. (4,8)

Figure 1. Percentage of women aged 15–49, who have ever been in a relationship, reporting emotional, physical and sexual partner violence (n = 1527)



Source: Kiribati Family Health and Support Study 2010

Key actors involved in the completion of FHSS – MISA, the National Statistics Office (NSO), SPC, UNFPA, Australian Government, Department of Foreign Affairs and Trade (DFAT), faith-based organizations and nongovernmental organizations (NGOs) – needed to jointly determine an overall communication strategy for disseminating the findings and translating them into policy to protect women and children from violence and to promote the fulfilment of their human rights, including health.(9)

Context

Recognition of violence against women as a human rights violation with real consequences for health increased during the 1990s as a result of global advocacy efforts, reinforced by international declarations and agreements regarding gender equality and human rights, including the Vienna Declaration and Programme of Action, (10) the Cairo Programme of Action (11) and the Beijing Platform for Action. (2) The Beijing Platform for Action in particular notes the need for adequate data on the prevalence, causes and consequences of violence and calls upon governments to build an international knowledge base on violence against women (paragraphs 120 and 129a).

Gender inequality evident in traditional Kiribati social structures such as the *mwaneaba* community council and *unimwane* male elders has persisted, (4) and unequal gender norms, roles and relations have multiple and additive effects on health across the lifespan. (4) Unfair and discriminatory feeding practices, division of work and environmental exposures, fewer opportunities for women for political participation and access to health services and, importantly, gender-based violence stem from gender inequality. (1)

In Kiribati, violence against women has been perceived as an acceptable or even deserved form of discipline for women who do not fulfil their prescribed gender roles. (4,6,12) Excessive alcohol consumption, although widely recognized to ignite or exacerbate violence, is tolerated in the community for men and, increasingly, for women. (4,6,12) In the event of violence, survivors have few options: police procedures for addressing violence can be unclear and the traditional practice of settling domestic disputes within the family or community preferred; (6) reporting violence and/or pressing charges may be seen as attempts to end intimate partnerships; (13) married women have no land or property rights and cannot stay on their husbands' family lands in the event of divorce; (6) help from outsiders is often unwelcome; (6,12) and sociocultural barriers inhibit the utilization of shelters and other (limited) services for survivors. (12)

While violence against women fundamentally stems from gender inequality, it is fuelled by other conditions and structures of daily life of Kiribati women. (These conditions themselves may have been shaped by gender inequality.) Primary education is universal and well attended by both girls and boys (14) (although girls' education is considered less important), (15) but access to secondary school is limited for both women and men. (16) The education system is of variable quality (17) and lacks a comprehensive curriculum on the prevention of violence against women. (4) With less than one job available for every four new entrants to the job market, 37% of the population is unemployed. Labourers are pushed to the informal economy (shipping-based markets and overseas employment), perpetuating the country's reliance on remittances and foreign aid. (18) Without secure, decent employment, fair property rights (5) and formal social protection, (13,14) women survivors of violence may have no choice but to stay in abusive relationships. (4,6) In this context, gender inequality has created a uniquely vulnerable population of women, *ainen matawa*, who board foreign shipping vessels to exchange sex for money, food and other goods. Although they are at a higher risk for contracting HIV and other sexually transmitted infections (STI), the stigma, discrimination, violence and/or social exclusion that *ainen matawa* experience inhibit their use of sexual and reproductive health services. (19) Finally, Kiribati has had a history of colonial domination, wartime occupation and religious settlements. This history has not only contributed to its weak economy (13) but also served to reinforce gender inequality. (6) The potential for foreign aid structures to exacerbate existing dimensions of gender inequality, therefore, needs to be considered.

Anecdotal evidence and community-based knowledge of the occurrence of violence against women have existed for generations, but "politics [is] dominated by men, and decision-making is influenced by cultural identity and competition among different male-dominated interest groups ... [Until] recently, political leaders trivialized and denied the existence of [violence against women]." (20) A ministerial Women's Affairs Unit was established in 1995 (now under MISA), but even when violence against women became an issue for the national umbrella women's NGO, Aia Maea Ainen Kiribati (AMAK), following the Fourth World Conference on Women, no policies on gender equality, violence against women or its elimination were enacted. (6,9) Prior to FHSS, although Kiribati ratified the recommendations of the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) in 2004, (21) the country's constitution provided only one generic policy on violence: a guarantee of the "fundamental rights and freedoms of the individual ... whatever his race, place of origin, political opinions, colour, creed or sex," (22) specifically stating that "no person shall be subjected to torture or to inhumane treatment or degrading punishment or other treatment". (23)

Planning

Persistent advocacy by civil society and faith-based organizations; (6,9,20) attention to violence against women from UN (24) and donor agencies, with significant financial support from UNFPA and DFAT in particular; (4,25) the lack of any reliable national data on the issue; (6) as well as the recognition that such violence not only harms health but significantly impedes social and economic development (26,27) collectively provided the impetus to conduct FHSS.

“Family Health and Support Study” was a “safe alias” given to the UNFPA Socio-Cultural Research on Gender-Based Violence and Child Abuse in Melanesia and Micronesia in Kiribati. The purposes of the alias were to encourage national participation and protect the respondents as well as the project team. (7) The FHSS aimed to: i) estimate the national prevalence of violence against women, especially violence committed by intimate partners, in a nationally representative and internationally comparable way; ii) analyse associations between violence against women and health outcomes; iii) identify country-specific risk and protective factors; iv) assess coping strategies and services available to survivors; v) investigate associations between violence against women and child abuse, so as to ultimately develop the most effective policy responses and interventions to reduce the incidence and impact of both; and, finally, vi) build regional and national capacity for research activities. (4,7,8) These objectives were in line with the previously validated WHO multi-country study methodology, which was adapted for FHSS. (4)

To provide country-level guidance and support to the national research team for the implementation and follow-up of FHSS, a committee of stakeholders, the Kiribati Family Health and Support Study Committee (KFHSSC), was assembled and was chaired by the coordinator of the National Project Team, under MISA. (7,9) In addition to giving support with planning and implementation, the KFHSSC provided a crucial, longitudinal sense of buy-in and ownership. (7) It consisted of representatives from:

- local and national government, including MISA; the ministries of Education, Finance and Economic Development, Health and Medical Services; the police; and the Attorney General’s Office;
- ten NGOs, including women’s advocacy NGOs and associations, crisis centres, the Kiribati Association of Non-Governmental Organizations (KANGO), AMAK, Alcoholic Awareness and Family Recovery, the Kiribati Women’s Activist Network (K-WAN), Tetokatarawa Old Men Association and the Kiribati Family Health Association; and
- international organizations such as the United Nations Children’s Fund (UNICEF), WHO, DFAT and SPC. (7,9)

A regional project coordinator chaired the regional project team, overseeing both FHSS and an analogous project in Solomon Islands, the Solomon Islands Family Health and Safety Study. A regional project advisory committee (RPAC), chaired by a regional coordinator, was assembled to support research projects in both Kiribati and Solomon Islands through annual meetings. The RPAC included UNFPA and DFAT (the funders), the SPC implementing agency and two country representatives: the Secretary of MISA (also the national project coordinator) and the Secretary of the Ministry of Women, Youth and Children’s Affairs in Solomon Islands. (7,9) The regional coordinator established a technical advisory panel (TAP) consisting of experts on violence against women and three core members of the WHO multi-country study team who would be available for remote consultation on study

implementation. An additional member of the WHO multi-country study team was recruited to train Kiribati interviewers who would conduct the study. (7)

The RPAC, TAP and KFHSSC selected targets through careful analysis and adaptation of the WHO multi-country study and UNICEF child abuse materials, with the assistance of a consultant and a stakeholder workshop. It was understood that to measure a phenomenon related to gender equality, gender-sensitive indicators, with qualitative and quantitative data appropriately disaggregated, must be used. (7,28) Less than 10% of the original WHO questionnaire was adjusted prior to translation to Kiribati by a translation panel. Pretests and a pilot venture were conducted, after which final modifications were made to the questionnaire. (7) By December 2007, recruitment of national country staff to implement FHSS had been completed. MISA's national project team, in collaboration with NSO, completed the study in 2008. (9)

Importantly, dissemination of research results was a key component of the UNFPA project, and planning for study follow-up started in the early stages of the project. As a result, national and regional coordinating teams were consistently mindful of study follow-up, from coordinating the dissemination of research findings with carefully crafted messages to supporting the development of policy responses, proactively engaging key stakeholders at every step. (7,9) For example, when RPAC convened a meeting facilitated by UNFPA in early 2009, it focused on the process of transitioning from research to intervention, including working with service providers and policy development. By mid-year 2009, international consultants were in place to assist with developing national action plans for elimination of violence against women. (7)

The members of KFHSSC, mindful that largely male community leaders were likely to reject the results, held stakeholder consultations to develop an appropriate communication strategy that would disseminate the findings. Key stakeholders included local and national governments, the police, NGOs dealing with women's issues, the Catholic Crisis Centre, the Attorney General, churches and other faith-based organizations, legal staff and research project staff from MISA and NSO. (7,9)

The communication strategy aimed to:

- provide government and community leaders with the study's findings in order to inform policy-making and legislation that would protect women and children from violence as well as promote and protect their human rights more generally;
- educate stakeholders, community leaders and the general public about the effects of violence against women, equipping them with the information needed to lead positive social change and action to discourage and reduce such violence;
- generate tolerance, acceptance and support of the findings from all government and community sectors by ensuring that the results are understood and "owned" by the people of Kiribati, in order to ensure effective action against violence against women and child abuse; and
- inform and streamline advocacy and awareness messages of the media campaign from initial to later stages. (9)

Prior to the dissemination campaign, KFFSSC members would receive training in how to share and distribute research results, including how to apply best practices for addressing sensitive questions. Draft information and fact sheets would be tested and evaluated. (7) Observations from initial sharing of research findings would be further taken into account for subsequent policy-development phases. (9)

UNFPA committed to providing technical and financial support to MISA for the completion of FHSS, dissemination of its findings and translation of the results into effective policy. (4,29) UNFPA planned to further address violence against women through the health sector; (12) other UN partners also provided or were committed to providing additional programming and technical support. By September 2009, for example, the United Nations Development Fund for Women (UNIFEM, now UN WOMEN) (1) agreed to draft legislation on violence against women in collaboration with the Regional Rights Resource Team (RRRT) and to work with MISA to compose a national policy for gender equality and development. (29) Furthermore, UNIFEM would provide grants towards capacity development through its Pacific Fund to End Violence Against Women. (30) UN agency involvement would be coordinated and streamlined through the UN Gender Group in Kiribati (GGK), established to address the “greater need to support the Government with its commitments towards gender equality”. (31)

In line with its domestic and international aid priorities, and in accordance with the UN recommendations at a Parliamentary Roundtable, (20,30) DFAT pledged to continue its support of UN and civil society initiatives to reduce the incidence of violence against women while advancing care and justice for survivors. (25,26) It announced its renewed support for activities towards the elimination of violence against women. (32,33)

Implementation

Time, effort and thoughtfulness in the planning stages made for successful implementation of FHSS and its follow up. Under the alias of the “Family Health and Support Study”, recruitment of national and regional coordinating teams began in 2007. Despite planning measures, an eventual problem with capacity was encountered: no one candidate for the position of regional coordinator had sufficient experience in research management as well as expert-level knowledge on gender equality, violence against women and child abuse. However, technical rigour was assured at the regional level by establishing and utilizing a TAP while calling upon additional expert consultants as needed throughout the study. In this way, RPAC quickly filled gaps with external support while building research capacity within the country and region. (7)

Once national and regional coordinating teams were established, the project team began to recruit, select and train Kiribati women who would conduct the study interviews and focus groups. In all, 250 applicants were recruited from newspaper and radio announcements. Screening, which included assessment of mathematical skills, yielded 60 women who would undergo three weeks of interviewer training. A total of 34 interviewers were ultimately selected, based on their competence in a pilot survey, and were required to sign an oath of confidentiality; no interviewers dropped out. Women who were selected to be supervisors and field editors underwent additional, specialized training. Six field teams of four to six people (a supervisor, field editor and one to three interviewers) were assembled. Each interviewer completed four interviews on average per day for eight to nine weeks (May to July 2008), using planes, cars, motorbikes and boats for transportation. (7)

Challenges to implementation in the field were largely related to community integration and the sensitive nature of the study. For example, study teams were frequently expected to attend community social and religious events, which threatened to interfere with completion of the research. Regrettably, during the course of the study, despite efforts to

protect respondents, one woman may have been subjected to violence as a result of her participation and unwillingness to share the study questions with her partner. (7)

As described above, the UNFPA-funded project taken on by Kiribati consisted not only of research planning and study administration, but included, from its onset, the crucial steps of dissemination and follow-up responses including policy-making. (7,9) As such, following data entry, data processing, weighting and tabulation, RPAC and KFHSSC worked to develop a communication strategy for sharing the research findings, oriented to community leaders/target groups or the communities themselves. This marked the transition between the research phase and the intervention phase of acting on research findings. UNFPA assisted in identifying and prioritizing the pertinent, key facts for various target groups, and proceeded to translate key findings into simple terms on accessible fact sheets and booklets for national and community-based stakeholders. (7) Fact sheets on the research contained key findings of the research including the consequences of violence against women, listed key messages for the community, encouraged action against such violence and identified the research as government-supported. These fact sheets were developed, tested and evaluated before use. (7)

In an impressive and visible show of government support for the project, its results and action on the issue, the President of Kiribati accepted the results and launched the initial findings of FHSS strategically on 3 December 2008, during the global Sixteen Days of Activism Against Gender Violence. In an address to members of Parliament and community and church leaders, the President expressed his commitment to a “whole-of-government” approach to eliminating violence against women and children. (7) Subsequently, teams composed of government officials and civil society representatives participated in training workshops on gender equality and results dissemination, the latter of which was opened by the Minister of Internal and Social Affairs. (7) These teams would carry out the initial sharing of results according to the communication strategy, holding “awareness workshops” with church and community leaders, starting with non-sampled communities, to protect respondents. (7,34)

When the draft results were presented to a stakeholders group that included conservative men and male district island leaders, the participants were initially defensive and sceptical. A national statistician present at the workshop was able to verify the data and simplify the results. After a simplified explanation, the island leaders accepted the results. Given these and other experiences, it became clear early in the dissemination process that results must be broken down into simple key messages, as had been done for the fact sheets. In particular, it was not useful to express the results as superlative statements or country rankings; rankings were challenged, ultimately distracting workshop audiences from the results. (7) The research team was found to be effective in disseminating the results of FHSS, resulting jointly from their own training and status as peers to the members of Parliament, the support and endorsement of the President and greater government and the involvement of churches in research dissemination and community engagement through sermons and activities of youth organizations. (7)

In June 2009, after six months of community-based, awareness-raising activities, the gubernatorial cabinet unanimously endorsed the draft report of research findings. (7,9) With the continued support of UNFPA and other UN agencies, MISA began to develop a national action plan (NAP) to eliminate violence against women in the same highly consultative manner, actively engaging stakeholders and other government ministries in the process. The NAP would be costed and mapped to the budget, as well as the Kiribati Development Plan 2008–2011, on an implementation timeline from 2010–2020. (9) Given the broad-

based government support of action on the issue, from its receipt of study results to its engagement in the dissemination process, it was recognized that “a road-map for the full government [was] required, to be spearheaded and monitored under MISA, in order to have a wide and sustainable approach to eliminating [violence against women.]” (9)

In the policy-development phase, it is clear that MISA, with assistance from UNFPA and UNIFEM, recognized some fundamental reality. In order for “interventions ... to make a significant difference both to inequities and to the global toll of death and disability, they need to act on upstream measures,” creating policies to act on root drivers of behaviours as opposed to “behavioral interventions directed towards individuals” themselves, which “will further widen inequities”. (35) This is evident in the planning for (29) and ultimate development of two separate policies in response to FHSS, namely:

- The National Policy on Eliminating Violence Against Women (EVAW): Achieving Gender Equality and Delivering Positive Development Outcomes (June 2010); and
- The National Policy on Gender Equality and Women Development (GEWD) (December 2010).

It was decided that the EVAW policy (and sections of the policy on gender equality) would be operationalized according to a 10-year NAP, which contains a detailed framework committing multiple government sectors to a budgeted implementation plan. (9,29) MISA’s Women’s Affairs Unit had been largely under-resourced since its establishment in 1995. The EVAW policy notes that reviving this unit with “qualified and experienced gender advisors” would be a logical step in acting on the government’s goal to “eliminate violence against women that is largely resultant from gender inequality”. (9) This revitalized division would support MISA and other ministries to fulfil their parts in NAP, while implementing the policies on violence against women and gender equality. A national task force (NTF) comprising all involved ministerial secretaries would guide the unit for a truly all-of-government approach. (9)

Kiribati maintains a community-centred society, relying on collective social security (15) and community-based management of domestic disputes, or the *mwaneaba* system. (6) Despite receiving negative initial reactions from community leaders, FHSS was successfully planned, conducted and translated into policy, largely because of the participatory process that engaged stakeholders at every step. Evidence of compromise from both sides is apparent in the progressive policy on gender equality and women’s development, which “[promotes] equal valuing of Kiribati women and men’s shared roles contributing to peace and socio-economic development of their own families, communities, islands and Kiribati as a whole. It also respects and aligns with island culture and the *mwaneaba* system, and the need to work within the current national and institutional frameworks.” (36)

Evaluation of results and impacts

Planning and implementation of every step of the project was characterized by the active engagement of stakeholders, pilot testing, assessment and adjustment before proceeding with implementation, and included assembling national and regional project coordination teams; recruiting, training and evaluating potential interviewers with pilot interviews prior to conducting the research; developing and testing strategies for the dissemination of results; creating and piloting information fact sheets; and drafting policy responses. (4,7,9)

The systematic stakeholder consultation, in combination with visible promotion from the government, consistent technical support from UN agencies and experts with experience in violence against women, and conscientious adaptation of the research methodology and implementation plan to the Kiribati context, resulted in successful administration of FHSS. These same supporting factors further facilitated the dissemination of research findings to government officials, community leaders and the general population, winning broad-based support for the creation and passage of two responsive policies on gender equality and violence against women, guided by a 10-year national plan of action. (7,10,32)

Brief analysis of the targets and aims of the EVAW and gender-equality policies reveals their complementarity and greater understanding that violence against women is fundamentally both a cause and result of gender inequality. The GEWD policy is guided by a “fair amount of balance between advancing women’s development and culture”, recognizing the need for “phrasing, wordings and ideologies [which] show respect to culture”. (36) It is complementary to the EVAW policy, aiming to: “i) [promote] gender equality; ii) [eliminate] violence against women and children; iii) [enhance] legal and human rights for women; iv) [improve] access to services for women; v) build mechanisms to promote advancement of women; and vi) [improve] economic empowerment for women”. (36) The EVAW policy emphasizes that “violence against women and children and the broader problem of gender inequality is a significant constraint on development” and that “ending violence against women and children is, therefore, crucial to achieving gender equality and delivering positive development outcomes”. (9) It demonstrates again the complementarity between policies. The key strategic areas of EVAW are, appropriately, focused on preventing violence against women and providing support for survivors, but also relate more broadly to gender equality in the areas of justice, community capacity and social services. (9)

Although too little time has elapsed since the adoption of these policies to evaluate their full impact, anecdotal evidence of social change related to the completion of FHSS and the associated policy responses indicates their effectiveness. An independent assessment of the research planning and implementation process was conducted by a former member of the WHO multi-country study team, (7) and the research dissemination process itself was assessed. Research dissemination efforts were found to have effectively raised public awareness of the report findings, and dissemination of the report has additionally resulted in:

- high levels of bipartisan support within Parliament;
- awareness and support of the report’s findings among national and outer island leaders;
- high awareness that violence against women is a crime and of the services available at the Catholic Crisis Centre (no baseline);
- establishment of domestic violence desks in four police stations in South Tarawa;
- higher reporting of violence and sexual offenses;
- stronger continuity of service delivery to survivors of violence against women and child abuse; and
- a proposed memorandum of understanding on standard operating procedures related to violence against women for all relevant service providers. (9)

MISA has additionally noted third-party reporting of violence against women in Eita Village, South Tarawa; sermons given by priests and ministers that discourage violence; and police awareness of possible actions that might be implemented, such as restraining orders. (34) Other notable changes include the formation of K-WAN by some

stakeholders, (7) police training curricula that include human rights and violence against women, the creation of more registers on violence against women in police units, and increasingly positive comments about the police. (6,7)

A final area of impact must be noted. The project research teams and participating NGOs have benefited from immense capacity-building throughout the process of research planning, implementation, sharing of results and policy development. (9) Regional and national project teams have overcome challenges associated with expansive geography; cultural diversity; communication with other staff members, consultants and stakeholders; data collection systems in atolls; and coordination of activities guided by two donor agencies, one implementation partner, two governments (since Solomon Islands also participated in RPAC) and numerous advisory/steering committees. On a personal level, female interviewers gained strong experience suited for future positions with other population health surveys and/or census bodies. (7)

As mentioned above, the EVAW policy includes provisions and plans for reviving the Women's Unit under MISA. The revitalized Women's Unit will support all ministries engaged in NAP on violence against women, guided by its own NTF comprising all involved ministerial secretaries. This whole-of-government approach also stipulates that NTF will have ultimate responsibility for effective, "participatory monitoring, evaluation, and reviews," detailed in NAP, and based on reporting from the Women's Unit, of progress made on the EVAW policy. Importantly, monitoring and evaluation processes will continue to involve stakeholders in decision-making. (9)

The NAP includes tables of targets mapped to their respective indicators, brief methods for collecting information on those indicators, responsible agencies/actors, an implementation timeline, cost and funding sources. The objectives and indicators are organized according to the plan's three main goals:

- improving women's access to justice;
- increasing women and children's access to support services; and
- preventing violence against women and children.

The action plan expects cooperation from women, women's organizations and other NGOs, churches, police, the court system, crisis centres, UN agencies and government officials from multiple sectors to compile monitoring data. While NAP provides a solid, costed, whole-of-government plan to address violence against women, there is no specified plan for a follow-up FHSS and no current plan to assess men's attitudes related to women or gender equality, even though "statistical data should be gathered at regular intervals on the causes, consequences and frequency of all forms of violence against women, and on the effectiveness of measures to prevent and address such violence." (37)

Follow up and lessons learnt

That MISA was central to the initiation, coordination, planning and implementation of FHSS had immense significance. Whereas organization and implementation by any of Kiribati's women's NGOs may have inadvertently caused the project to be branded as a "women's project" or "for women only" with low priority, MISA was seen as a neutral organizing party. By virtue of being a government body, it has demonstrated to NGOs and community

leaders that the government was taking violence against women seriously. (7,9) The acceptance of research findings and their subsequent translation into legislation was greatly facilitated by the inherent government approval of MISA as the primary coordinating body. Further, the consistently participatory process was very helpful in earning broad-based support for the research project and its associated policy responses. (7,9)

The successful implementation of FHSS with the subsequent development of responsive policies to tackle the problem of violence against women in Kiribati demonstrate several key lessons for other problems to be addressed, perhaps in other contexts. First, data collection is a time-consuming and expensive process, but it is necessary to assess and understand health issues in order to develop responsive policies. Communities and districts should be informed of the study (with a safe name, if deemed necessary) prior to its initiation to facilitate collaboration. If staff capacity and/or expertise is lacking, appropriate sources of support should be identified and utilized, not only to ensure a successful research project, but also to build national capacity. It was important in Kiribati that government officials carried out the study and follow-up activities – and that they were publicly perceived to do so. Consistent (and appropriate) stakeholder engagement throughout the intervention was critical for credibility, successful implementation and acceptance of results. (7)

The selection of the research methodology must also be goal-oriented: the indicators included (or excluded) in an investigation will determine, in large part, the information collected and its potential uses. The WHO multi-country study offers a validated methodology for measuring violence against women, which has proved to be replicable in the Pacific. (4,8) The Kiribati FHSS was able to inspire policy responses to both violence against women and its key determinant, gender inequality, because it included gender-sensitive indicators and metrics of gender inequality itself (qualitative in this instance). (4) Additionally, the qualitative research sufficiently focused on men, validating while attempting to understand their perspectives so that men and boys may be involved as agents of social change. (7)

Given the apparent recognition in Kiribati that gender inequality fuels its epidemic of violence against women, monitoring and evaluation of its policies on EVAW and gender equality should include an assessment of gender inequality. The FHSS included some metrics of gender inequality, but as mentioned above, the EVAW NAP will need to be supplemented by additional monitoring to adequately measure changes in gender inequality. As challenging as it was to accumulate sufficient political will and attention to violence against women for completion of FHSS, a more thorough assessment of gender equality should be conducted so as to provide a baseline against which the effects of the national policies on gender equality and EVAW can be measured. While the determinants of violence against women are more challenging to quantify than the incidence or prevalence of violence, WHO's Regional Office for the Western Pacific has identified some indicators of gender equity, (38) and repeat focus groups could provide quantitative data.

Given the acceptable, feasible and successful administration of the 2009 FHSS with translation into policy, future efforts to measure and monitor violence against women and gender equality – as well as other health inequities – will likely be successful, assuming support from donors, UN agencies and all levels of government (although political momentum for policy-making can never be guaranteed). In 2011, the Australian Government committed 9.4 million Australian dollars in development aid to programmes on violence against women and other funds allocated to health equity in the Pacific (25,33) the UN assembled a Gender Group in Kiribati (31) with plans to launch a regional UNiTE campaign against violence against women, (12) and a regional reference group was formed on the

issue. (30) In addition, there has been growing regional attention to other determinants of violence against women as well. (39) At an international level, consequences include further support for this research methodology while also demonstrating that effectively addressing violence against women requires a targeted policy on the issue with complementary action on its root causes.

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