

Tonga 2019

 **MICS**
Multiple Indicator
Cluster Survey



Tonga MICS 2019

Snapshot of Key Findings



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The Tonga Multiple Indicator Cluster Survey (MICS) was carried out in 2019 by Tonga Statistics Department (TSD) in collaboration with Ministry of Health, Ministry of Internal Affairs – Women’s Affairs and Gender Equality Division and other government ministries as part of the Global MICS Programme. Technical support was provided by the United Nations Children’s Fund (UNICEF), United Nations Population Fund (UNFPA) and Pacific Community (SPC) with government funding and financial support of UNICEF and UNFPA through Ministry of Health.

The Global MICS Programme was developed by UNICEF in the 1990s as an international multi-purpose household survey programme to support countries in collecting internationally comparable data on a wide range of indicators on the situation of children and women. MICS surveys measure key indicators that allow countries to generate data for use in policies, programmes, and national development plans, and to monitor progress towards the Sustainable Development Goals (SDGs) and other internationally agreed upon commitments.

The objective of this snapshot of key findings is to facilitate the dissemination and use of results from the Tonga MICS, 2019. The survey methodology and detailed tabulations based on the data collected are available in the Survey Findings Report.

For more information on the Global MICS Programme, please go to mics.unicef.org.

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Sample & Survey Characteristics

Response Rates

Survey Implementation

Implementing agency:
Tonga Statistics Department

Sampling frame:
2016, Population and Housing Census

Listing & mapping:
June, 2019

Interviewer training:
August – October 2019

Fieldwork:
November – December, 2019

Questionnaires:
Household
Women age 15-49
Men age 15-49
Children under 5
Children age 5-17
Water Quality Testing
Vaccination Records at Health Facility

Household



Women age 15-49



Men age 15-49



Children under 5

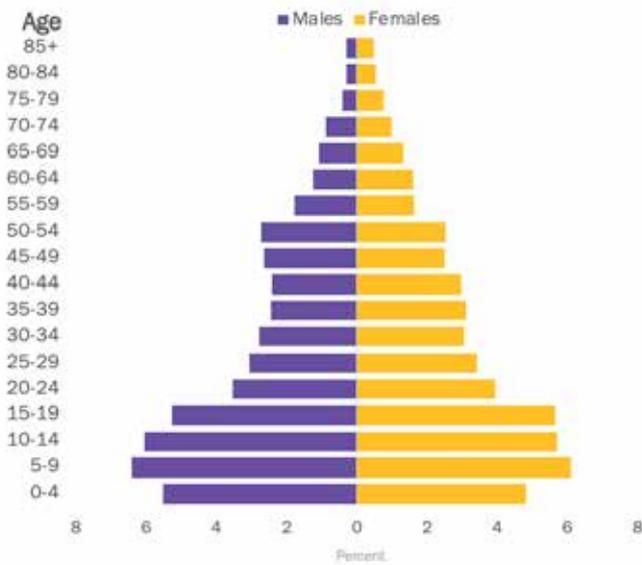


Children age 5-17



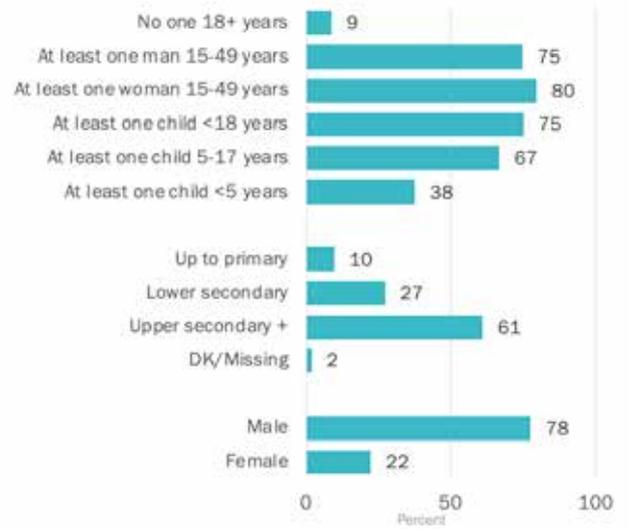
Population Characteristics

Household Population Age & Sex



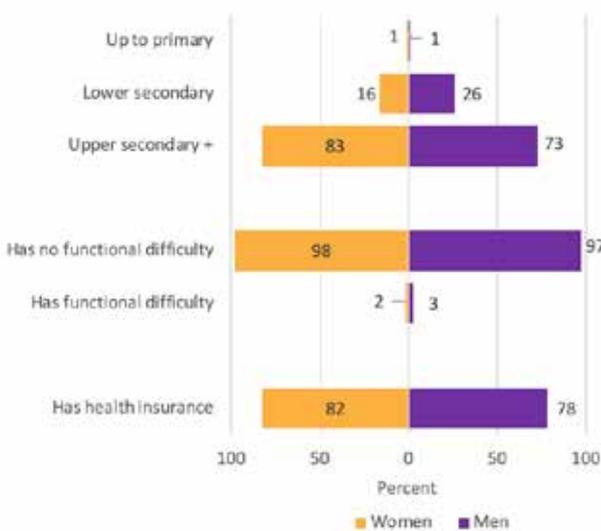
Percent distribution of household population by age group and sex.

Household Composition & Characteristics of Head of household



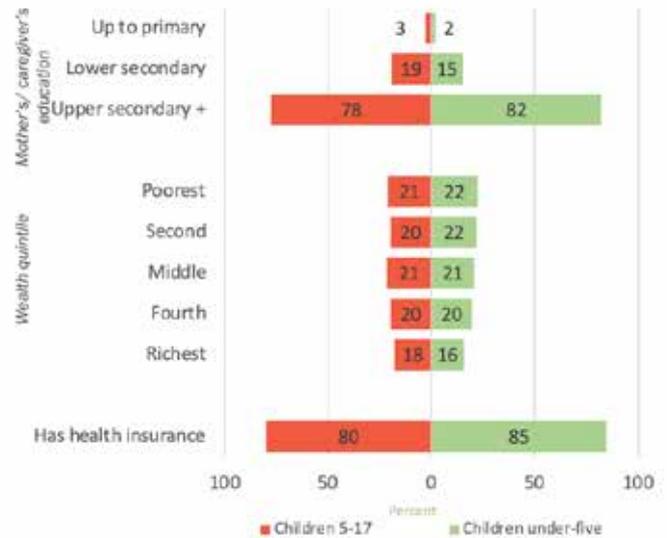
Percent of households by selected characteristics.

Women & Men's Profile



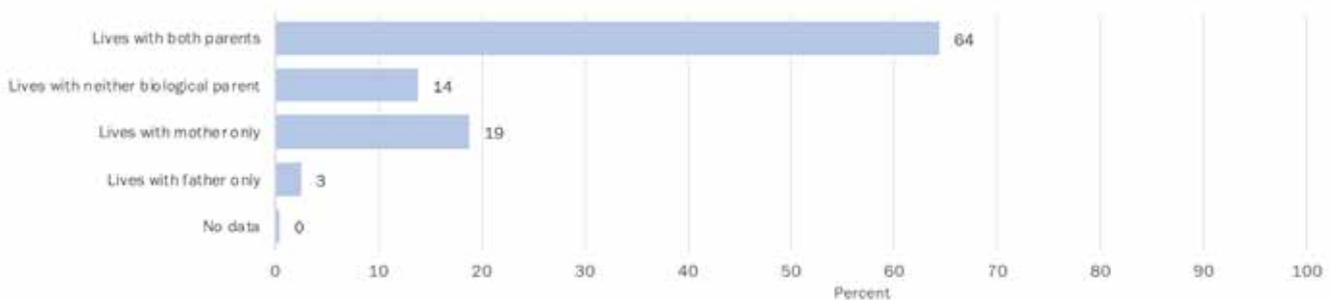
Percent distribution of women and men age 15-49 by selected characteristics.

Children's Profile



Percent distribution of children age 5-17 and under-five by selected characteristics.

Children's Living Arrangements (0-17 years)



Percent distribution of children age 0-17 years according to living arrangements.

Divisional Distribution of Population (percent)

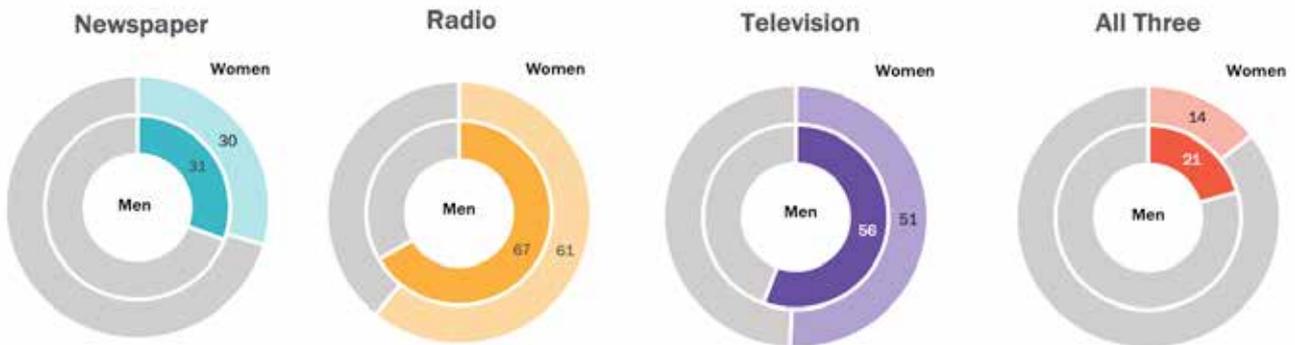
Division	Households	Women	Men	Children under 5	Children 5-17
National	100	100	100	100	100
Tongatapu	71	73	71	68	70
Vava'u	16	14	16	17	16
Ha'apai	7	6	7	8	7
'Eua	5	5	5	6	6
Ongo Niua	1	1	1	1	1

Key Messages

- In Tonga MICS, 2019, 2,751 households from five divisions of the country were sampled. Of these, 2,498 households were interviewed for an overall response rate of 98 percent.
- The population age distribution shows larger proportion of Tonga population in younger age groups.
- Households in Tonga are predominantly headed by men, as only 22 percent of households are headed by women.

Mass Media, Communications & Internet

Exposure to Mass Media



Percentage of women & men age 15-49 years who are exposed to specific mass media (newspaper, radio, television) on a weekly basis and percentage of women & men age 15-49 who are exposed to all three on a weekly basis.

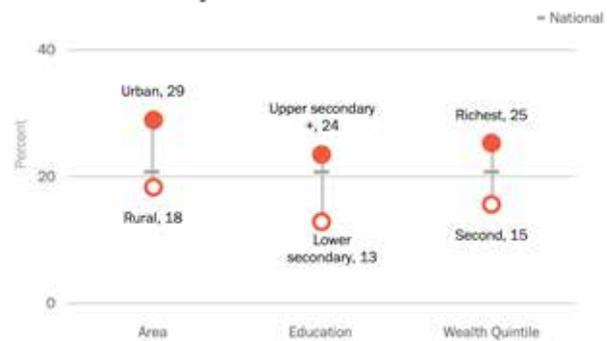
Inequalities in Access to Mass Media

Women with Access to Newspaper, Radio & Television Weekly



Percentage of women age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis. Note: Figures for 'Up to primary' in Education' are based on 25-49 unweighted cases in 'Women with Access to Newspaper, Radio & Television Weekly'.

Men with Access to Radio, Newspapers & Television Weekly



Percentage of men age 15-49 years who are exposed to newspaper, radio, and television on a weekly basis.

Key Messages

- Access to mass media (including newspaper, radio and TV) varies among different groups of Tongan population.
- On a weekly basis, two-third women and men are exposed to radio. Little more than half of the women and men watch television and about 3 in 10 are exposed to newspapers.
- Overall, 1 in 5 men and 1 in 7 women are exposed to all three forms of mass media on a weekly basis.
- 98 percent households own mobile phones.
- Men are more frequent users of internet (87 percent) compared to women (78 percent).
- About 9 in 10 households have internet at home and 50 percent of the households have computers.
- About 84 percent of households in the highest wealth quintile have computers compared to only 22 percent among the lowest wealth quintile.

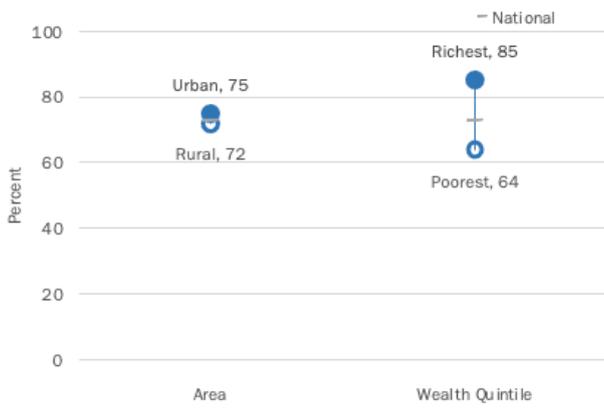
Household Ownership of Information & Communication Technology (ICT) Equipment & Internet at Home

Division	Radio	Television	Telephone-Fixed line	Telephone-Mobile	Computer	Internet at Home
National	73	70	25	98	49	85
Tongatapu	73	76	28	98	55	88
Vava'u	71	67	14	98	42	80
Ha'apai	71	31	19	96	29	77
'Eua	83	70	27	96	28	81
Ongo Niua	63	18	9	95	39	63

Percentage of households which own a radio, television-fixed line, telephone- mobile, computer and that have access to the internet at home

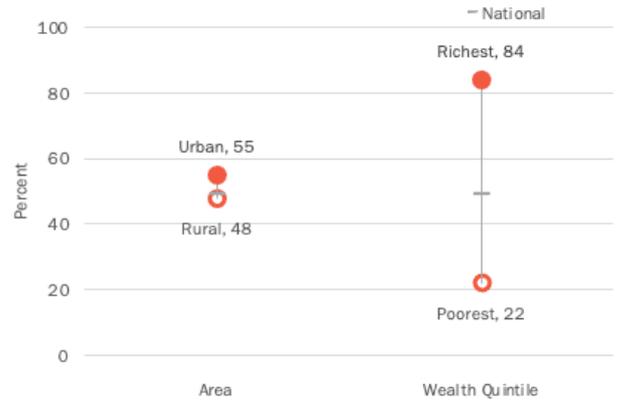
Inequalities in Household Ownership of ICT Equipment & Internet at Home

Household Ownership of a Radio



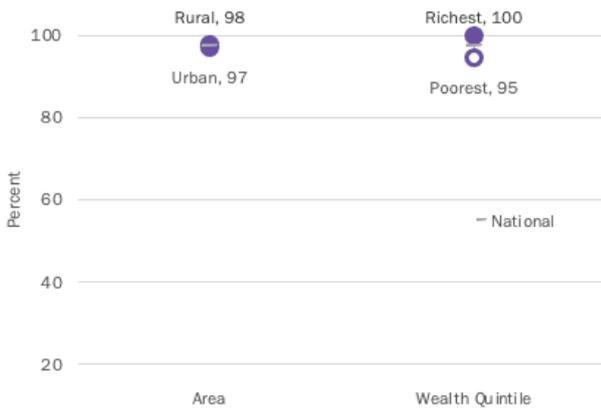
Percentage of households with a radio at home

Household Ownership of a Computer



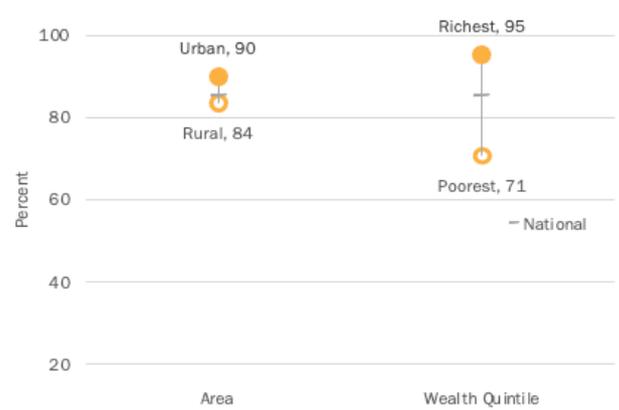
Percentage of households with a computer at home

Household Ownership of a Mobile Telephone



Percentage of households with mobile telephone

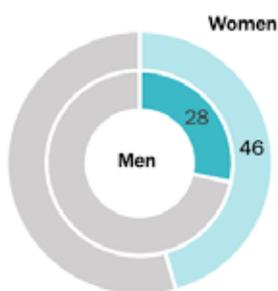
Household with Internet



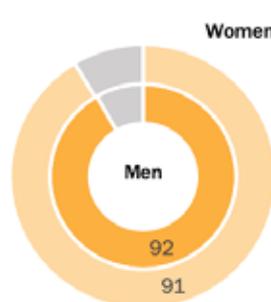
Percentage of households with access to the internet at home

Use of Information & Communication Technology

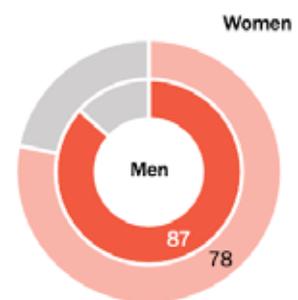
Computer Use



Mobile Phone Use



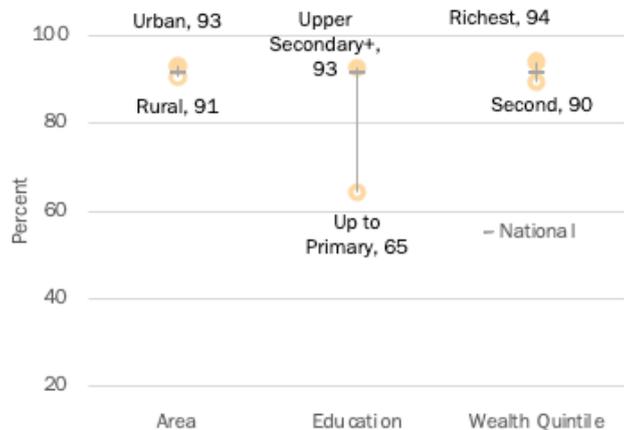
Internet Use: SDG17.8.1



Percentage of women and men age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet

Disparities in Use of Information & Communication Technology

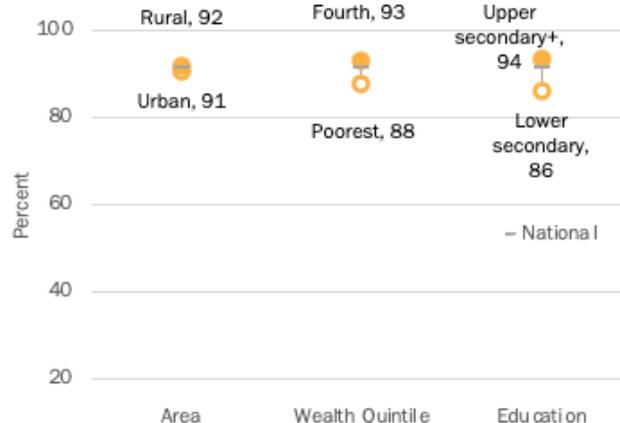
Disparities in Mobile Phone Use among Women



Percentage of women age 15-49 years who during the last 3 months used a mobile phone

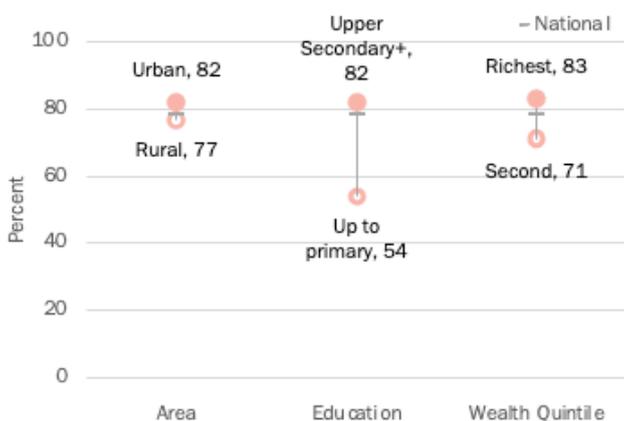
Note: Figures for 'Up to primary' in Education are based on 25-49 unweighted cases in 'Disparities in Mobile Phone Use among Women'

Disparities in Mobile Phone Use among Men



Percentage of men age 15-49 years who during the last 3 months used a mobile phone

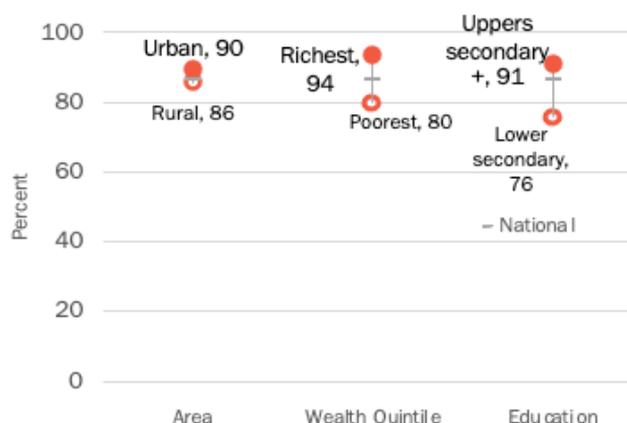
Disparities in Internet Use among Women: SDG17.8.1



Percentage of women age 15-49 years who used the internet in the last 3 months

Note: Figures for 'Up to primary' in Education are based on 25-49 unweighted cases in 'Disparities in Internet Use among Women: SDG17.8.1'

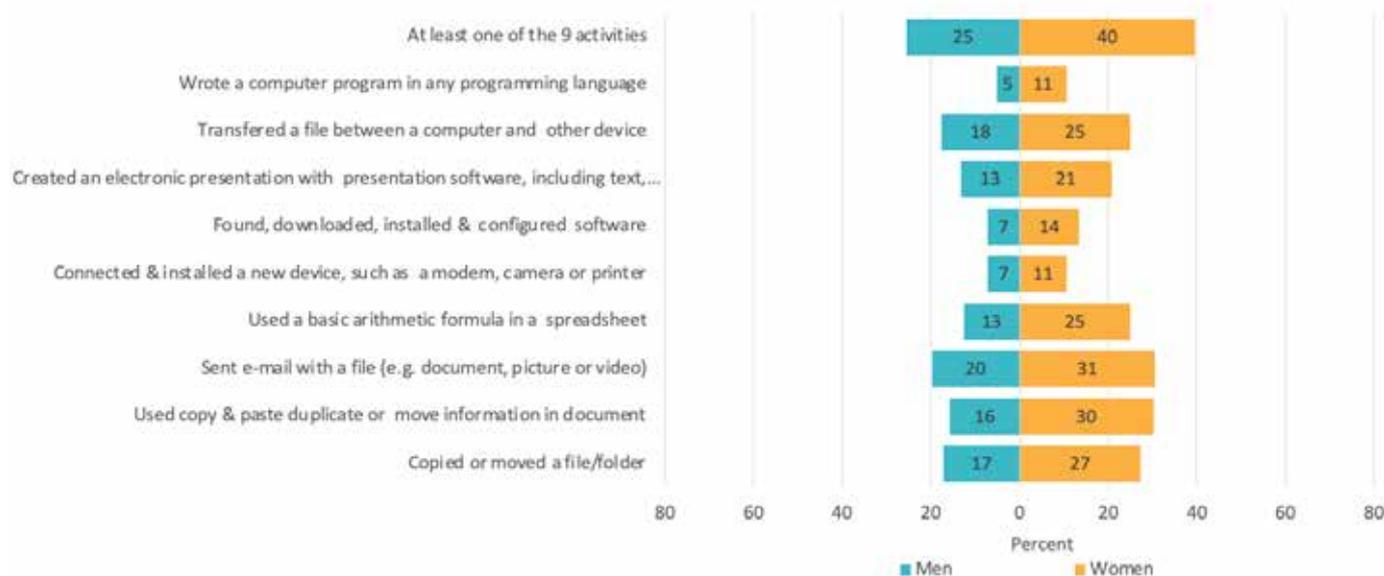
Disparities in Internet Use among Men: SDG17.8.1



Percentage of men age 15-49 years who used the internet in the last 3 months

Information & Communication Technology (ICT) Skills

Specific Computer Skills



Percentage of women and men age 15-49 years who in the last 3 months have carried out specific computer related activities and the percentage who have carried out at least one of these activities

Divisional Data on ICT Use & Skills among Women

Island Divisions	Computer Use	Mobile Phone Use	Internet Use	Performed at Least 1 computer-related activity
National	46	91	78	40
Tongatapu	49	93	80	43
Vava'u	40	87	80	36
Ha'apai	34	90	86	25
Eua	26	88	48	23
Ongo Niua	49	86	70	40

Percentage of women age 15-49 years who during the last 3 months used a computer, used a mobile phone and used the internet and percentage who performed at least 1 computer-related activity

Child Mortality

Mortality Rates among Children Under-5



Years preceding the survey	Neonatal mortality rate: SDG 3.2.2	Post-neonatal mortality rate	Infant mortality rate	Child mortality rate	Under-5 mortality rate: SDG 3.2.1
0-9	5	5	10	1	11
10-19	6	7	12	2	14

Neonatal mortality (NN): probability of dying within the first month of life

Post-neonatal mortality: calculated as difference between infant and neonatal mortality rates

Infant mortality (${}_4q_0$): probability of dying between birth and first birthday

Child mortality (${}_4q_1$): probability of dying between the first and fifth birthday

Under-5 mortality (${}_5q_0$): probability of dying between birth and fifth birthday

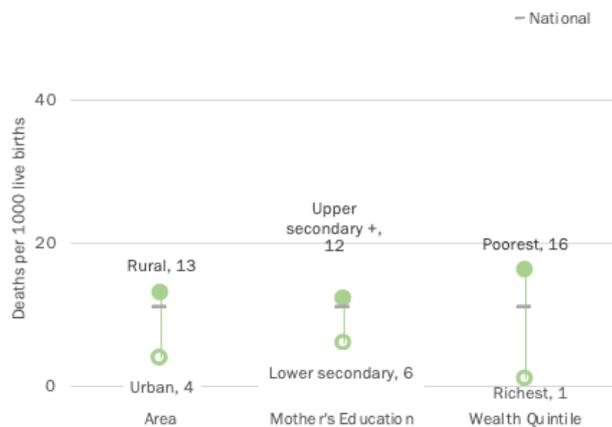
MICS uses a **direct method for estimation of child mortality**. This involves collecting **full birth histories** whereby women age 15-49 are asked for the date of birth of each child born alive, whether the child is still alive and, if not, the age at death.

Key Messages

- Tonga has achieved the SDG 2030 set for childhood mortality indicators, however disparities exist.
- Under-5 mortality rate in rural areas (13 per 1,000 live births) is three times compared to urban areas (4 per 1,000 live births).
- Ha’apai division has highest under-5 mortality rate of 19 per 1,000 live births and Togatapu has the lowest, 9 per 1,000 live births.

Child Mortality Disparities

Under-5 mortality rate by socio-economic characteristics & area



Under-five mortality rates for the 10-year period preceding the survey, by socio-economic characteristics, area and demographic risk factors. Figures for 'Mother's Education', 'Wealth Quintile' and 'Mother's age at birth' are based on 250-499 unweighted person-years of exposure to the risk of death.

Under-5 mortality rate by demographic risk factors

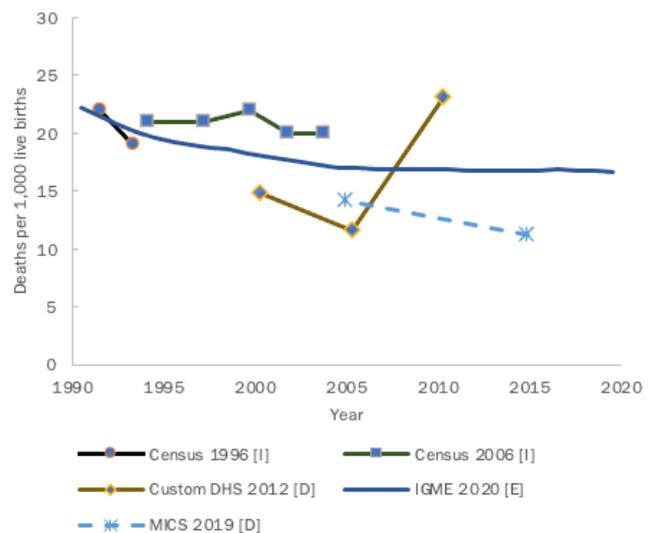


Neonatal & under-5 mortality rates by division

Division	Neonatal mortality	Under-5 mortality
National	5	11
Tongatapu	3	9
Vava'u	7	18
Ha'apai	(14)	(19)
Eua	(7)	(14)
Ongo Niua	(*)	(*)

Neonatal mortality and under-5 mortality rates (deaths per 1,000 live births) for the five-year period preceding the survey, by region. () Figures in parentheses are based on 250-499 unweighted person-years of exposure to the risk of death. (*) Not shown, a figure is based on less than 250 unweighted person-years of exposure to the risk of death.

Trends in under-5 mortality rates



The source data used in the above graph is taken from the final reports of MICS 2019, and 2012 DHS, except for IGME 2019 which is downloaded from the UN IGME web portal.

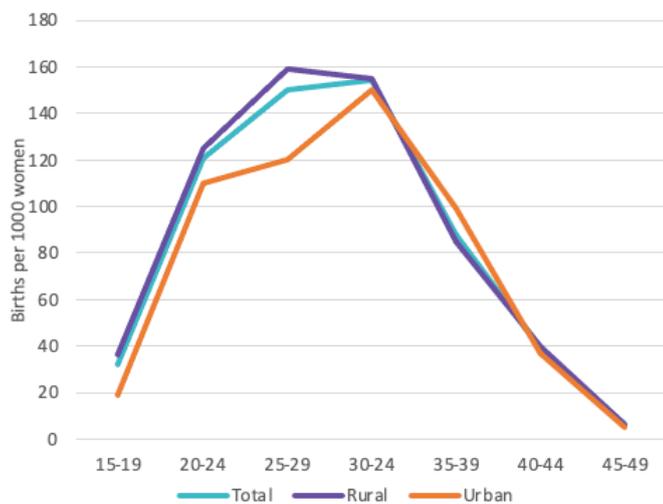
Child mortality source data and child mortality estimates are published on www.childmortality.org, the web portal of the United Nations Inter-agency Group for Child Mortality Estimation (UN IGME). Data from the same source may differ between a report and UN IGME web portal as UN IGME recalculates estimates using smaller intervals, longer reference periods and/or calendar years (if data are available).

UN IGME are estimates based on available survey, census and/or vital registration data. These may include both direct and indirect calculation methods. In order to reconcile differences between data sources, a smooth trend line is fit through the different data sources.

Fertility & Family Planning

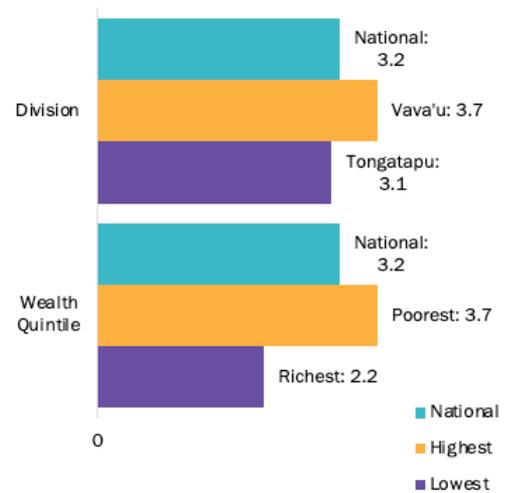
Fertility

Age Specific Fertility Rates



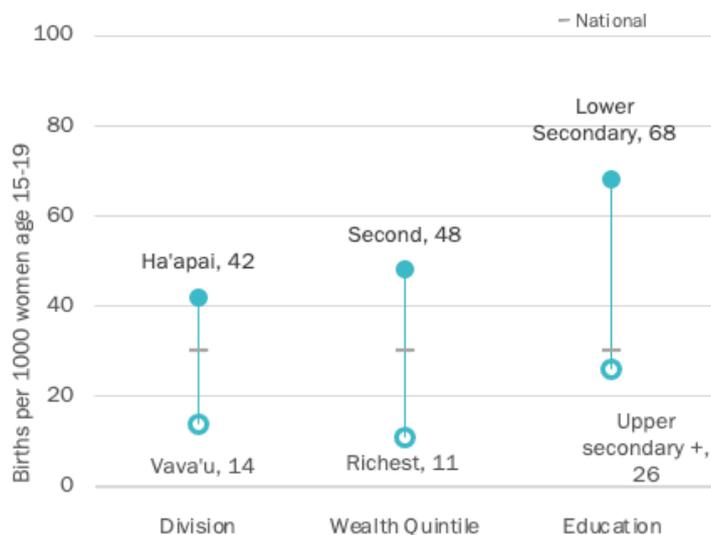
Age-specific fertility rates (ASFR) are the number of live births in the last five years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Total Fertility Rate



The total fertility rate (TFR) is calculated by summing the age-specific fertility rates (ASFRs) calculated for each of the five-year age groups of women, from age 15 through to age 49
 Note: Data shown for "Wealth Quintile" and "Division" are on 125-249 unweighted cases

Adolescent Birth Rate: SDG indicator 3.7.2



Age-specific fertility rate for girls age 15-19 years for the five-year period preceding the survey

Adolescent Birth rate SDG 3.7.2 indicator is under target 3.7: By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes

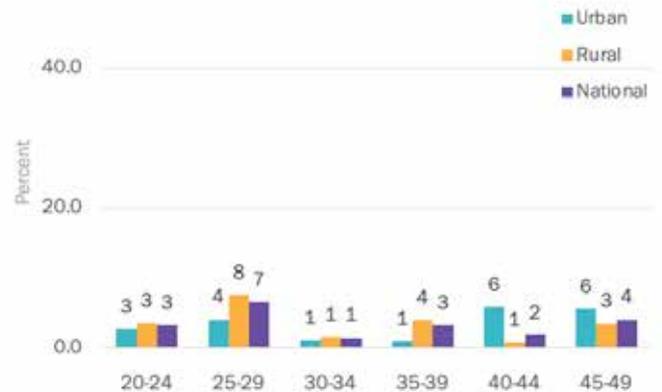
Reducing adolescent fertility and addressing the multiple factors underlying it are essential for improving sexual and reproductive health and the social and economic well-being of adolescents. Preventing births very early in a woman's life is an important measure to improve maternal health and reduce infant mortality.

Early Child Bearing - by Age 18



Percentage of women age 20-24 years who have had a live birth before age 18, by background characteristics
Note: Figures for 'Lower secondary' are based on 25-49 unweighted cases

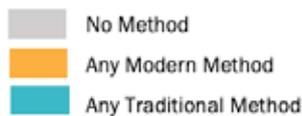
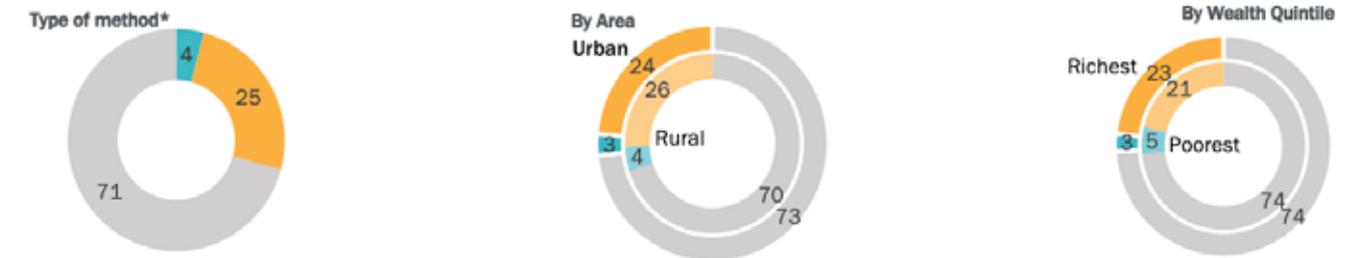
Trends in Early Child Bearing - by Age 18



Percentage of women age 20-49 years who have had a live birth before age 18

Family Planning

Method of Family Planning by Various Characteristics



Percentage of women age 15-49 years currently married or in union who are using (or whose partner is using) a contraceptive method.
*Modern Methods include female sterilization, male sterilization, IUD, injectables, implants, pills, male condom, Female condom, diaphragm, foam, jelly and contraceptive patch; and traditional methods refer to periodic abstinence and withdrawal.

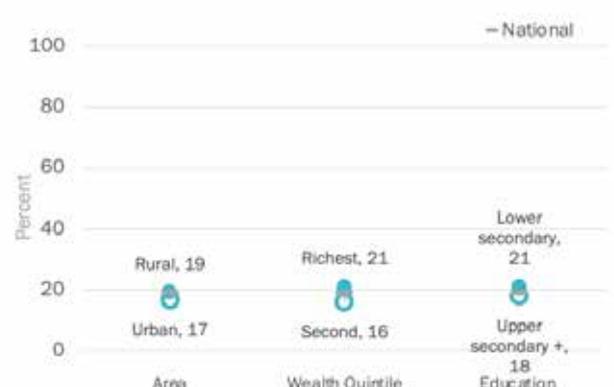
Met Need for Family Planning

Met Need for Family Planning - Spacing



Percentage of women age 15-49 years currently married or in union with a met need for family planning for spacing, by selected characteristics

Met Need for Family Planning - Limiting



Percentage of women age 15-49 years currently married or in union with a met need for family planning for limiting, by selected characteristics

Percentage of Demand for Family Planning Satisfied with Modern Methods - SDG indicator 3.7.1



The proportion of demand for family planning satisfied with modern methods (SDG indicator 3.7.1) is useful in assessing overall levels of coverage for family planning programmes and services. Access to and use of an effective means to prevent pregnancy helps enable women and their partners to exercise their rights to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so. Meeting demand for family planning with modern methods also contributes to maternal and child health by preventing unintended pregnancies and closely spaced pregnancies, which are at higher risk for poor obstetrical outcomes.

Percentage of women age 15-49 years with demand for family planning satisfied with modern methods by selected characteristics

Regional Data on Fertility & Family Planning

Division	Adolescent Birth Rate	Total Fertility Rate	Child bearing before 15*	Child bearing before 18	Contraception Use of modern method among married / in-union women	Contraception Use of any method among married / in-union women	Demand for family planning satisfied with modern methods among married / in-union women
National	30	3.2	0	3	25	29	49
Tongatapu	32	3.1	0	2	27	30	52
Vava'u	19	3.7	0	3	26	36	48
Ha'apai	(29)	3.1	0	6	17	20	38
Eua	(*)	3.8	0	17	16	16	35
Ongo Niua	(*)	3.7	(0)	(*)	8	31	(13)

*Percentage of women age 15-19 years who have had a live birth before age 15

() Rates that are based on 125-249 unweighted women years of exposure or figures that are based on 25-49 unweighted cases for other columns

(*) Not shown, rates based on less than 125 unweighted women years of exposure or figures based on fewer than 25 unweighted cases

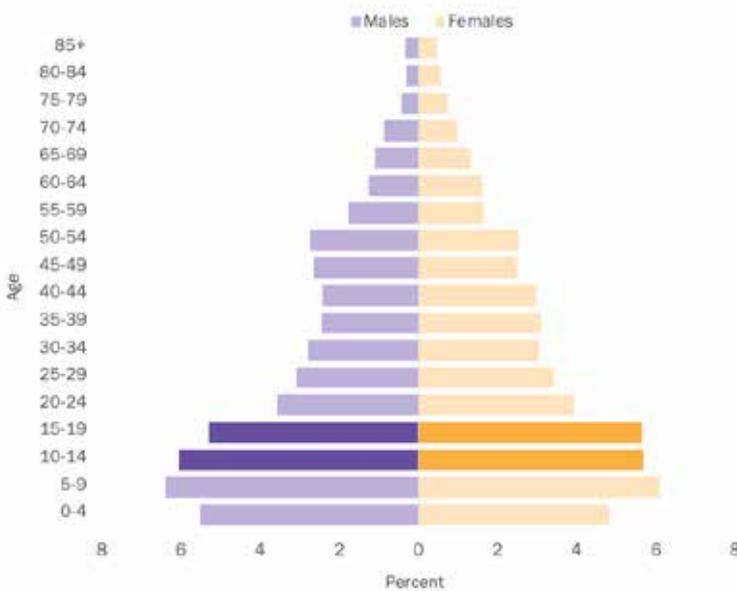
Key Messages

- Total fertility rate (TFR- the average number of children born to a women in her life time) in Tonga is 3.2, and the TFR among poor wealth quintile is higher (3.7) compared to rich wealth quintile (2.0).
- Adolescent birth rate is 30 per 1,000 women age 15-19 years.
- The proportion of women age 20-24 years giving birth before age 18 in Eua division is 17 percent compared to national three percent.
- About 30 percent of the currently married or in-union women age 15-49 are using any method of contraception, of these 86 percent are using modern methods.

Adolescents

The Adolescent Population: Age 10-19

Age & Sex Distribution of Household Population

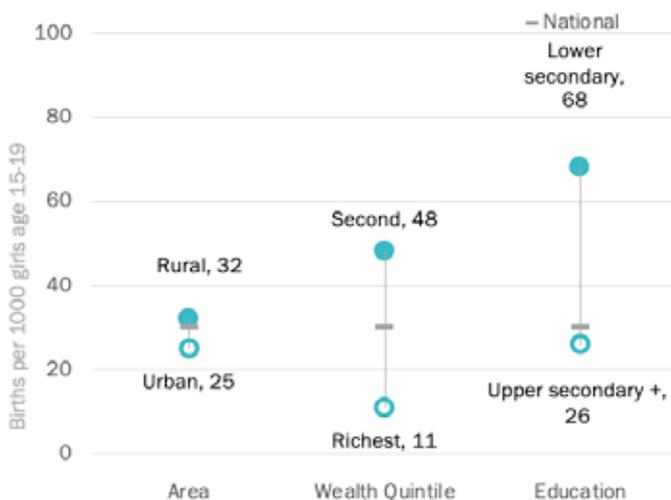


This snapshot of adolescent well-being is organized around key priority areas for adolescents:

- Every adolescent survives and thrives
- Every adolescent learns
- Every adolescent is protected from violence and exploitation
- Every adolescent lives in a safe and clean environment
- Every adolescent has an equitable chance in life

Every Adolescent Survives & Thrives

Adolescent Birth Rate: SDG 3.7.2

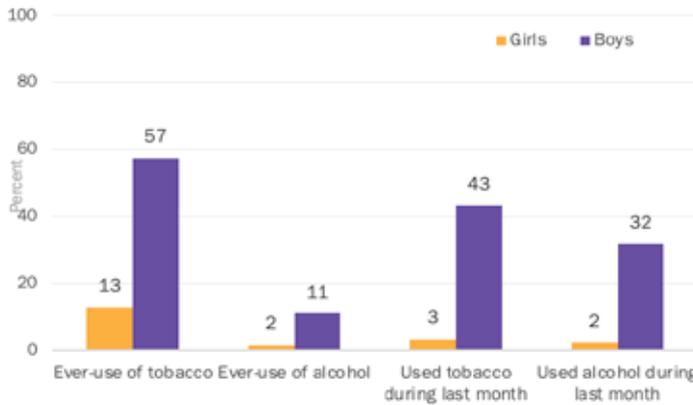


Adolescence is by some measures the healthiest period in the life-course, yet it can also mark the first manifestations of issues which can have lifelong effects on health and wellbeing, such as unsafe sexual behavior, early childbearing and substance misuse. Nevertheless, health interventions during this period are shown to have long-lasting effects. Access to appropriate contraceptive methods is critical to prevent adolescent pregnancy and its related consequences, allowing adolescents to transition into adulthood with the ability to plan their pregnancies and live healthy and productive lives.

Age-specific fertility rate for girls age 15-19 years: the number of live births in the last five years, divided by the average number of women in that age group during the same period, expressed per 1,000 women

Every Adolescent Survives & Thrives

Tobacco* & Alcohol Use



Percentage of adolescent girls and boys age 15-19 who have ever used tobacco or alcohol
 Percentage of adolescent girls and boys age 15-19 who have used tobacco or alcohol in the last 1 month

*Tobacco use in last month among adolescents is an age disaggregate of SDG 3.a.1

Alcohol and tobacco use typically have their onset in adolescence and are major risk factors for adverse health and social outcomes, as well as for non-communicable diseases later in life. Adolescence is a time of heightened risk-taking, independence seeking and experimentation. Adolescents are at increased risk of substance use due to social, genetic, psychological or cultural reasons. Yet adolescence is also an opportune time for education on the negative consequences of substance use, and promote healthy behaviours that will last into adulthood.

Every Adolescent Learns

Foundational Reading Skills SDG 4.1.1.(a) (I: reading)



Percentage of children age 7-14 who can 1) read 90 percent of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions

Foundational Numeracy Skills SDG 4.1.1.(a) (II: numeracy)

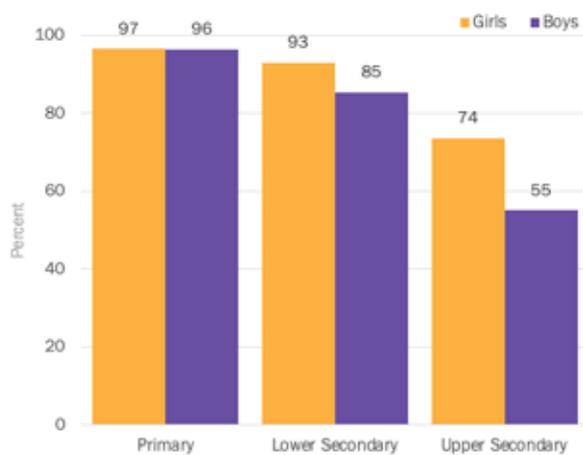


Percentage of children age 7-14 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Quality education and experiences at school positively affect physical and mental health, safety, civic engagement and social development. Adolescents, however, can also face the risk of school drop-out, early marriage or pregnancy, or being pulled into the workforce prematurely.

Data on reading and numeracy skills are collected in MICS through a direct assessment method. The Foundational Learning module captures information on children's early learning in reading and mathematics at the level of Grade 2 in primary education.

School Attendance Ratios



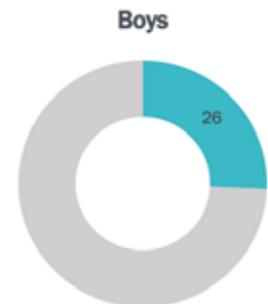
Adjusted net attendance ratio, by level of education and by gender

Information & Communications Technology (ICT) Skills*



Percentage of girls age 15-19 who can perform at least one of the nine listed computer related activities

*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills



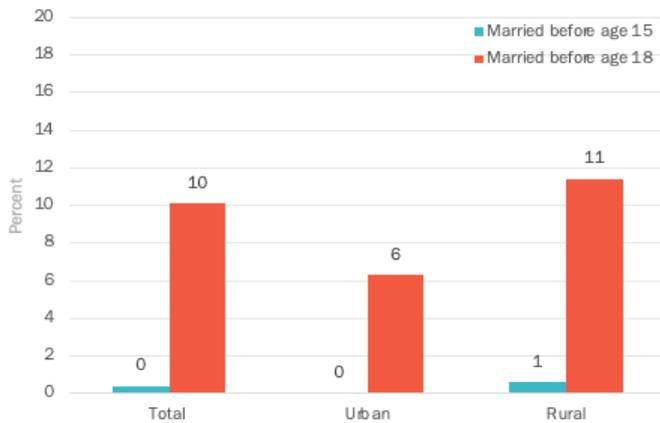
Percentage of boys age 15-19 who can perform at least one of the nine listed computer related activities

*Age disaggregate of SDG 4.4.1: Proportion of youth and adults with information and communications technology (ICT) skills

Every Adolescent is Protected from Violence & Exploitation

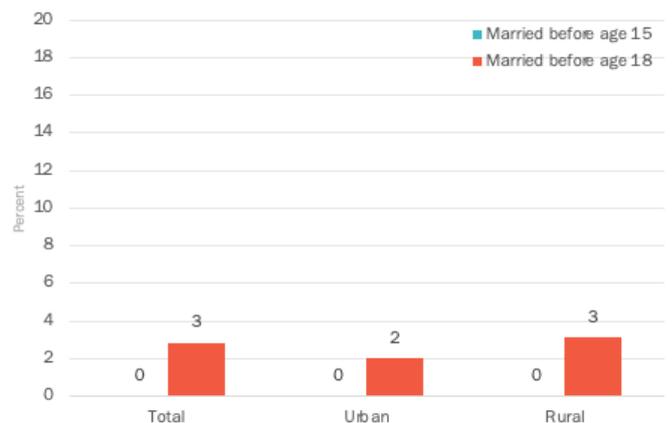
Adolescence is a period of heightened risk to certain forms of violence and exploitation. The onset of puberty marks an important transition in girls' and boys' lives whereby gender, sexuality and sexual identity begin to assume greater importance, increasing vulnerability to particular forms of violence, particularly for adolescent girls. Certain harmful traditional practices, such as child marriage, often take place at the onset of puberty. At the same time, as children enter adolescence, they begin to spend more time outside their homes and interact more intimately with a wider range of people, including peers and romantic partners. This change in social worlds is beneficial in many respects, but also exposes adolescents to new forms of violence.

Child Marriage: SDG 5.3.1 (Women)



Percentage of women aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area

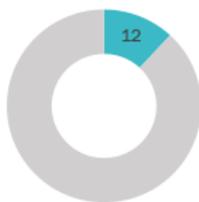
Child Marriage: (Men)



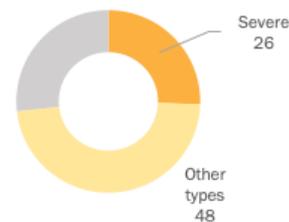
Percentage of men aged 20 to 24 years who were first married or in union before age 15 and before age 18, by area

Child Discipline

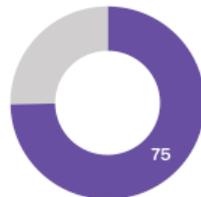
Only non-violent



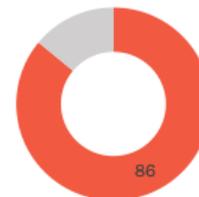
Physical punishment



Psychological aggression



Any violent discipline*

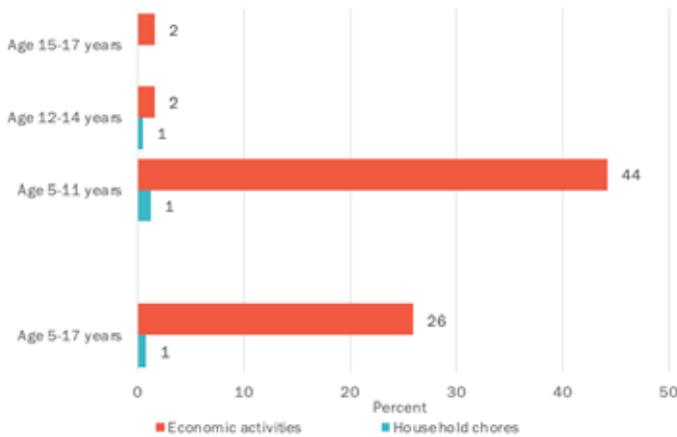


Percentage of children age 10 to 14 years who experienced any discipline in the past month, by type

*Age disaggregate of SDG 16.2.1

Every Adolescent is Protected from Violence & Exploitation

Child Labour: SDG 8.7.1



Percentage of adolescents age 5-17 years engaged in child labour, by type of activity and by age

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

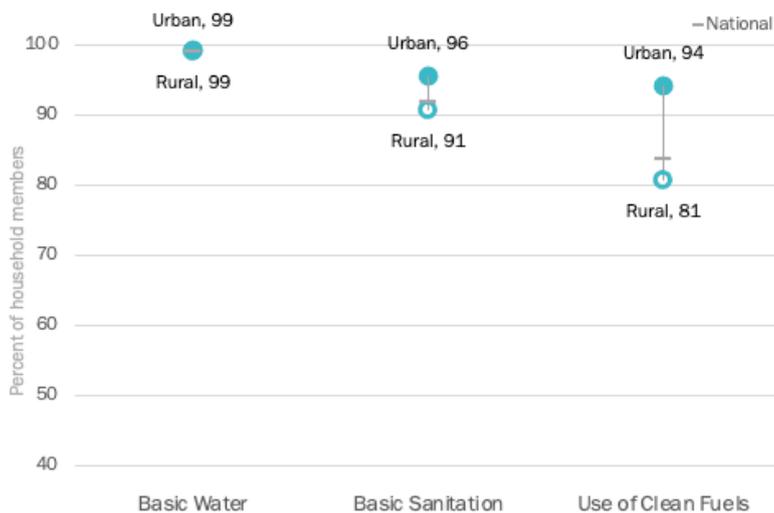
Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Every Adolescent Lives in a Safe & Clean Environment

Water, Sanitation & Clean Fuel Use



The data presented here are at the household level. Evidence suggests that adolescent access to these services are comparable to household-level data.

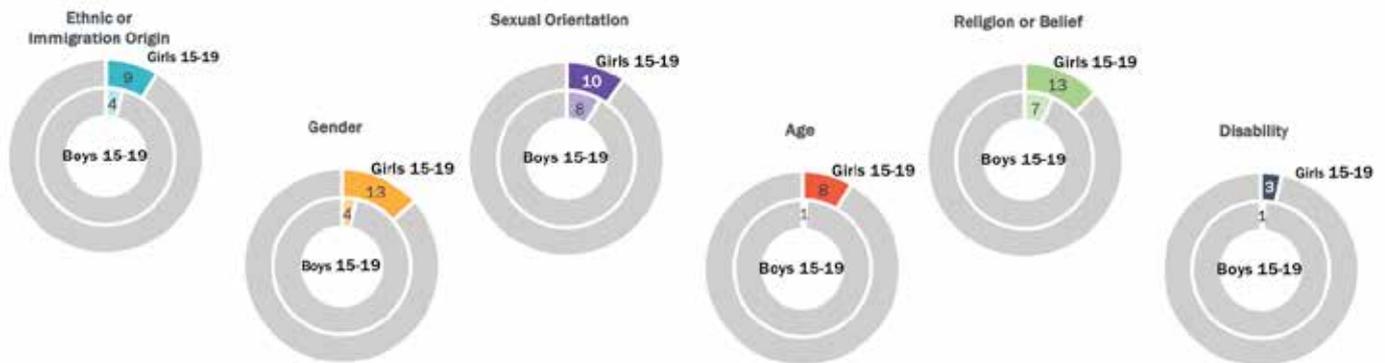
Basic Drinking Water SDG 1.4: Drinking water from an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water.

Basic Sanitation Services SDG 1.4.1/6.2.1: Use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs.

Clean Fuels SDG 7.1.2: Primary reliance on clean fuels and technologies for cooking, space heating and lighting.

Every Adolescent has an Equitable Chance in Life

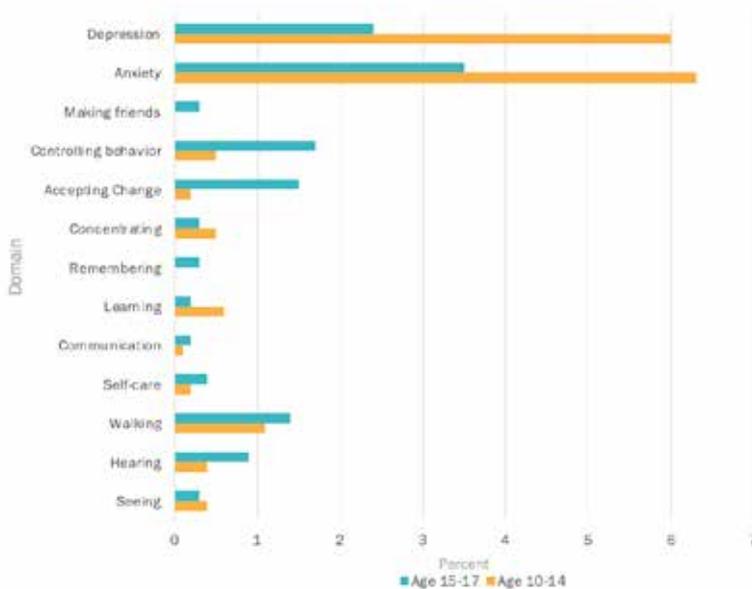
Discrimination & Harassment



Percentage of adolescent girls and boys age 15-19 years who in the last 12 months have felt discriminated against or harassed on the basis of different grounds

Every Adolescent has an Equitable Chance in Life

Functioning Difficulties in Adolescents



Percentage of adolescents who have a functioning difficulty, by domain and age

Achieving sustainable progress and results with regard to equity demands a human rights-based approach. At the core of international human rights legal framework is the principle of non-discrimination, with instruments to combat specific forms of discrimination, including against women, indigenous peoples, migrants, minorities, people with disabilities, and discrimination based on race and religion, or sexual orientation and gender identity. As adolescents begin to form more of an individual identity, discrimination can often become more pronounced, taking form in harassment, bullying, or exclusion from certain activities.

At the same time, research has shown that discrimination during adolescence has a particularly strong effect on stress hormones, potentially leading to life-long mental or physical health side effects.

Children and adolescents with disabilities are one of the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, lack of adequate policies and legislation, adolescents with disabilities are effectively barred from realizing their rights to health, education, and even survival.

Key Messages

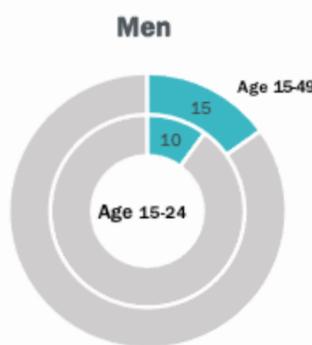
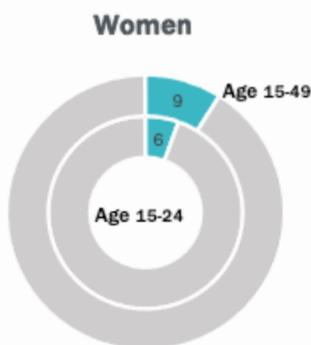
- Adolescent boys age 15-19 years are 4 times more likely (59 percent) to have ever used tobacco compared to adolescent girls (13 percent). Forty-seven percentage of boys used tobacco during one month preceding the survey compared to three percent among girls.
- About four percentage of adolescents age 15-17 years have to deal with anxiety and little more than two percent depression.
- More adolescent girls age 15-19 years feel discriminated on the basis of gender, and religion and belief (13 percent each) compared to adolescent boys (four and seven percent respectively).
- Overall, 26 percent of children age 5-17 years engage in economic activities at or above the age specific thresholds outlined in the definition of child labour.

HIV & Sexual Behaviour

HIV indicators

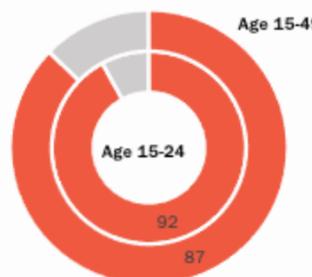
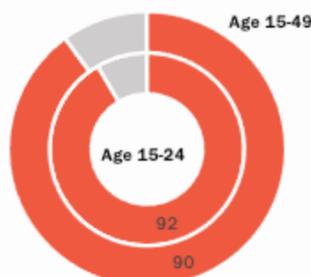
Knowledge

Percent who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions



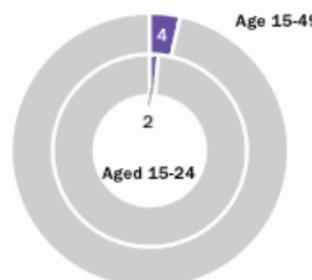
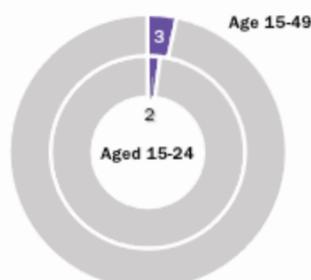
Stigma

Percent of those who report discriminatory attitudes towards people living with HIV, including 1) would not buy fresh vegetables from a shopkeeper or vendor who is HIV-positive and 2) think children living with HIV should not be allowed to attend school with children who do not have HIV



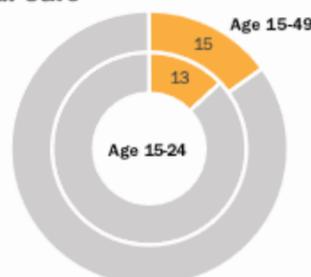
Testing

Percent who have been tested for HIV in the last 12 months and know the result



Testing during Antenatal Care

Percent of women who during their antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV



Key Messages

- Comprehensive knowledge about HIV is very low among both men and women age 15-49 years (15 and 9 percentage, respectively).
- A very high percentage of women (90) and men (87) age 15-49 years report discriminatory attitudes towards people living with HIV.
- Women are slightly more likely than men to believe that children with HIV should not be allowed to attend school with other children who do not have HIV.
- About three percentage of women and four percentage of men age 15-49 years has tested for HIV in during the 12 months preceding the survey.

Tested for HIV in last 12 months



Percentage of women and men age 15-49 who have been tested for HIV in the last 12 months and know the result by age

Divisional Data on HIV Testing

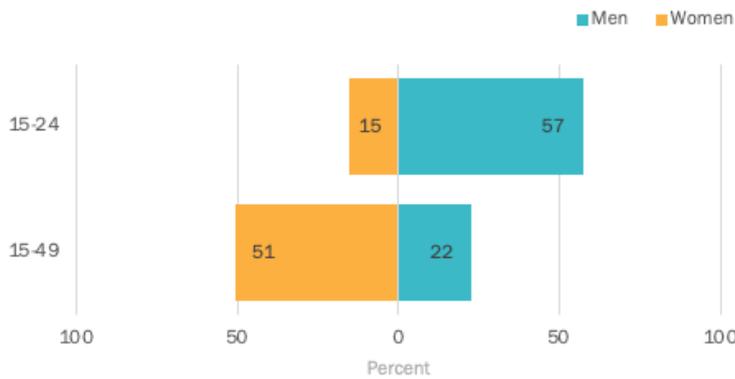
	Men who tested in last 12 months	Women who tested in last 12 months	Women testing at ANC
National	4	3	15
Tongatapu	4	4	18
Vava'u	1	2	6
Ha'apai	<1	7	18
'Eua	7	2	4
Ongo Niua	<1	1	24

Tested in last 12 months: percentage of men and women age 15-49 who have been tested in the last 12 months and know the result

HIV testing during ANC: percentage of women age 15-49 who during antenatal care for their last pregnancy were offered an HIV test, accepted and received results, and received post-test health information or counselling related to HIV

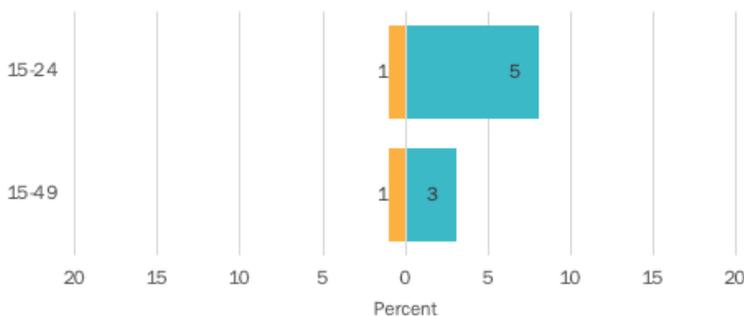
Sexual Behaviour by Key Characteristics

Sexually Active



In many settings, sexual behavior can be considered a risk factor for health and social issues. These include reproductive health, HIV and other sexually transmitted infections, and gender equality and empowerment. An understanding of the population's sexual behavior patterns can inform both disease prevention and health promotion programmes.

Multiple Partners



Girls 15-19 who Report Sex with Partner 10 years or Older



Sexually active: Percentage of women and men age 15-24 and 15-49 who had sexual intercourse within the last 12 months

Multiple partners: Percentage of women and men age 15-24 and 15-49 who had sex with more than one partner in the last 12 months

Sex before age 15: Percent of women and men age 15-24 who had sex before age 15

Sex with man 10 years or older: Percentage of adolescent girls age 15-19 who had sex with a man 10 or more years older in the last 12 months

Key Messages

- Men age 15-19 years are twice more likely (10 percent) to correctly identify the two ways of preventing the sexual transmission of HIV (who know that a healthy-looking person can be HIV-positive and who reject the two most common misconception about HIV transmission) compared to women of the same age group.
- 1 out of every 10 women have a sexual partner that is 10 or more years older than she is.
- Young women age 15-24 report being sexual active in last 12 months 3 times less (15 percent) than man of the same age (57 percent).
- Men are more likely to report having more than one sexual partner in the last 12 months both in age group 15-24 years and in age group 15-49.

Maternal & Newborn Health

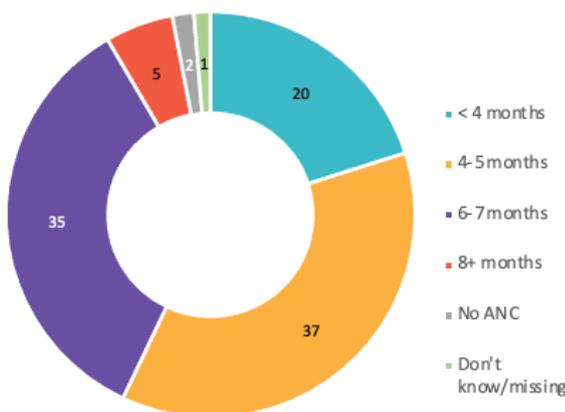
Key Elements of Maternal & Newborn Health

Maternal & Newborn Health Cascade by Area



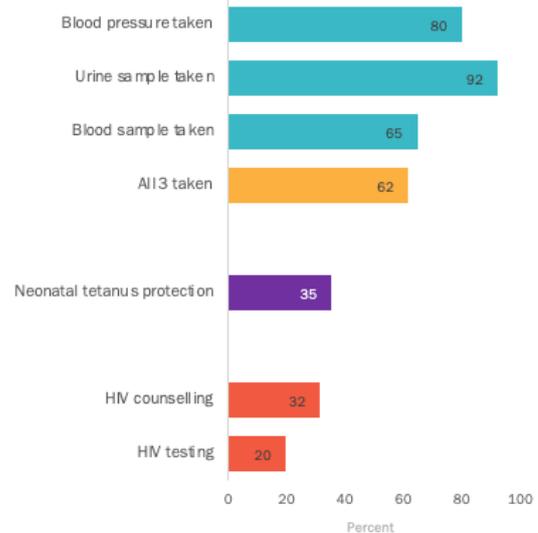
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider, who were attended by skilled health personnel during their most recent live birth (SDG 3.1.2), whose most recent live birth was delivered in a health facility, who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by area

Timing of First Antenatal Care Visit

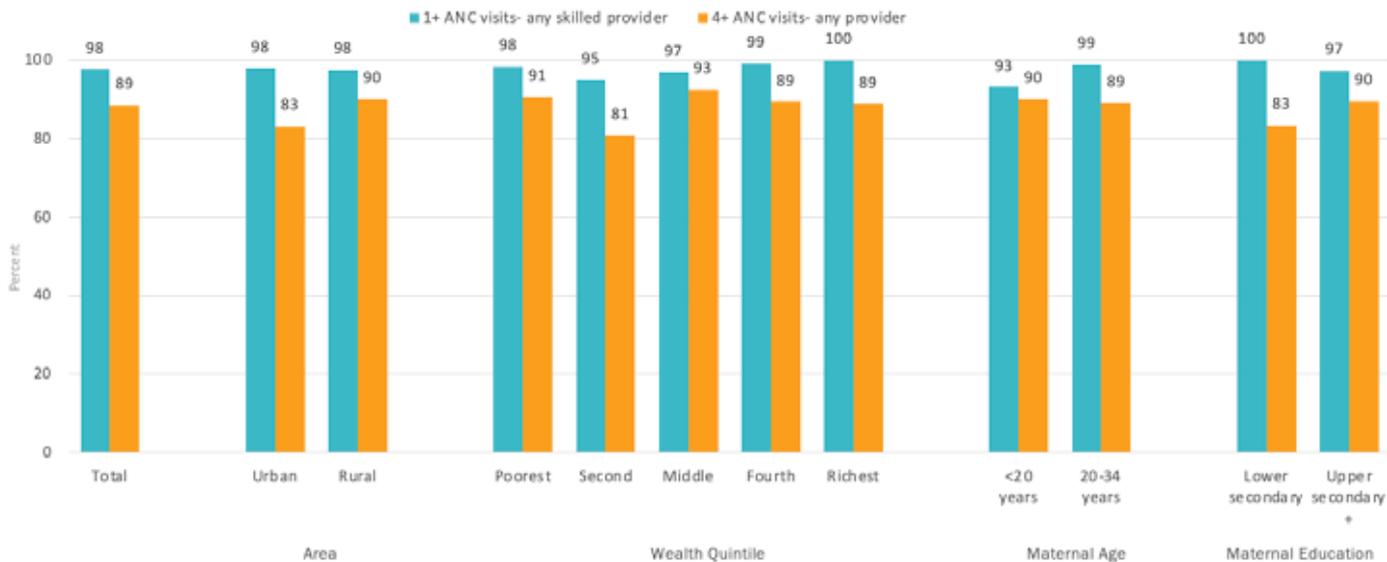


Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel, by the timing of first ANC visit

Content & Coverage of Antenatal Care Services



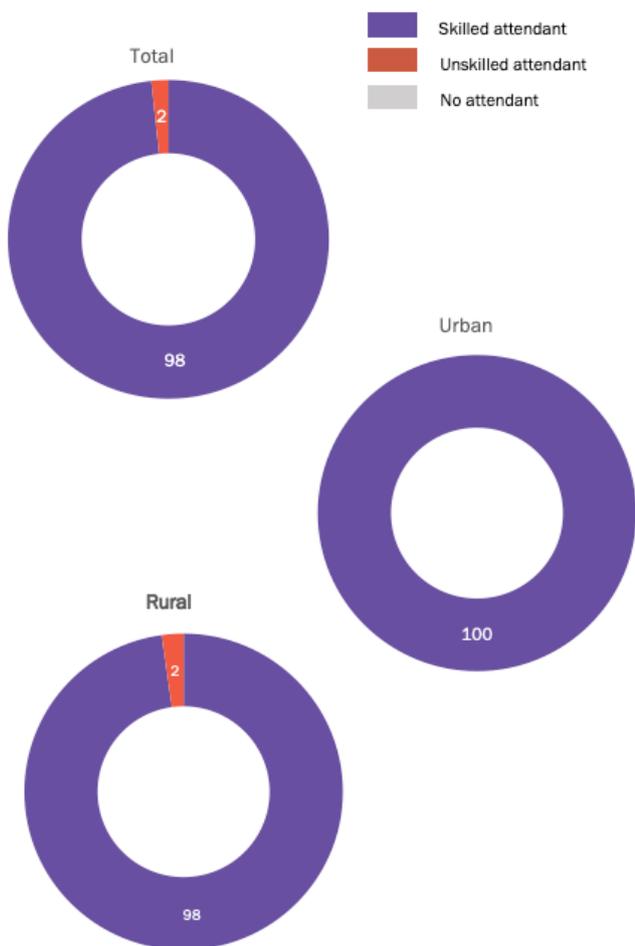
Percentage of women age 15-49 years with a live birth in the last 2 years who had their blood pressure measured and gave urine and blood samples, were given at least two doses of tetanus toxoid vaccine within the appropriate interval, reported that during an ANC visit they received information or counselling on HIV, and reported that they were offered and accepted an HIV test during antenatal care and received their results during the last pregnancy that led to a live birth



Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider
 Note: Data for "Maternal age <20 years" are based on 25-49 unweighted cases

Coverage of Skilled Attendance at Birth & Institutional Delivery by Area

Skilled Attendance at Birth

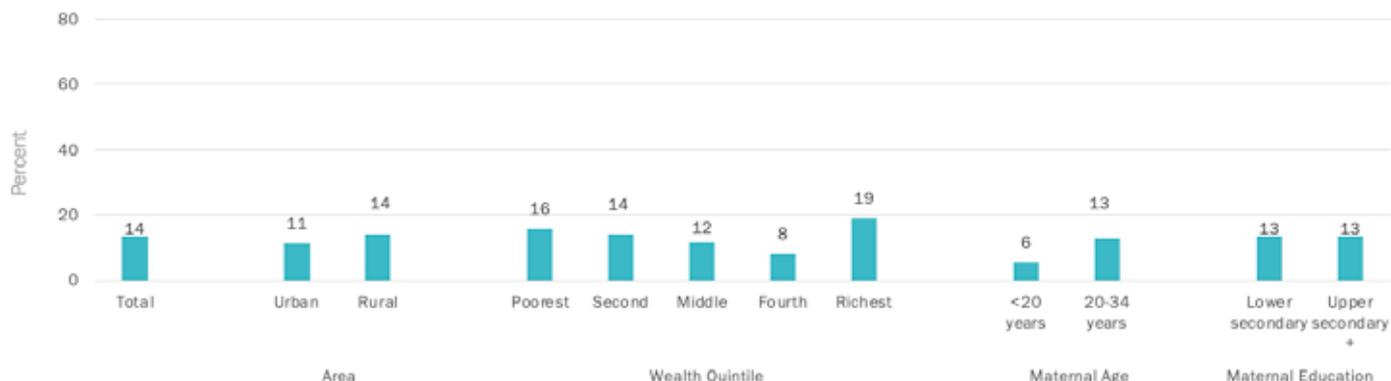


Institutional Delivery



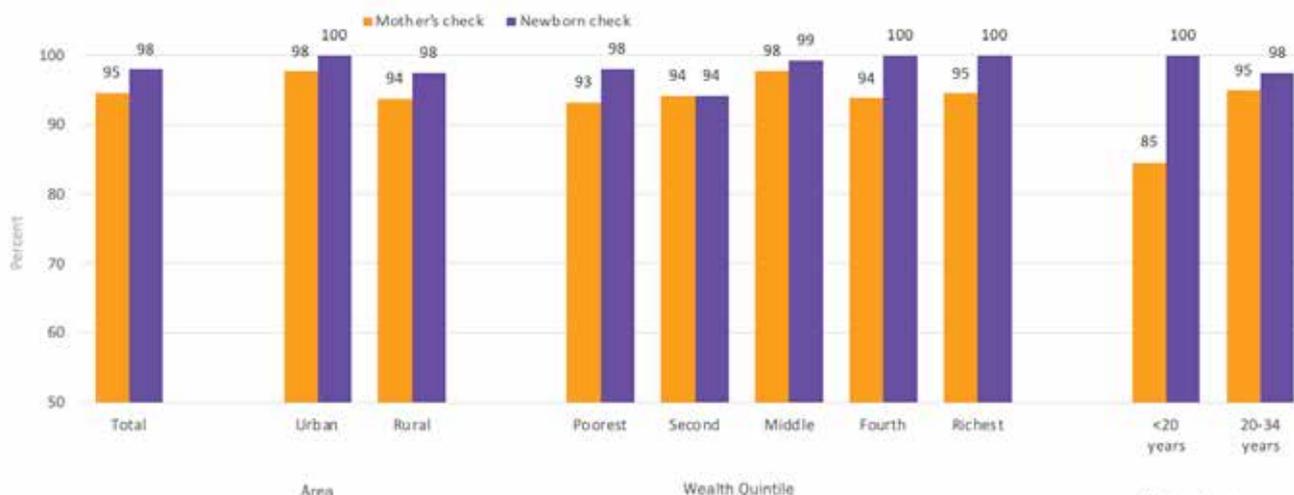
Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth and percentage whose most recent live birth was delivered in a health facility (institutional delivery) by area

Caesarian Section by Various Characteristics



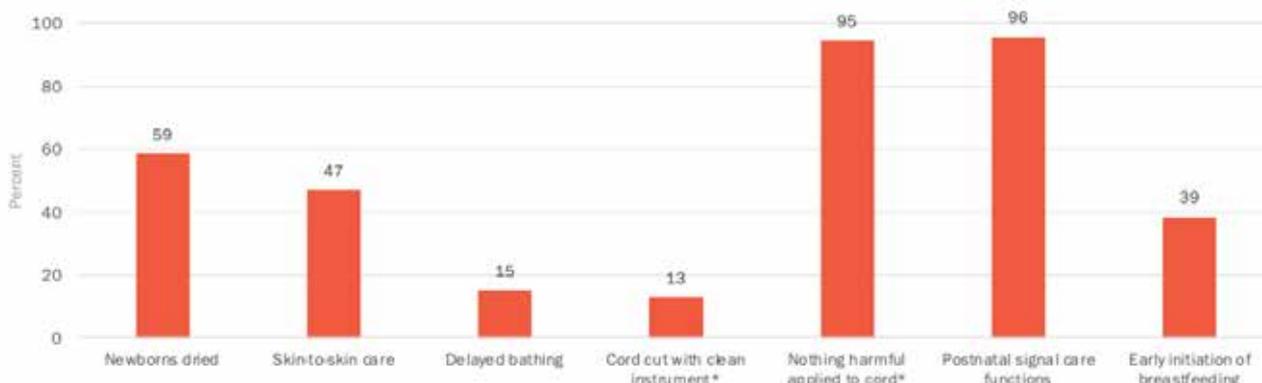
Percentage of women age years with a live birth in the last 2 years whose most recent live birth was delivered by caesarian section by various characteristics
 Note: Data for "Maternal age <215-490 years" are based on 25-49 unweighted cases

Postnatal Care within 2 Days of Birth by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery of their most recent live and percentage of last live births in the last 2 years who received a health check while in facility or at home following delivery, or a post-natal care visit within 2 days after delivery, by various characteristics
 Note: Data for "Maternal age <20 years" are based on 25-49 unweighted cases

Coverage of Newborn Care



Among the last live-birth in the last 2 years, percentage who were dried after birth; percentage who were given skin to skin contact; percentage who were bathed after 24 hours of birth; percentage where the umbilical cord was cut with a new blade or boiled instrument*; percentage where nothing harmful was applied to the cord*; percentage where the newborn received a least 2 postnatal signal care functions within 2 days after birth; and percentage of women with a live birth in the last 2 years who put their last newborn to the breast within one hour of birth, by various characteristics

* Among the last live-births in the last 2 years delivered outside a facility

Divisional Data on Maternal and Newborn Cascade

Island Division	ANC: At least 1 visit (skilled provider)	ANC: At least 4 visits (any provider)	Skilled Attendance at Birth	Institutional Delivery	Postnatal Care for Mother <2 days	Postnatal Care for Newborn <2 days
National	98	89	98	98	95	98.0
Tongatapu	98	88	99	99	96	99
Vava'u	96	87	95	92	90	94
Ha'apai	98	86	97	98	94	100
Eua	100	95	100	100	96	99
Ongo Niua	(*)	(*)	(*)	(*)	(*)	(*)

For indicator definitions, see earlier charts

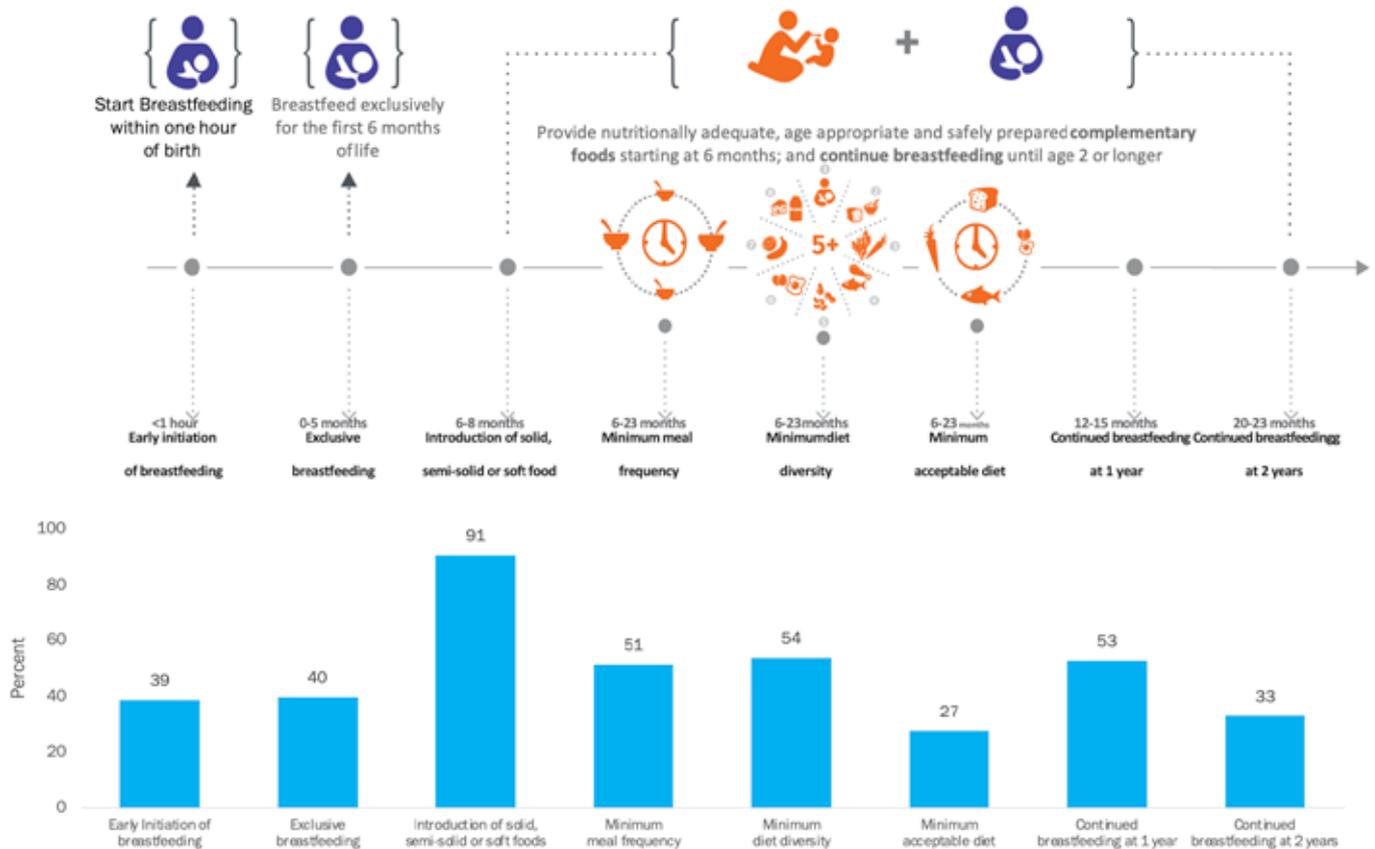
(*) Not shown, figures that are based on fewer than 25 unweighted cases

Key Messages

- Nine-in-ten women age 15-49 who had a live birth in the last two years received four or more, and 40 percentage received eight or more antenatal care visits.
- Almost all women (98 percentage) age 15-49 who had a live birth in the last 2 years, had their delivery in a health facility.
- Ninety eight percentage of deliveries were assisted by a skilled professional and 14 percentage were c-section deliveries.
- Little more than six-in-ten women have reported blood pressure measurement, urine and blood sample taken as part of antenatal care (urban – 68 and rural – 60 percentage).
- The dominant post-natal services provider to newborn babies are the Public Sector (95 percentage) and 98 percentage cases services were provided by doctors, nurses or midwives.
- Close to one-in-five (18 percentage) women age 15-49 years who had a live birth in the last 2 years did not receive a post-natal care visit.

Infant & Young Child Feeding (IYCF)

Infant & Young Child Feeding



Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months receiving only breastmilk; **Introduction to solids:** percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

Key Messages

- About 40 percentage of newborn babies are put to breast within the first hour of birth.
- Early initiation of breastfeeding is lowest among children born through C-section and those were born at home.
- Two in five infants age 0-5 months are receiving only breastmilk (exclusively breastfed).
- Nine out of ten infants ages 6-8 months are receiving solid or semi solid food.
- About half of the infants aged 6-23 months are receiving the recommended minimum number of solid/liquid feeds.
- Dietary diversity is low among children from urban areas and those belong to poor households.
- Children receiving 5 out of the 8 recommended food groups (dietary diversity) is lowest in Ha'apai division (32 percentage) and is the highest in 'Eua division (65 percentage).
- Fifty three percentage of children receive continued breastfeeding at one year and 33 percentage at two years

IYCF: Equity

Early Initiation of Breastfeeding



Percentage of newborns put to the breast within one hour of birth, by background characteristics

Minimum Diet Diversity



Percentage of children aged 6-23 months that were fed food from at least 5 out of 8 food groups, by background characteristics

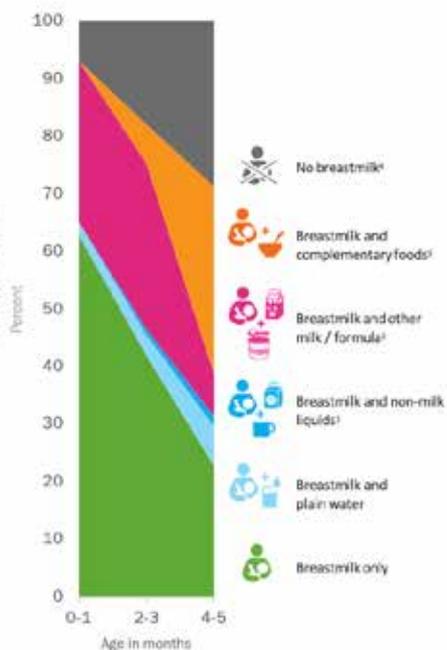
IYCF: What are the Youngest Infants Fed?

Divisional Data

Liquids or foods consumed by infants 0-5 months old

Percent of infants aged 0-5 months receiving breastmilk only, breastmilk and plain water, breastmilk and non-milk liquids, breastmilk and other milk/formula, breastmilk and complementary foods and no breastmilk

Notes: 1) may also have been fed plain water; 2) may also have been fed plain water and/or non-milk liquids; 3) may also have been fed plain water, non-milk liquids and/or other milk/formula; 4) may have been fed plain water, non-milk liquids, other milk/infant formula and/or solid, semi-solid and soft foods.



Division	Early Initiation of breastfeeding	Minimum Diet Diversity
National	39	54
Tongatapu	39	57
Vava'u	24	50
Ha'apai	65	32
'Eua	46	65
Ongo Niua	48	40

Percentage of newborns put to the breast within one hour of birth, and percent of children aged 6-23 months that were fed food from at least 5 out of 8 food groups by geographic division

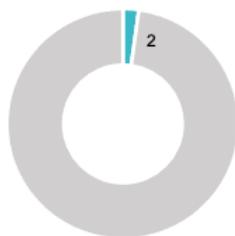
Nutritional Status of Children

Anthropometric Malnutrition Indicators

Stunting: SDG 2.2.1



Stunting refers to a child who is too short for his or her age. Stunting is the failure to grow both physically and cognitively and is the result of chronic or recurrent malnutrition.

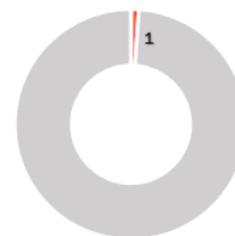


Percentage children under-5 who are stunted

Wasting: SDG 2.2.2



Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.

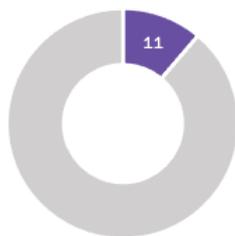


Percentage children under-5 who are wasted

Overweight: SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height. This form of malnutrition results from expending too few calories for the amount consumed from food and drinks and increases the risk of noncommunicable diseases later in life.

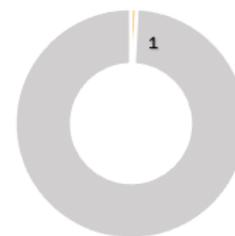


Percentage children under-5 who are overweight

Underweight

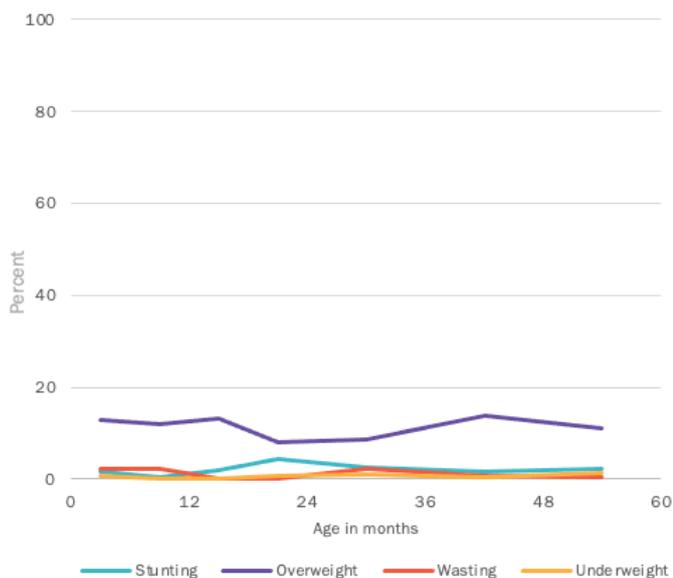


Underweight is a composite form of undernutrition that can include elements of stunting and wasting (i.e. an underweight child can have a reduced weight for their age due to being too short for their age and/or being too thin for their height).



Percentage children under-5 who are underweight

Anthropometric Malnutrition Indicators by Age



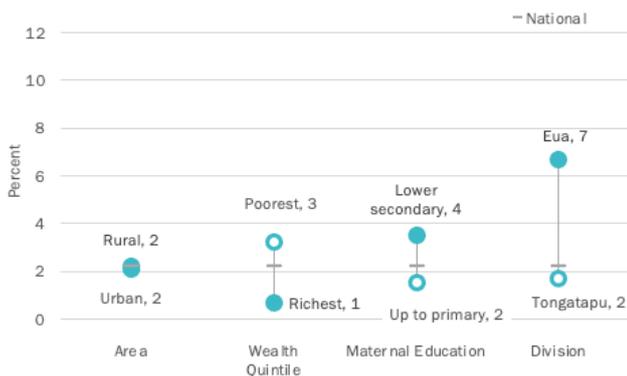
Percentage children who are underweight, stunted, wasted and overweight, by age in months

Key Messages

- Two percentage of children under 5 years of age is reported to be stunted and facing an impaired physical and cognitive growth.
- Wasting is highest in the age group 6-11 months and 24-35 months. This reflects on the quality of antenatal care (ANC) including nutritional status of pregnant mothers. There is a need to encourage exclusive breastfeeding including quality of ANC and nutrition programme for pregnant mothers.
- About 1 in 10 children under 5 are overweight and are too heavy for their height.
- Disparities exist between rural/urban areas, wealth groups and divisions in overweight prevalence. A higher percentage of children under 5 living in urban and richest wealth quintile households are overweight, 16 and 17 percentage respectively.

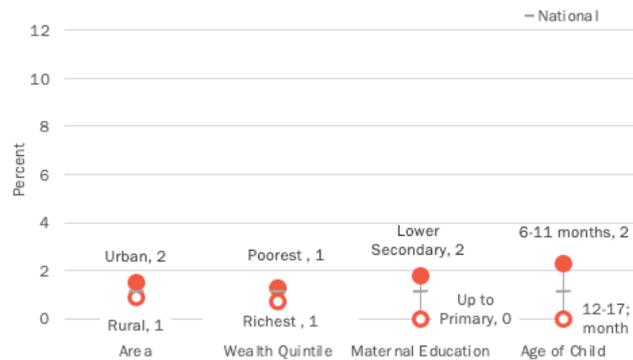
Nutritional Status of Children: Disaggregates

Stunting: SDG 2.2.1



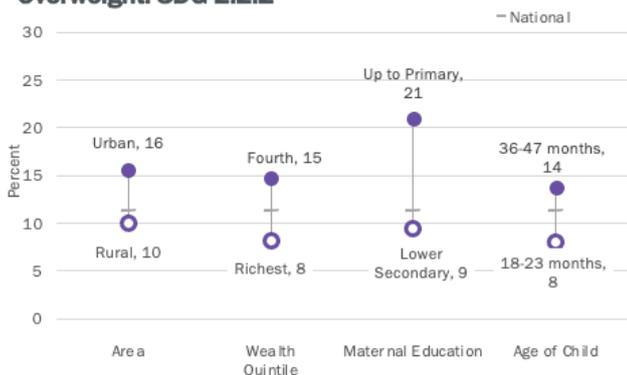
Percentage of under 5 children who are stunted, by background characteristics
 Note: Data for "Primary education" characteristic is based on 25-49 unweighted cases

Wasting: SDG 2.2.2



Percentage of under 5 children who are wasted, by background characteristics
 Note: Data for "Primary education" in background characteristic of "Mother's education" is based on 25-49 unweighted cases

Overweight: SDG 2.2.2



Percentage of under 5 children who are overweight, by background characteristics
 Note: Data for "Primary education" in background characteristic of "Mother's education" is based on 25-49 unweighted cases

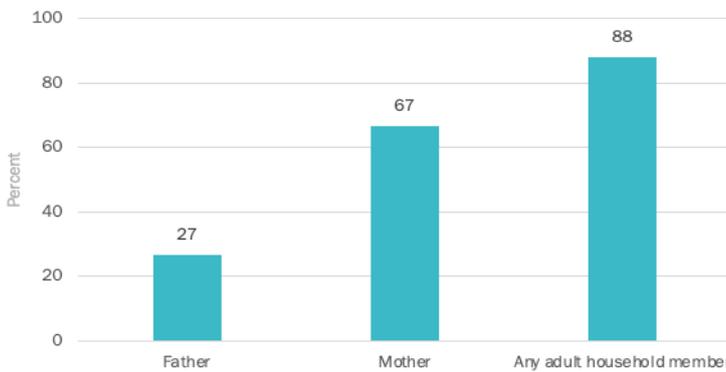
Divisional Data on Stunting, Overweight & Wasting

	Stunting: SDG 2.2.1	Overweight: SDG 2.2.2	Wasting	
	% stunted (moderate and severe)	% overweight (moderate and severe)	% wasted (moderate and severe, SDG 2.2.2)	% wasted (severe)
National	2.2	11.2	1.1	0.4
Tongatapu	1.7	12.8	1.0	0.3
Vava'u	1.8	5.8	0.6	0.4
Ha'apai	4.0	12.6	1.3	0.0
'Eua	6.7	8.4	2.9	1.9
Niua	2.9	5.5	0.0	0.0

Early Childhood Development (ECD)

Support for Learning

Early Stimulation & Responsive Care



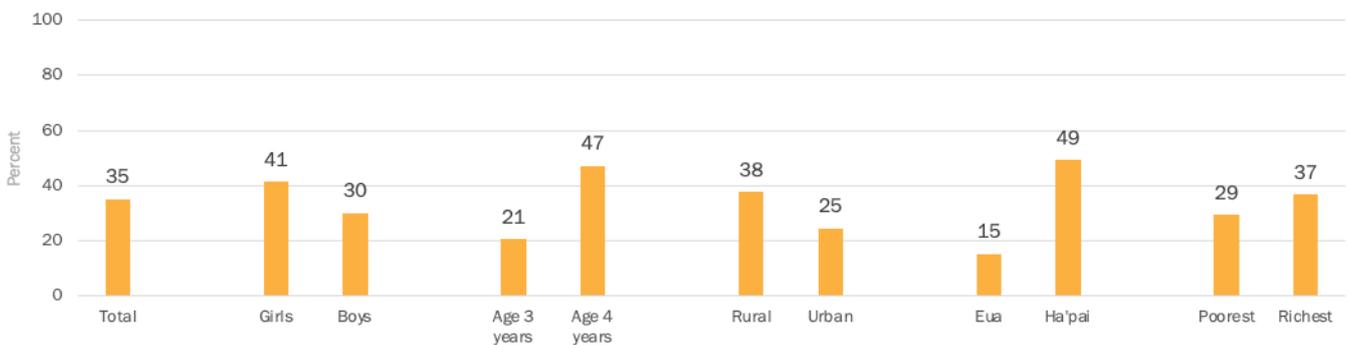
Percentage of children age 2-4 years with whom the father, mother or adult household members engaged in activities that promote learning and school readiness during the last three days.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child.

Early childhood, which spans the period up to 8 years of age, is critical for cognitive, social, emotional and physical development. During these years, a child's newly developing brain is highly plastic and responsive to change. Optimal early childhood development requires a stimulating and nurturing environment, access to books and learning materials, interactions with responsive and attentive caregivers, adequate nutrients, access to good quality early childhood education, and safety and protection. All these aspects of the environment contribute to developmental outcomes for children.

Children facing a broad range of risk factors including poverty; poor health; high levels of family and environmental stress and exposure to violence, abuse, neglect and exploitation; and inadequate care and learning opportunities face inequalities and may fail to reach their developmental potential. Investing in the early years is one of the most critical and cost-effective ways countries can reduce gaps that often place children with low social and economic status at a disadvantage.

Attendance at Early Childhood Education Programmes



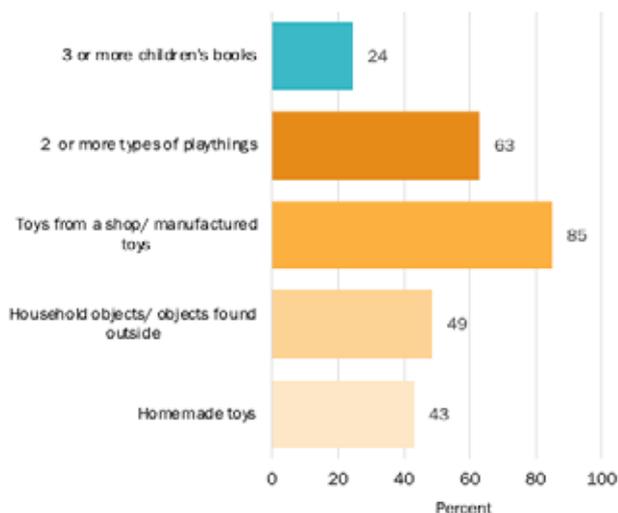
Percentage of children age 3-4 years attending an early childhood education programme, by selected characteristics

Key Messages

- Two out of every three children age 2-4 years engaged with their mothers in activities that promote learning and school readiness during three days preceding the survey. Less than one in three children in the same age group did the same with their fathers.
- Only one out of every five household has 3 or more books for children.
- Children under five left in inadequate supervision during the one week preceding the survey is higher in the rural areas (10 percent) than the urban areas (3 percentage).
- Children age 3-4 years are less likely to be developmentally on-track in the domains of literacy-numeracy and social-emotional compared to physical and learning.

Learning Materials & Child Supervision

Access to Play & Learning Materials



Percentage of children under age five according to their access to play and learning materials.

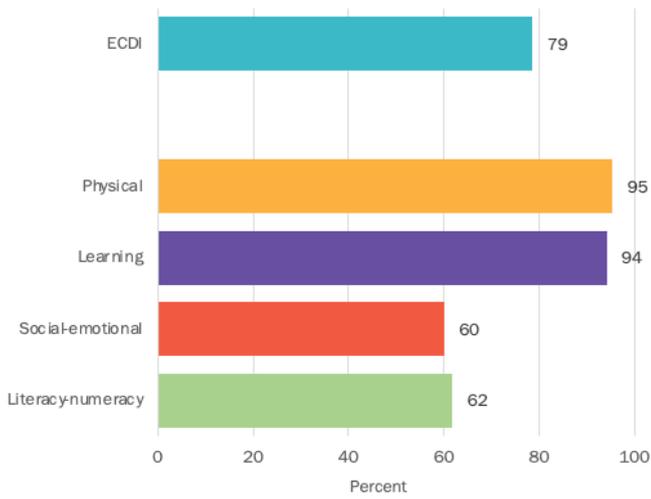
Inadequate supervision of children

Division	Left in Inadequate supervision
National	9
Tongatapu	7
Vava'u	10
Ha'apai	21
Eua	11
Ongo Niua	12

Percentage of children under age five left alone or under the supervision of another child younger than 10 years of age for more than one hour at least once in the last week, by division.

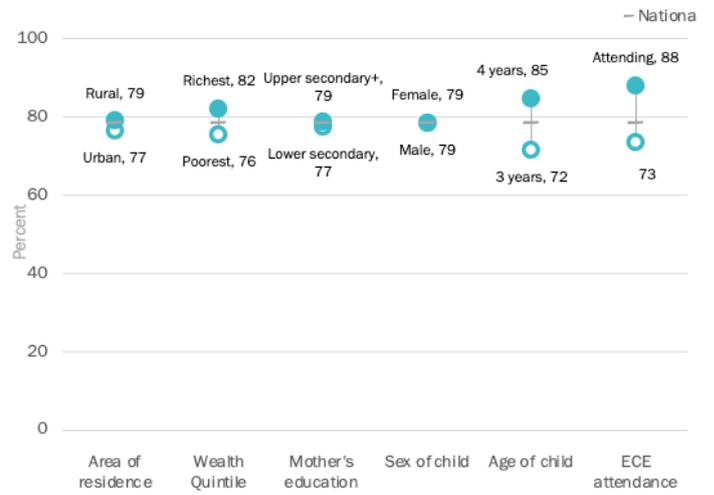
Early Childhood Development Index (ECDI)

ECDI: Total Score & Domains, SDG 4.2.1



ECDI: Early Childhood Development Index; percentage of children age 3-4 years who are developmentally on track in literacy-numeracy, physical, social-emotional, and learning domains.

ECDI: Disaggregates

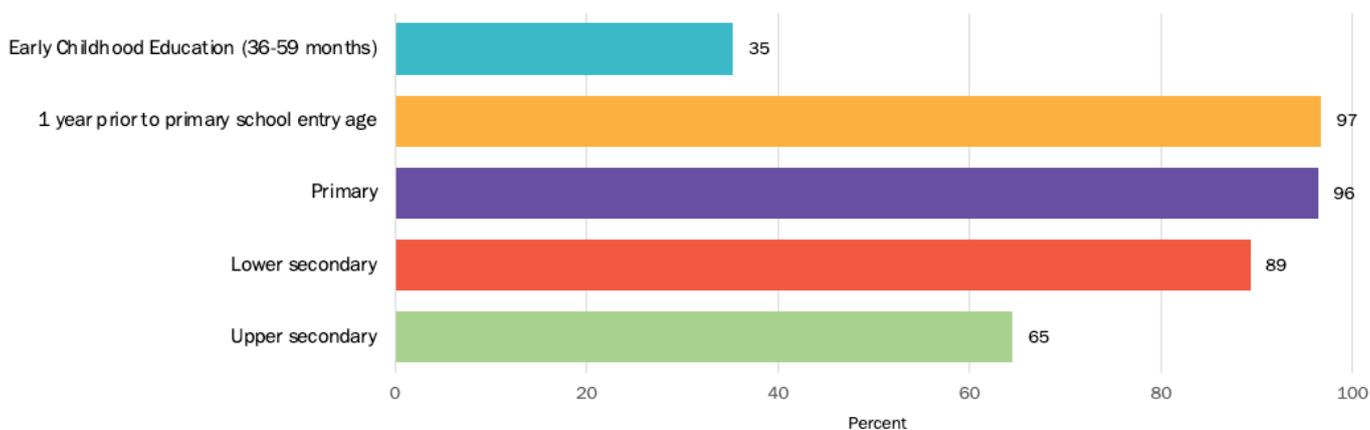


ECDI by various characteristics
ECE = early childhood education

Education

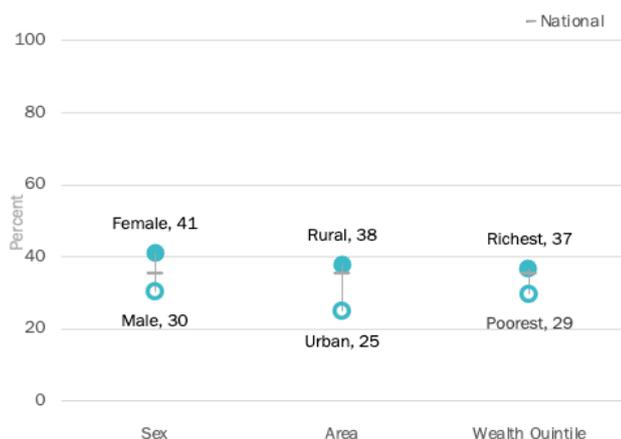
Attendance Rates & Inequalities

School Net Attendance Rates (adjusted)



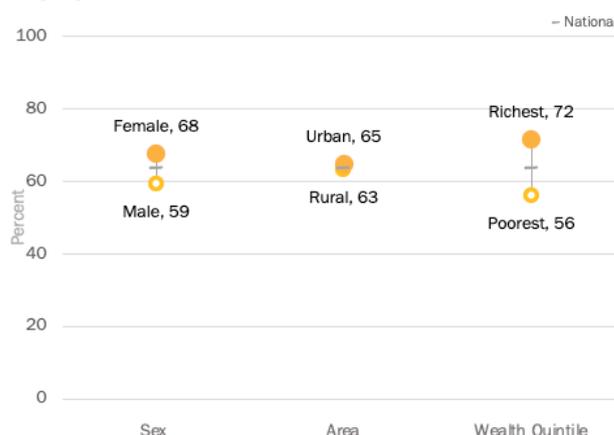
Inequalities in Attendance in Early Childhood Education & Participation in Organized Learning

Attendance Rate for Early Childhood Education



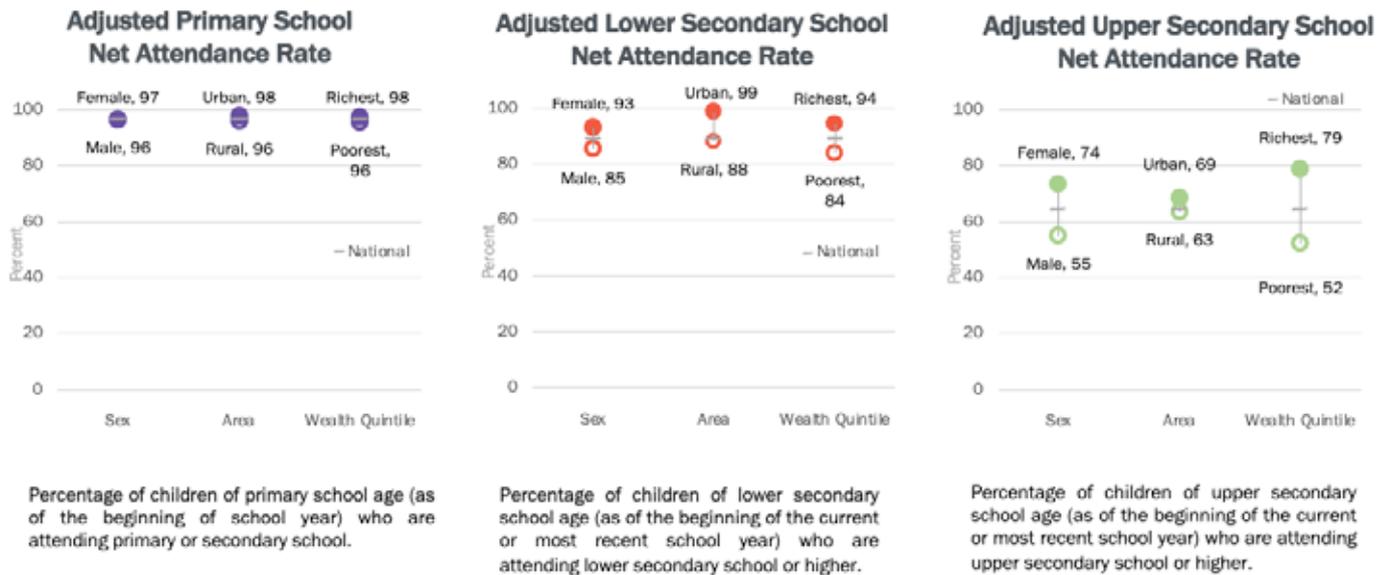
Percentage of children age 36-59 months who are attending early childhood education.

Participation Rate in Organized Learning (1 Year Prior to Primary Entry Age): SDG 4.2.2



Percentage of children attending an early childhood education programme, or primary education (adjusted net attendance ratio), who are one year younger than the official primary school entry age at the beginning of the school year.

Inequalities in Attendance Rates



Divisional Data for Net Attendance Rates (adjusted)

Divisions	Early Childhood Education	Participation rate in organized learning	Primary	Lower Secondary	Upper Secondary
National	35	63	96	89	64
Tongatapu	37	65	97	90	65
Vava'u	30	60	97	89	69
Ha'apai	49	(78)	97	90	56
Eua	15	(43)	89	80	53
Ongo Niua	(26)	(*)	99	92	(88)

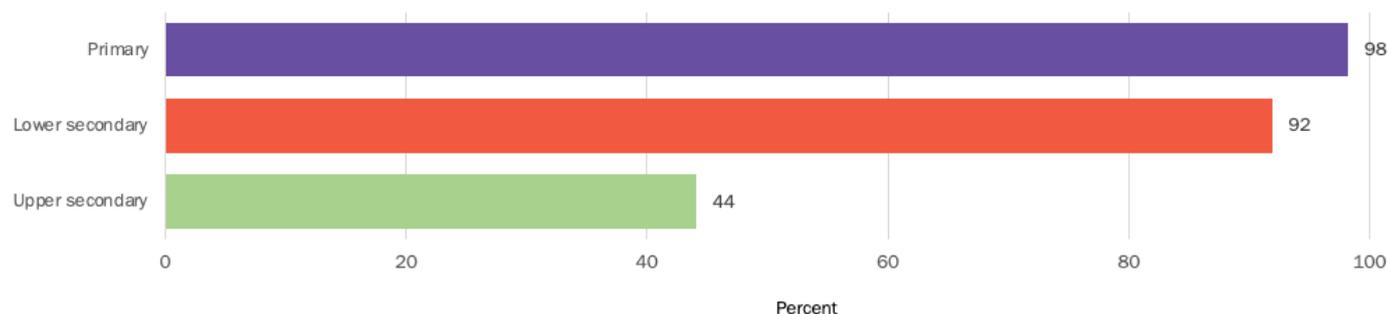
() Data based on 25-49 unweighted cases

(*) Data not shown, based on less than 25 unweighted cases

Key Messages

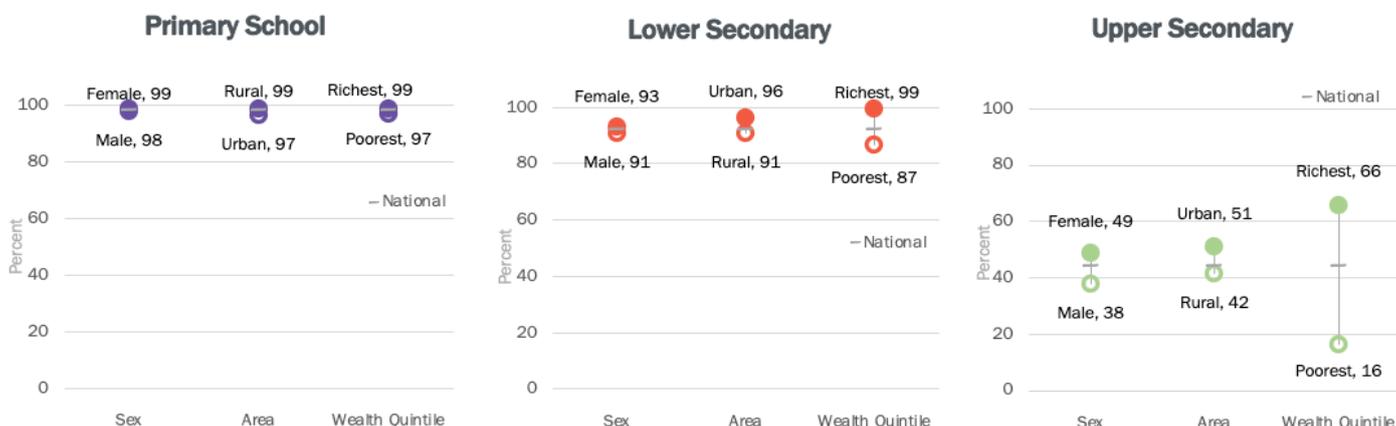
- Primary school attendance is close to universal in all divisions, except in Eua.
- About one in three children age 36-59 months in Tonga attend an early childhood education (49 percentage in Ha'apai vs 15 percentage in Eua).
- Out of school children in the lower secondary entry age range in rural areas (9 percentage) is higher compared to urban area (4 percentage).
- Upper secondary education attendance rates are significantly higher among children living in households belong to richest wealth quintile (80 percentage) compared to those belong to poorest quintile households (50 percentage).
- Primary school completion rate is universal (99 percentage), while this drops to 90 percentage for lower secondary and to 44 percentage for upper secondary education.

Completion Rates: SDG 4.1.2



Percentage of children age 3 to 5 years above the intended age for the last grade who have completed that grade, by level of education.

Inequalities in Completion Rates



Percentage of children who age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education.

Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education.

Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education.

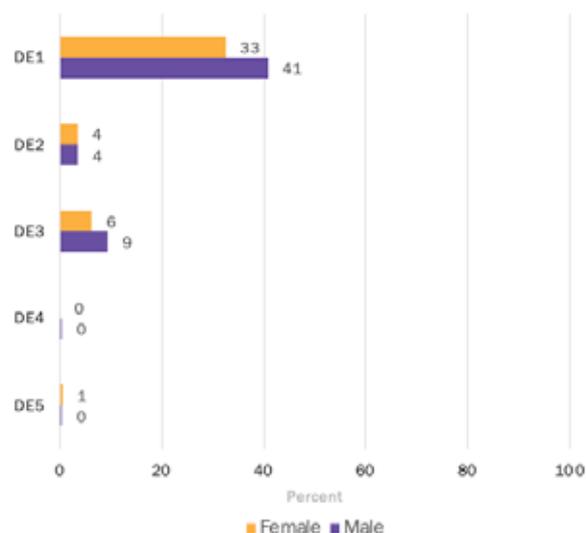
Divisional Data in Completion Rates

Division	Primary	Lower Secondary	Upper Secondary
National	98	92	44
Tongatapu	98	95	48
Vava'u	98	83	35
Ha'apai	97	87	37
Eua	99	75	24
Ongo Niua	98	(90)	(30)

() Data based on 25-49 unweighted cases

Out of School Rates

Out of School Dimensions for Levels of Education



Dimension 1: Children not attending an early childhood education programme or primary education

Dimension 2: Children of primary school age who are not in primary or secondary school

Dimension 3: Children of lower secondary school age who are not in primary or secondary school

Dimension 4: Children who are in primary school but at risk of dropping out (over-age by 2 or more years)

Dimension 5: Children who are in lower secondary school but at risk of dropping out (over-age by 2 or more years)

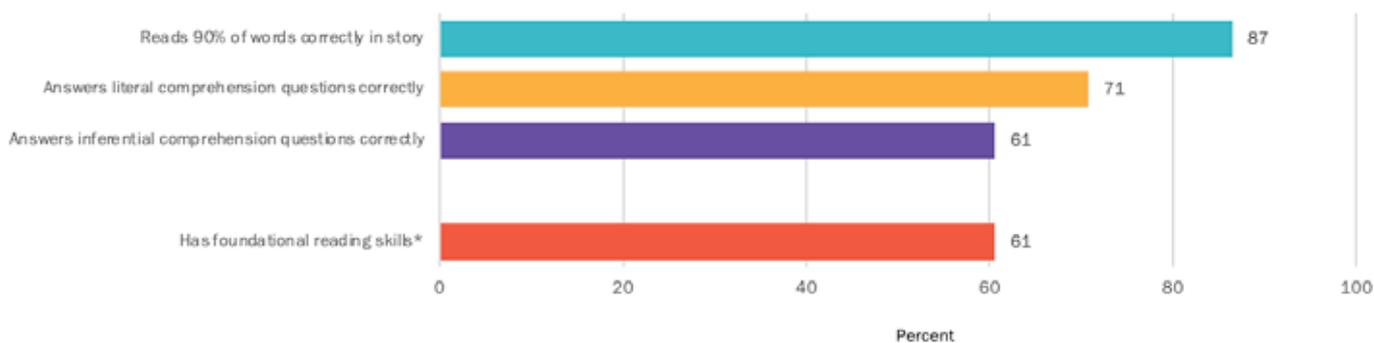
SDG Summary for Education

SDG	MICS Indicator	Definition & Notes	Value		
			Primary	Lower Secondary	Upper Secondary
4.1.2	LN.8a,b,c	Completion rate	98.2%	91.9%	44.1%
4.1.5	LN.6a,b,c	Out-of-school rate	3.5%	7.8%	32.1%
4.1.6	LN.10a,b	Percentage of children over-age for grade	0.2%	0.4%	na
4.5.1	LN.11a	Gender Parity Indices (girls/boys)	1.00	1.09	1.34
4.5.1	LN.11b	Wealth Parity Indices (poorest/richest)	0.98	0.88	0.66
4.5.1	LN.11c	Area Parity Indices (rural/urban)	0.98	0.95	0.93
			Total	Boys	Girls
4.2.2	LN.2	Participation rate in organized learning (one year before the official primary entry age)	63.3%	59.2%	67.5%

Early Grade Learning & Parental Involvement

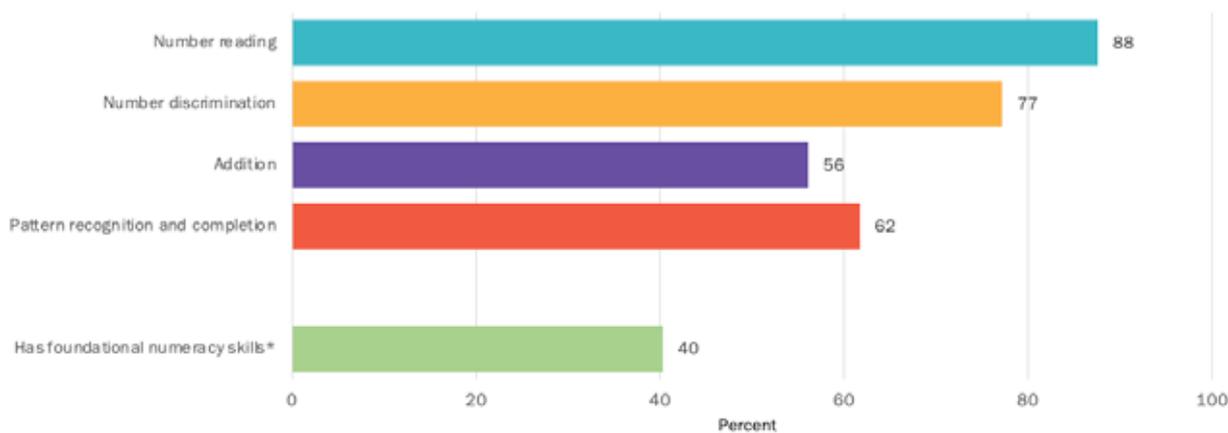
Early Grade Learning: SDG 4.1.1(a) (age for grade 2/3)

Foundational Reading Skills: SDG 4.1.1(a) (i: reading)



*Percentage of children of age for grade 2/3 who can 1) read 90% of words in a story correctly, 2) Answer three literal comprehension questions, 3) Answer two inferential comprehension questions.

Foundational Numeracy Skills: SDG 4.1.1(a) (ii: numeracy)



*Percentage of children of age for grade 2/3 who can successfully perform 1) a number reading task, 2) a number discrimination task, 3) an addition task and 4) a pattern recognition and completion task

Key Messages

- Little more than one out of every two children age 7-14 demonstrated foundational numeracy skills and six-in-ten demonstrated foundational reading skills.
- A higher proportion of children age 7-14 from urban areas demonstrate foundational reading skills (71 percentage) compared to children from rural areas (60 percentage).

Early Grade Learning: Disaggregates (age 7-14 years)

Disaggregates in Foundational Reading Skills

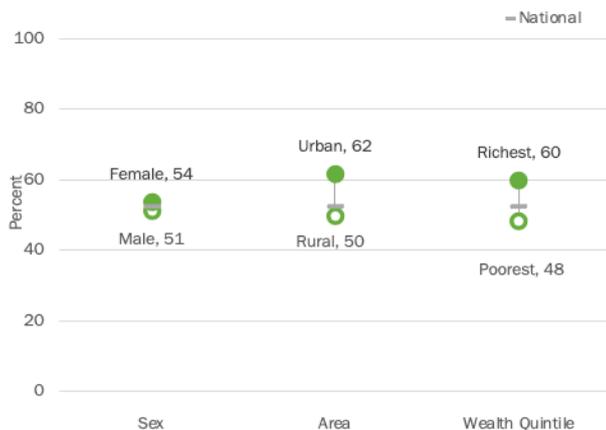


Divisional Data on Foundational Reading Skills

Division	Boys	Girls	Total
National	61	65	63
Tongatapu	63	68	65
Vava'u	48	46	47
Ha'apai	74	69	72
Eua	73	77	75
Ongo Niua	(19)	(47)	32

() Data based on 25-49 unweighted cases

Disaggregates in Foundational Numeracy Skills



Divisional Data on Foundational Numeracy Skills

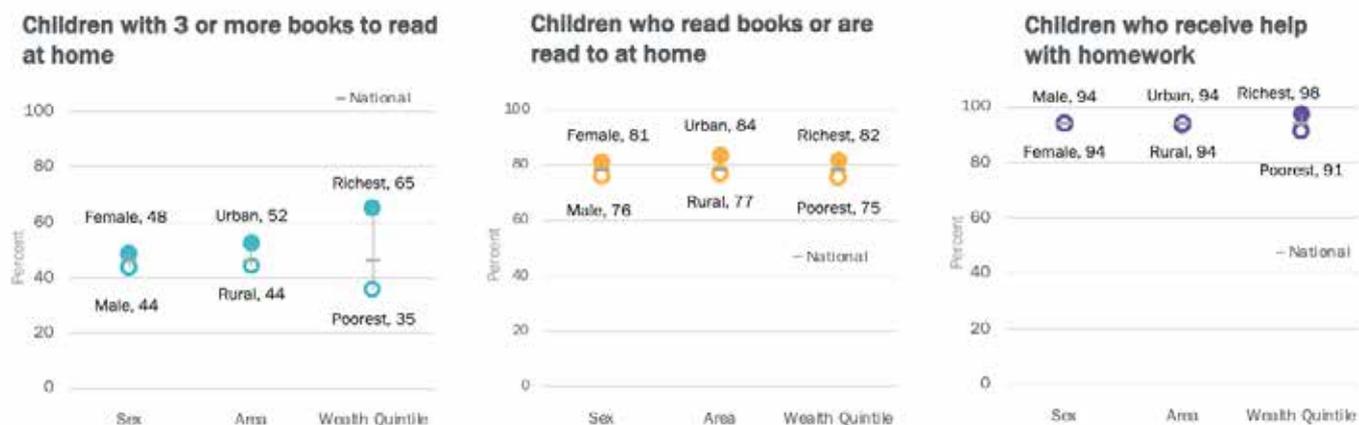
Division	Boys	Girls	Total
National	53	54	52
Tongatapu	55	55	55
Vava'u	31	46	38
Ha'apai	54	44	49
Eua	69	72	71
Ongo Niua	(32)	(53)	41

() Data based on 25-49 unweighted cases

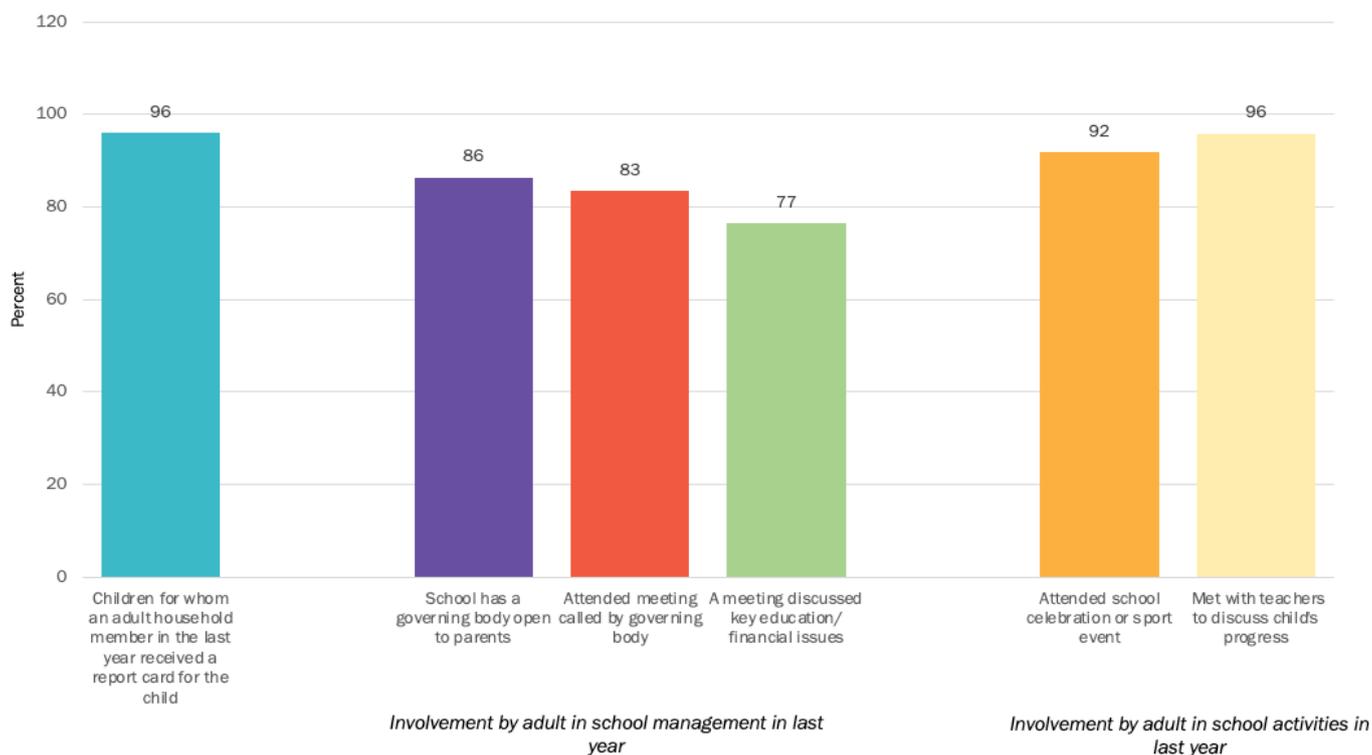
Reading & Numeracy Skills Data in MICS

- The Foundational Learning module adopts a direct assessment method for children's early learning in reading and mathematics at the level of Grade 2 in primary education. This contributes to SDG4.1.1.(a) Global Indicator.
- For the Foundational Learning module, one child age 7 to 14 (inclusively) is randomly selected in each household.
- The content of reading assessment is customized in each country, ensuring that the vocabulary used are part of the Grade 2 reading textbook. This ensures national question relevance in terms of vocabulary and cultural appropriateness). The questions on mathematics are based on universal skills needed for that grade level.
- As MICS also collects data on school attendance and numerous individual and household characteristics, such as location, household socio-economic status, and ethnicity, the most marginalized sub-populations of children can be identified for support to improve learning outcomes.

Parental Involvement: Learning Environment at Home (children age 7-14 years)



Parental Involvement: Support for learning at School (children age 7-14 years)

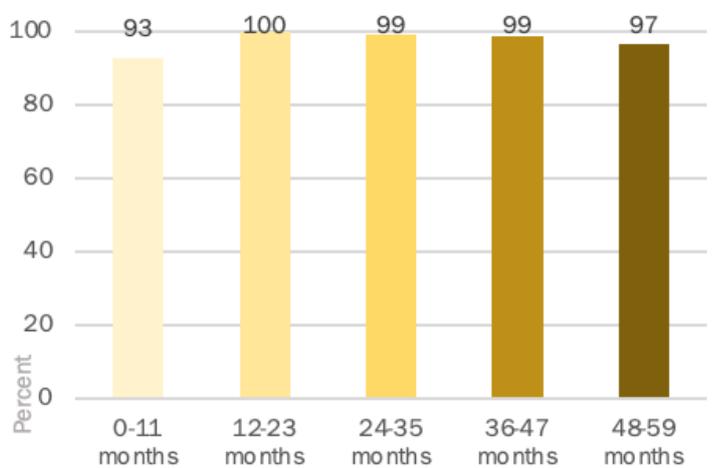
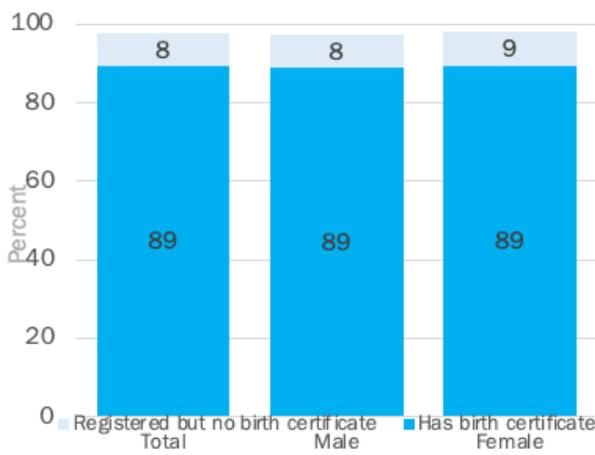


Birth Registration

Birth Registration Levels

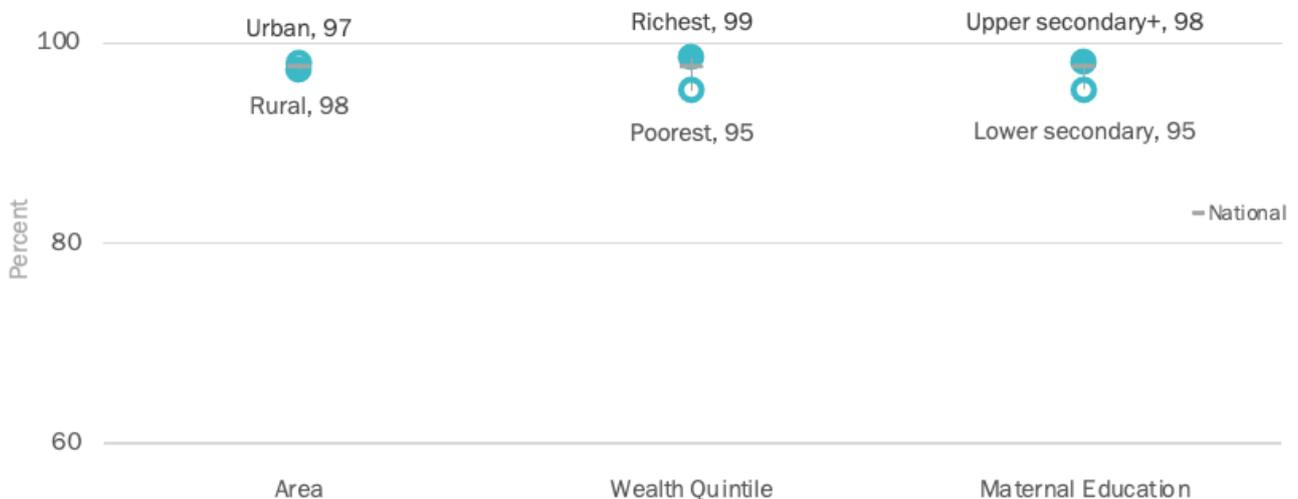
Birth registration for Children Under-Five: SDG 16.9.1

Birth registration by Age



Percentage of children under age 5 whose births are registered, by whether or not they have a birth certificate and by sex

Birth Registration: Inequalities



Percentage of children under age 5 whose births are registered, by background characteristics.

Divisional Data on Birth Registration

Division	Total registered
National	98
Tongatapu	98
Vava'u	97
Ha'apai	96
'Eua	97
Ongo Niua	100

Percentage of children under age 5 whose births are registered, by age in months.

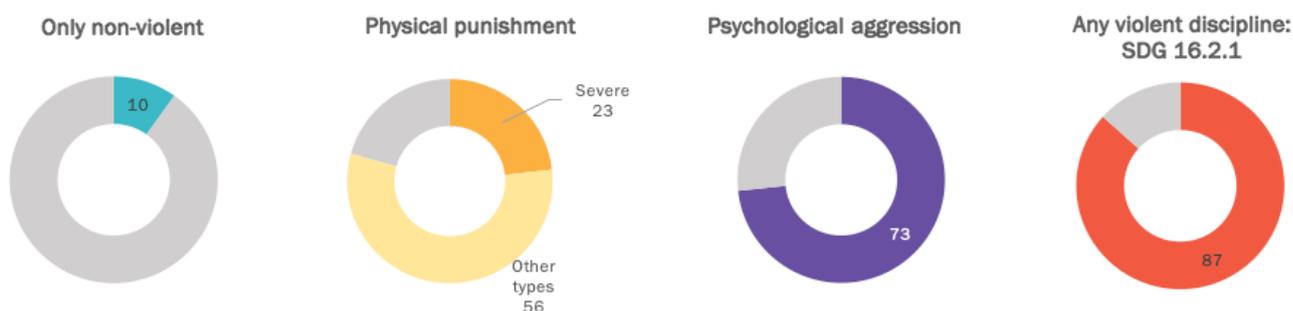
Key Messages

- Birth registration is near universal (98 percent) among children under 5 years old.
- Of those children under five whose birth is not yet registered, 86 percentage of mothers/caretakers reported awareness of how to register a birth.

Child Discipline

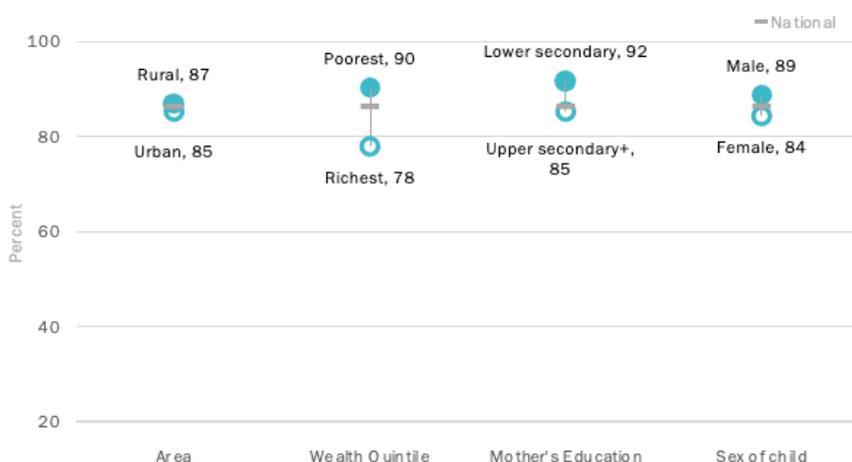
Child Discipline

Types of Child Discipline



Percentage of children age 1 - 14 years who experienced any discipline in the past month, by type.

Violent Discipline: Inequalities



Physical punishment: Shaking, hitting or slapping a child on the hand/arm/leg, hitting on the bottom or elsewhere on the body with a hard object, spanking or hitting on the bottom with a bare hand, hitting or slapping on the face, head or ears, and hitting or beating hard and repeatedly.

Severe physical punishment: Hitting or slapping a child on the face, head or ears, and hitting or beating a child hard and repeatedly.

Psychological aggression: Shouting, yelling or screaming at a child, as well as calling a child offensive names such as 'dumb' or 'lazy'.

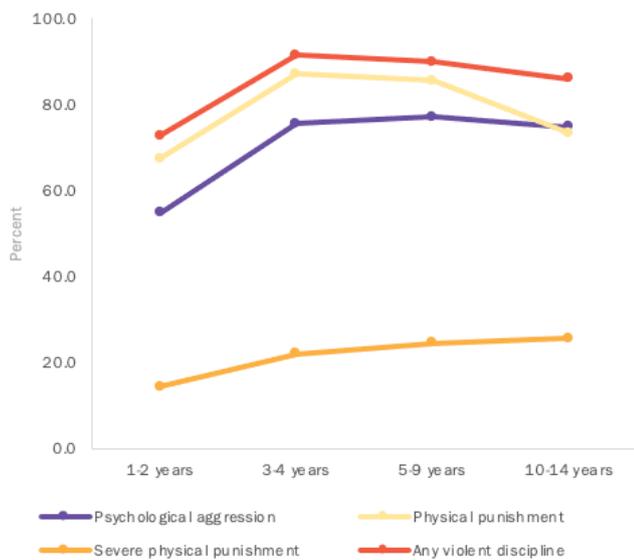
Violent discipline: Any physical punishment and/or psychological aggression.

Percentage of children age 1 - 14 years who experienced any violent discipline in the past month, by selected characteristics.

Key Messages

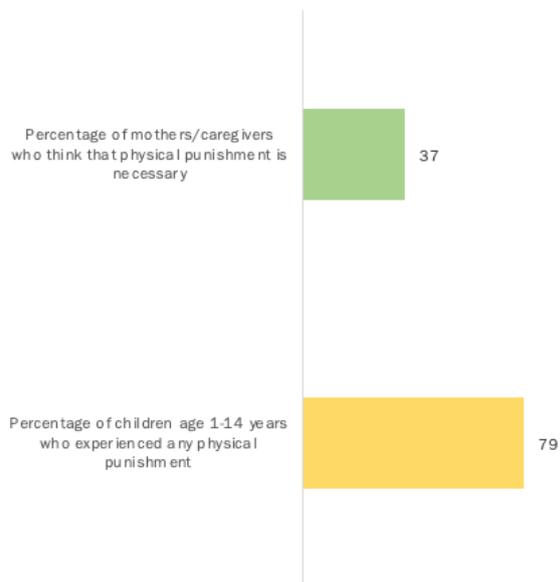
- Overall, 87 percentage of children age 1-14 years experienced any violent discipline during the one month preceding the survey.
- Close to one in four children age 1-14 years have experienced severe physical punishment. Children live in urban areas are less likely to experience severe physical punishment compared to children living in rural areas, 15 and 25 percentage respectively.
- Overall, 73 percentage of children age 1-4 years have experienced psychological aggression.
- Thirty seven percentage of mothers/caregivers in Tonga think that physical punishment is necessary to raise or educate a child.

Violent Discipline: Age Patterns

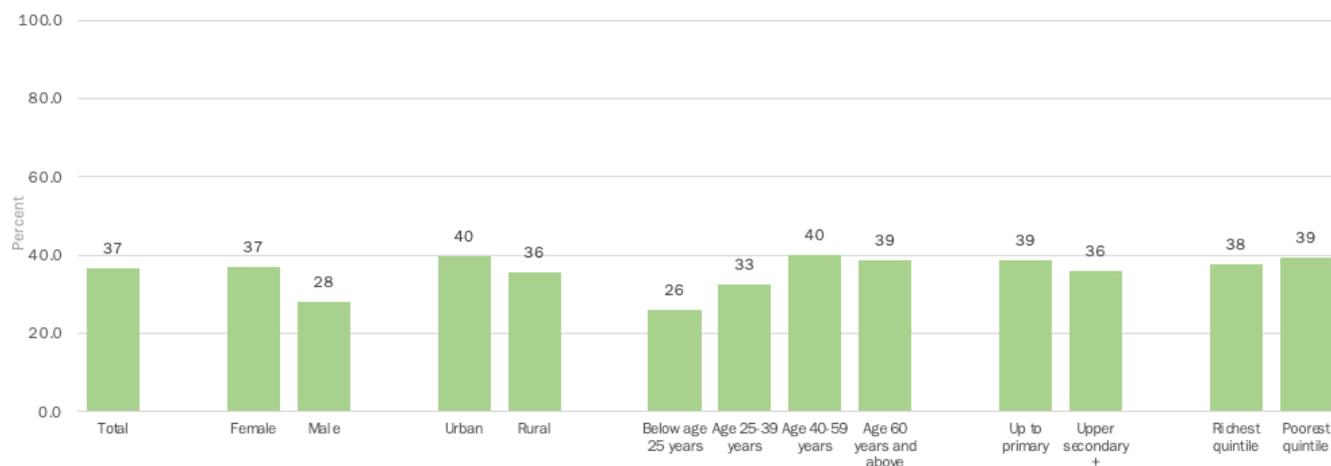


Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Physical Punishment: Attitudes & Experiences



Attitudes to Physical Punishment

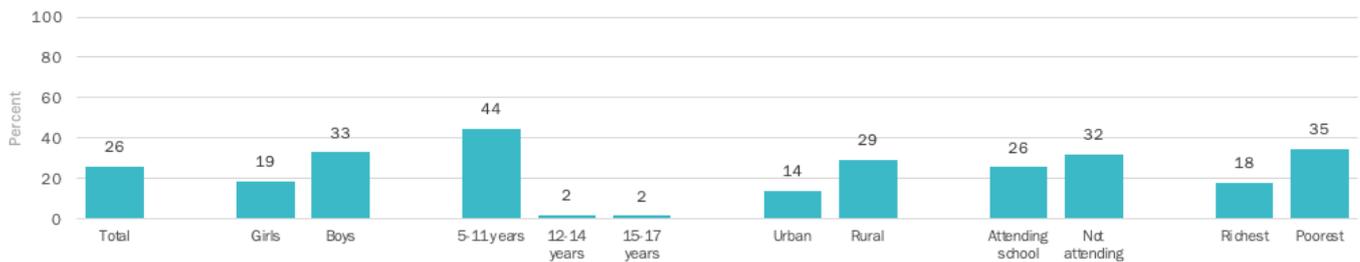


Percentage of mothers/caretakers who think that physical punishment is necessary to raise or educate children, by their selected characteristics.

Child Labour

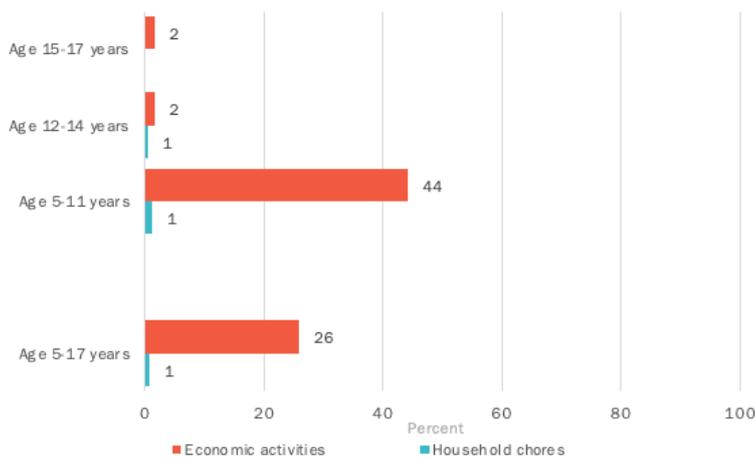
Child Labour: Levels & Disaggregates

Child Labour for Age 5-17 years: SDG 8.7.1



Percentage of children age 5 to 17 years engaged in child labour, by selected characteristics.

Types of Child Labour



Percentage of children age 5 - 17 years engaged in child labour, by type of activity and by age.

Note: These data reflect the proportions of children engaged in the activities at or above the age specific thresholds outlined in the definitions box.

Definition of Child Labour

Age 5 to 11 years: At least 1 hour of economic activities or 21 hours of unpaid household services per week.

Age 12 to 14 years: At least 14 hours of economic activities or 21 hours of unpaid household services per week.

Age 15 to 17 years: At least 43 hours of economic activities. No threshold for number of hours of unpaid household services.

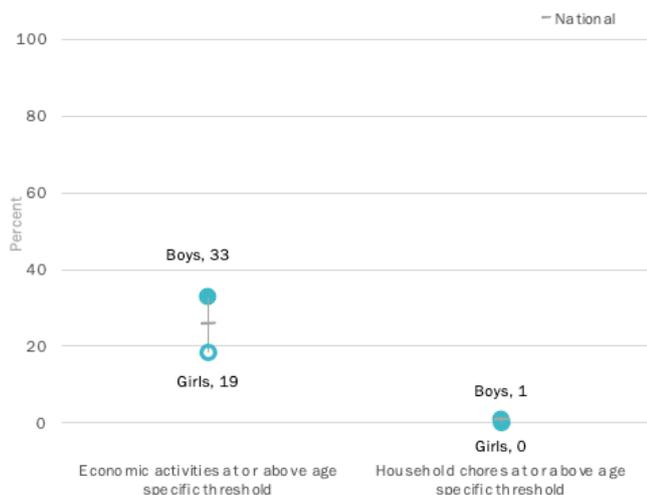
Economic activities include paid or unpaid work for someone who is not a member of the household, work for a family farm or business. Household chores include activities such as cooking, cleaning or caring for children.

Note that the child labour indicator definition has changed during the implementation of the sixth round of MICS. Changes include age-specific thresholds for household chores and exclusion of hazardous working conditions. While the overall concept of child labour includes hazardous working conditions, the definition of child labour used for SDG reporting does not.

Key Messages

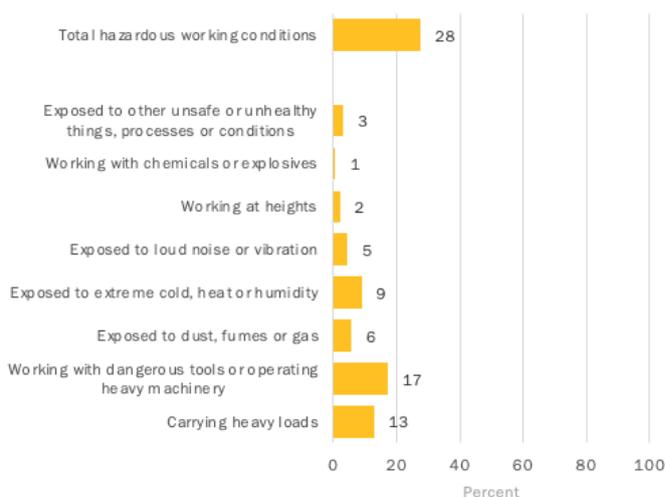
- One in four children age 5-17 years engaged in child labour (14 percentage in urban and 29 in rural areas).
- Child labour among male children is significantly higher (33 percent) than female children (18 percent).
- Among the five divisions, Ha’apai has the highest child labour (40 percent) compared to other divisions

Inequalities in Child Labour



Percentage of children age 5 - 17 years engaged in child labour, by type of activity and by sex.

Hazardous Working Conditions



Percentage of children age 5 - 17 years working under hazardous conditions, by selected characteristics.

Divisional Data on Child Labour

Division	Total Child Labour
National	26
Tongatapu	21
Vava'u	37
Ha'apai	40
Eua	33
Ongo Niua	37

Percentage of children age 5 - 17 years engaged in child labour, by region.

Child Marriage

Child Marriage: Levels & Disaggregates

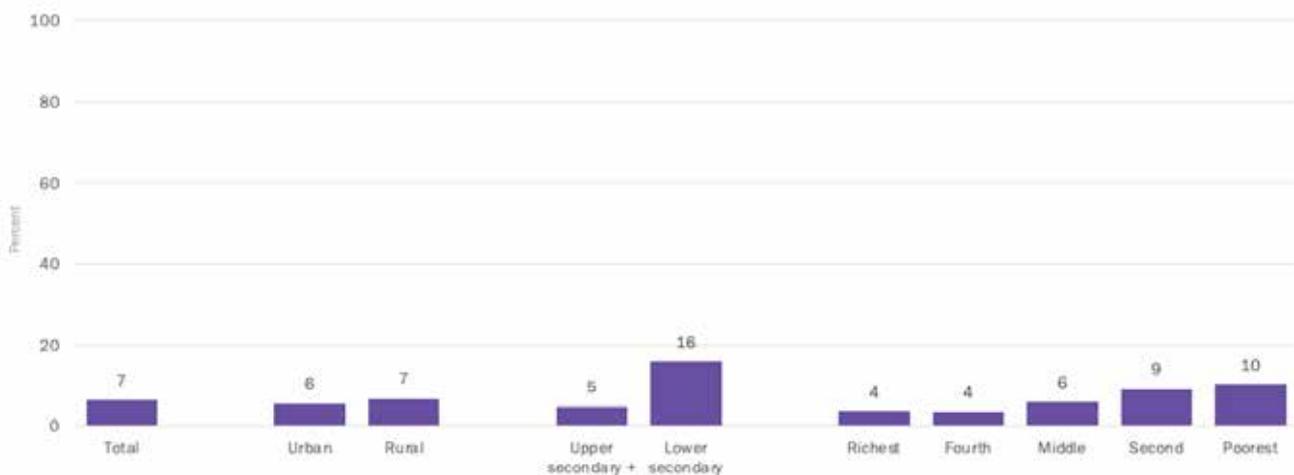
Marriage before Age 15 & Age 18 among women: SDG 5.3.1



Percentage of women age 20-24 years who were first married or in union before age 15 and before age 18

The above chart refers to women age 20 - 24 years, as this youngest cohort most recently completed exposure to the risk of marrying in childhood, thus giving a closer approximation of the current prevalence of child marriage. The following charts, which show disaggregation by selected characteristics, refer to the full cohort of women aged 20-49 years.

Disaggregates in Marriage before Age 18 among women



Percentage of women age 20-49 years who were first married or in union before age 18, by selected characteristics

Key Messages

- One in ten women age 20-24 years are married before reaching age 18 years (1-in-16 in urban compared 1-in-9 in rural areas).
- Among women age 20-49 years, seven percent are married before reaching age 18 years, this proportion is high at 10 percentage among women belonging to the poorest wealth quintile compared to three percentage among richest wealth quintile.
- Level of education play a key role in preventing early marriage. In Tonga, women educated up to upper secondary or more are three times less likely to marry before age 18 years compared to those educated up to lower secondary.

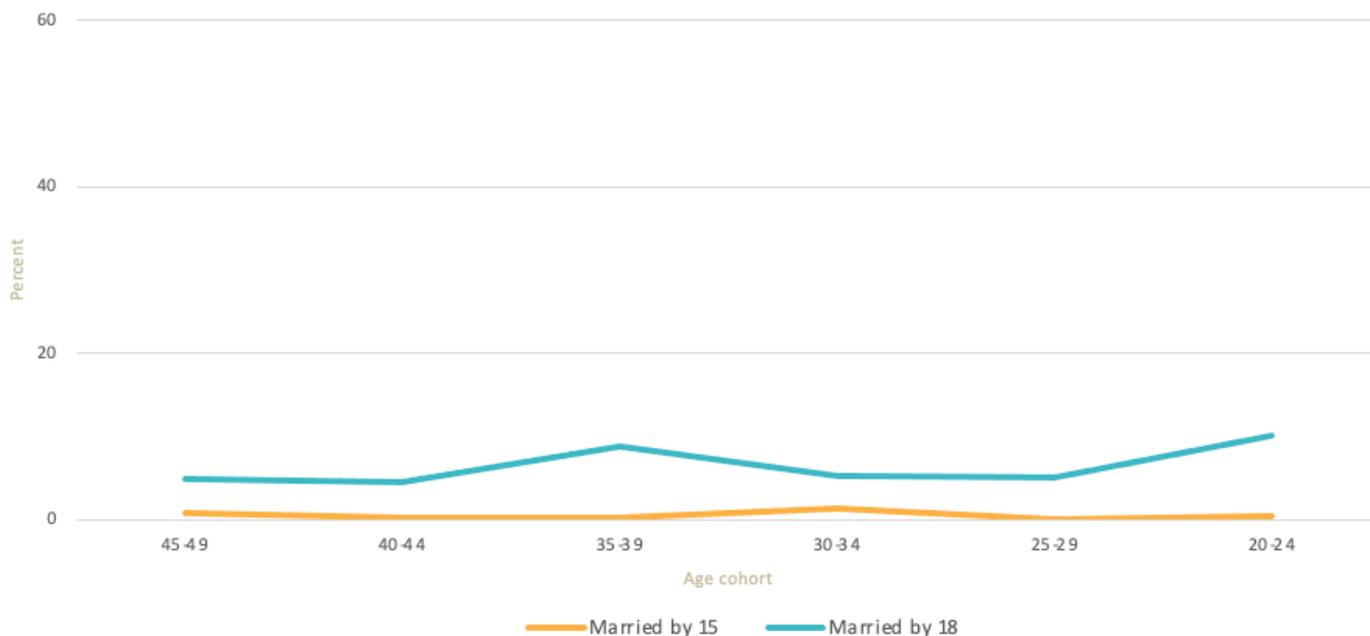
Divisional Data on Child Marriage

Division	Marriage by age 18
National	7
Tongatapu	6
Vava'u	6
Ha'apai	9
Eua	10
Ongo Niua	6

Marriage before the age of 18 is a reality for many young girls. In many parts of the world parents encourage the marriage of their daughters while they are still children in hopes that the marriage will benefit them both financially and socially, while also relieving financial burdens on the family. In actual fact, child marriage is a violation of human rights, compromising the development of girls and often resulting in early pregnancy and social isolation, with little education and poor vocational training reinforcing the gendered nature of poverty. The right to 'free and full' consent to a marriage is recognized in the Universal Declaration of Human Rights - with the recognition that consent cannot be 'free and full' when one of the parties involved is not sufficiently mature to make an informed decision about a life partner.

Percentage of women age 20-49 years who were first married or in union before age 18, by region.

Trends in Child Marriage

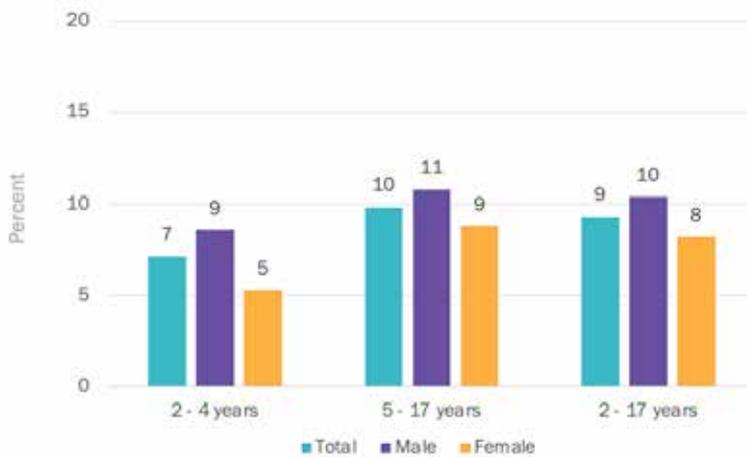


Percentage of women age 20-49 years who were first married or in union before age 15 and before age 18, by age cohort.

Child Functioning

Child Functioning: Levels & Domains

Child Functioning Levels by Age-Group



Children with disabilities are among the most marginalized groups in society. Facing daily discrimination in the form of negative attitudes, and lack of adequate policies and legislation, they are often likely to be among the poorest members of the population and are less likely to attend school, access medical services, or have their voices heard in society. Discrimination against and exclusion of children with disabilities also puts them at a higher risk of physical and emotional abuse or other forms of neglect, violence and exploitation.

The Convention on the Rights of the Child (UNICEF, 1989) and the Convention on the Rights of Persons with Disabilities (UN, 2006) explicitly state the rights of children with disabilities on an equal basis with other children and call for improvements in their access to services, and in their participation in all aspects of life.

In order to achieve these goals, there is a need for cross-nationally comparable, reliable data. The Child Functioning module is designed in line with the WHO's International Classification of Functioning, Disability and Health and the UN Convention on the Rights of Persons with Disabilities, to collect information on functional difficulties that children experience in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. Children with functional difficulties may be at risk of experiencing limited participation in an unaccommodating environment and limit the fulfilment of their rights.

Child Functioning Domains

	Seeing	Hearing	Walking	Fine Motor	Communication	Learning	Playing	Controlling Behaviour	Self care	Remembering	Concentrating	Accepting Change	Making Friends	Anxiety	Depression
National															
2-4 years	0.1	0.0	0.4	0.1	2.1	1.1	0.0	4.1	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5-17 years	0.5	0.7	1.1	N/A	0.2	0.6	N/A	0.7	0.7	0.1	0.3	0.5	0.1	4.3	4.0

Percentage of children age 2–17 years with functional difficulty in at least one domain, by domain of difficulty

N/A- Not Applicable

Key Messages

- Close to 1-in-10 children age 2-17 has functional difficulty in at least one domain (1-in-14 among children age 2-4 years and 1-in-10 among 5-17 years).
- Difficulty in controlling the behavior is higher among children age 2-4 years (4 percentage) compared to 5-17 years old (1 percentage).

Child Functioning: Inequalities

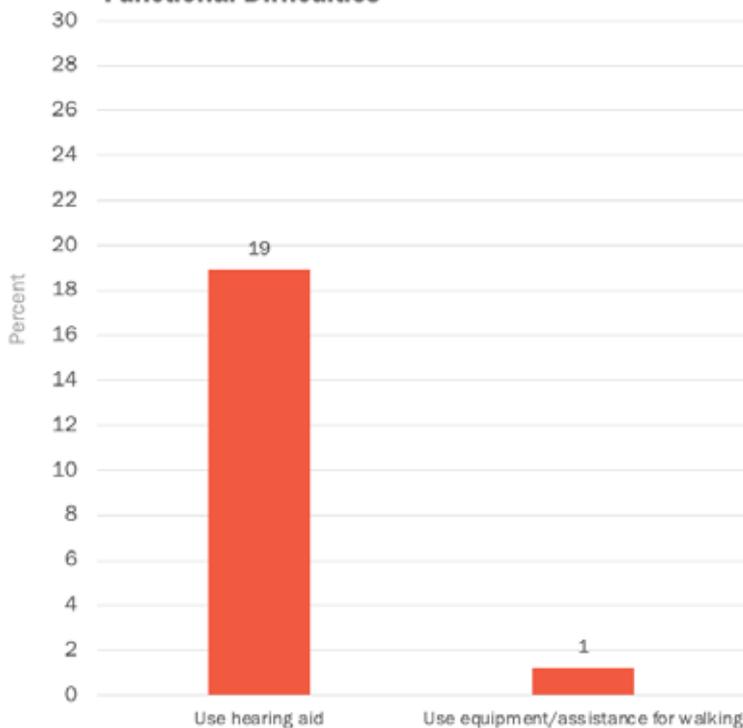


Divisional Data on Child Functioning

Division	2-4 years	5-17 years	2-17 years
National	7	10	9
Tongatapu	8	8	14
Vava'u	4	17	9
Ha'apai	6	9	12
Eua	7	12	13
Ongo Niua	19	11	15

Percentage of children age 2-17 years with functional difficulty in at least one domain, by region

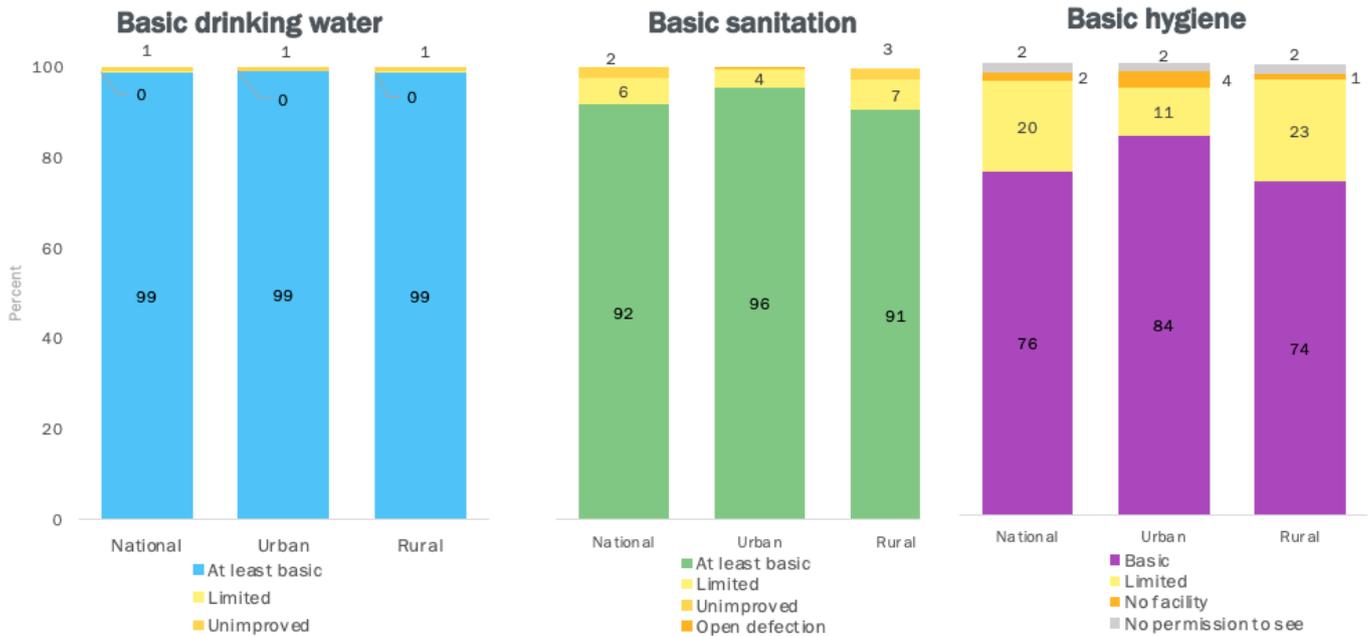
Children who use Assistive Devices & have Functional Difficulties



Percentage of children age 2-17 years with difficulties seeing when wearing glasses among those who wear glasses, percentage of children age 2-17 years with hearing when using a hearing aid among those who use a hearing aid, and percentage of children age 2-17 years with difficulties walking when using equipment or receiving assistance among those who use equipment or receive assistance walking. Data for "Use hearing aid" and "Use equipment/assistance for walking" are based on 25-49 unweighted cases. Note: Data shown are based on 25-49 unweighted cases.

Drinking Water, Sanitation & Hygiene Services

Basic Drinking Water, Sanitation & Hygiene Services



Percentage of population by drinking water, sanitation and hygiene coverage.

Drinking water ladder: **At least basic** drinking water services (SDG 1.4.1) refer to an improved source, provided collection time is not more than 30 minutes for a roundtrip including queuing. Improved drinking water sources are those that have the potential to deliver safe water by nature of their design and construction, and include: piped water, boreholes or tubewells, protected dug wells, protected springs, rainwater, and packaged or delivered water. **Limited** refers to an improved source more than 30 minutes roundtrip. **Unimproved** sources include unprotected dug wells and unprotected springs. **No service** refers to the direct collection of water from surface waters such as rivers, lakes or irrigation channels.

Sanitation ladder: **At least basic** sanitation services (SDG 1.4.1) refer to the use of improved facilities which are not shared with other households. Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/pour flush to piped sewer system, septic tanks or pit latrines; ventilated improved pit latrines, composting toilets or pit latrines with slabs. **Limited** sanitation service refers to an improved facility shared with other households. **Unimproved** sanitation facilities include flush/pour flush to an open drain, pit latrines without a slab, hanging latrines and bucket latrines. **No service** refers to the practice of open defecation.

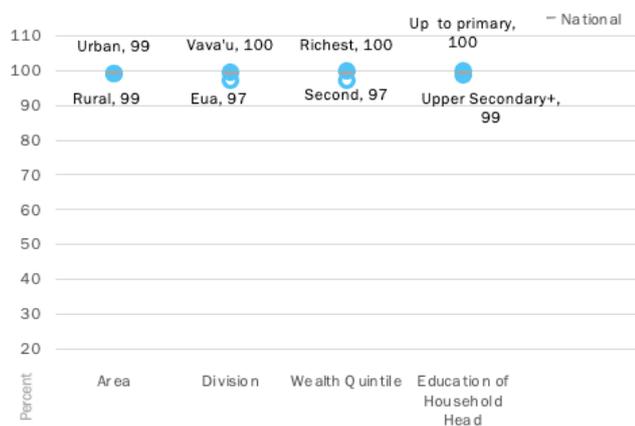
Hygiene ladder: A **basic** hygiene service (SDG 1.4.1 & SDG 6.2.1) refers to the availability of a handwashing facility on premises with soap and water. Handwashing facilities may be fixed or mobile and include a sink with tap water, buckets with taps, tippy-taps, and jugs or basins designated for handwashing. Soap includes bar soap, liquid soap, powder detergent, and soapy water but does not include ash, soil, sand or other handwashing agents. **Limited** hygiene service refers to a facility lacking water and/or soap. **No facility** means there is no handwashing facility on the household's premises.

Key Messages

- Use of basic drinking water in Tonga is close to universal (99 percentage).
- Seventy eight percentage of the household population uses drinking water that is contaminated with E. coli (67 percentage in urban and 82 percentage in rural areas).
- E.coli contamination at drinking source is 70 percentage (49 percentage in urban and 77 percentage in rural areas).
- A quarter of the population uses a safely managed drinking water services, ranging from 8 percentage in Ha’apai division to 29 percentage in Tongatapu and ‘Eua divisions.
- Ninety eight percentage of household population uses improved sanitation and 92 percentage uses basic sanitation services, and 76 percentage uses basic hygiene services.
- Close to eight-in-ten household population has basic hygiene service (handwashing facility with water and soap).
- Of those women aged 15-49 years who reported menstruating in the last 12 months, 89 percentage reported using appropriate menstrual hygiene materials with a private place to wash and change at home.
- About 16 percentage of women who reported menstruating in the last 12 months also reported that they did not participate in social activities, school or work due to last menstruation.

WASH: Inequalities in Basic Services

Basic Drinking Water



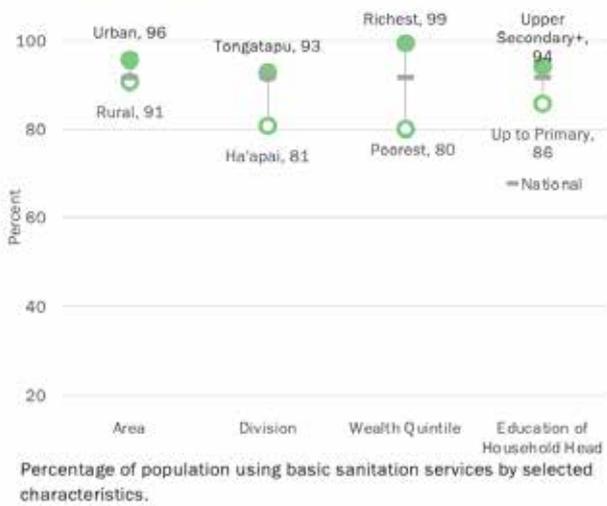
Percentage of population using basic drinking water services by selected characteristics.

Divisional Data on Basic Services

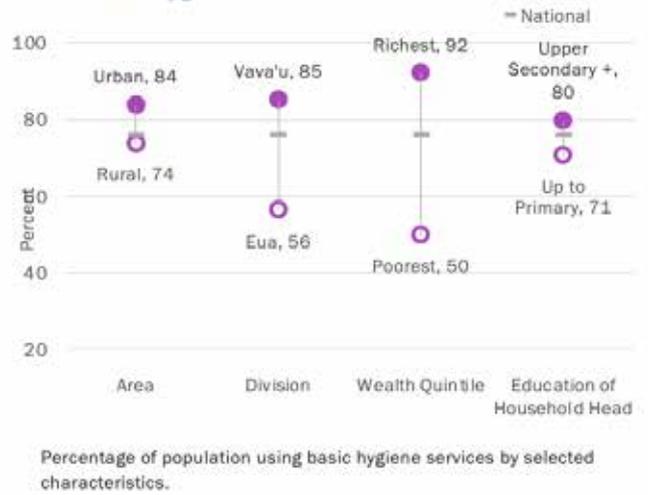
Division	Basic Drinking Water	Basic Sanitation	Basic Hygiene
National	99	92	76
Tongatapu	99	93	78
Vava'u	100	92	85
Ha'apai	99	81	57
'Eua	100	93	56
Ongo Niua	97	91	66

Percentage of population using basic drinking water, sanitation and hygiene services by region.

Basic Sanitation

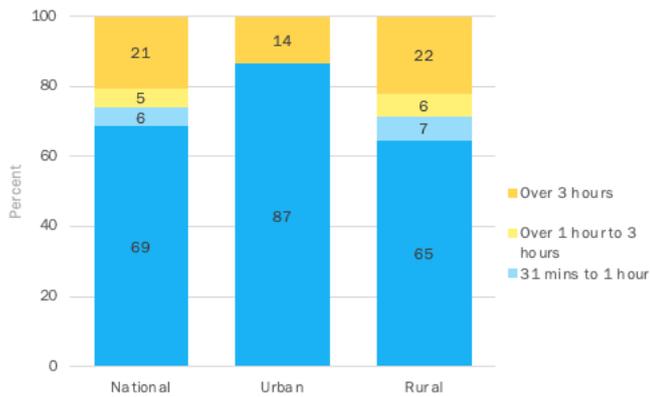


Basic Hygiene



Accessibility of Drinking Water & Sanitation Facilities

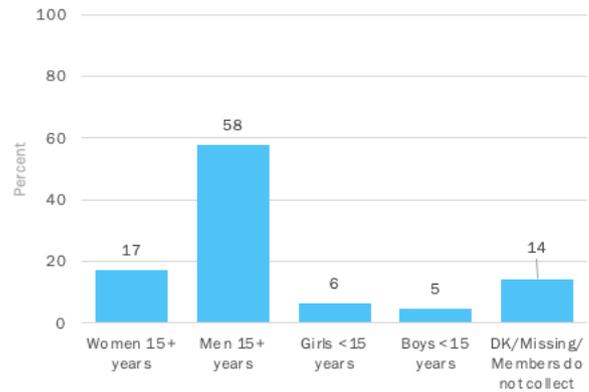
Time Spent Each Day Collecting Drinking Water



Percentage of population by mean time person primarily responsible for water collection spends collecting water each day in households without water on premises.

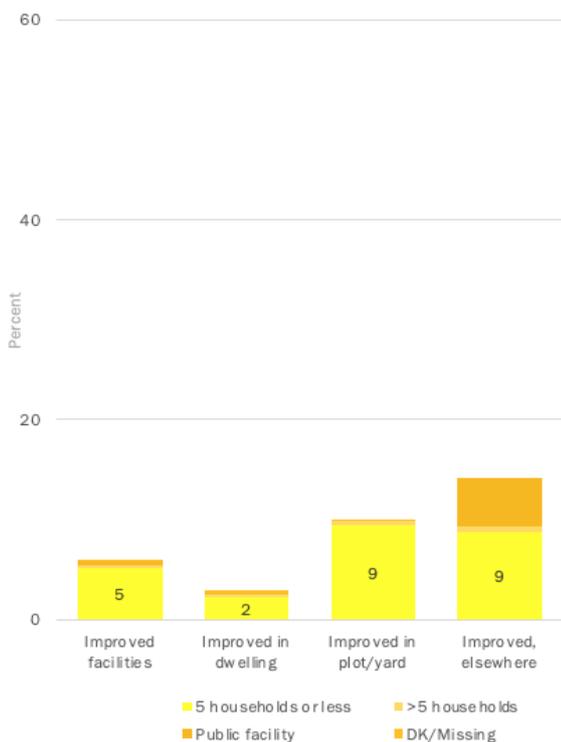
Note: Data for "Urban" is based on 25-49 unweighted cases.

Who Primarily Collects Drinking Water for the Household



Percentage of population by gender and age of person primarily responsible for collecting drinking water in households without water on premises.

Sanitation Accessibility & Privacy



Percentage of the population sharing improved sanitation facilities, by location of sanitation facility.

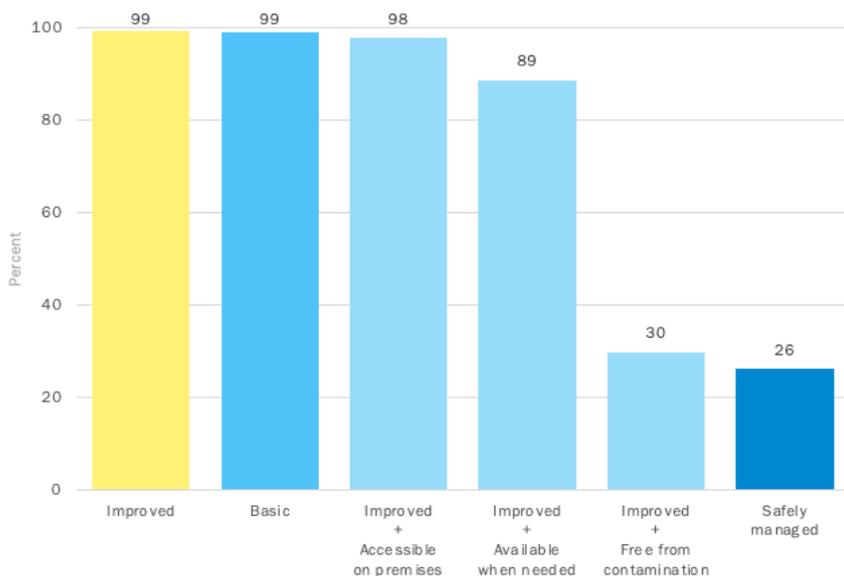
Types of Sanitation Facility by Division

Division	Sewer connection	Onsite sanitation
National	3	95
Tongatapu	4	94
Vava'u	0	99
Ha'apai	0	89
'Eua	1	94
Ongo Niua	0	96

Percent of population using sewer connections and onsite sanitation, by region.

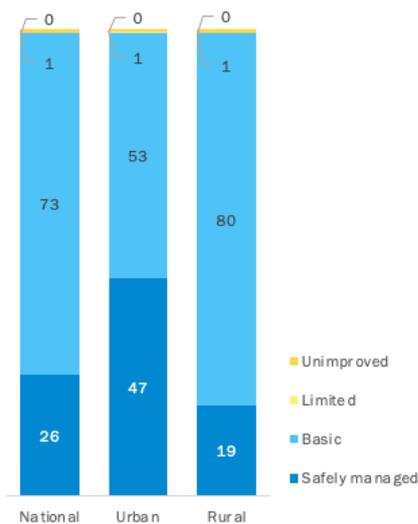
Safely Managed Drinking Water Services: SDG 6.1.1

Improved, basic & safely managed drinking water



Percentage of population using improved, basic and safely managed drinking water services.

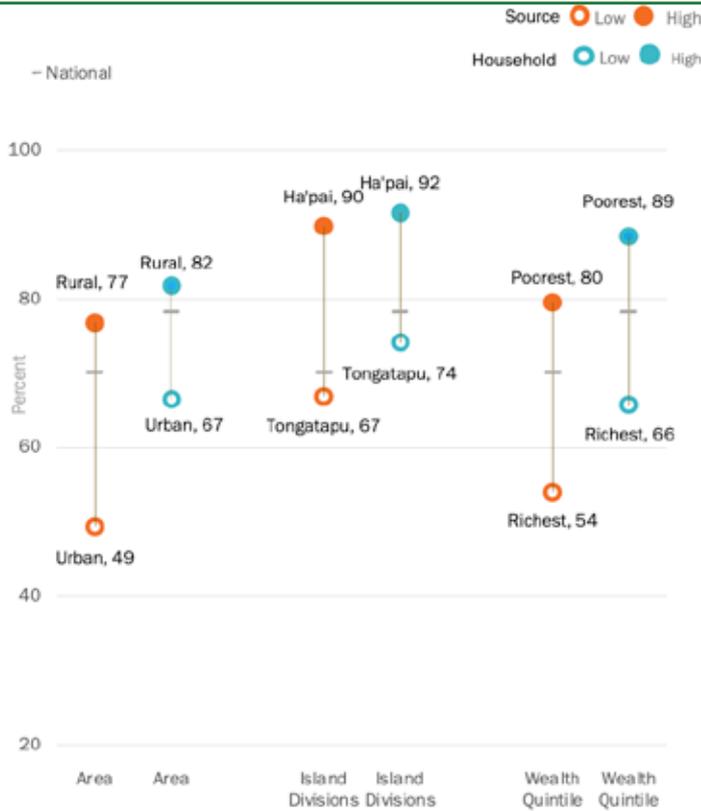
Drinking water coverage: National, urban & rural



Percentage of population by drinking water coverage.

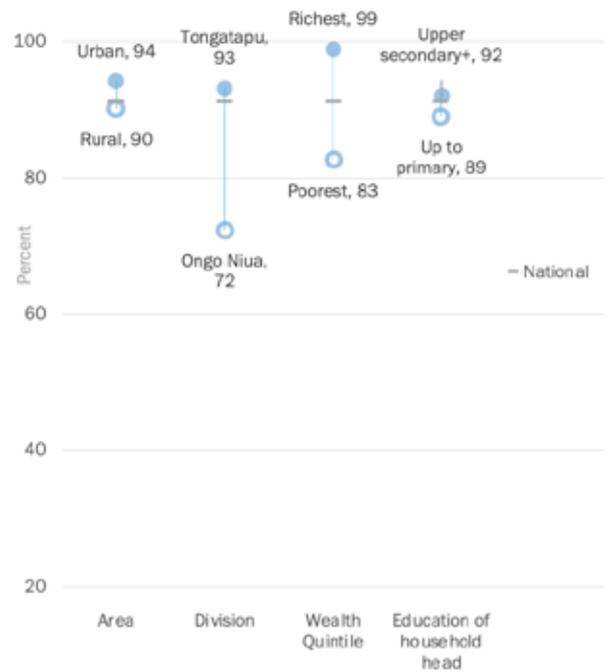
Safely managed (SDG 6.1) are improved sources: accessible on premises, available when needed, free from contamination.

Drinking Water Quality at Source & Home



Percentage of population using drinking water sources with *E. coli* (orange) and proportion with *E. coli* in glass of drinking water in household drinking water (teal). Water Quality Testing response rates for Household and Source testing are 98% and 87% respectively.

Availability of Drinking Water

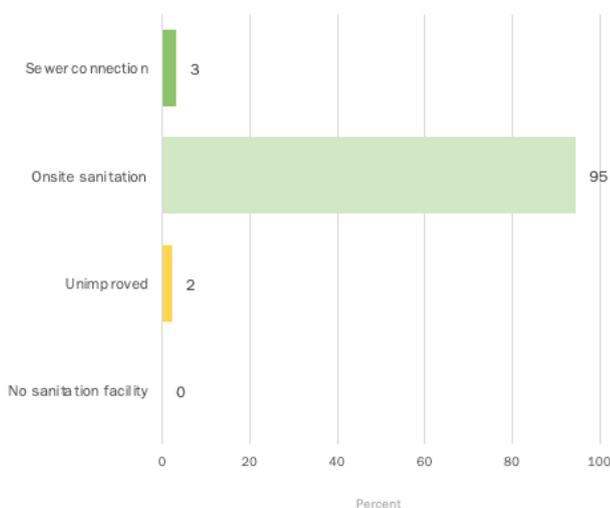


Percentage of population using drinking water sources with sufficient drinking water in the last month.

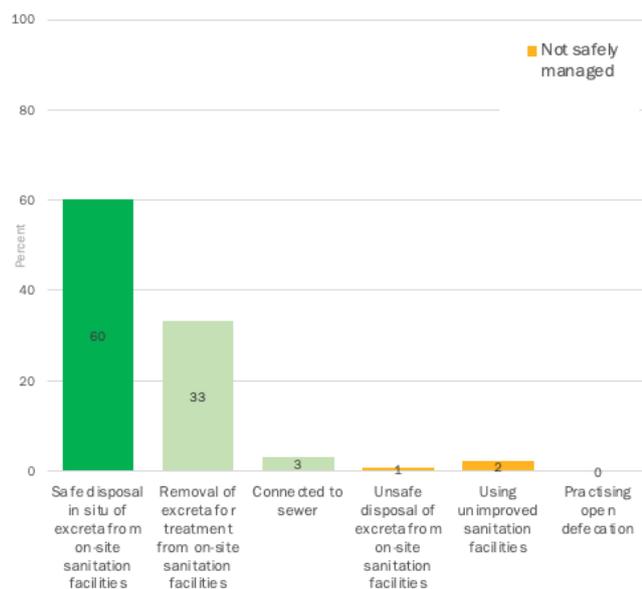
Safely Managed Sanitation Services: SDG 6.2.1

Management of excreta from household sanitation facilities

Types of Sanitation Facility



Percentage of population by type of sanitation facility, grouped by type of disposal.



Percentage of population by management of excreta from household sanitation facilities.

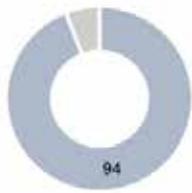
Sewer connections include "Flush/pour flush to piped sewer system" and "Flush to DK where"

Onsite sanitation facilities include "Flush/pour flush to septic", "Flush/pour flush to latrine", "Ventilated improved pit latrine", "Pit latrine with slab" and "Composting toilet".

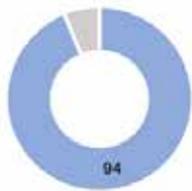
*Additional information required to determine whether faecal sludge and wastewater is safely treated.

Safely managed sanitation services represents an ambitious new level of service during the SDGs and is the indicator for target 6.2. Safely managed sanitation services are improved facilities that are not shared with other households and where excreta are safely disposed of in situ or transported and treated offsite. The MICS survey collected information on the management of excreta from onsite facilities. For households where excreta are transported offsite (sewer connection, removal for treatment), further information is needed on the transport and treatment of excreta to calculate the proportion that are safely managed.

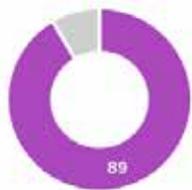
Menstrual Hygiene Management



Women with a private place to wash & change at home



Women with appropriate materials



Women with appropriate materials & a private place to wash & change at home

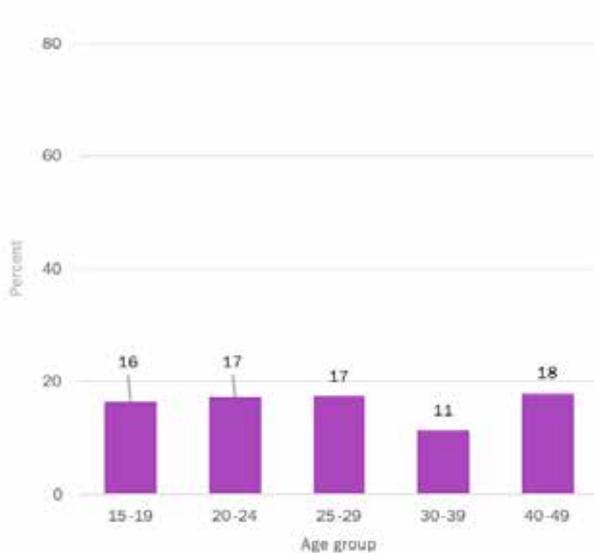
Denominator for all 3 indicators: women age 15-49 who reported menstruating in the last 12 months.

Inequities in Access to Appropriate Materials & Private Place to Wash & Change at Home



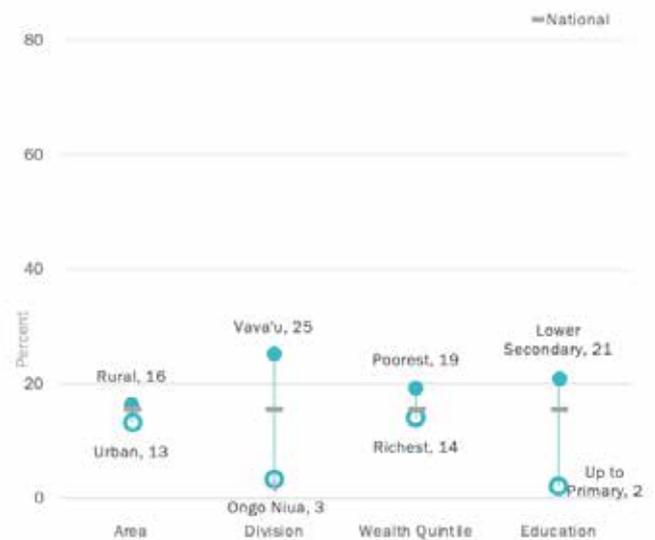
Percentage of women age 15-49 using appropriate menstrual hygiene materials with a private place to wash and change while at home, among women reporting menstruating in the last 12 months. Note: Data for "Education ("Up to primary")" is based on 25-49 unweighted cases.

Exclusion from Activities during Menstruation



Percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by age, among women reporting menstruating in the last 12 months.

Exclusion from Activities during Menstruation



Percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months, by residence, wealth quintile, education and region, among women reporting menstruating in the last 12 months. Note: Data for "Education (Up to primary)" is based on 25-49 unweighted cases.

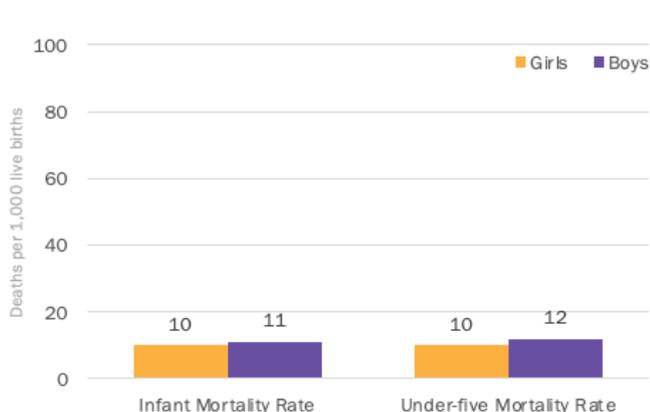
Gender Equality

Gender equality means that girls and boys, women and men, enjoy the same rights, resources, opportunities and protections. Investments in gender equality contribute to lifelong positive outcomes for children and their communities and have considerable inter-generational payoffs because children’s rights and well-being often depend on women’s rights and well-being. This snapshot shows key dimensions of gender equality during the lifecycle. It is organized around: 1) the first decade of life (0-9 years of age) when gender disparities are often small, particularly in early childhood; 2) the second decade of childhood (10-19 years of age) when gender disparities become more pronounced with the onset of puberty and the consolidation of gender norms; and 3) adulthood, when gender disparities impacts both the wellbeing of women and girls and boys.

Every Girl & Boy Survives & Thrives: The First Decade of Life

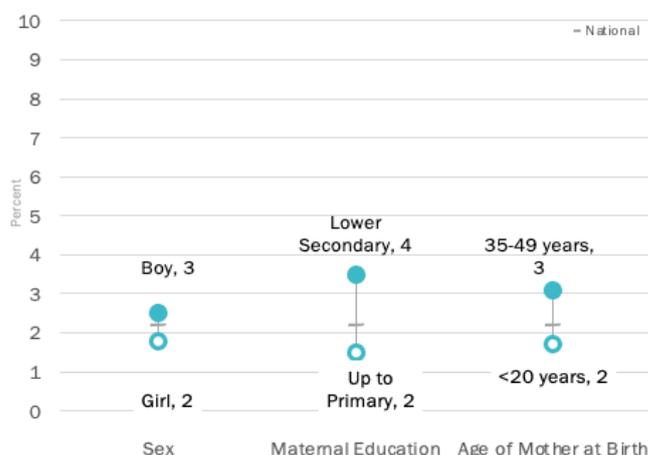
Nutrition and a supportive environment in early childhood are among the key determinants of the health and survival of children and their physical and cognitive development. Generally, girls tend to have better biological endowments than boys for survival to age five, and thus higher survival chances under natural circumstances. However, gender discrimination against girls can affect survival, resulting in higher than expected female mortality. Similarly, stunting rates are typically lower among girls than boys, potentially due to the higher risk for preterm birth among boys, which is inextricably linked with lower birth weight. However, children with mothers who gave birth at a young age or who have no education may be more likely to be malnourished. Children with restricted cognitive development during early life are at risk for later neuropsychological problems, poor school achievement, early school drop-out, low-skilled employment, and poor care of their own children. Stimulation and interaction with parents and caregivers can jumpstart brain development and promote well-being in early childhood. This is also the period of development when gender socialization, or the process of learning cultural roles according to one’s sex, manifests. Caregivers, particularly fathers, may respond to, and interact with, sons and daughters differently.

Mortality Rates among Children Under-5, SDG 3.2.1 Sex Disaggregate



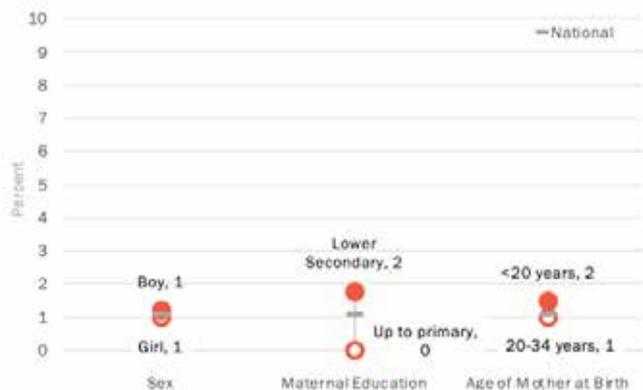
Infant mortality: probability of dying between birth and the first birthday
 Under-five mortality: probability of dying between birth and the fifth birthday

Malnutrition: Stunting (Moderate & Severe) among Children Under-5, SDG 2.2.1



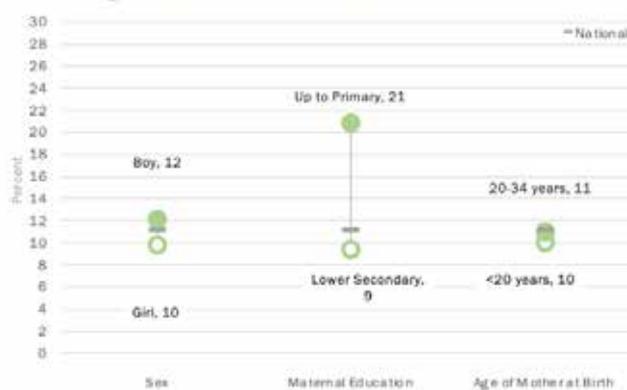
Stunting refers to a child too short for his or her age
 Note: Data for “Primary education” category is based on 25-49 unweighted cases

Malnutrition: Wasting (Moderate & Severe) among Children Under-5, SDG 2.2.2



Wasting refers to a child who is too thin for his or her height.
 Note: Data for "Up to primary" category is based on 25-49 unweighted cases.

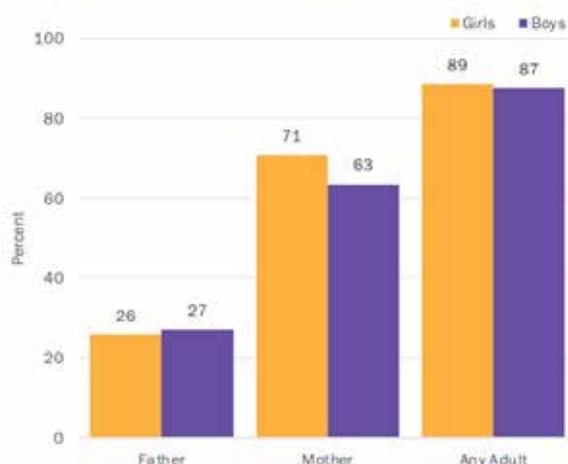
Malnutrition: Overweight (Moderate & Severe) among Children Under-5, SDG 2.2.2



Overweight refers to a child who is too heavy for his or her height.
 Note: Data for "Up to primary" category is based on 25-49 unweighted cases.

Every Girl & Boy Survives & Thrives: The First Decade of Life

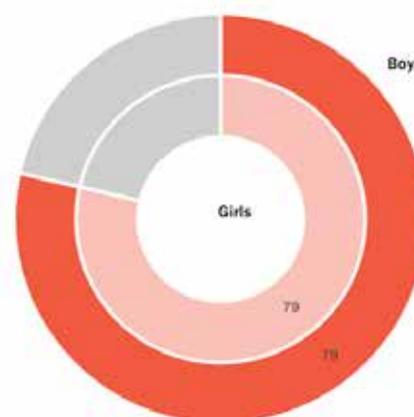
Early Stimulation & Responsive Care by Adults



Percentage of children age 2-4 years with whom adult household members engaged in activities that promote learning and school readiness during the last three days, by person interacting with child and sex of child.

Note: Activities include: reading books to the child; telling stories to the child; singing songs to the child; taking the child outside the home; playing with the child; and naming, counting or drawing things with the child

Early Childhood Development Index, SDG 4.2.1

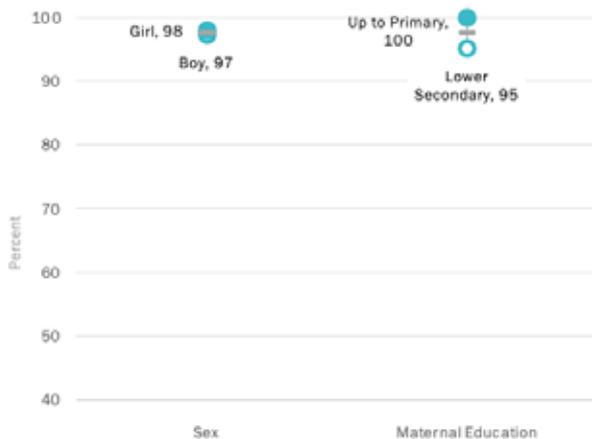


Percentage of children age 3-4 years who are developmentally on track in at least 3 of the following 4 domains: literacy-numeracy, physical, social-emotional, and learning domains, by sex

Every Girl & Boy Is Protected From Violence & Exploitation: The First Decade of Life

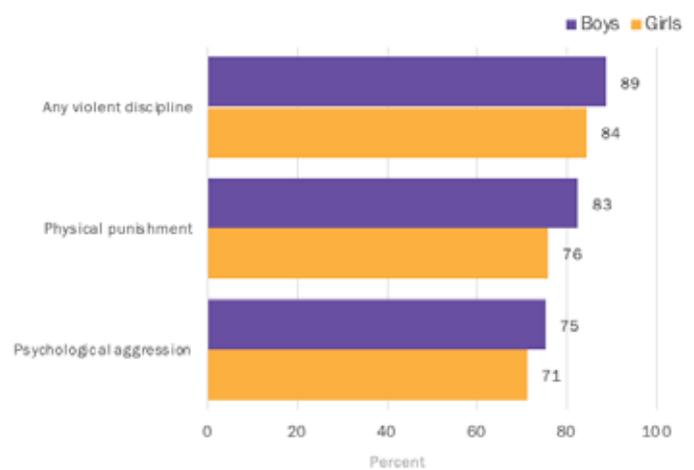
Registering children at birth is the first step in securing their recognition before the law, safeguarding their rights, and ensuring that any violation of these rights does not go unnoticed. While vitally important for both girls and boys, the implications of low birth registration rates for girls are significant, rendering them more vulnerable to certain forms of exploitation they are at greater risk of, including child marriage and international trafficking. Although average birth registration rates are similar for girls and boys, children with mothers who have no education may be less likely to have their births registered. While girls and boys face similar risks of experiencing violent discipline -which includes physical punishment and psychological aggression- by caregivers in the home, gender inequality and domestic violence are among the factors associated with an elevated risk of violence against both girls and boys.

Birth Registration, SDG 16.9.1 Sex Disaggregate



Percentage of children under age 5 whose births are registered, by sex and maternal education level.
 Note: Data for "Up to primary" category is based on 25-49 unweighted cases.

Violent Discipline, SDG 16.2.1 Sex Disaggregate



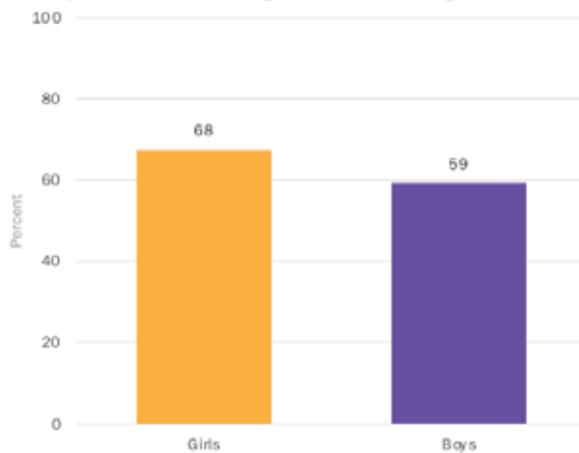
Percentage of children age 1-14 years who experienced violent discipline in the past month, by sex.
 Note: The age group 1-14 spans the first and second decades of life.

Every Girl & Boy Learns: The First Decade of Life

Investment in good quality early childhood education services prior to entering school improves learning outcomes for children. It also enhances the efficiency of the school system by reducing repetition and drop-out and improving achievement, especially among girls and marginalized groups. Primary education provides the foundation for a lifetime of learning. Considerable progress has been made in achieving universal education and closing the gender gap but gender disparities to the disadvantage of girls still exist in some countries. Further, girls still comprise the majority of the world's out-of-school population.

Note: Because children of primary school age range from 5-14 years, these indicators include some children in their second decade of life.

Participation Rate in Organized Learning, SDG 4.2.2



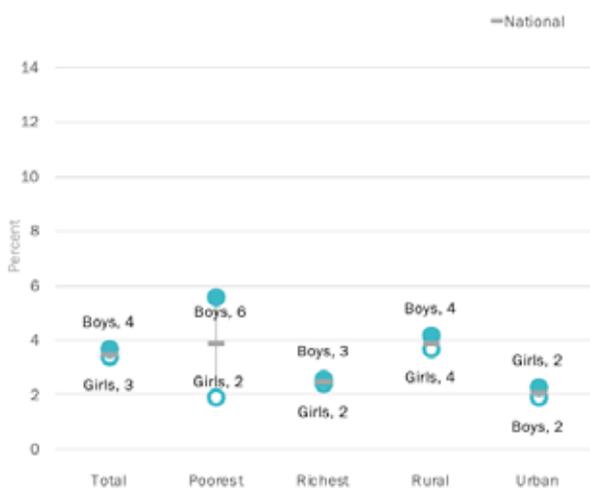
Percentage of children age one year younger than the official primary school entry age at the beginning of the school year attending an early childhood education programme or primary education (adjusted net attendance ratio), by sex.

Primary School Attendance



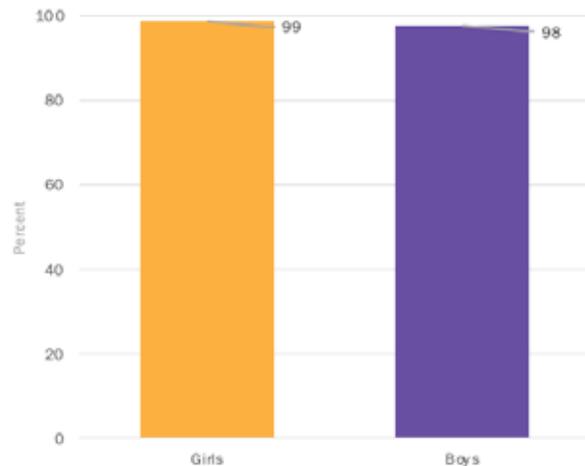
Percentage of children of primary school age attending primary or secondary school (adjusted net attendance ratio), by wealth quintile and area.

Children of Primary School Age Out of School



Percentage of children of primary school age not attending either primary or secondary school, by wealth quintile and area.

Primary Completion, SDG 4.1.2



Percentage of children age 3 to 5 years above the intended age for the last grade of primary school who have completed primary education, by sex.

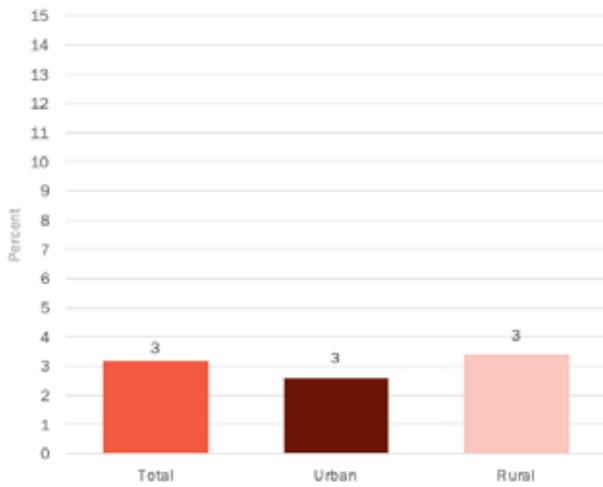
Key Messages

- Under-5 mortality among boys is slightly higher than that of girls (12 and 10 deaths per 1,000 live births, respectively).
- One in every ten girls and one in every eight boys is overweight.
- Birth registration among under-5 children is near universal in Tonga (98 percentage).
- About 9 in 10 children age 1-14 years have experienced violent discipline during the one month preceding the survey, is slightly high among boys (89 percentage) compared to girls (84 percentage).
- Two out of three children age 36-59 months are not attending an organized early childhood education programme.
- About four percentage of children of primary school age at beginning of school year are out of school. The children out of school is very high among those belongs to mothers with education level up to primary (11 percentage).

Every Adolescent Girl & Boy Survives & Thrives: The Second Decade of Life

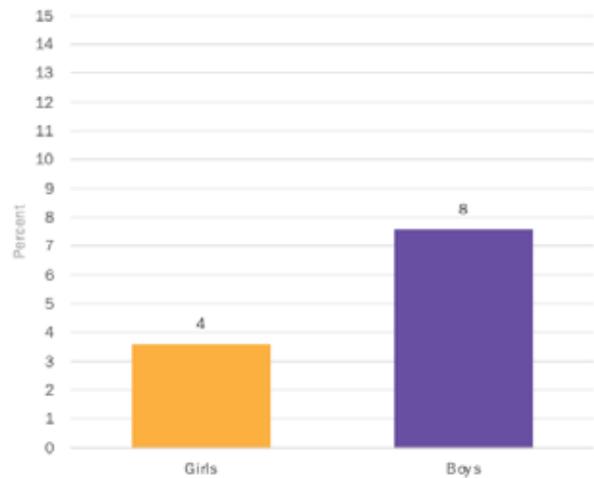
While adolescence carries new health risks for both girls and boys, girls often face gender-specific vulnerabilities, with lifelong consequences. Complications related to pregnancy and childbirth are among the leading causes of death worldwide for adolescent girls age 15 to 19. Preventing adolescent pregnancy not only improves the health of adolescent girls, but also provides them with opportunities to continue their education, preparing them for jobs and livelihoods, increasing their self-esteem and giving them more say in decisions that affect their lives. Yet, too often, adolescent girls lack access to appropriate sexual and reproductive health services, including modern methods of contraception. Additionally, despite having a higher risk of contracting HIV due to both greater physiological vulnerabilities and gender inequalities, adolescent girls are often less knowledgeable than adolescent boys about how HIV is transmitted. However, gender norms adversely impact adolescent boys as well. For example, norms around masculinity that encourage risk taking may heighten adolescent boys' use of alcohol and tobacco, increasing their likelihood of developing noncommunicable diseases later in life.

Early Childbearing – before Age 18



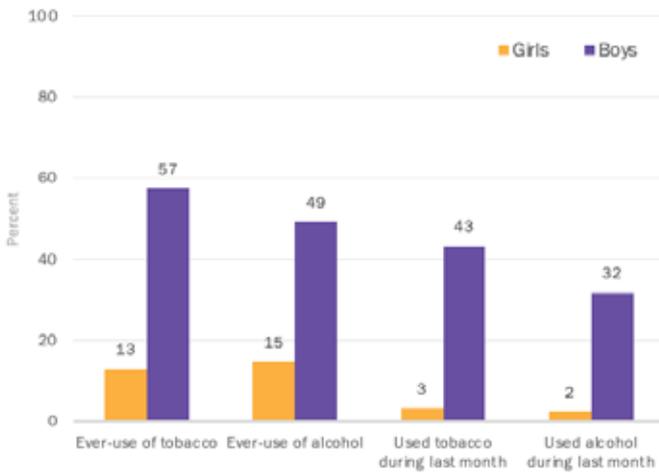
Percentage of women age 20-24 years who had a live birth before age 18, by area.

Comprehensive Knowledge of HIV



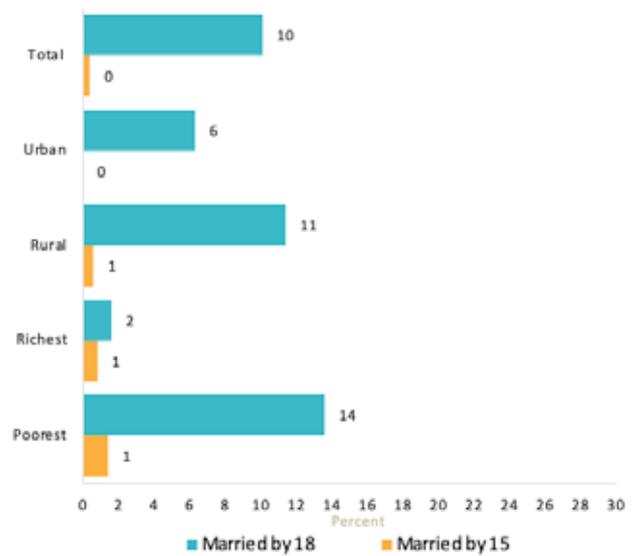
Percentage of girls and boys age 15-19 years who know of the two ways of HIV prevention (having only one faithful uninfected partner and using a condom every time), who know that a healthy looking person can be HIV-positive, and who reject the two most common misconceptions, and any other local misconception.

Tobacco* & Alcohol Use



Tobacco and alcohol use among adolescents age 15-19, by sex.
*Includes an age and sex disaggregate of SDG 3.a.1: use of tobacco.

Child Marriage, SDG 5.3.1*

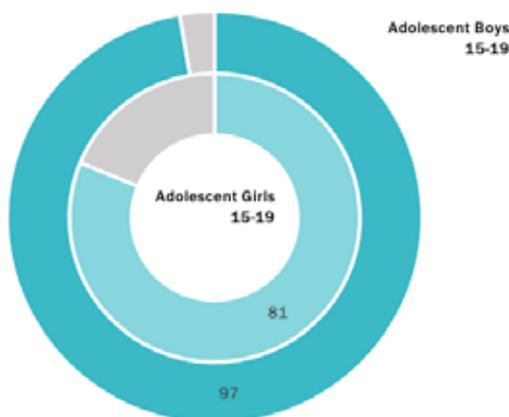


Percentage of women aged 20-24 years who were first married or in union before age 15 and before age 18*, by residence and wealth quintile.

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

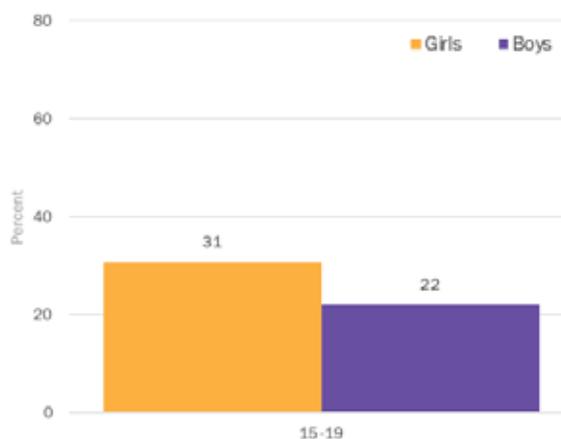
Adolescence presents unique vulnerabilities to violence and exploitation for girls. In many countries, marriage before the age of 18 is a reality for girls due to the interaction of several factors that place a girl at risk, including poverty, social norms, customary or religious laws that condone the practice, an inadequate legislative framework and the state of a country’s civil registration system. Child marriage often compromises a girl’s development by resulting in early pregnancy and social isolation, interrupting her schooling, and limiting her opportunities for career and vocational advancement. It also often involves a substantial age difference between the girl and her partner, thus further disempowering her and putting her at greater risk of partner violence, sexually transmitted diseases and lack of agency. Attitudes about wife beating serve as a marker for the social acceptability of intimate partner violence. Acceptance of wife beating among adolescent girls and boys suggests that it can be difficult for married girls who experience violence to seek assistance and for unmarried girls to identify and negotiate healthy and equitable relationships. Gender-based discrimination may be one of the most ubiquitous forms of discrimination adolescent girls face, and it has long-lasting and far-reaching effects on their personal trajectories as well as on all aspects of social and economic development. While in most regions, girls and boys are equally likely to be involved in child labour, gender is a determinant of the types of activities boys and girls engage in, with girls more likely to be involved in domestic work.

Feelings of Safety, SDG 16.1.4 Age & Sex Disaggregate



Percentage of adolescents age 15-19 years who feel safe walking alone in their neighbourhood after dark, by sex.

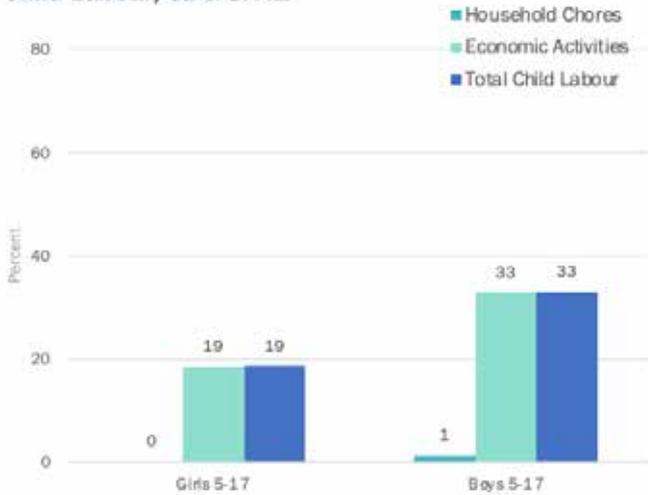
Attitudes toward Domestic Violence



Percentage of adolescents age 15-19 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex and age group.

Every Adolescent Girl & Boy is Protected from Violence & Exploitation: The Second Decade of Life

Child Labour, SDG 8.7.1



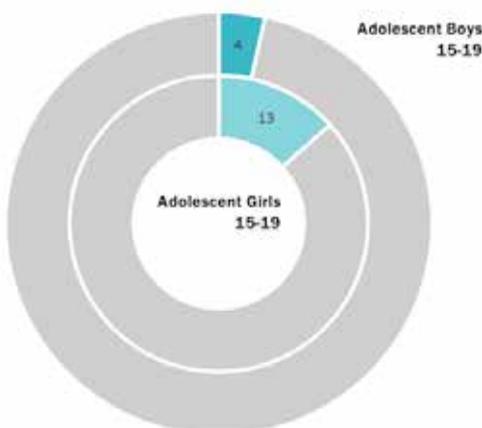
Percentage of children age 5 to 17 years engaged in child labour, by sex, age group and type of activity.

* Note: Indicator includes children in the first & second decade of life.

Every Adolescent Girl & Boy has an Equitable Chance in Life: The Second Decade of Life

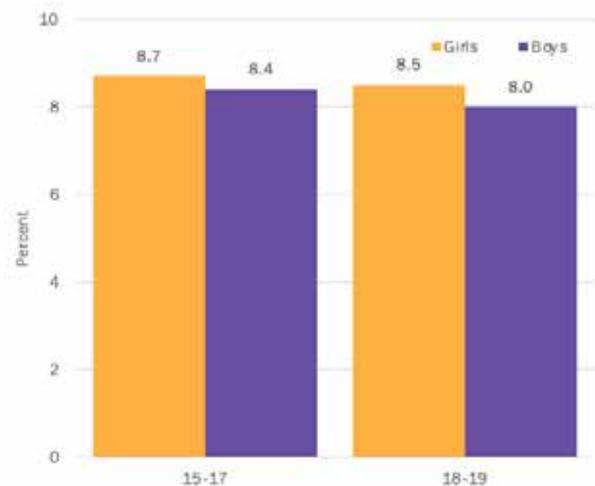
To become empowered, adolescent girls and boys need to be engaged as civic participants in the decisions affecting their lives and communities. People’s sense of security and freedom from the fear of crime influences how they move about those communities, access services and economic opportunities and participate in public life. Adolescent girls and boys are likely to have different perceptions of personal safety due to different gender-based vulnerabilities to sexual violence and other crimes. Life satisfaction measures an individual’s perceived level of well-being or how an individual feels about their life as a whole. Measuring adolescent girls’ and boy’s satisfaction with their lives can provide important insights into their mental health during a stage of life when gender norms consolidate and girls and boys experience different risk factors for mental health disorders.

Discrimination & Harassment



Percentage of adolescent girls and boys age 15-19 years who have ever felt discriminated or harassed based on their gender

Life Satisfaction

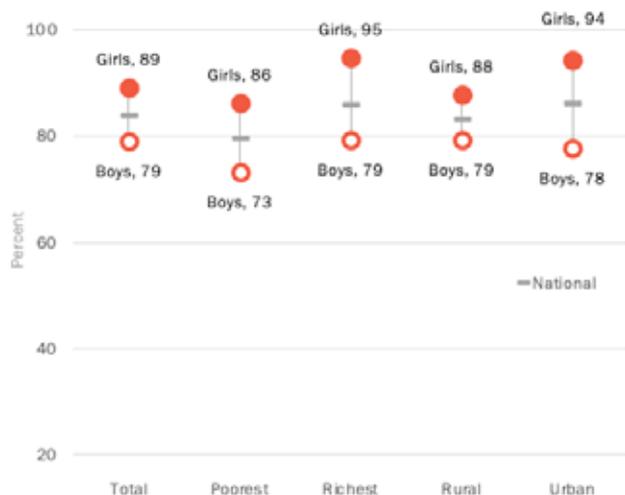


Among adolescents age 15-19, average life satisfaction score on a scale of 0 to 10, by sex and age group

Every Adolescent Girl & Boy Learns: The Second Decade of Life

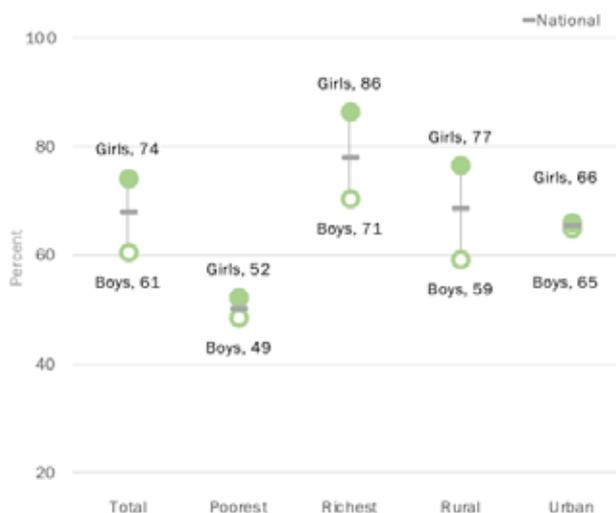
While participation in secondary education is expanding, progress lags behind primary education. Gender disparities disadvantaging girls are also wider and occur in more countries at the secondary level than at the primary level. Yet, advancing girls' secondary education is one of the most transformative development strategies countries can invest in. Completion of secondary education brings significant positive benefits to girls and societies – from increased lifetime earnings and national growth rates, to reductions in child marriage, stunting, and child and maternal mortality.

Lower Secondary Attendance: Net Attendance Rate



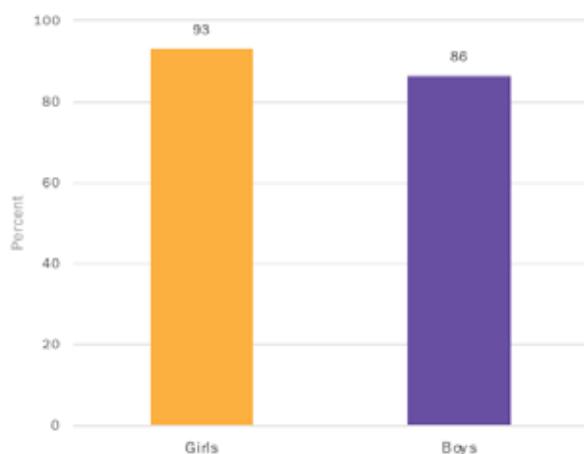
Percentage of children of lower secondary school age attending lower secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area.

Upper Secondary Attendance: Net Attendance Rate



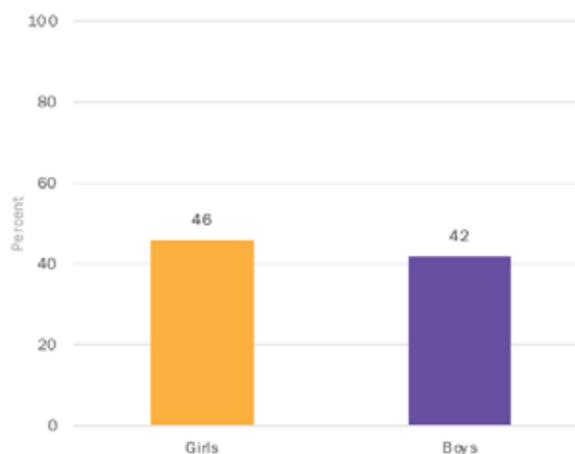
Percentage of children of upper secondary school age attending upper secondary school or higher (adjusted net attendance ratio), by sex, wealth quintile and area.

Lower Secondary Completion, SDG 4.1.2



Percentage of children who age 3 to 5 years above the intended age for the last grade of lower secondary school who have completed lower secondary education, by sex.

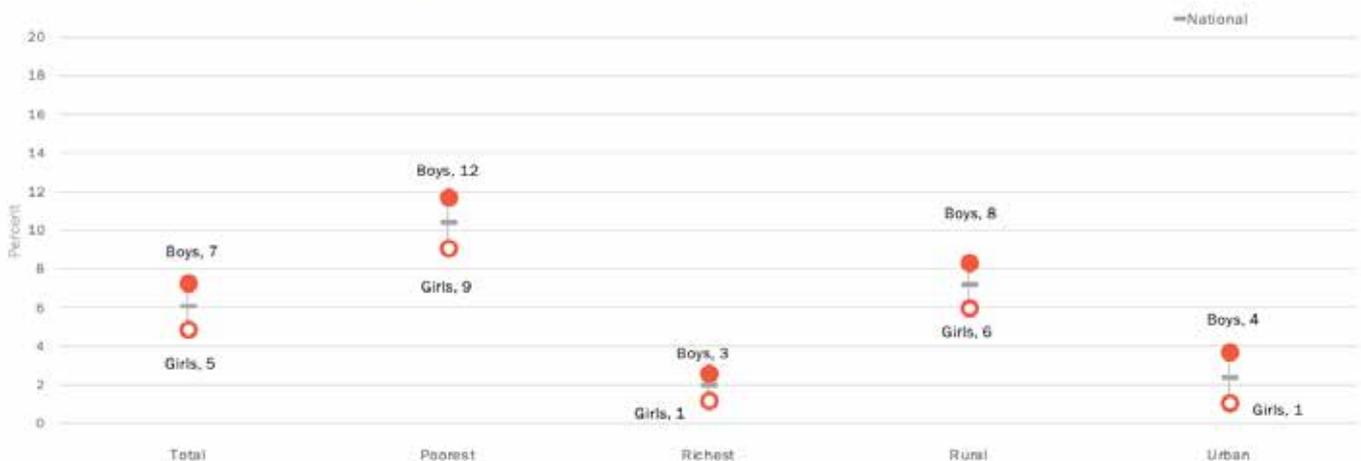
Upper Secondary Completion, SDG 4.1.2



Percentage of children or youth who age 3 to 5 years above the intended age for the last grade of upper secondary school who have completed upper secondary education, by sex.

Every Adolescent Girl & Boy Learns: The Second Decade of Life

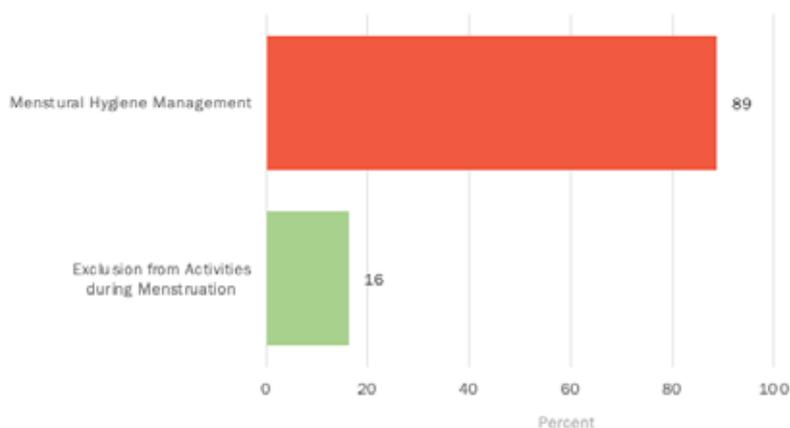
Children of Lower Secondary School Age Out of School



Percentage of children of lower secondary age not attending either primary or secondary school, by wealth quintile and area.

Every Adolescent Girl & Boy Lives in a Safe & Clean Environment: The Second Decade of Life

Menstrual Hygiene Management



The ability of adolescent girls to safely manage their monthly menstrual cycle in privacy and with dignity is fundamental to their health, psychosocial well-being and mobility. Girls in low-resource and emergency contexts without access to adequate menstrual hygiene management facilities and supplies experience stigma and social exclusion while also forgoing important educational, social and economic opportunities.

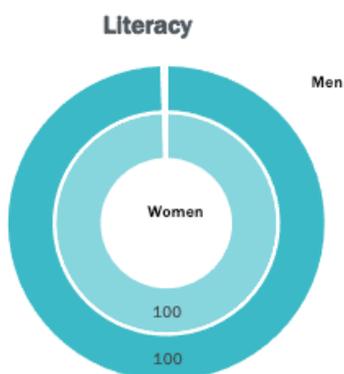
Menstrual Hygiene Management: Among adolescent girls age 15-19 years who reported menstruating in the last 12 months, percentage using appropriate menstrual hygiene materials with a private place to wash and change while at home

Exclusion from Activities during Menstruation: Among adolescent girls age 15-19 years who reported menstruating in the last 12 months, percentage of women who did not participate in social activities, school or work due to their last menstruation in the last 12 months

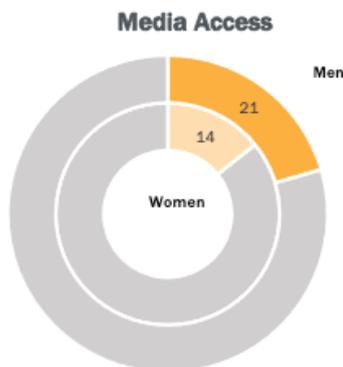
Gender Equality in Adulthood

To survive and thrive, all children require care and support from women and men. Care and support can be substantively improved by fostering gender equality, an important goal in its own right, and by reducing the gender-related barriers. Gender-related barriers include women's and girls' disproportionate lack of information, knowledge and technology, resources, and safety and mobility, as well as the gender division of labour and gender norms. For example, a mother's lack of mobility, due to prohibitive norms or lack of transportation, may impede birth registration, nutrition, and other child outcomes. The internalization of gender norms around masculine and feminine expectations and behaviours may influence women's and men's attitudes toward intimate partner violence and physical punishment of children as well as self-perceptions of well-being, including life satisfaction and expectations for the future.

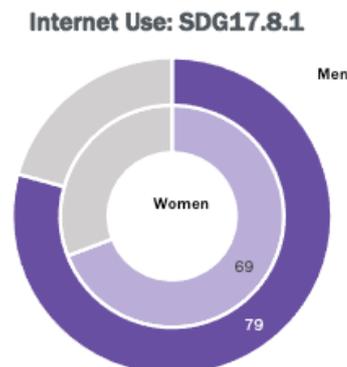
Access to Knowledge, Information & Technology



Percentage of adults age 15-49 years who are literate, by sex.



Percentage of adults age 15-49 years who read a newspaper, listen to the radio, or watch television at least once a week.



Percentage of adults age 15-49 years using the internet at least once in the past 3 months, by sex.

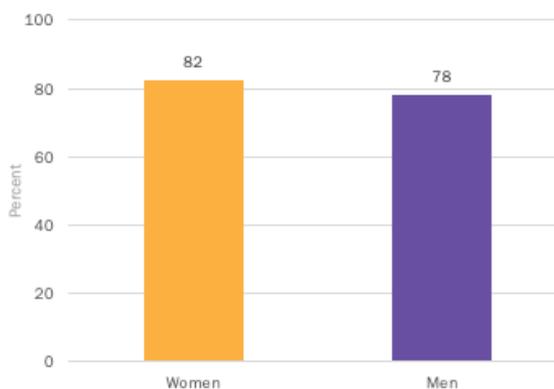
Access to Resources

Mobile Phone Ownership, SDG 5.b.1



Percentage of adults age 15-49 years who own a mobile phone, by sex, wealth quintile and area.

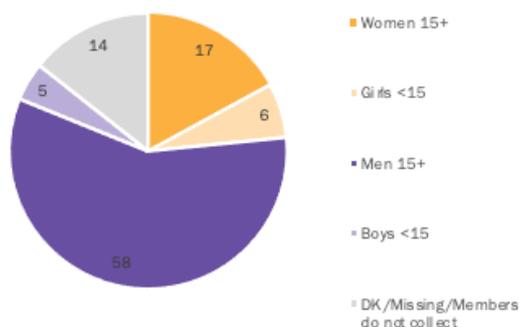
Health Insurance Coverage



Percentage of adults age 15-49 years with health insurance.

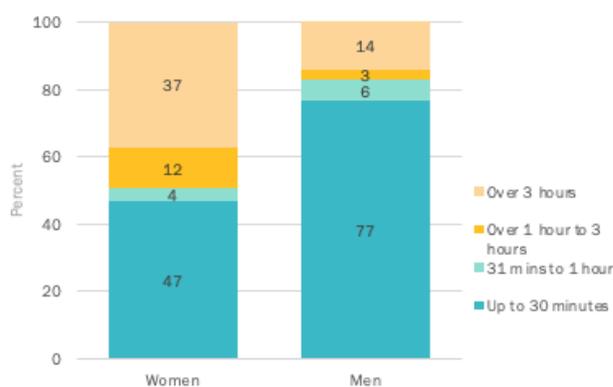
Time on Household Chores: Water Collection

Who collects water?



Percent distribution of household members without drinking water on premises by person usually collecting drinking water used in the household.

Time spent on water collection

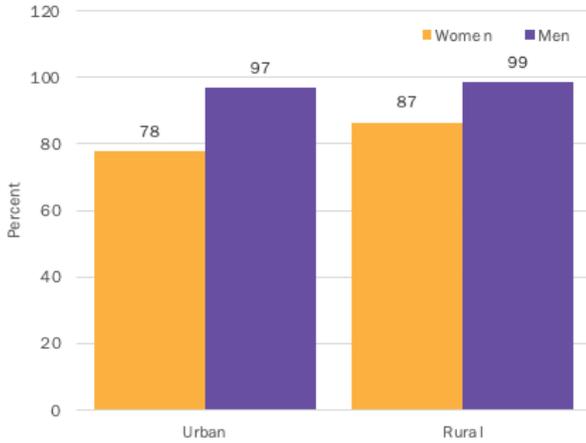


Percent distribution of average amount of time spent collecting water per day by sex of person primarily responsible for water collection in households without drinking water on premises.

Gender Equality in Adulthood

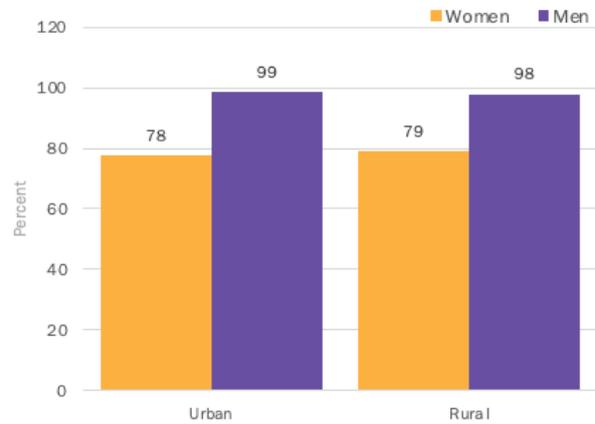
Safety & Security

Feeling safe while walking alone, SDG 16.1.4 sex disaggregate



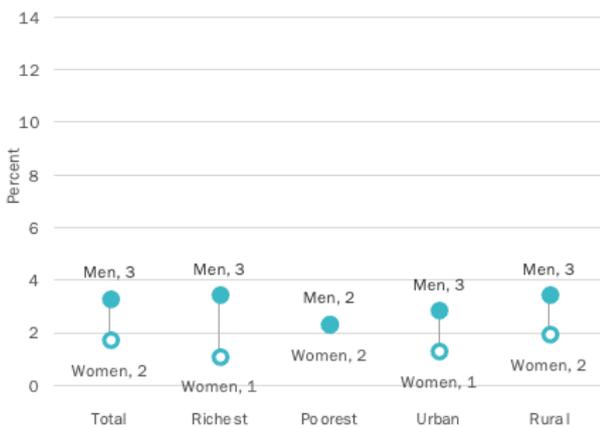
Percentage of men and women age 15-49 years, who feel safe walking alone in their neighbourhood after dark, by sex and area.

Feeling safety while being at home alone



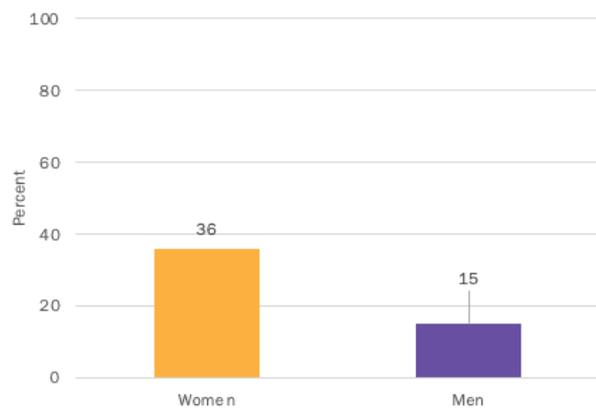
Percentage of men and women age 15-49 years who feel safe being home alone after dark, by sex and area.

Victimisation



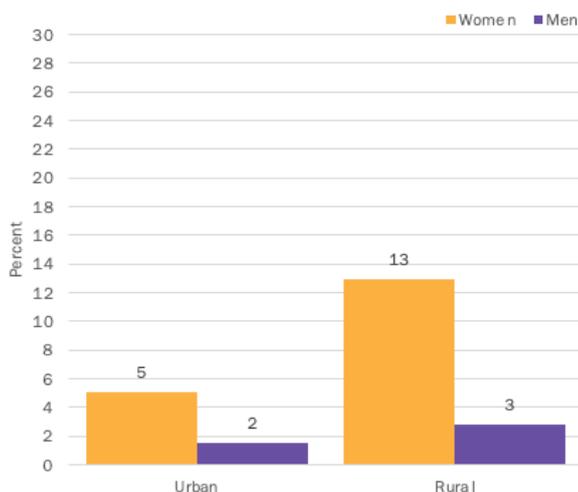
Percentage of men and women age 15-49 years who experienced physical violence of robbery or assault in the last year, by sex, wealth quintile and area.

Reporting of victimisation to police, SDG 16.3.1



Percentage of men and women age 15-49 years for whom the last incident of physical violence of robbery and/or assault in the last year was reported to the police, by sex.

Discrimination & harassment

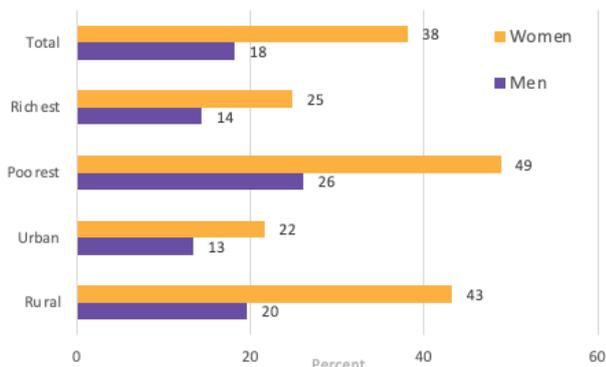


Percentage of men and women age 15-49 years who have ever personally felt discriminated or harassed based on their gender, by sex and area.

Gender Equality in Adulthood

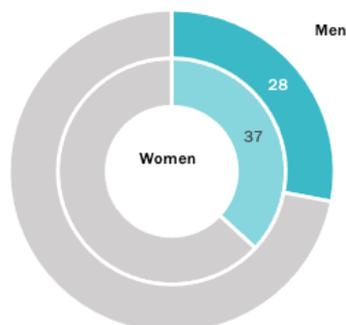
Feminine & masculine attitudes & expectations

Attitudes toward domestic violence



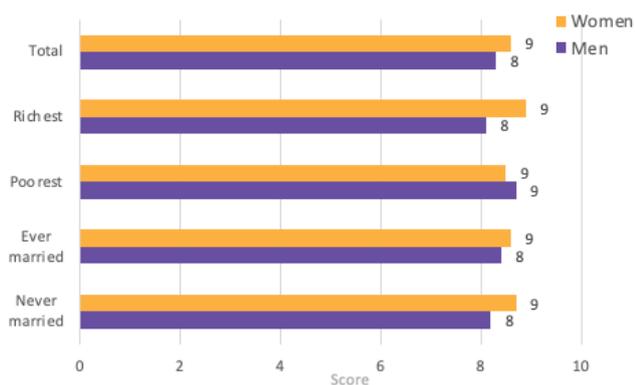
Percentage of men and women age 15-49 years who justify wife beating for any of the following reasons: she goes out without telling him; she neglects the children; she argues with him; she refuses sex with him; she burns the food, by sex, wealth quintile and area.

Attitudes toward physical punishment



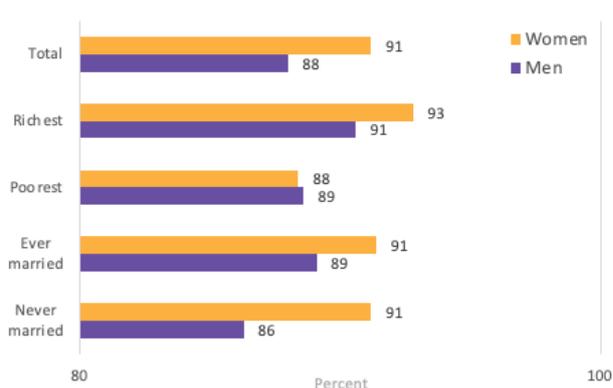
Percentage of mothers/caretakers who believe that physical punishment is needed to bring up, raise, or educate a child properly, by sex of caretaker.

Life satisfaction



Among men and women age 15-49 years, average life satisfaction score on a scale of 0 to 10, by sex, wealth quintile and marital status. Higher scores indicate higher satisfaction levels.

Perceptions of a better life



Percentage of men and women age 15-49 years who expect that their lives will get better in one year, by sex, wealth quintile and marital status.

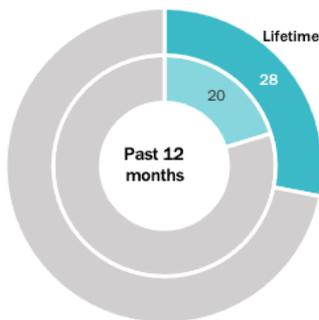
Key Messages

- About 2-in-5 women and 1-in-5 men age 15-49 years justified husbands beating their wives for specific reasons, such as, going out without telling husband; neglecting children; arguing with husband; refuses sex with husband or burns the food.
- More mothers/female caretakers believe that a child needs physical punishment in order to educate them properly compared to male caretakers (37 and 28 percentage, respectively).
- Women tend to have higher perception of better life compared to men (91 and 88 percentage, respectively).

Domestic Violence

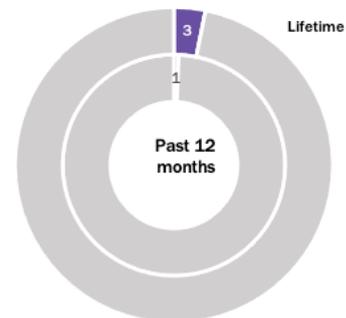
Domestic violence is a problem that affects one’s health, economy, education and human development and above all, human rights. The term ‘domestic’ includes violence perpetrated by an intimate partner and by other family members, wherever this violence takes place and in whatever form. Violence against women and girls is one of the most pervasive human rights violations and has devastating effects in the world. Violence against women and girls is a barrier to respecting human rights and realizing the Sustainable-Development Goals of which, SDG 5 target 5.2 is “Eliminate all forms of violence against all women and girls in public and private spheres, including trafficking and sexual and other types of exploitation.” It is also widely recognized that violence against women is a challenge to women’s participation in development and peace. Countries cannot develop if women are not given equal opportunity to participate in their society. In other cases, the data on socio-economic and health costs of violence clearly demonstrate that violence against women undermine human and economic development.

Intimate Partner Violence (physical, sexual and/or emotional) among ever married/partnered women SDG 5.2.1



Percentage of ever-married women age 15-49 years who have experienced various forms of violence ever or in the 12 months preceding the survey

Non-Partner Sexual Violence, SDG 5.2.2



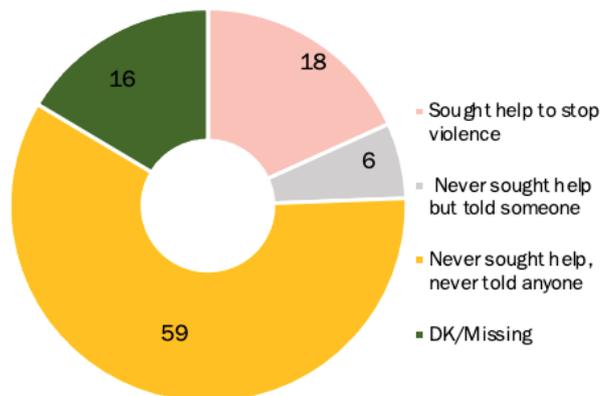
Percentage of women age 15-49 years who have ever experienced sexual violence and percentage who have experienced sexual violence in the 12 months preceding the survey, by non-partner

Violence by any husband/partner in the last 12 months

Age group	Emotional violence	Physical violence	Sexual violence	Physical or sexual or emotional
National	15	13	3	20
20-24	20	22	4	29
25-29	18	16	6	23
30-34	21	11	1	25
35-39	18	12	3	23
40-44	10	8	<1	13
45-49	3	9	<1	10

Percentage of ever-married women age 15-49 years who have experienced emotional, physical or sexual violence by any husband/partner in the past 12 months

Help seeking to stop violence



Percent distribution of women age 15-49 years who have ever experienced physical or sexual violence by their help-seeking behavior according to type of violence

Key Messages

- Close to 3-in-10 ever married woman age 15-49 years has in their lifetime experienced emotional, physical or sexual violence at the hands of their current or most recent husband/partner, and 2-in-10 in the last 12 months preceding the survey.
- One-in-20 women age 15-49 years have ever experienced sexual violence and one-in-50 during the last 12 months.
- Of those women age 15-49 years who have experienced any physical or sexual violence, only 18 percentage sought help to stop violence, and 60 percentage never sought help or told anyone about the violence faced.

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