

SOCIAL DETERMINANTS OF HEALTH

COUNTRY CASE

Measuring and responding to violence against women in Kiribati

Action on gender inequality as a social
determinant of health

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CONTENTS

| | |
|----------------------------------------|----|
| ACKNOWLEDGEMENTS..... | iv |
| ABBREVIATIONS..... | iv |
| EXECUTIVE SUMMARY..... | v |
| Problem..... | 1 |
| Context..... | 2 |
| Planning..... | 4 |
| Implementation..... | 6 |
| Evaluation of results and impacts..... | 8 |
| Follow up and lessons learnt..... | 10 |
| REFERENCES | 13 |

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ABBREVIATIONS

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

EXECUTIVE SUMMARY

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

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

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

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

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

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

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