Tuvalu. A Situation Analysis of Children, Women and Youth.
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# TABLE OF CONTENTS

Executive summary v

## INTRODUCTION

## PART ONE: BACKGROUND
1.1 The land 3
1.2 History and government 4
1.3 Culture and Society 5
1.4 Economy 6
1.5 Living standards and hardship 7
1.6 Environmental Issues 7
1.7 Population Characteristics 11
1.8 Life in the outer islands 16

## PART TWO: SERVICES AND OPPORTUNITY
2.1 Health 20
  2.1.1 Overview of health status 20
  2.1.2 Health services and health resources 24
  2.1.3 HIV/AIDS and other STIs 25
  2.1.4 Challenges in health 26
2.2 Education 27
  2.2.1 Pre-school education 27
  2.2.2 Primary education 29
  2.2.3 Secondary education 32
  2.2.4 Post-secondary education 34
    2.2.4.1 Academic and professional studies 34
    2.2.4.2 Vocational training 35
  2.2.5 Issues in education 36
2.3 Patterns of economic activity 38

## PART THREE: THE SITUATION OF CHILDREN, YOUTH AND WOMEN IN TUVALU
3.1 The Situation of children 43
  3.1.1 Special issues in infant health and healthcare 43
  3.1.2 Infant and child nutrition 45
  3.1.3 Services for disabled children 46
  3.1.4 Early childhood education and development 47
  3.1.5 Child rights and CRC 48
3.2 The Situation of youth
   3.2.1 Definition of youth
   3.2.2 Youth issues in Tuvalu
   3.2.3 Adolescent reproductive health and teenage pregnancy
   3.2.4 Youth education and employment
   3.2.5 Juveniles and the law
   3.2.6 Youth participation and youth as partners in development

3.3 The Situation of women
   3.3.1 Women's status and representation
   3.3.2 Women's health
   3.3.3 Domestic violence and sexual abuse
   3.3.4 Divorce, female headed households and single mothers

PART FOUR: SUMMARY AND RECOMMENDATIONS

4.1 Summary

4.2 Progress since 1996 and review and reformulation of 1996 recommendations
   4.2.1 Update of general recommendations from 1996
   4.2.2 Update of specific recommendations from 1996

4.3 New Recommendations from 2006 situation analysis

REFERENCES

LIST OF TABLES

Table One: Average annual distribution of household expenditure, 2004
Table Two: Population Change by Atoll
Table Three: Population density nad density change 1991 - 2002
Table Four: Primary School enrolments, 2004 and 2006
Table Five: Qualifications of Primary teachers
Table Six: Class Eight examination results by school and gender, 2005
Table Seven: Enrolment by gender and form, Matufonu 2006, Fefaluvalu 2005
Table Eight: Examination results, Motufoua 2006
Table Nine: Employed population aged 15 and over by sector and gender, 2002
Table Ten: Funafuti share of national employment by sector and gender, 2002
Table Eleven: Immunization coverage, 1997 - 2004
Table Twelve: Age distribution of Youth in Tuvalu
Table Thirteen: Income deciles for male- and female-headed households, 2004

LIST OF FIGURES

Figure One: Annual estimates of the Total Fertility Rate
Figure Two: Population by sex and age group, 1991 and 2002
Figure Three: Population change by atoll, 1991 - 2002
Figure Four: Population growth rates by atoll, 1991 - 2002
Figure Five: Reasons for seeking treatment at a health facility
Figure Six: Population who smoke, 2002 (per cent)
Figure Seven: Population that drinks alcohol
Figure Eight: Economic activity, population aged 15 years and over, 2002
Figure Nine: Subsistence activity by gender, 2002
Figure Ten: Infant mortality rate 1990 - 2002 (infant deaths per 1000 live births)
Figure Eleven: Incidence of STIs* by age group, 1999 - 2004
Figure Twelve: Employment status of youth aged 15 - 34, 2002
Figure Thirteen: Estimated percentage of women of reproductive age using family planning, 1990 - 2002

LIST OF BOXES

Box One: The 2007-2009 Social Development Corporate plan: Department of Community Affairs
Box Two: Life on a Outer atoll Nukulaelae
Box Three: Ntulakita: Life in the furthest island
Box Four: WHO recommended infant immunisation schedule for Tuvalu
Box Five: Issues identified by youth in Tuvalu
Box Six: Youth in the outer Islands: a personal story
Box Seven: WHO attends the Marine Training Institute
Box Eight: Obstacles to gender equality in the maritime

LIST OF PEOPLE INTERVIEWED

Funafuti

Teuleala Manuella   Community Affairs Officer
Bateteba Esela   Department of Community Affairs
Lapana   Acting Principal, Motufoua Secondary School
Tiuatu Puava   Acting Principal, Nauti Primary School
Talo Asaulu   Primary school teacher
Easter Molu   Primary school teacher
Rosie Vatau   Primary school teacher
Patisa Ioapo   Primary school teacher
Alamai Sionio   Cultural Officer
Asita Moleti   Project Officer, Women’s Department
Lonatana Panapa   Assistant Secretary for Youth, EKT Church
Teagai Eliesa   Teacher, Motufoua Secondary School
Pasemeta Talaoa   EU-NZ AID In-Country Coordinator
Maseiga Osema   Acting Director of Education
Vallisi   Director, Secondary Education
Teimana Ena Avanitele   Education Officer
Evotia Tofula   Education Officer
Taufania Fiti Tautai   Programme Officer, Education
Capt. Richard Henshaw   Commander, Tuvalu Maritime Training Institute
Dr Nese Ituaso-Conway Acting Director of Health
Sepulona Iona Coding Clark, Department of Health
Filiala Sakaio Public Health Sister
Liliane Falealuga Tine Secretary-General, Tuvalu Red Cross
Matakina Simii Field Officer, Tuvalu Red Cross
Tataua Pese CC/DM Officer, Tuvalu Red Cross
Petueli Noa Youth Officer
Semu Malone Government Statistician
Grace Statistician
Annie Homasi Director, TANGO
Makalini Tuilimu Pre-School Teacher
Ulata Sapolis Pre-School Teacher
Luke Paeniu Former parliamentarian
Sarah Brewster Volunteer Doctor, Tuvalu Family Health Association
Steve Barlow People's Lawyer

Nukulaelae
Mania Paul Principal, Faikimua Primary School
Lake Tomu Secretary, Nukulaelae Kaupule
Namaha Viliamu Senior Staff Nurse
Liliane Tepaolo Community Worker
Various youth, adults and other members of the community

Niulakita
Nurse, teachers and other members of the community
EXECUTIVE SUMMARY

Tuvalu is among the world’s least developed countries and faces issues of land shortage, overcrowded urban areas and potential inundation if sea levels rise. The total population of around 10,000 is distributed across nine scattered atolls, making it costly to provide basic services to all, while limited wage employment opportunities and a small tax base contribute little to national revenue. With the dwindling of its 1990s Internet revenue windfall, Tuvalu is experiencing increasing difficulty balancing the national budget and providing essential services.

The 1994 Household Income and Expenditure Survey estimated that 23 per cent of households were below the basic needs poverty line, while the 2004/2005 survey shows steadily increasing average living expenses. The national average household size in 2002 was 5.5, but in the crowded urban settlement on Fongafale it is more than eight, with instances of 15 or more living in the typical 10 x 6 metre houses. In such circumstances, children, youth and women are among the most vulnerable groups and likely to suffer hardship.

Tuvalu has formulated a substantial Social Development Corporate Plan to address some of these concerns, and there are also major strategies in place to improve health and education. Challenges in health include how to contain the growing epidemic of non-communicable diseases, as well as maintain primary health care and an adequate standard of public health in the face of limited staff and facilities. One success is that although Tuvalu has one of the highest per capita rates of HIV/AIDS cases in the Pacific, there have been no new cases since 2002, suggesting that the spread may have been contained by a vigorous awareness campaign and improved access to condoms, especially for seafarers.

Although virtually all Tuvaluan children attend primary school on their own atoll, there is general under-resourcing in the education sector, and because there is only one major national secondary school, Motufoua on Vaitupu Atoll, secondary education means substantial costs for families. One of the greatest challenges for Tuvalu is how to maintain sufficient quality and diversity in secondary education to meet national needs. Historical factors have resulted in an emphasis on white-collar-oriented secondary education, even though there are few white collar job opportunities, while technical and vocational education (TVET) and post-secondary educational opportunities are underdeveloped. This contributes to high discontinuation rates in secondary education. At present the Maritime Training Institute on Funafuti Atoll is the main source of quality TVET, and although it admits only limited numbers of trainees each year, its contribution to human resource development and national income is crucial. A proposed major restructuring of secondary education in the Tuvalu Education and Training Sector Master Plan should help to effect a substantial improvement in the education sector and ensure that educational opportunities are better adapted to national needs.

In addition to providing a general overview of living conditions, health and education, this report looks at specific issues for children, youth and women. The main issues for children include limitations in Maternal and Child Healthcare (MCH) service delivery due to remoteness, limited transport and communications and under-staffing in the health sector; lack of sufficient fruit and vegetables in diets; limitations in the quality of education; and lack of services for
disabled children. Although Tuvalu has restricted use of corporal punishment in schools and raised awareness of CRC, there is still a general culture of authoritarian parenting and reliance on physical methods to discipline children.

The main issues for youth are limited youth participation, scarcity of employment opportunities, few facilities for sport and recreation and limited access to confidential health services, especially sexual health services. These issues tend to contribute to low self-esteem and high risk behaviour, and substantial rates of unplanned teenage pregnancy are a concern. Life Skills workshops are helping to address youth issues, but under-resourcing of the youth sector and the difficulty of making the transition from school to the workplace sustain youth vulnerability. Nonetheless, juvenile offenders are likely to be treated as harshly as adult offenders by the justice system. There is a need for review of laws applying to juveniles and introduction of appropriate strategies to rehabilitate young offenders.

A major issue for Tuvaluan women is limited gender equity in society and the workplace. Women living on the outer atolls are especially likely to have few opportunities and encounter cultural barriers if they attempt to step outside traditional women’s roles. Apart from the variable standard of MCH services, the main health concerns for women include increasing physical inactivity and bodyweight with age, which predisposes them to non-communicable diseases, especially diabetes. While fertility is relatively low and married women tend to have good access to family planning, lack of specialist services and screening mean that other aspects of reproductive health tend to be neglected.

Although the prosecution statistics suggest that gender based violence is not a significant problem in Tuvalu, informants claim it is under-reported because of a community tendency to conceal shameful events, while sexual harassment is tolerated as a ‘normal’ part of male-female interaction. Female-headed households caused by divorce or widowhood have a heightened risk of disadvantage, but female headed households can also be found among the highest income groups in Tuvalu if they have a breadwinner working overseas.

This report concludes with a review of progress since the 1996 situation analysis, which has tended to be variable. Strengthening and recommitting to some of the 1996 recommendations is suggested, and some new recommendations are made.
INTRODUCTION

This report is an update of ‘A Situation Analysis of Children and Women in Tuvalu 1996’, prepared by the Government of Tuvalu with the assistance of UNICEF. Since then there have been many changes in the world and in Tuvalu, and children, youth and women confront new issues and have other needs.

Tuvalu is among the world’s least developed countries, and although its population growth rate is slower than some other Pacific nations, it faces issues of land shortage, overcrowding in urban areas and potential inundation if sea levels rise. Added to this, a lack of natural resources and a small taxation base means limited capital for economic and social development. In such situations the risk of disadvantage and inadequate provision for basic needs and rights tends to increase for children, youth and women.

Part One of this report provides an overview of the Tuvaluan land, history, culture, economy and people, and highlights a few issues that impact contemporary society. Part Two provides overviews of the health and education systems and patterns of employment, and examines issues that affect all three groups that are the focus of this report – children, youth and women. Part Three focuses on issues that are specific to each of the three target groups. Part Four reviews the recommendations made in the 1996 Situation Analysis, and updates them and makes additional recommendations in light of the situation as assessed in August 2006.

The Ministry of Education coordinated the author’s 10-day visit to Tuvalu to gather information for this report. Interviews were conducted with various government officials, representatives of local government and NGOs and members of the community, in Funafuti and the southern islands. For background this report draws extensively on the Social Data Report, 2005, prepared by the Department of Community Affairs in the Ministry of Home Affairs and Rural Development with assistance from UNDP, and on material provided by the Central Statistical Office. Some of the tables obtained from these sources have been updated with the latest available data, and others have been depicted graphically.

Most of the discussion of issues in this report is based on comments made by the various officials and other stakeholders during face-to-face meetings in Funafuti, Nukulaelae and Niulakita. Accordingly, when no other citation is provided, the analysis can be assumed to be the author’s synthesis of stakeholder comments.

Where tables depict information by atoll, this report follows the convention of listing the atolls from north/west to south/east rather than alphabetically. This order, which is often used in official Tuvaluan documents, has the advantage of highlighting differentials that may be related to distance from Funafuti. In other words, the normal expectation would be that atolls listed at the top (the north western atolls) and bottom (the south eastern atolls) of each table are likely to appear disadvantaged compared with those in the middle (the central atolls).
PART 1
BACKGROUND
PART ONE: BACKGROUND

1.1 The land

Tuvalu comprises nine coral atolls or groups of islands located from five to 11 degrees south of the Equator. In terms of distance, Tuvalu’s nearest neighbours are the southern Gilbert Islands of Kiribati, but the availability of a twice-weekly air service from Suva to Funafuti means that in practice its closest neighbour is Fiji, around two and a half hours flying time to the south. In the past Air Marshalls flew from Nadi to Majuro via Funafuti and Kiribati several times a week, but this service has been discontinued and the only air service at the time of writing was the link to Suva.

The land area of Tuvalu’s atolls ranges from 5.6sq kms for Vaitupu to only 0.4sq km for Niulakita, with a total of only 25.6 sq. kms for the whole country. All atolls are low coral formations, either ringed with islets or with only one or two islands protruding above sea level. Islands and islets range from a few metres to several kilometres in length. The maximum height above sea level is only around four metres, so Tuvalu is extremely vulnerable to coastal erosion and global warming.

The sub-equatorial location brings a tropical climate ranging from 25 – 32 degrees Celsius, and around 3 metres of rain each year. Rainfall is erratic, sometimes extremely heavy for several days and at other times not falling for up to three months. The porous coral soils support coconut, breadfruit and pandanus in abundance, and household gardens can support bananas and vegetable crops if compost is used to build up the soil. Puluka (swamp taro) is grown in pits so water can collect around the roots, but the pits are vulnerable to salination if high tides flood the water table, and if this occurs the crop will die. Pigs are raised for household consumption and sale and chickens and other poultry are raised for meat and eggs. Apart from this, the islands are unsuitable for cropping and have no known mineral deposits. The Exclusive Economic Zone (EEZ) of 518,000 sq kms and human resources are considered the major national economic assets.

The administrative centre and seat of government is on Funafuti, the atoll with the largest lagoon, where the main island, Fongafale, supports a small international airport and the largest settlement in the country. A modern three-storey government office block, donated by the ROC Taiwan in 2004, dominates the Funafuti skyline and houses the main government departments. A 16-room hotel, also built with Taiwanese assistance, and a few small guesthouses provide accommodation for visitors, but the tourist industry is undeveloped and most visitors come for government or private business.

There are small settlements on the outer islands, ranging from less than 40 people on Niulakita to just over 1500 on Vaitupu. In 1988 Britain donated a freighter of around 800 tons, the ‘Nirvaga II’, which brings supplies from Fiji and makes regular trips to the atolls carrying passengers and freight. A second ship, the ‘Manu Folau’, was donated by the Japanese Government in 2002. A more modern vessel of about 600 tons, the ‘Manu Folau’ has more space for passengers but less space for cargo than the ‘Nirvaga II’. It is now used primarily for transporting passengers and freight to the outer islands. On both ships most of the passengers sleep on mats on covered deck space.
Local shipping schedules are variable and vulnerable to weather and other events. There are no moorings at most of the atolls, and, as the ships cannot cross the surrounding reefs, passengers and cargo are unloaded onto small boats in the open sea so they can be transported to shore. When seas are rough, the ship may need to wait several days before it is possible to disembark passengers or unload cargo. When the author boarded the ‘Manu Folau’ for a circuit of the southern group of islands, rough weather forced a change of schedule and extended the duration of the voyage. Sometimes it is not possible to reach a particular atoll all in the time available, and the ship has to return to Funafuti without unloading. Since both ships have busy schedules, it can be three to four weeks before the ship returns.

1.2 History and Government

Tuvalu was first settled by Polynesians around 2000 years ago. The first recorded visit of a foreigner was that of the Spanish explorer Mendana, who visited Nui in 1568, but was unable to land. The whalers who roamed the Pacific from about 1700 visited Tuvalu only infrequently because of the difficulty of reaching the shore, but during the early 1860s Peruvian slave traders kidnapped more than 400 people from Funafuti and Nukulaelae. From 1865 onward, missionaries from the London Missionary Society began to convert Tuvaluans to a Protestant congregationalist faith. In 1892 Britain annexed Tuvalu, then known as the Ellice Islands, and administered them as a British Protectorate until 1916. From 1916 until 1974 Tuvalu was combined with the atolls of Kiribati (then called the Gilbert Islands) to form the British colony of the Gilbert and Ellice Islands. During the colonial period the islands was governed by Britain, which also controlled the mining of phosphate on Banabas (also known as Ocean Island and now part of Kiribati). In 1943 Tuvalu served as an operations base for Allied forces battling Japanese in the Pacific, and thousands of marines were stationed there until December 1945. (http://en.wikipedia.org/wiki/Tuvalu).

In 1974 a referendum was held and the Ellice Islanders voted for separation from the Gilbert Islands. For the next four years it was administered as the separate British colony of Tuvalu, and on 1st October 1978 Tuvalu achieved full independence and became a self-governing country. The separation of Tuvalu and Kiribati roughly followed ethnic lines, with Kiribati encompassing most of the settlement considered as Micronesian while Tuvalu comprises mostly Polynesians. Although the two countries are now classified as belonging to different sub-regions, there are still many family links between them and substantial numbers of people in both countries share both a Micronesian and Polynesian heritage. (http://en.wikipedia.org/wiki/Tuvalu).

The British colonial relationship of the past means that English is the language of Government, and English as well as Tuvaluan is taught in schools. The national government, situated in Funafuti, comprises 12 elected members, one of whom is the Prime Minister. The Cabinet comprises the Prime Minister plus six other ministerial posts. As Tuvalu is still a member of the Commonwealth, the Queen is the Head of State and is represented in Tuvalu by a Governor General. In 2000 Tuvalu became a member of the United Nations.
In 1997 much of the responsibility for local government and island development was passed to the Falekaupule (the council of elders on each outer atoll) via the Falekaupule Act. Decisions and policy made by the Falekaupule are implemented by the the Kaupule, the local government office for each atoll.

Generally only men aged 50 or more, and on some atolls 60 or more, do most of the speaking and decision making at the Falakaupule. Although women are said to have a vote on all but two atolls, most do not appear to exercise their voting rights. Youth can attend and listen to the proceedings, and youth representatives can vote on some matters, but youth also tend not to exercise their voting rights. Different conditions sometimes apply to females and men under 50 who are temporary or permanent heads of their families. As well as forming a focal point for contact with the central government and managing local affairs, the Falakaupule set social standards and impose social sanctions (personal communications, Tuvalu informants).

1.3 Culture and Society

Tuvaluan culture shares characteristics with other Polynesian cultures, while retaining its own unique identity. The Tuvaluan language is similar to the Samoan family of languages, but it has absorbed some Gilbertese from its close association with Kiribati, and some older people and the people of Nui atoll speak both Tuvaluan and Gilbertese. Although English is widely used in schools and government, most people speak Tuvaluan or Gilbertese in their homes and day-to-day life.

The basic units of Tuvaluan society are the extended family and the village. Each atoll has one major village, with perhaps a few other settlements. Most Tuvaluans, including those resident in the Funafuti urban area, still have strong connections with an outer island village and regard it as their true home.

Traditional households typically comprised three or four generations, and may include related siblings and any widowed family members. This pattern is still the general standard, although nuclear families are beginning to appear in urban areas. Traditionally males have seniority over females, and the head of each extended household or clan was the most respected male member who had attained an age of at least 60 years. The Falakaupule on each atoll still comprises the heads of all village clans. The changing nature of the family in modern society, however, and especially the absence of some men on overseas employment contracts, mean that younger men and sometimes females are now being accepted as family heads, although their rights to be heard in Falakaupule meetings and participate in decision making vary between atolls.

Within the household children are expected to be ‘seen and not heard’, and to behave respectfully and obey older family members. They must also perform household tasks when required, and make significant contributions in the form of caring for animals, sweeping the household surrounds, fetching water, running errands, cutting toddy, helping with fishing and caring for younger siblings. Traditionally the eldest male child was accorded special respect and younger siblings were expected to care for him, but this practice is no longer followed (Government of Tuvalu & UNICEF, 1996:3).
Traditional Tuvaluan society places great importance on community activities, and everyone is expected to participate in village projects, either contributing labour or assisting with fund raising. Women in particular may be required to contribute substantial amounts of time to village and church activities, including fund-raising.

Tuvaluans are conscious of how they appear to the rest of the community, and try hard to avoid becoming the subject of negative comment and gossip. Church and community leaders reprimand individuals for improper behaviour and encourage them to reform (Government of Tuvalu & UNICEF, 1996: 4). Leaders who do not behave appropriately are likely to be voted out. Since community members who behave with dignity and attract respect are likely to be rewarded with election to a village or national public office, there is considerable incentive to conform. These and other measures designed to reduce and/or suppress social friction contribute to a generally peaceful and orderly society.

In the past entertainment was provided by community meetings, sport and other group activities, but now that most homes are connected to electricity, home entertainment has become popular. Although there is no national television in Tuvalu, broadcasts from Fiji and elsewhere are received by satellite in many households in Funafuti and some on the outer islands. Videos and DVD players are also popular and imported movies can be rented from hire shops. As long ago as 1996 it was reported that this has changed the lives of children, especially, who now spend hours watching material that has little relevance to their own lives (Government of Tuvalu & UNICEF, 1996: 5).

Tuvalu has established a Department of Cultural Affairs in the Ministry of Home Affairs to promote social cohesion and Tuvaluan cultural activities. This department plays an important role in encouraging traditional skills and activities are not lost and that traditional entertainments of singing and dance are learned by young people and performed by young and old at community meetings.

**1.4 Economy**

Traditionally a subsistence society, Tuvalu has evolved into a typical post-colonial dual economy, with most non-subsistence economic activity centred round the public sector. The private sector in Tuvalu is underdeveloped and generally restricted to retail outlets and a few tradesmen, so there are few employment opportunities outside the public sector.

Copra was harvested and exported in the past, but low and fluctuating prices on the world markets have undermined the cost effectiveness of the hard work necessary to produce it, and generally only those on outer islands who have no other source of cash earnings continue to harvest and export copra. The currency of Tuvalu is the Australian dollar (AUD) and the main sources of national revenue are remittances from Tuvaluans working overseas, income from the Internet and a fisheries treaty and the Tuvalu Trust Fund (TTF). In recent years returns from the last three of these sources have declined.

At one time there were 1000 Tuvaluans in Nauru, but most have been repatriated since the decline of the Nauruan phosphate industry, and most remittances now come from seafarers. Seafarers currently to contribute more than AU $5 million annually, which comprises around 20 per cent of Tuvalu’s GDP.
Tuvalu earned a substantial technology windfall in the 1990s by selling the rights to its allocated Internet domain name ‘.tv’, initially for approximately AU$ 48 million, plus annual royalties. A spin-off benefit of this windfall was that it catapulted Tuvalu into the electronic age and brought improved satellite communications and efficient Internet connections, on Funafuti at least. New charging structures within the Internet industry have caused royalties to dwindle to less than AU$ 1,000,000 a year, and further declines are expected. Revenue from the 1988 fisheries treaty with the United States have also declined since there has been less fishing in Tuvalu waters, which is said to be related to climate change. The TTF was established in 1987 with donor assistance, and deposits of revenue from the fisheries treaty and Internet revenue increased it to AU$ 75.8 million by 2003.

The decline in revenue from the above sources and the decline in value of the US dollar relative to the Australian dollar led to major budgetary deficits in 2003-2005. Total government revenues fell by 45 per cent in 2003 from a 3-year annual average of AU$41.6 million to AU$20.7 million. This necessitated withdrawal of funds from the TTF. The economic down turn impacted on government capacity to fund public services and on the cost of living. At the time of writing, a new government had just been elected with a mandate to improve the economy. Unless there are further financial windfalls this is likely to be a long and difficult process, however, and the economic situation is unlikely to show a substantial improvement for several years, at least.

1.5 Living standards and hardship

Most of the usual statistical indicators for the Pacific suggest that Tuvalu is quite well off in terms of human development. UNDP (1999) ranked it seventh out of 14 countries in the Pacific, with 95 per cent adult literacy, 74 per cent gross school enrolment for ages 5-19, an average life expectancy of 67 years and a per capita GDP of AU$ 1,652. Tuvalu also had a low poverty index score of 7.3 (compared with more than 50 in some Melanesian countries) on the basis of its high population survival rates, absence of underweight children under age five, 85 per cent access to safe water and universal access to health facilities.

Despite this ranking, many Tuvaluans live a very simple lifestyle and some have difficulty in meeting their basic needs, and this has become more evident since the recent economic decline. The existence of poverty tends to be a sensitive issue in Pacific countries, and is often denied because it is associated with famine images of starving people dressed in rags. Even so, the 1994 Household Income and Expenditure Survey found 23 per cent of households were below the basic needs poverty line, meaning they were unable to afford both adequate nutritious food and other basic household expenses and necessitating choice between buying food, paying school fees, meeting social and community obligations and paying electricity or other fuel bills (ADB, 2003).
In 2003 the Asian Development Bank undertook a Participatory Assessment of Hardship to assess perceptions and experiences of poverty (ADB, 2003). While most respondents in this study did not consider there could be ‘poverty’ in Tuvalu because of the ready access to land and food and absence of beggars on the streets, a general perception of shared disadvantage and of ‘poverty of opportunity’ was apparent. There was also mention of increasing disparities between those in well-paid jobs and those who did not have access to good incomes.

This is reflected in the most recent Household Income and Expenditure Survey of 2004/2005 (Government of Tuvalu, 2006), which also found considerable evidence of hardship. While there is no explicit setting of a poverty line in the preliminary report on that study, it is clear that the cost of living in Funafuti presents a major challenge for many families. Table One shows that average annual household expenditure in Funafuti was AU$ 17,863, and on outer islands it was AU$ 9,871. Given that lower level public service salaries are typically less than AU$ 10,000 per year and some households have only one employed person, it is clear that many would not be able to afford this level of expenditure. Although residents on outer islands have more capacity to grow or catch their own food, it is apparent from Table One that they too require substantial amounts of cash to meet their basic household requirements.

**Table One: Average annual distribution of household expenditure, 2004.**

<table>
<thead>
<tr>
<th></th>
<th>Funafuti</th>
<th>Outer Island</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$ year</td>
<td>$ week</td>
</tr>
<tr>
<td>Food</td>
<td>6,404</td>
<td>123</td>
</tr>
<tr>
<td>Housing</td>
<td>4,348</td>
<td>83</td>
</tr>
<tr>
<td>Household operation</td>
<td>2,727</td>
<td>52</td>
</tr>
<tr>
<td>Misc goods and services</td>
<td>2,030</td>
<td>39</td>
</tr>
<tr>
<td>Transport</td>
<td>1,527</td>
<td>29</td>
</tr>
<tr>
<td>Tobacco and alcohol</td>
<td>541</td>
<td>10</td>
</tr>
<tr>
<td>Clothing and footwear</td>
<td>286</td>
<td>5</td>
</tr>
<tr>
<td>Total</td>
<td>17,863</td>
<td>341</td>
</tr>
</tbody>
</table>


**Table One** shows average annual expenditure on food in Funafuti households amounted to more than AU$6,000, and more than AU$7,000 a year on housing and household operation. Transport also absorbed more than AU$1,500 a year. It is notable that although it would be assumed that there is more access to land for cultivation in outer islands, the amount expended on food was almost the same, and the biggest differences between Funafuti and outer island households were in expenditure on housing and services.

The 2003 ADB poverty study identified an interesting trend in the five years preceding the study. Most surveyed communities saying that their access to basic services was better than five years ago, reflecting extension of electricity and telephone services, water tanks, more schools and health services on outer islands and paved roads in urban areas. On the other hand, they believed their situation was beginning to deteriorate because these services, which had been constructed during the ‘.tv’ boom, were not being maintained in good condition.
The groups identified as most likely to suffer hardship were those without access to a regular source of income, those without access to land (e.g. outer island migrants living in Funafuti), those with large families, abandoned elders whose children had migrated, the disabled, orphans, wives of alcoholic men, widows and single mothers, elderly childless couples and families in squatter areas (ADB, 2003, 5). The hardship of squatters is exacerbated by poor access to water and sanitation. People in urban areas, however, tended to believe that poverty is more common in rural areas, while rural residents perceive poverty as more common in urban areas.

Another dimension of poverty is overcrowding. This includes large numbers living in a single dwelling and also lack of space between dwellings. According to the Household Income and Expenditure Survey of 2004/2005 the average household size was just under 5.5 people, but respondents to the ADB study mentioned instances of up to 15 people in a 10 x 6 metre house in Funafuti (ADB, 2003: 5). Similarly, the Funafuti Squatter Survey, 2003 (ESCAP, 2004) found the average size of the 49 households interviewed was 8.1 people, and 18 households contained more than nine people. There was an average of 3.6 children per household. Much of the housing was of very poor quality, and although most had a water tank and were connected to electricity, 37 per cent did not have proper toilets. Despite these difficult conditions, a common reason for moving to the squatter settlement was overcrowding at their former location (ESCAP, 2004: 6)

Overcrowding and inferior living conditions increase social stress and facilitate the transmission of infectious diseases including measles and other respiratory diseases. Skin and some eye infections become especially contagious in situations where there is insufficient water for good hygiene.

Among the causes of hardship mentioned by respondents to the ADB study were joblessness, low wages, insufficient land and social problems such as excessive expenditure on alcohol and too many family and community obligations. Elders also mentioned loss of respect for elders among the young, school absenteeism and low personal motivation (ADB, 2003: 10). Squatting is also a cause of hardship. While 73 per cent of the squatter households had come to Funafuti from outer islands within a decade of the survey in search of more opportunity, their living conditions were generally poor, they lacked access to land for cultivation, and 30 per cent of the 49 surveyed were earning less than $100 per week (ESCAP, 2004).

There is considerable Government awareness of these issues, and the Department of Community Affairs in the Ministry of Home Affairs and Rural Development (MHARD) is focussed on monitoring and developing social policy to address them. Tuvalu takes an integrated, overlapping approach to social development, and, as well as developing policy, the Department of Community Affairs lobbies and coordinates the activities of other departments within the MHARD - Youth, Women, Rural Development and Culture - and other stakeholders in social development - Ministries of Health and Education and the NGO sector.

The first Social Policy, prepared in 2001, focussed on identifying and developing policies for the most vulnerable groups in society (Government of Tuvalu, 2001). The 2001 policy was effectively a corporate plan, but advocacy was needed before it could be implemented. Two main advocacy
strategies to demonstrate the need for assistance for vulnerable groups were media presentation, including making a video about disadvantaged groups, and preparation of the Social Data Report 2005, which includes statistical documentation of living conditions.

The latest Corporate Plan had just been endorsed as this report was being prepared. Box One sets out the national issues and priorities identified in the Corporate Plan and the objectives, which are to be achieved through a detailed plan of activities involving various stakeholders (Government of Tuvalu, 2006a). The next stage in the process of social development will be formation of the Social Services Council to prioritise needs and promote implementation (Personal communication, Department of Community Affairs).

The work of the MHARD is vital as regards improving the situation of children, youth and women in Tuvalu. It is therefore important that donors such as UNICEF keep up-to-date with the Social Policy and Corporate Plan activities and harmonise with them, even if their point of contact is in a different ministry or an NGO. This will facilitate effective social planning and monitoring, avoid duplication of effort and ensure local ownership and commitment.

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**Box One: The 2007-2009 Social Development Corporate Plan: Department of Community Affairs**

**Issues and priorities**

- A small and under-developed private sector.
- A growing labour force with high levels of under-employment, especially on Funafuti.
- While Tuvalu has a unique living culture, strong influences from outside are causing losses and distortions.
- The need to enhance the skills of the family unit in dealing with modern and modernizing situations, including business and livelihood skills in the cash economy.
- Limited staff capacities (quantity/quality) imply a need for staff and stakeholder training, to enable professional approaches to these challenges
- The need to focus on the vulnerable and disadvantaged, including the elderly, disabled, children, and youth.
- Help families sustain their basic needs.
- Help Tuvaluans to keep themselves safe in their work, their homes, etc.

**Objectives of the Social Development Corporate Plan**

1. Organise Social Development in Tuvalu
   1.1 Empower Tuvaluans in Social Development.
   1.2 Strengthen Tuvalu’s Social Development Networks

2. Lead Social Development Planning & Policy Preparation
   2.1 Improve the availability of SD data.
   2.2 Provide Social Development Policy Advice

3. Develop & Manage DCA as a Professional Social Development Organisation
   3.1 Develop Human Resources in Social Development.
   3.2 Maintain Project & Program Continuity
   3.3 Meet Tuvalu’s Social Development Needs
   3.4 Optimise DCA’s Asset Management

4. Deliver Relevant & Timely Social Development Services
   4.1 Counsel people facing social problems
   4.2 Assess needs for social services

Garbage disposal is another concern in atoll environments. While councils collect garbage on Funafuti and Nukulaelae and dispose of it in specified dumping grounds in remote parts of the atoll, almost 60 per cent of the rest of the households in Tuvalu dispose of their own waste. The most common methods are burning, burying or taking it to a public dump, but the 2002 census showed that around 10 per cent disposed of rubbish by dumping it in their own backyard or in the sea (Government of Tuvalu, 2005: 45).

Unsatisfactory methods of garbage disposal pose a hazard to health in various ways, including providing breeding grounds for flies and mosquitoes and increasing the risk of injury. A particular concern is that the risk of environmental contamination from garbage and other forms of waste grows as population densities increase. Flooding and high tides can also increase the risk of contamination from inadequately disposed garbage. Another environmental concern is that Tuvalu lacks customised safe disposal facilities for chemical, nuclear and other hazardous wastes.

1.7 Population Characteristics

As Tuvalu lacks mineral wealth or significant industry, its small land area and limited agricultural potential restrict population size. When Tuvalu was still part of the Gilbert and Ellice Islands, population numbers increased only slowly, but between 1973-1979, immediately prior to Independence, the population grew by 25 per cent, from 5,887 to 7,349, an average annual increase of 3.7 per cent. This can be attributed in part to immigration of Gilbert and Ellice Islanders choosing to identify with Tuvalu, including some from Nauru (Government of Tuvalu, 2005). According to SPC, between 1979 and 1991 the average annual growth rate slowed to just over 1.7 per cent, although the same report includes an alternative, slower growth rate estimate of 1.2 per cent (SPC, 1998: vii and 16).

Figure One: Annual estimates of the Total Fertility Rate

![Graph showing annual estimates of the Total Fertility Rate (TFR) from 1990 to 2002. The TFR values are represented as bars, with the years listed on the x-axis and the TFR values on the y-axis. The graph shows a trend of decreasing TFR values over the years.]  

Source: Statistics provided by the Ministry of Health
Tuvalu has had a relatively low average Total Fertility Rate (TFR)\(^1\) for some years. In the 1960s the TFR for Polynesians living in the Gilbert and Ellice Islands was estimated as 5.6 children per woman, but estimates for the 1969-1973 intercensal period showed it had declined to 3.3 (Veltman, 1979: 53), and it has changed only a little since then. The TFR derived from the 1991 census was 3.4 children per woman, and by 1994 the TFR was estimated to have declined to 3.1 children per woman (SPC, 1998: 16). Ministry of Health estimates of the TFR each year from 1990 to 2002 are shown in Figure One.

It can be seen that although there are small fluctuations from year to year, the average is just over 2.9. Since these statistics exclude home deliveries, they are consistent with the census-based estimates. No statistical significance should be attached to the lower rates for 2001 and 2002 as they could simply reflect a few more homebirths or other omissions from the statistics for those years.

In 1991 the total population had attained 9,043 and population size and growth rates had become a national concern. Throughout Tuvalu people were becoming aware of the potential for sustained population increase to place extreme pressure on the available resources, especially as sea-level rise could reduce the existing land area.

The period 1991-2001 saw a marked slowing of the population growth rate to 0.5 per cent per annum, with a net increase of only 500 people in the 10-year period. The population counts were 9043 in 1991 and 9561 in 2002. Figure Two shows the population composition by age and gender for 1991 and 2002.

Figure Two: Population by sex and age group, 1991 and 2002,

\(^1\)The Total Fertility Rate is the average number of children each woman would have if current fertility rates pertained throughout her reproductive life. It is a standardized measure that is generally considered the best indicator of current fertility levels and can be used to make comparisons.
The bars show actual population numbers by age group for 1991 (yellow infill) with the 2002 pyramid overlayed (heavy black lines). Although there were approximately 500 more people in 2002, it can be seen that the increase was not uniform across all age and gender groups. The main increases were in the age groups 5-19 and 35-54, while there was little change in the number of elderly. This suggests that the slower rate of increase was partly a consequence of fewer births between 1997 and 2002, and also higher levels of emigration in the age groups 20-34. Both pyramids show deficits in the age groups 15-35 years, reflecting substantial numbers receiving secondary or higher education or working overseas, especially as seafarers.

The pattern of change between 1991 and 2002 suggests continuing and intensified migration of individuals rather than family migration. Even so, the ratio between population of working age (15-59) and those in the dependent ages (0-14 and 60 plus) changed only slightly. There were 82 people in the dependent ages for every 100 of working age in 2002, compared with 80 in 1991. As discussed further below, however, the age dependency ratio is less important as a determinant of living standards than the ratio of employed to not working among those of working age.

On the basis of births, deaths and migration since 2002, the population was estimated as 10,326 at the end of 2004 (Government of Tuvalu, 2006). This represents a 2.9 per cent increase and suggests a short-term growth spurt. It can probably be attributed to the return of more than 100 Tuvaluan citizens who had been residing in Nauru rather than to any particular acceleration of the long-term pattern of slow population growth.

<table>
<thead>
<tr>
<th>Table Two: Population change by atoll, 1991 - 2002</th>
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<td>Nanumea</td>
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<td>Niutao</td>
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<td>Nui</td>
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<tr>
<td>Vaitupi</td>
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<tr>
<td>Nukufetau</td>
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<tr>
<td>Funafuti</td>
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<tr>
<td>Nukulaelae</td>
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<tr>
<td>Niulakita</td>
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<tr>
<td>All Tuvalu</td>
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</tbody>
</table>

Source: Tuvalu Census 2002
Although the intercensal population growth rate 1991-2002 was lower than in the previous intercensal period, as shown in Table Two and Figure Three, there were marked disparities in atoll growth rates. Moreover, the population in Funafuti in 2002 was around three times larger than that of the next largest island, Vaitupu.

**Figure Three: Population change by atoll, 1991 - 2002**

Source: Tuvalu Census 2002

**Figure Four** shows that although Vaitupu had a smaller population, it actually experienced the greatest percentage increase in the intercensal period. This is partly because the only government secondary school is located in Vaitupu, and because Funafuti is becoming overcrowded, so some of those seeking more opportunity are diverting to Vaitupu where there is more development than on the other outer islands.

**Figure Four: Population growth rates by atoll, 1991-2002**

Source: Tuvalu Census 2002
**Table Three** focuses on population density and shows that the average for Tuvalu as a whole in 2002 was 373 per square kilometre, ranging from 83 on Niulakita, to 1610 on Funafuti. Population density cannot be considered as an absolute indicator of living conditions because its impact depends on type of housing and land, and source of income. In Tuvalu, however, where many people live in traditional or small one-storey houses and depend on subsistence or semi-subsistence, high densities can be interpreted as indicating severe population pressure. According to SPC (2003) the only Pacific nation with a higher overall population density in the 2000 round of censuses was Nauru.

**Table Three: Population density and density change 1991-2002**

<table>
<thead>
<tr>
<th></th>
<th>Area sq/kms</th>
<th>2002</th>
<th>Density sq/kms</th>
<th>Density change 1991-2002 (per sq/km)</th>
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<tbody>
<tr>
<td>Nanumea</td>
<td>3.87</td>
<td>664</td>
<td>172</td>
<td>-41</td>
</tr>
<tr>
<td>Nanumaga</td>
<td>2.78</td>
<td>589</td>
<td>212</td>
<td>-20</td>
</tr>
<tr>
<td>Niutao</td>
<td>2.53</td>
<td>663</td>
<td>262</td>
<td>-34</td>
</tr>
<tr>
<td>Nui</td>
<td>2.83</td>
<td>548</td>
<td>194</td>
<td>-20</td>
</tr>
<tr>
<td>Vaitupi</td>
<td>5.6</td>
<td>1591</td>
<td>284</td>
<td>69</td>
</tr>
<tr>
<td>Nukufetau</td>
<td>2.99</td>
<td>586</td>
<td>196</td>
<td>-55</td>
</tr>
<tr>
<td>Funafuti</td>
<td>2.79</td>
<td>4492</td>
<td>1610</td>
<td>234</td>
</tr>
<tr>
<td>Nukulaelae</td>
<td>1.82</td>
<td>393</td>
<td>216</td>
<td>22</td>
</tr>
<tr>
<td>Niulakita</td>
<td>0.42</td>
<td>35</td>
<td>83</td>
<td>-95</td>
</tr>
<tr>
<td>All Tuvalu</td>
<td>25.63</td>
<td>9561</td>
<td>373</td>
<td>59</td>
</tr>
</tbody>
</table>

Source: Central Statistics Department, 2002.

Moreover, these calculations of density are based on the total land area for each atoll, while settlement is normally confined to the islands or parts of islands considered most suitable for habitation. Effective densities are therefore much higher for most atolls. This is certainly true for Funafuti, where more than 4000 people are crowded onto Fongafale Island, even though the presence of the concrete runway means that a large area of the best land is unavailable for housing or cultivation.

It is also apparent from Table Three that the negative growth rates in six of the nine atolls have reduced their densities, while there have been substantial increases in density in Vaitupu and especially in Funafuti. Vaitupu’s much lower population density compared with Funafuti helps to explain its relatively faster population increase between 1991 and 2002. It also suggests that Vaitupu may continue to be the main growth centre since densities are already high on Funafuti.

One of the consequences of declining densities on outer islands is an increase in the per capita cost of providing outer island residents with services. This encourages delays or shortfalls in maintenance, and contributes to a decline in the quality of services, which, in turn, encourages further emigration. This cycle and the associated problems will be discussed further in the sections on health and education below.
1.8 **Life in the outer Islands**

This introductory overview of Tuvalu concludes with snapshots of conditions in two outer islands, Nukulaelae and Niulakita (Boxes Two and Three). In Tuvalu, as elsewhere in the Pacific, donors inevitably have most contact with the main urban areas where most resources are concentrated and services tend to be most developed. Since capitals such as Funafuti are themselves small, remote and relatively disadvantaged, it can be difficult to envisage life in even more remote areas.

**Boxes Two and Three** below describe the level of services and living conditions on two outer islands in the southern group of Tuvalu, Nukulaelae and Niulakita, which have the second smallest and the smallest populations respectively. Unfortunately time and budgetary constraints prevented visits to the six larger outer islands to the north of Funafuti, but Nukulaelae and Niulakita as compared with Funafuti can be seen as representing the extremes of remoteness and accessibility in Tuvalu.

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**Box Two. Life on an outer atoll: Nukulaelae**

Nukulaelae is the second smallest atoll in Tuvalu in terms of population and land area. Despite its smallness, Nukulaelae’s main village is spacious and well planned. Its centrepiece is a grassy park of several acres surrounding a towering church and an enormous maneapa that could probably accommodate twice the atoll’s present population of about 400 people.

A grid of roads surround the park, each lined with concrete block or timber frame houses, most with glass louvre windows, tin roofs and gutters to catch rain and channel it to plastic water tanks. All are connected to a community electricity supply produced by diesel-powered generators. A bank of solar panels intended to supply the village with renewable energy is no longer in service because of problems with maintenance and energy storage, and because solar power is perceived as more expensive and less versatile than electricity produced by the generator.

A single road extends past the village centre in each direction, passing between scattered houses and puluca pits canopied by bananas, breadfruit trees and coconut palms. About a kilometre from the village at the eastern tip of the island is a smart, new two-story primary school. Built with European Union (EU) funding, it comprises eight classrooms, an office block, a large library and a school canteen, and opened on 21st August, 2006. It offers Class 1 through to Class 8 (Form Two) but when visited had only 78 pupils, from 6-12 in each class. The Head teacher says that although the school is new, it has not yet received furniture and is still very short of textbooks and consumable resources. Even some senior pupils do not have desks and must work on the floor. The school has received a donation of colourful first reader texts, but most are based on western lifestyles and there is a shortage of readers that children on an outer island in Tuvalu can relate to.

The health clinic is near the centre of village and staffed by two nurses, a nurse aid and a sanitation officer. It provides MCH care and a range of general services. There are two small rooms to accommodate admissions but there are no hospital beds, so patients bring their own mats and sleep on the floor. When they have serious cases to deal with the nurses use satellite phone to seek advice from doctors, and they evacuate patients in extreme situations. Evacuations are rare, however, because of the very high cost and inevitable delays associated with chartering a ship from Funafuti, so most patients seeking or anticipating a need for higher-level services go on one of the regular monthly shipping services.

The senior nurse is a trained midwife, but on average delivers only two babies a year, sometimes with the assistance of the nurse aid, who is a traditional midwife. Many mothers prefer to deliver at the Princess Margaret Hospital in Funafuti, however, and the nurse says she misses the opportunity to make use of her skills. She dispenses family planning, and says Depo Provera is the most popular method among women. She says young men often come for condoms, and sometimes she has insufficient supplies. She is trained in Primary Health Care as well as curative medicine, and provides health education in schools and for women’s groups. Every house on Nukulaelae is required to have flush or pour toilet facilities, and it is illegal to contaminate the beach with human waste. As some families continue to do so, the sanitation officer makes regular inspections and can impose fines if violations are detected. Dogs are not permitted on the atoll.
Although Nukulaelae was one of only three atolls to experience a population increase in the last intercensal period, a major community concern is the scarcity of employment opportunities for school leavers. Many of the young people attend Motufuoa Secondary School on Vaitupu atoll, but those who do not complete or do not win a scholarship for post-secondary study have few opportunities back in their village. There are only a few private businesses, and the Kaupule has only seven or eight permanent positions. From time to time it employs casual labour for specific village projects, but apart from that, there is virtually no wage employment for school leavers. Most of the girls have no choice but to work in the home after they leave school, while the boys help their fathers with fishing and other subsistence activities. Lack of opportunity is causing some young people to leave the island. In 2004/05 there were only 13 aged 20-24 and 7 aged 25-29 (Government of Tuvalu, 2006: 10), although around 25 in each age group would be expected. One man commented that small population size and the extent to which families are interrelated makes it difficult to find an eligible marriage partner. Some Nukulaelae men work as seafarers, and remittances from seafarers make an important contribution to household incomes on the atoll. It means, however, that seafarers’ wives are left to raise their children alone for much of the year. The village is said to be very peaceful because of the small, close-knit and supportive community. Domestic violence is said to be rare, and most of the few disturbances that do occur are due to alcohol. Although it is forbidden to bring alcohol to Nukulaelae, sometimes it is smuggled in, and sometimes people brew alcohol from toddy. Youth are said to be well-behaved, and in the past few years only one teenager has become pregnant. She later married the father of her child.

Based on observation and interviews, 21-22 August, 2006

Box Three: Niulakita: Life in the furthest islands

Niulakita comprises only one island and is the most isolated settlement in Tuvalu. In 2002 it had only 35 people, and was said to have 11 families when the author visited in August 2006. The island is currently owned by the clans of Niutao Atoll in the north, and many people on Niulakita were born in Niutao, or have strong family connections with that atoll. Niulakita is difficult to reach because the seas are usually very rough and treacherous shallow reefs surround the only navigable channel, which is only a few metres wide. Great skill is needed to bring passengers and cargo safely to shore in small boats lowered from the ship. Visits by the coastal ships are infrequent, and sometimes months apart.

The village has a mixture of traditional and modern buildings, with a church and maneapa constructed of modern materials. It is spacious and neat, with a large central area completely cleared of vegetation other than surrounding shade trees. The only source of electricity on the island is solar power for lighting and communications. There are satellite phones and CB radio, but reception is erratic and unreliable, and even the meteorological officer is sometimes unable to send or receive information.

The people of Niulakita live a semi-subsistence lifestyle and depend more on traditional foods than do people on Funafuti and more accessible atolls. Their staple diet includes breadfruit, coconut, papaya and Noddy Birds (Sooty Tern), and they raise Muscovy ducks and hens for meat and eggs. Rice and flour and other modern foods are imported whenever the ship arrives. Copra cutting is the main source of cash for those not in a government job.

There is a small health clinic on the island staffed by one nurse. At the time of the author’s visit it was neat and clean and the drug cupboard was reasonably well stocked, but the kerosene refrigerator was not working. Vaccines are delivered with other medical supplies when required, but the cold chain sometimes fails. The nurse said there was one baby on the island who currently needed immunisation and she hoped the necessary vaccines had arrived on the ship that day. She said she can do deliveries but most mothers prefer to deliver in Funafuti if possible. She dispenses family planning to mothers on request, mostly Depo Provera.
In August 2006 the primary school had 11 pupils in eight different classes. There were two teachers, one experienced teacher trained in Kiribati many years ago and one pre-trained. 2006 will be the first year that any students from Niulakita attempt the Class 8 MSS examination, and two are hoping to qualify for admission to Motufoua. There is also a pre-school with one teacher and four pupils. The school building is adequate, but teachers said ongoing shortages of resources and infrequent and insufficient supplies make it difficult to teach multiple levels and grades.

Although the island was said by other Tuvaluans to be ‘only suitable for old people’, Niulakita has a young age distribution with half its population under age 20. It has little to offer school leavers, however, apart from traditional subsistence activities and sports that do not require much equipment, such as volleyball. It is a community concern that most school leavers move to Niutao or Funafuti.

Based on observation and interviews, 23 August, 2006.
PART 2
SERVICES
AND
OPPORTUNITY
PART TWO: SERVICES AND OPPORTUNITY

Access and quality of health and education services impact the lives of the whole society, including children, youth and women. So also does the availability of employment opportunities. This section therefore considers health, education and employment as cross cutting services and opportunities that affect all three of the target groups in this situation analysis. Part Three of this report looks at the specific issues for each target group.

2.1 HEALTH

2.1.1 Overview of Health Status

The pattern of health in Tuvalu is typical of Polynesian countries, in that infectious diseases still account for a large part of morbidity (illness) although their control has improved in the past few decades. At the same time non-communicable diseases (NCDs) are becoming more common and have become the leading underlying cause of death. While the average adult life expectancy is approaching 70 years - it was estimated as 64 for men and 70 for women in 2000 (SPC, 2000) - there has been little improvement in recent years because gains in healthcare have been offset by an increasing occurrence of premature mortality from NCDs.

Figure Five, which is derived from data on patient visits, shows the twelve leading reasons for seeking medical attention in Tuvalu.

Figure Five: Reasons for seeking treatment at a health facility, 2002-2004

Source: Statistics provided by Ministry of Health, August 2006
It is evident that the main reasons for seeking treatment are septic infections, influenza and acute respiratory infections (ARI). Abscesses, boils, skin diseases and fungal and ringworm infections are associated with poor environmental health, while the upsurge in hypertension and diabetes can be partly attributed to greater awareness of the availability of treatment for these conditions, which are said by medical personnel to be much more widespread in the community than is suggested by the service delivery-based statistics in Figure Five. Considerable fluctuations from year to year can be explained partly by the small population numbers involved and partly by the availability of medical staff with particular skills at particular points in time.

The statistical data from which Figure Five is derived indicate that NCDs accounted for 30 to 35 per cent of all treatments in the years 2002-2004. While some of these were injuries, the majority were conditions arising from lifestyle. Much of the increase in NCDs can be attributed to the switch to a modern diet, consumption of alcohol and more sedentary lifestyles. Throughout Tuvalu, rice and refined white flour are replacing taro as the staple starch foods; frying meat and fish in imported oils has replaced steaming and grilling as the main cooking methods; and consumption of sugar laden soft drinks, cakes and sweets has become part of everyday life. This transition has been more complete in urban areas than in outer islands where traditional foods such as taro and breadfruit are still part of the daily diet, but even there frying is becoming common and consumption of rice and sugary food has increased dramatically. At the same time, levels of physical activity have declined as food is purchased rather than caught or cultivated, and electricity and piped water have reduced the effort of day-to-day chores. Women are especially likely to become sedentary after marriage, and especially likely to become overweight or obese. Although this still tends to be more common in Funafuti than in the outer islands, dietary change is now promoting overweight and obesity in rural as well as urban areas. Obesity places strain on the joints and heart and increases the risk of developing other NCDs, including diabetes and cardio-vascular conditions. These effects are exacerbated as smoking and excessive alcohol consumption become increasingly common throughout the community.

The progressive increase in weight gain in Tuvalu can be observed from measures of average body mass taken at different time periods. Body Mass Index (BMI) is calculated by squaring an individual’s height in metres, and dividing the result by their weight in kilograms. Values of 20-24.9 are considered to be a normal healthy weight for height, less than 20 indicates underweight, 25-29.9 is considered overweight and values of 30 + indicate obesity. While some have argued that the ranges should be shifted upwards to accommodate stockier, more muscular Pacific bodies, BMI is still widely regarded as a good general indicator of healthy bodyweight.

A survey in 1953 found the mean Body Mass Index (BMI) of sampled Tuvaluans was 25.5 for females and 26.5 for males. By 1976 the mean BMI for 308 sampled women was 29, while that for men was 26.6, almost the same as in 1953 (SPC, 2000: 218). By 1983 a Primary Health Care Study conducted by Save the Children found that 75 per cent of women over 29 years were overweight or obese and 50 per cent were obese (SPC, 2000: 218; Government of Tuvalu & UNICEF, 1996: 22).

Comparable data for men in 1983 and more recent research were not available for this study, but it is clear from observation and trends in health service statistics that the obesity epidemic is continuing and now affects men as well as women. This is especially true in Funafuti where
most of the population has limited access to land for cultivation and depends largely on store bought foods. The shops in Funafuti stock a very limited range of foods, and fresh vegetables and fruit are hard to obtain and costly when they are available. Meats tend to be the cheaper cuts that are high in fat, and almost all bread is made from white flour. The popularity of motorbikes for local travel instead of walking means that many people do little to offset their high calorie intakes.

Tuvaluan children are much less likely to be overweight or obese than adults, largely because of their higher activity levels. Few obese children were observed during fieldwork for this report, but adoption of high fat, high sugar diets in childhood nonetheless produces a tendency to gain weight quickly during adolescence and adulthood when activity rates decline.

Other negative lifestyle behaviours include widespread cigarette smoking and high levels of alcohol consumption. In 1976, 50 per cent of females and 65 per cent of males were smokers, the third highest rate in the Pacific after Kiribati and Nauru (SPC, 2000: 252). Figure Six shows smoking by age as reported in the 2002 census. It can be seen that smoking rates were highest for males. It begins at young ages and tends to increase up to middle age, peaking at just over 70 per cent for men aged 45-54, and 35 per cent for women aged 50-54 and 60-64.

**Figure Six: Population who smoke, 2002 (per cent)**

![Graph showing smoking rates by age and gender](image-url)

Source: Tuvalu Census, 2002
2.1.2 Health Services and Health Resources

The 50-bed Princess Margaret Hospital on Funafuti provides free hospital and dental services for the whole country, and houses some functions of the Ministry of Health. The original hospital received a major face-lift in 2003 when a very substantial new building was opened with assistance from Japan. It provides an attractive, spacious and modern environment for patients and staff, although much of the equipment from the old hospital is still being used.

At the time of writing, the hospital staff included a surgeon, an anaesthetist, a paediatrician, an obstetrician, a public health specialist and several student doctors. Several of the doctors working at the hospital were Tuvaluans who had trained at Fiji School of Medicine, but other Tuvaluan doctors have left Tuvalu to work overseas. The majority of the nurses were trained at the Fiji School of Nursing, or at nursing schools in Samoa, Papua New Guinea or Kiribati. A few Tuvaluan nurses have undertaken basic or post-graduate training in Australia or New Zealand.

The hospital has a laboratory, X-ray and ultra-sound, and the capacity to perform most basic surgery, including emergency surgery and Caesareans. Even so, diagnostic capability within Tuvalu is limited and considerable use is made of overseas diagnostic services. Moreover, it can take a long time to bring in technical support when equipment needs maintenance or repair. For example, in 2006 the hospital was without X-ray capacity for several weeks.

Patients requiring major surgery and those with serious complications are evacuated, usually to Fiji. Those requiring major treatment regimes such as dialysis, chemotherapy and radiotherapy are also sent overseas. Sometimes local medical capacity is augmented by AusAID-funded teams of visiting specialists. These have included a diabetes assessment team, an eye team, an ear nose and throat (ENT) team and orthopaedics specialists.
Blood is not stored at the Princess Margaret Hospital, but the Red Cross keeps a register of potential donors and blood types in the form of a ‘Walking Blood Bank’. Red Cross volunteers coordinate donations and contact suitable donors when there is an emergency so that blood can be obtained when needed. Red Cross staff said that although donations most often come from the patient’s family, an extensive education campaign is encouraging more people to donate blood to non-family members.

There is a small clinic on each atoll that serves as a health centre, with provision for admissions when necessary. Health centres are staffed by one or more trained nurses, usually assisted by one or more nurse aids, called ‘pre-trainees’. Sometimes experienced but untrained community carers such as traditional midwives also assist at the clinics. The health facilities in two of the outer islands, Nukulaelae and Niulakita, have been described in Boxes Two and Three, and the level of service they provide was said to be typical of services in outer islands. This means that all but the most basic conditions are referred to the Princess Margaret Hospital in Funafuti for treatment.

Between 1996 and 2001 health expenditure absorbed between 5.5 and 8.5 per cent of total public expenditure. It peaked in 2000 and was substantially lower in 2001 (ADB, 2002: 138). Expenditure for 2002 and 2003 was distorted by the high capital costs associated with the opening of the new wing of Princess Margaret Hospital. In 2005 the share of health in national expenditure was @@.

ADB notes that there has been a gradual and substantial increase in the proportion of expenditure allocated to staff costs, from 29 per cent of the total budget in 1996 to 53 per cent in 2001. The report comments that an increase in staff costs often reflects a shift in emphasis from preventive to curative services, and this appeared to be true of Tuvalu at that time. In 2001, 89 per cent of health expenditure was on curative medicine, and only 5 per cent on preventive (ADB, 2002: 139-140).

Despite high levels of expenditure on curative medicine, the Ministry of Health is committed to promoting primary healthcare. Primary healthcare initiatives include immunization; public health measures - including promotion of safe water and sanitation; health promotion - including health and nutrition education and promotion of breastfeeding; and family planning.

The Public Health section of the Ministry of Health, based at Princess Margaret Hospital, has a staff of nine who monitor public health and provide health education in schools and the community. Although much of their work is in Funafuti, they also make visits to outer islands to provide health education. Doctors interviewed for this report said that awareness of basic hygiene such as hand washing is high in both Funafuti and outer islands, but, as discussed in Section 1.5 above, at times households may not have the facilities to implement hygienic practices. Similarly, although houses in most villages and settlements are required to have flush toilets, some households find this unaffordable.

There are no private modern medical practitioners in Tuvalu, but traditional healers still practice
and have sometimes have been employed to augment modern medical services. For example, the Princess Margaret Hospital has employed traditional healers to provide massage and physiotherapy (ADB, 2002: 135) and, as mentioned in Box Two, nurses sometimes ask traditional birth attendants to assist with deliveries on outer islands. Non-government organizations also provide some medical services, including the Red Cross, which assists the disabled, and The Tuvalu Diabetics Association, which gives advice on managing diabetes.

2.1.3 HIV/AIDS and other STIs

Tuvalu must be considered a high-risk country as regards the risk of HIV/AIDS because of the mobility of its population, and especially the substantial number of seafarers serving on overseas ships. Seafarers are commonly away from home for nine to 11 months, and inevitably some of them come into contact with commercial sex workers in overseas ports. Awareness of HIV/AIDS is high in Tuvalu’s maritime industry, and education in the dangers of unprotected sex and distribution of condoms are prioritised by the Tuvalu Marine Training Institute. Nonetheless HIV/AIDS was brought back to Tuvalu, and there was a small outbreak of cases around 2001. As of December 2004 there were a total of nine diagnosed cases, eight male and one female, of whom two have died. Because Tuvalu’s total population is small, nine cases means it has one of the highest infection rates in the Pacific.

The number of cases has not increased since 2002, however, and surveillance of antenatal mothers has not revealed any new cases, so it seems that the spread may have been contained by heightened community awareness and public education. Comments by medical personnel and other informants about the prevalence of unprotected sex in the community suggest that the risk of HIV/AIDS is by no means negligible, and continuing vigilance and vigorous promotion of safe sex is essential. Moreover, while the main vehicle for transmission of HIV/AIDS in the Pacific is generally considered to be unsafe sex and HIV/AIDS awareness programmes tend to emphasise condom use, it must be remembered that seafarers and others could be exposed to intravenous drug use, which has extremely high rates of HIV/AIDS transmission.

As well as HIV/AIDS surveillance, surveillance of antenatal mothers for other STIs, including Chlamydia, has been introduced with WHO and SPC support, but the results were not available at the time of writing. Doctors were of the opinion that Chlamydia and Gonorrhoea were probably less common than Syphilis, and this was borne out by the health statistics for 2004. In that year no data were available on Chlamydia but there were 67 cases of Syphilis and only four of Gonorrhoea. This was a very substantial increase in Syphilis, from only 19 cases in 2003. Moreover, 28 out of the 67 cases were among those aged under 25, and 16 occurred among males aged 20-24 (Community Affairs Department, 2005: 29). Although relatively easy to cure, Syphilis is a serious concern because early symptoms are painless, and some patients may not present for treatment. Even if they do come into contact with health services for some other reason when early symptoms are evident, they may be reluctant to draw the attention of the service provider to a genital sore. After a few months Syphilis enters an asymptomatic phase of up to 20 years, but remains infectious, and, if untreated, is always fatal.
In 2004 there were almost twice as many cases of Hepatitis B (119) as of syphilis, which was a very substantial increase compared with only 14 cases in the previous year. Most of the occurrence was among males – 25 among males aged 20-24 (Community Affairs Department, 2005: 29). Hepatitis B was said by medical staff to be associated with seafarers. Like HIV/AIDS, Hepatitis B is not exclusively an STI and can be transmitted by intravenous injection and sometimes in saliva, so condom use alone does not ensure protection.

2.1.4 Challenges in Health

Although Tuvalu has a comprehensive basic health system in place that has the capacity to meet the needs of most of the population, service delivery is challenged by: the minimal nature; of the health system; lack of backup for absentee staff; the difficulty of serving a dispersed population on remote and inaccessible atolls; and by relatively low levels of health knowledge and self-care in the general population.

The impact of these limitations was clearly illustrated during the author’s 10-day visit to Tuvalu. During this time two patients were evacuated, and one, a mother newly delivered of twins, died while in transit to Fiji. This woman had already given birth seven times and was known to suffer from Hypertension. More than two months before delivery was expected, the nurse on her atoll informed her that the pregnancy was high risk and advised her to go to Funafuti to give birth. Her untimely death was not because risks were not known or were ignored, but due to an unfortunate combination of factors. They included delays in travelling to Funafuti because; of family reasons, cost and infrequent shipping schedules; the temporary absence of key medical professionals and consequent temporary lack of capacity at the Princess Margaret Hospital to manage severe complications; and delayed evacuation because of infrequent flights and a mechanical problem with the aircraft.

It is difficult to address such problems when populations are small and national resources are very limited. ADB (2003: 135) noted that in December 2001 the established staff positions in the health system numbered 106, compared with 117 in 1999. The latest statistics available from the health information system in August 2006, which were for 2002, indicated a further decline to 101 established positions, of which 9 were vacant (Tuvalu Health Information System). The employed staff comprised nine medical doctors, 38 registered nurses, two pharmacists, five other health professionals, and 38 untrained health workers. As noted above, staff costs are a substantial component in health expenditure, but still there are insufficient qualified health personnel to cover emergencies and provide backup when staff are away from their posts, or on leave or for training or other work-related reasons.

Although treatment and emergency evacuations are without direct cost to the patient (except for major elective treatments such as dialysis), there are always additional costs associated with health care, including the cost of travel and accommodation for supporting family members. When patients travel to Funafuti of their own volition because they anticipate risk or need treatments not available on their own island, they may incur substantial costs.

Another important limitation within the health system is the shortage of diagnostic capacity,
including limited capacity to test blood from the ‘Walking Blood Bank’ immediately before
donation or to make prompt diagnosis of outbreaks of infectious diseases such as Typhoid.
Issues for outer islands include ageing and unreliable equipment, lack of technicians to maintain
equipment, ageing buildings and poorly equipped health centres.

It is worth noting that in Tuvalu, as in several other Pacific countries, modern medications are
generally available only from hospital pharmacies, and there is no culture of self-care other
than that based on traditional medicines. This increases dependence on the health system, even
for conditions that could easily and safely be treated at home, such as minor respiratory
infections, Scabies, Head Lice and Ringworm. Dependence on health professionals for all forms
of health care tends to sustain low levels of health knowledge and discourages a proactive
approach to health and healthcare in general, including lifestyle.

Limitations in the health system have major implications for the health and survival of children,
youth and women. Since Tuvalu’s capacity to improve health services is limited by scarce
national resources, there is a need to review and prioritise development of the services that have
most impact on these groups. Donor assistance is important to ensure that the three target
groups have access to adequate health care.

2.2 EDUCATION

Tuvalu has committed to achieving Education for All and to the Millennium Development
Goals relating to education. The Education Act of 1976 states that every child should receive
a minimum of 10 years education from the ages of 6-15 (ADB, 2006).

Education in Tuvalu is classified into four levels: pre-school (ages 3-5), primary (classes 1-8),
secondary (Forms 3-6) and post secondary (Form 7, university, and various forms of vocational
training). The first three levels are provided in-country, but a substantial part of post-secondary
training is obtained overseas with the Government of Tuvalu providing scholarships.

As is usual in the Pacific, provision of Education for All is comparatively expensive and the
education sector absorbs the largest share of the national budget. Fiscal constraints in recent
years have seen a decline in education’s share, however, from 33 per cent in 2001 to 23 per cent
in 2005 (ADB, 2006). Donors contribute to the education system in various ways, including
school construction, scholarships and support for curriculum review.

The following sub-sections examine the four levels of education and the challenges they face.

2.2.1 Pre-school Education

There is at least one pre-school on each atoll, with two on Nanumea and Vaitupu and nine on
Funafuti, but as pre-schooling is not part of core education, all are privately owned or managed
by community volunteers. The government pays the salaries of up to three teachers per registered
pre-school and also provides some assistance with resources. Small fees - typically 20 cents per
session - are charged to help cover costs. Although children are not eligible to attend pre-school until they are at least three years old, some pre-schools accept younger children for day care, for which higher fees are charged. A total of 647 children attended pre-school in 2005 (Government of Tuvalu, 2005). Considering that the 2002 census counted only 1178 children aged 0-4 years, this would appear to be most children aged 3-5 years.

NZAID is a major source of support for pre-schools and has contributed to their establishment and to scholarships for training pre-school teachers. The European Union (EU) is providing some assistance for pre-schools, channelled through The Tuvalu Association of Non-Government Organizations (TANGO). This assistance is mostly in the form of playground construction and provision of playground equipment. UNESCO has supported capacity-building workshops for teachers and community pre-school organizers.

While pre-school is an optional component of Education for All, it plays a crucial role in improving the quality of education at higher levels by preparing children to learn. The extent to which it fulfils this function depends not only on the commitment and skills of pre-school teachers, but also on the support and complementary education provided by parents and families.

Tuvalu’s pre-school sector faces a number of challenges related to low levels of resourcing. At present only around half of all pre-school staff are qualified, but the Ministry of Education is actively seeking donor funding so that more can acquire at least the Pacific Pre-school Certificate, which is available from USP via external study. Other resource constraints include shortages of suitable buildings and shortages of teaching materials. In Funafuti, for example, only four of the nine pre-schools have permanent buildings.

The Director of Pre-School Education pointed out that it would be possible to make greater use of existing buildings by introducing a shift or roster system, since pre-school is not full-time, and she intends to explore this option. She also proposes to seek assistance to provide workshops for teachers on how to make educational equipment from simple, readily available materials such as fabric off-cuts, cardboard boxes and polystyrene containers.

The other ingredient for effective pre-school education, parental backup, also presents a challenge in Tuvalu. Informants mentioned the need for greater parental awareness of the importance of pre-school and greater parental involvement in child development. Although pre-school fees are normally very low, some families are reluctant to send children to pre-school, or send them only some of the time because they do not appreciate the importance of early childhood education and regard it as playtime. This is being addressed to some extent by 15-minute radio spots to educate the community in the importance of pre-school education and early childhood development, and to promote greater involvement of the family in child development.
Informants also spoke of the need to strengthen links and facilitate the transition between preschool and primary school. Because some children do not attend pre-school regularly, cohorts are not uniformly ready to learn reading and number skills when they commence primary education. This creates problems for teachers, for the learning-ready children who may be held back by others in their class, and for the children who are not prepared for learning and so may never catch up.

There is clearly a need for support for all forms of early childhood education in Tuvalu. Investment at this level could make a major contribution to addressing other serious problems regarding quality of education and performance that are evident at higher levels of schooling, as discussed in the following sections.

2.2.2 Primary Education

There is one government-funded primary school on each atoll, plus one private school on Funafuti run by the Seventh Day Adventist church. Small, close-knit communities plus local availability of primary schools produce high participation rates in education, with virtually every child completing at least primary school. Table Four shows that in 2004 and 2006 enrolments at primary level on each atoll were roughly proportional to population. The slightly higher numbers of male than female enrolments can be explained by larger cohorts of males than females at primary school age (see age pyramid in Figure Two) and is unlikely to be due to gender discrimination.
Table Four: Primary school enrolment, 2004 and 2006

<table>
<thead>
<tr>
<th></th>
<th>2004</th>
<th>2006</th>
<th>pupil/teacher ratio 2004</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
</tr>
<tr>
<td>Nanumea</td>
<td>88</td>
<td>82</td>
<td>170</td>
</tr>
<tr>
<td>Nanumaga</td>
<td>60</td>
<td>64</td>
<td>124</td>
</tr>
<tr>
<td>Niuta</td>
<td>64</td>
<td>69</td>
<td>133</td>
</tr>
<tr>
<td>Nui</td>
<td>69</td>
<td>62</td>
<td>131</td>
</tr>
<tr>
<td>Vaitupu</td>
<td>148</td>
<td>130</td>
<td>278</td>
</tr>
<tr>
<td>Nukufetau</td>
<td>79</td>
<td>69</td>
<td>148</td>
</tr>
<tr>
<td>Funafuti*</td>
<td>393</td>
<td>391</td>
<td>784</td>
</tr>
<tr>
<td>Nukulaelae</td>
<td>40</td>
<td>38</td>
<td>78</td>
</tr>
<tr>
<td>Niulakita</td>
<td>8</td>
<td>3</td>
<td>11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>949</td>
<td>908</td>
<td>1857</td>
</tr>
</tbody>
</table>

Source: Government of Tuvalu 2005; Statistics supplied by Ministry of Education  
* Includes Nauti government school and the SDA private school

Table Four also shows quite low pupil/teacher ratios on all atolls in 2004 (2006 data were not available). These ratios should not be taken at face value, however. Whereas they may reflect good conditions on some of the outer island schools, Nauti Primary School in Funafuti, which has around half of the country’s primary enrolments, is seriously overcrowded. One positive feature of Nauti’s large size is that it allows for streaming within grades. The school’s classes are not equal in size, however, and some teachers said they have taught as many as 40 or more students in a single class. In addition, the Nauti school buildings and grounds are too small to accommodate 28 separate classes, so six classrooms are located outside the grounds, while four classes are doubled up with two teachers in one room.

Table Five shows that most primary teachers in Tuvalu have a qualification. Even so, many had not received any in-service training or skills update since qualifying, some are not appropriately trained for the type or level of teaching they are required to do, and some suffer from low motivation because they are discouraged by the difficulty of working in resource poor, overcrowded and dilapidated classroom environments.

Table Five: Qualifications of primary teachers

<table>
<thead>
<tr>
<th>Qualification</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>B Ed [primary]</td>
<td>10</td>
</tr>
<tr>
<td>Cert Ed [primary]</td>
<td>48</td>
</tr>
<tr>
<td>Dip Ed [primary]</td>
<td>34</td>
</tr>
<tr>
<td>Dip TESL</td>
<td>3</td>
</tr>
<tr>
<td>ECE Certificate External</td>
<td>4</td>
</tr>
<tr>
<td>PSSC</td>
<td>4</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td>103</td>
</tr>
</tbody>
</table>

Source: Statistics provided by Ministry of Education
These resource and teaching limitations in primary level undoubtedly contribute to the very low pass rates in the examination held in Class 8 (Form 2). Table Six shows pass rates by school for 2005, and such rates were said to be typical of recent years.

**Table Six: Class Eight examination results by school and gender, 2005.**

<table>
<thead>
<tr>
<th>School/(Atoll)</th>
<th>Gender</th>
<th>Fail</th>
<th>Pass</th>
<th>Total Gender (%)</th>
<th>Pass Rate (%)</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kaumale</td>
<td>Female</td>
<td>13</td>
<td>4</td>
<td>17</td>
<td>24%</td>
<td>18%</td>
</tr>
<tr>
<td>(Nanumea)</td>
<td>Male</td>
<td>14</td>
<td>2</td>
<td>16</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>Lotohoni</td>
<td>Female</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>67%</td>
<td>41%</td>
</tr>
<tr>
<td>(Nanumaga)</td>
<td>Male</td>
<td>8</td>
<td>3</td>
<td>11</td>
<td>27%</td>
<td></td>
</tr>
<tr>
<td>Upele</td>
<td>Female</td>
<td>5</td>
<td>7</td>
<td>12</td>
<td>58%</td>
<td>47%</td>
</tr>
<tr>
<td>(Niutao)</td>
<td>Male</td>
<td>6</td>
<td>3</td>
<td>9</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Vaipuna</td>
<td>Female</td>
<td>9</td>
<td>9</td>
<td>18</td>
<td>100%</td>
<td>95%</td>
</tr>
<tr>
<td>(Nui)</td>
<td>Male</td>
<td>1</td>
<td>11</td>
<td>12</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>Tolise</td>
<td>Female</td>
<td>17</td>
<td>5</td>
<td>22</td>
<td>23%</td>
<td>12%</td>
</tr>
<tr>
<td>(Vaitupu)</td>
<td>Male</td>
<td>33</td>
<td>2</td>
<td>35</td>
<td>6%</td>
<td></td>
</tr>
<tr>
<td>Itutasi</td>
<td>Female</td>
<td>6</td>
<td>5</td>
<td>11</td>
<td>45%</td>
<td>29%</td>
</tr>
<tr>
<td>(Nukufetau)</td>
<td>Male</td>
<td>11</td>
<td>2</td>
<td>13</td>
<td>15%</td>
<td></td>
</tr>
<tr>
<td>Nauti</td>
<td>Female</td>
<td>30</td>
<td>32</td>
<td>62</td>
<td>52%</td>
<td>40%</td>
</tr>
<tr>
<td>(Funafuti)</td>
<td>Male</td>
<td>42</td>
<td>16</td>
<td>58</td>
<td>28%</td>
<td></td>
</tr>
<tr>
<td>SDA</td>
<td>Female</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>67%</td>
<td>30%</td>
</tr>
<tr>
<td>(Funafuti)</td>
<td>Male</td>
<td>6</td>
<td>1</td>
<td>7</td>
<td>14%</td>
<td></td>
</tr>
<tr>
<td>Faikimua</td>
<td>Female</td>
<td>1</td>
<td>4</td>
<td>5</td>
<td>80%</td>
<td>70%</td>
</tr>
<tr>
<td>(Nukulaelae)</td>
<td>Male</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>60%</td>
<td></td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td></td>
<td>198</td>
<td>115</td>
<td>313</td>
<td>37%</td>
<td></td>
</tr>
</tbody>
</table>

Source: Data provided by Ministry of Education

The Class 8 examination is commonly known as the MSS because it is the basis for admission to Motufoua Secondary School. An interesting feature of Table Six is that the pass rate for girls was invariably higher than that for boys. This point will be examined in more detail below in the discussion of student motivation.

The specific factors said to contribute to variable standards and low levels of literacy in primary school vary between Funafuti/Vaitupu and outer islands, but in most cases they include insufficient teacher training, scarcity of resources and low motivation among both students and teachers. Because of budgetary constraints many school buildings are poorly maintained, with leaking roofs, inadequate ventilation and a lack of safety features. All schools are generally under resourced in terms of textbooks and other teaching materials. At the time of writing the EU was in the process of constructed new primary school buildings on the outer islands, and these well designed, comfortable facilities should do a great deal to boost school morale, but obviously buildings alone are not sufficient to ensure good education.
No fees are charged at Government primary schools, but there are nonetheless substantial costs for parents, including uniforms, books, meals, transport and special contributions, so from the perspective of most parents, primary education is not free. Teachers said some children attend school irregularly simply because parents are ashamed to send them to school when they do not have money for bus fares, lunch or extra activities, or if their uniforms are not washed and ready for wearing.

Another issue mentioned by teachers is that many parents do not give enough attention to their children because they are heavily committed to community activities such as fund raising and Bingo. They were particularly concerned that many parents tend not to understand the importance of spending even small amounts of ‘quality time’ with their children, as opposed to simply having the children around them. Some children who come from outer islands to board with relatives in Funafuti perform poorly because of lack of emotional support and personal attention. Their well-meaning parents assume that better schools in Funafuti will ensure better performances, and do not realise the importance of other factors in education.

Pupils who fail the MSS are permitted to repeat Class 8 and resit the examination. Since education is compulsory between the ages of 6-15, failures cannot legally be pushed out of school. This means that around 60 per cent of senior students each year become repeaters. Repeaters commonly have low self-esteem and feel resentful and embarrassed that they are still in primary school, and many vent their feelings by being disruptive and challenging. This creates problems for their teachers and fellow students. Tuvalu has committed to the elimination of corporal punishment in schools as part of its endorsement of CRC, but many teachers lack skills in non-violent discipline and have difficulty controlling their classes when pupils are seriously disruptive. One option, discussed in more detail in the next section, is to send them to Fetuvalu Secondary School, but others simply drop out and are not pursued by education authorities.

### 2.2.3 Secondary Education

There are two secondary schools in Tuvalu, one public and one private. The government funded Motufoua Secondary School on Vaitupu offers Forms Three to Six to students from all over Tuvalu, but, as discussed above, admission to Motufoua depends on passing an examination at Class 8 (Form 2) level. All students at Motufoua are boarders, including those who live locally. Fetuvalu Secondary School on Funafuti, is a private school run by the Ekalesia Kelsiano Tuvalu (EKT – Congregational Church of Tuvalu). Students who fail the MSS entrance examination in Class Eight of primary school can be admitted to Fetuvalu, where the standard is generally lower than at Motufoua and the fees are higher. Standards at Fetuvalu were extremely low in the past and the school closed in 1997, but was upgraded and reopened in 2003, offering Forms Three to Five. In 2006 Fetuvalu was again upgraded to include Form Six. It currently serves an important purpose as the only in-country education alternative for students who are unable to meet the standards required for admission and progression through Motufoua.

Progression through the secondary school system is governed by examination. Motufoua Secondary School students sit the Fiji Junior Certificate examination (FJC) at Form Four and the
South Pacific Examination at Form Six. Fetuvalu also conducts the FJC, and will offer the Cambridge Examination for the first time in 2006.

A paradox in the secondary education system is that while Motofoua concentrates on preparing students for examinations and is biased towards white-collar education, it is also the only school that offers any technical and vocational education (TVET). Woodwork, technical drawing, graphic design, design technology and home economics are all taught, but only in lower forms as they do not form part of the syllabus for examination. Since all students must pass an entrance examination to attend Motofoua, many Tuvaluan students who most need TVET cannot access this type of education.

Table Seven: Enrolment by gender and form, Motofoua 2006, Fetuvalu 2005.

<table>
<thead>
<tr>
<th></th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Motofoua, 2006</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 3</td>
<td>52</td>
<td>74</td>
<td>126</td>
</tr>
<tr>
<td>Form 4</td>
<td>54</td>
<td>92</td>
<td>146</td>
</tr>
<tr>
<td>Form 5</td>
<td>49</td>
<td>58</td>
<td>107</td>
</tr>
<tr>
<td>Form 6</td>
<td>34</td>
<td>49</td>
<td>83</td>
</tr>
<tr>
<td><strong>Motofoua Total</strong></td>
<td>189</td>
<td>273</td>
<td>462</td>
</tr>
<tr>
<td><strong>Fetuvalu, 2005</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Form 3</td>
<td>21</td>
<td>14</td>
<td>35</td>
</tr>
<tr>
<td>Form 4</td>
<td>54</td>
<td>52</td>
<td>106</td>
</tr>
<tr>
<td>Form 5</td>
<td>17</td>
<td>20</td>
<td>37</td>
</tr>
<tr>
<td><strong>Fetuvalu Total</strong></td>
<td>92</td>
<td>86</td>
<td>178</td>
</tr>
</tbody>
</table>


The data for Motofoua in Table Seven reflect the higher pass rate for females as compared with males in the MSS examination at the end of Class Eight. Females outnumber males in all forms, and this pattern was also typical of the years 2000-2005 (Government of Tuvalu, 2005: 33). Data an enrolment by class at Fetuvalu in 2006 were not available for this study, but it can be seen that the reverse tends to be true for Fetuvalu. Clearly many families are prepared to pay higher fees in order to obtain an appropriate source of education for their children, especially in the case of sons. Other pupils who do not achieve an MSS pass and do not appear in school statistics are those who have been sent at their parents’ expense to secondary schools in Fiji or elsewhere.

Table Eight: Examination results, Motofoua 2006

<table>
<thead>
<tr>
<th>Fiji Junior Certificate</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fail</td>
<td>7</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>Pass</td>
<td>48</td>
<td>41</td>
<td>89</td>
</tr>
<tr>
<td>Total</td>
<td>55</td>
<td>48</td>
<td>103</td>
</tr>
<tr>
<td>Pass rate</td>
<td>87%</td>
<td>85%</td>
<td>86%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Pacific Senior Secondary Examination</th>
<th>Female</th>
<th>Male</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fail</td>
<td>30</td>
<td>19</td>
<td>49</td>
</tr>
<tr>
<td>Pass</td>
<td>19</td>
<td>17</td>
<td>36</td>
</tr>
<tr>
<td>Total</td>
<td>49</td>
<td>36</td>
<td>85</td>
</tr>
<tr>
<td>Pass rate</td>
<td>39%</td>
<td>47%</td>
<td>42%</td>
</tr>
</tbody>
</table>

Source: Statistics provided by the Ministry of Education
Table Eight shows the examination results for Motufoua in 2006, i.e. for the 2005 academic year. It can be seen that the pass rate was substantially higher than is usual for the MSS entry examination, with 86 per cent of candidates overall passing in the 2005 school year. Girls performed slightly better than boys. This pass rate is a considerable improvement compared with much of the last decade when the average pass rate for the FJC was well below 50 per cent and reached an all time low of 13 per cent in 2001. This was largely because of stress caused by school changes for students repatriated after the Fijian Coup, and the tragic fire at Motufoua in 2000 that resulted in the death of 18 female students and one staff member. As in the case of the MSS examination, those who fail either repeat Form 4 and resit, or drop out if they become discouraged or when they attain the age of 16.

The 2006 Motufoua pass rates for the Pacific Secondary Examination that is conducted at the end of Form 6 (also shown in Table Eight), are much lower, around half those for the examination at the end of Form 4. Interestingly, the 2006 figures in Table Eight show boys outperforming girls, which is not normally the pattern in secondary education in Tuvalu. One respondent suggested that this is because in recent years girls have become more involved in school social activities than in their schoolwork. Both Motufoua and Fetuvalu now have more social activities, dancing and performances than they had in the past, and girls tend to be more involved than are boys. Others suggested that when boys are highly motivated to compete for scholarships for tertiary education places their academic performances are likely to improve.

Data for Fetuvalu were not available, but it is known not to have achieved good pass rates in the FJC. This can hardly be expected, given that most Fetuvalu students are those who have not met the Motufoua standard.

2.2.4 Post-secondary Education

2.2.4.1 Academic and Professional Studies

Unless parents are able to pay all costs of overseas study, progression in formal education after Form Six depends largely on performance in the Pacific Senior Secondary Examination. With donor assistance, the Government provides scholarships so that students who pass Form Six can continue to Form Seven, a bridging year for university studies. Prior to 2004, bridging was available only overseas, but the establishment of the Augmented Foundation Year at the USP Campus in Funafuti in 2003 allowed Form Seven study to be undertaken in Funafuti. By 2005 142 students were enrolled in Form Seven at the USP Campus, of whom 54 per cent were female. The costs of running this course at the USP are met by the Tuvalu Department of Education.

After Form Seven, successful students may be sponsored for overseas study. As part of the Government’s targeted human resource development strategy, scholarships are allocated for particular fields of study on the basis of need. The main destinations for scholars are Fiji, Samoa, Vanuatu, New Zealand and Australia. Others who achieve entrance-level marks can continue as USP distance learning students or transfer to the USP Campus in Suva.

The USP Campus in Funafuti was established in 1976, and moved into its current premises in
the early 1990s. The buildings are well-maintained and resourced with satellite communications, distance learning facilities, a computer room with 18 PCs that students use on a roster system, and a small library. There are plans to extend the library, and build more classrooms and a science laboratory.

As well as the Augmented Foundation Year, the USP Campus offers most of the courses available at USP to degree and postgraduate level, with fees charged according to the scale set by USP.

The Foundation Year has its own staff, plus there are 10 part-time tutors to support other USP course offerings. At present there are no post-graduate students and most of those enrolled are employed people wishing to upgrade their qualifications in fields such as teaching, business studies, management, policing and counselling.

According to the Social Data Report 2005, in 2004 the most common fields of tertiary study for Tuvaluans were education, health and graduate maritime studies, but the largest was the catchall classification 'further studies', i.e. the Form 7 bridging year, which accounted for 25 per cent of enrolments. A reduction in the availability of donor funding for scholarships and also the phasing out of Government support for overseas studies at USP because of unsatisfactory performances has halved the number of post-secondary enrolments - 119 in 2004 as compared with 248 in 2000 (Government of Tuvalu, 2005: 33).

In 2000, 52 males and 57 females were enrolled in overseas universities and none in Tuvalu. By 2004 only 20 males and 18 females were studying overseas and eight males and 15 females were undertaking tertiary study at USP via distance education. This dramatic reduction in numbers was most pronounced for diploma and degree courses, with only 31 students enrolled at this level in 2004 compared with 84 in 2000.

This narrowing of opportunity for overseas tertiary studies raises some important issues. First, it means that fewer school leavers overall have the opportunity to achieve their goals. Second, it makes study more difficult for those who do proceed to further study. Although it can be argued that it is much cheaper to train students at USP in Funafuti, it generally requires much higher levels of commitment and determination to study effectively in a distance learning/home environment than at a well resourced university campus in another country. While the USP campus in Funafuti is quite well resourced and has a pleasant atmosphere, it is tiny, and cannot compare with the Suva campus of USP. Moreover, students living in a family environment usually have competing demands on their time and tend to be unable to study efficiently. This may be one reason why Funafuti USP enrolments have been slow to climb to the levels pertaining when most students studied overseas. Finally, fewer graduates mean a depletion of national expertise, which could have various implications for national development and opportunity.

2.2.4.2 Vocational Training

Vocational training opportunities in Tuvalu tend to be very restricted. The best known and most important in terms of its contribution to building labour force and employment capacity is the
Tuvalu Maritime Training Institute (TMTI), locally known as Amatuku after the islet on Funafuti atoll on which it is located. Amatuku was established in 1979. Since 1994 there have been from 90 to half this number of trainees per year, with an average of 60 in recent years. The course lasts for one year, with students specialising in one of three areas: Engineering, Stewardship or Deck Services. There are normally three intakes per year, each of 20-30 students. Amatuku offers internationally accredited courses and complies with the international Standards for Training for Certification and Watch-keeping (STCW) and is monitored regularly. Adherence to these standards is crucial because they mean that Amatuku graduates are eligible for recruitment on overseas shipping lines, and most are awarded contracts soon after graduation (TMTI, 2004).

The Government meets most of the costs of training at Amatuku, estimated as $7,500 per year per student, so there are currently no fees for basic training. The Institute also receives some donor funding, and at the time of writing was implementing an extensive building upgrade with ROC Taiwan assistance. After completing a year of work experience, graduates of Amatuku can return for a further month of study to attain the rating of Able Bodied Seamen (TMTI, 2004). The fee for this is $600, which may be paid by a lien on their future wages.

There is a very strong demand for places at Amatuku. Admission is by examination, focusing on English skills and aptitude for maritime training. In recent years the pass rate has been consistently good, always in excess of 85 per cent and close to 100 per cent in some years (Government of Tuvalu, 2005: 35). The case studies in Box Seven, Section 3.2.4 show clearly the importance of this institution in giving opportunity to young men who are not interested in a white-collar orientated education, and their willingness to accept a strictly disciplined environment when they can see benefits. As of 2006, only males had ever been admitted to Amatuku, but there are plans to accept a limited number of females in the future. There are some issues relating to the practicalities of achieving this gender equity objective, however, as discussed in Section 3.2.4 and Box Eight, below.

Other post-secondary options include a private school using self-paced education methods, the New Day Academy School. This school is effectively a private remedial school. It currently has only one principal instructor and a very small enrolment of less than 20 students, mostly males.

The Mareta Kapane Halo Typing School (MKH) was started in 1996 to provide training in office skills and computing. Between 1996 and 2004 only five out of a total of 264 enrolled students were males. The number of enrolments peaked at almost 70 in 2000, and the majority of female base-grade administrative staff in the Public Service attended this school at some stage. Enrolments have now declined dramatically to 10-12 overall, with about half failing to complete (Government of Tuvalu, 2005: 37). This was said by informants to be because of loss of interest of the proprietors and because computerisation has reduced the demand for typists.

2.2.5 Issues in Education

It is widely recognised in Tuvalu that the education sector has under-performed in the past, and at the time of the author’s visit a number of initiatives were in progress to address issues in education. Since then, a new government has been elected with a reform mandate, and the climate of change can be expected to continue. Some of the key issues that must be tackled are discussed here.
A major issue in both primary and secondary education is quality of teaching. As noted above, the favourable student teacher ratios in Table Four conceal a number of realities. First, as most of the teachers are female, there is a high rate of absenteeism because of maternity leave or other indispositions arising from family responsibilities. Second, although at primary level most teachers are qualified, many qualified long ago and have received little in-service training since then. Many are out of touch with modern trends in teaching and learning, and with electronic technologies including computers. Third, many of the qualified teachers are not qualified at the level or in the subject they are required to teach. Fourth, largely because of a discouraging, under-resourced teaching environment and their own lack of skills, some teachers are apathetic, uninspiring or not highly motivated, and remain in teaching because they need the income rather than because they enjoy it. These factors impair the quality of teaching, and manifest as poor student performances.

Another issue is that although they will be expected to make a greater contribution to the workforce in the future, school performances of boys tend to be poorer than those of girls, at both primary and secondary level. Teachers said some of the reasons why girls tend to outperform boys at lower levels of education are that girls tend to be better at mastering English, the language of instruction, and are less likely to be distracted during class. Another concern relating to the language of instruction is that most Tuvaluan school students are not able to read and write in Tuvaluan. This has led the EKT Church to introduce special after school classes for children to study the bible in Tuvaluan.

Low standards and apathy transfer from primary to secondary level. While it always tends to be more challenging to sustain the attention and effort of pupils in secondary schools, teachers said that secondary students are becoming increasingly disrespectful and morale is declining among both students and teachers. There is no provision for counselling at Motufoua Secondary School other than that provided in connection with religious education.

Other issues in secondary education mentioned by teachers were lack of diversity and opportunities because of the emphasis on education for white-collar employment. They said parents support this insisting that teachers focus on academic subjects and refuse to allow schools teaching of traditional skills, not even allowing teachers to teach basic daily life skills, such as cutting toddy.

Small numbers of students add to the expensive cost of diversifying the curriculum while the current emphasis of examinations at the end of primary school, Form Four and Form Six leaves little room in the school curriculum for technical and vocational training. Students who become bored or discouraged because they cannot master academic subjects can either drop out or struggle until they fail and are pushed out of the system. Already demoralised by their personal sense of failure, they are likely to enter the labour force as unskilled workers who command little respect and have little chance of acquiring skills and upgrading unless they are lucky enough to be admitted to Amatuku.

Until the early 1990s, vocational education was available from several Community Training Centres (CTCs) but these centres have now been closed. Currently the only sources of post-secondary technical and vocational education and training other than Amatuku are non-formal education and on-the-job training and the quality of training tends to be low.
The Tuvalu current education Master Plan includes expansion of TVET. It appears from discussions, however, that a change in community attitude is needed if TVET education is to be perceived as a valid alternative to academic education rather than as a consolation prize for those who fail to make the grade.

As mentioned above, education funding has been substantially reduced in recent years, and is unlikely to increase. Little capital is available for resourcing and running costs because most of the budget is used for staff salaries. In primary schools salaries accounted for 86 per cent of expenditure on education in 1996 but had increased to 95 per cent in 2005. At secondary level it was 33 per cent in 1996 increasing to 69 per cent in 2005, with much of the balance spent on student accommodation and food.

Although the EU funded schools construction programme is tackling the problem of the physical environment of primary schools, teachers commented that not just replacement buildings but also textbooks and equipment are needed, as they feel they never have enough resources. The EU has also provided $200,000 for equipment and furniture, but much more is needed to adequately resource all primary schools.

In 2004 the Ministry of Education sought donor assistance to review the education sector. This has resulted in a major review and the formulation of the Education and Training Sector Master Plan and the Tuvalu Education Implementation Plan 2006-2010. The Master Plan sets out a number of objectives for all levels of education and strategies to achieve them, including curriculum reform, increased equity in education, vocational and life skills training, improving the quality and efficiency of management and teacher development (Government of Tuvalu, 2006b).

The ADB review of education proposes major reforms to secondary education and establishing junior secondary schools (JSS). It proposes that JSS would offer a more general, less academic style of education at Forms 3 and 4 levels, with a greater TVET component. Motufoua would become the senior secondary school for those with an academic orientation, and would focus on Forms 5 and 6 and on developing a Form 7. If this plan were implemented it could involve constructing a new building to re-house Motufoua on Funafuti, where most of its potential enrolment is located, and converting the old buildings in Vaitupu to a JSS (ADB, 2006).

The extent to which the objectives of the Education Master Plan are achieved and the proposals of the education review are integrated with the Plan will depend on government commitment and a substantial increase in funding for the education sector. The proposed strategies have the potential to bring about very substantial improvements to the education sector. Child and youth focussed organizations should lobby to ensure that educational development is progressed, using these or similar strategies, and adequately resourced so that children and youth receive their entitlement to quality and relevant education as defined by Article 28 of CRC.
2.3 PATTERNS OF ECONOMIC ACTIVITY

Economic activity in Tuvalu comprises paid employment (formal sector) and subsistence activities (informal sector). A key economic issue in Tuvalu is the scarcity of paid employment opportunities, especially for school leavers. There are three dimensions to this concern: the overall scarcity of wage employment; the concentration in Funafuti of most available employment; and lack of diversity in employment, with most opportunities in white-collar work. A major underlying reason for these features is underdevelopment of the private sector.

**Figure Eight: Economic activity, population aged 15 years and over, 2002**

Figure Eight shows economic activity for the 6103 individuals over age 15 years as recorded in the 2002 Tuvalu census. A total of 2043 people counted in the census said they had an occupation, which represented 39 per cent of the total working age population (15-59 years), or 33 per cent of the total population aged 15 years and over. Only 35 people identified themselves as an employer and only 37 as self-employed, reflecting the very limited nature of the private sector (Tuvalu Census, 2002, Table 27P).

**Table Nine** shows the overall distribution of the employed population by sector and gender. Although production workers comprise the largest sector, there are nearly as many professional and technical employees. When the first three categories are combined, the dominance of white-collar work in Tuvalu wage employment is clearly apparent.

**Table Nine: Employed population aged 15 and over by sector and gender, 2002**

<table>
<thead>
<tr>
<th></th>
<th>Male %</th>
<th>Female %</th>
<th>Total %</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional &amp; Technical</td>
<td>49.5</td>
<td>50.5</td>
<td>100.0</td>
<td>549</td>
</tr>
<tr>
<td>Administrative &amp; Managerial</td>
<td>75.4</td>
<td>24.6</td>
<td>100.0</td>
<td>179</td>
</tr>
<tr>
<td>Clerical &amp; related</td>
<td>18.3</td>
<td>81.7</td>
<td>100.0</td>
<td>229</td>
</tr>
<tr>
<td>Sales workers</td>
<td>39.3</td>
<td>60.7</td>
<td>100.0</td>
<td>140</td>
</tr>
<tr>
<td>Service workers</td>
<td>55.1</td>
<td>44.9</td>
<td>100.0</td>
<td>205</td>
</tr>
<tr>
<td>Agriculture &amp; Fisheries</td>
<td>100.0</td>
<td>0.0</td>
<td>100.0</td>
<td>14</td>
</tr>
<tr>
<td>Production workers</td>
<td>94.6</td>
<td>5.4</td>
<td>100.0</td>
<td>727</td>
</tr>
<tr>
<td><strong>Total number</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>2043</strong></td>
</tr>
</tbody>
</table>

Source: Derived from Government of Tuvalu, 2005: Table 34, p.48
The table shows roughly equal numbers of males and females classified as Professional and Technical, but males dominate Administrative and Managerial employment. The majority of Clerical and Related employees are female, many of whom work as base grade administrators. Females also outnumber males in Sales but there are more males in Services, while Agriculture and Fisheries and Production are almost entirely male.

### Table Ten: Funafuti share of national employment by sector and gender, 2002

<table>
<thead>
<tr>
<th></th>
<th>Male</th>
<th>Female</th>
<th>All workers</th>
<th>Total Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional &amp; Technical</td>
<td>73.2</td>
<td>58.1</td>
<td>65.6</td>
<td>549</td>
</tr>
<tr>
<td>Administrative &amp; Managerial</td>
<td>71.1</td>
<td>75.0</td>
<td>72.1</td>
<td>179</td>
</tr>
<tr>
<td>Clerical &amp; related</td>
<td>66.7</td>
<td>77.5</td>
<td>75.5</td>
<td>229</td>
</tr>
<tr>
<td>Sales workers</td>
<td>36.4</td>
<td>75.3</td>
<td>60.0</td>
<td>140</td>
</tr>
<tr>
<td>Service workers</td>
<td>66.4</td>
<td>81.5</td>
<td>73.2</td>
<td>205</td>
</tr>
<tr>
<td>Agriculture &amp; Fisheries</td>
<td>78.6</td>
<td>0.0</td>
<td>78.6</td>
<td>14</td>
</tr>
<tr>
<td>Production workers</td>
<td>50.3</td>
<td>43.6</td>
<td>49.9</td>
<td>727</td>
</tr>
<tr>
<td><strong>Total numbers</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>2043</strong></td>
</tr>
</tbody>
</table>

Source: Derived from Government of Tuvalu, 2005: Table 34, p 48

The extent to which employment opportunities are concentrated in Funafuti is illustrated in Table 10. It can be seen that more than 60 per cent of employment in all sectors except production (which is close to 50 per cent) was in Funafuti, although only 47 per cent of the total population lived there. The concentration was especially apparent in female employment in Administrative and Managerial, Clerical and Related, Sales and Services. Interestingly, the concentration of males in most types of employment, and especially in Sales, was lower than for females. This is because when there are few wage employment opportunities, such as on outer islands, males usually take priority in the job market. This tends to further limit employment opportunities for women in outlying areas.

**Figure Nine** shows subsistence activity by gender. It can be seen that, because of the scarcity of alternative employment opportunities in the outer islands and the scarcity of land in Funafuti, subsistence activity is more common in the outer islands. Even so, as can be seen from the figure, the percentages engaged in subsistence activities are very small, and subsistence is only a relatively minor economic activity in Tuvalu compared with larger, non-atoll Pacific environments such as those of Melanesia.
The pattern and distribution of employment described above have important implications for the situation of youth and women especially. For those not employed in government, subsistence and related activities are virtually the only source of employment for youth and women in the outer islands, but the subsistence sector is small. Lack of access to wage employment in the outer islands increases the dependence of youth and women, and promotes migration to Funafuti where conditions are already overcrowded.

The next part of this report focuses on issues specific to the three groups, children, youth and women.
PART 3
THE SITUATION OF CHILDREN, YOUTH AND WOMEN
3.1. THE SITUATION OF CHILDREN

3.1.1 Special Issues in Infant Health and Healthcare

The infant mortality rate is normally regarded as a sensitive indicator of living conditions and the quality of healthcare. Figure Ten shows that infant mortality rates are reasonably low in Tuvalu, although they fluctuate markedly from year to year. This is because there are normally less than 200 births in Tuvalu each year, and therefore only a few infant deaths. One or two more or less in a single year can thus appear as a major fluctuation.

The average for the period 1990-2002 was 32 per 1000. The estimated rate of 51 per thousand reported by SPC and several UN publications for the period 1991-1995 was incorrect, because the data on which the calculations were based included stillbirths, which should not be included as part of the infant mortality rate (Personal communication, former Health Statistician).

Figure Ten: Infant mortality rate 1990-2002 (infant deaths per 1000 live births).

Maternal and child health care (MCH) is available from the Princess Margaret Hospital and from health clinics on the outer islands. As there is a health clinic on every atoll, most women are monitored during the ante-natal period, although the number of visits they make varies considerably.

In Funafuti most women deliver in hospital, and all expectant mothers in outer islands are advised to do so if possible. As a result many women from outer islands travel to Funafuti to deliver, especially if it is their first birth or if the birth has been identified as potentially high risk. Not all families can afford this, however, and it is quite common for women to deliver at outer island clinics, or at home with the assistance of relatives or traditional birth attendants, especially if they have already given birth several times before.
Attendance at MCH clinics in Funafuti is considered by hospital and clinic staff to be good, and it was said that virtually all infants receive post-natal care, including growth monitoring and immunization. **Table Eleven** below shows immunization coverage in Tuvalu is generally high and has tended to improve since 1997.

**Table Eleven: Immunization coverage, 1997-2004**

<table>
<thead>
<tr>
<th></th>
<th>BCG</th>
<th>DPT3</th>
<th>OPV3</th>
<th>HBV3</th>
<th>MMR</th>
</tr>
</thead>
<tbody>
<tr>
<td>1997</td>
<td>100</td>
<td>77</td>
<td>78</td>
<td>88</td>
<td>100</td>
</tr>
<tr>
<td>1998</td>
<td>100</td>
<td>94</td>
<td>94</td>
<td>96</td>
<td>96</td>
</tr>
<tr>
<td>1999</td>
<td>100</td>
<td>83</td>
<td>84</td>
<td>93</td>
<td>94</td>
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<td>2000</td>
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<td>82</td>
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<tr>
<td>2001</td>
<td>100</td>
<td>96</td>
<td>96</td>
<td>99</td>
<td>100</td>
</tr>
<tr>
<td>2002</td>
<td>100</td>
<td>98</td>
<td>98</td>
<td>99</td>
<td>99</td>
</tr>
<tr>
<td>2003</td>
<td>100</td>
<td>93</td>
<td>93</td>
<td>95</td>
<td>95</td>
</tr>
<tr>
<td>2004</td>
<td>100</td>
<td>98</td>
<td>98</td>
<td>97</td>
<td>97</td>
</tr>
</tbody>
</table>

Source: Statistics provided by Ministry of Health

**Box Four: WHO Recommended infant immunisation schedule for Tuvalu**

- **BCG** (Tuberculosis) birth; 6 years; 
- **DTwP** (Diphtheria, Tetanus, Pertussis) 6, 10, 14 weeks; 
- **HepB** (Hepatitis B) birth; 6 weeks; 9 months; 
- **Measles** 9 months; 
- **MR** (Mumps and Rubella) 12, 18 months; 
- **OPV** (Poliomyelitis) birth; 6, 10, 14 weeks; 
- **TT** (Tetanus Toxoid) 1st contact: 4 weeks; 6 months; 1, 1 year; 


The main factors preventing 100 per cent coverage are population mobility and the failure of some mothers to present infants for immunization at their arrival destinations, and the difficulty of making vaccines available at outer island health centres when required. Another issue is that, as noted in Box Three in Section 1.8 above, the Cold Chain cannot always be guaranteed when it is necessary to transfer vaccines from hospital storage to wharfs, from wharfs to ships, and from ships to shore in small boats. Nor can safe storage always be guaranteed when the vaccines do reach their destination, because refrigerators or cold boxes at health clinics on outer islands may break down or stop functioning for varying durations because of electricity supply interruptions. Even cold storage powered by gas may fail because of infrequent shipping or simple failure of central stores to ship adequate supplies.

While immunisation and basic infant health services are provided at MCH clinics, there are no specialised medical services for infants and children. At the time of writing there was no paediatrician in Tuvalu, so children with serious conditions had to be referred overseas. Lack of specialist services also increases the risk that serious conditions could be misdiagnosed or
undetected. Nor is there any systematic checking of child health in schools, although nurses visit schools in some communities and may test sight and hearing and conduct other health checks on an ad hoc basis.

A specific issue raised by the senior nurse at Nukulaelae was that the only premises available for MCH clinics are also used for general patient treatment, including for treating infections. She is concerned that this exposes infants to the risk of infection, and would like to conduct clinics at a different location if premises could be made available.

The same nurse also mentioned problems associated with the extensive use of disposable diapers. Disposable diapers cost around a dollar each, so represent a large percentage item in the household budget. According to the HIES 2004/5, diapers were the largest item expenditure in the category ‘Clothing and Footwear’ in Funafuti, and fourth largest in the outer islands, where more use is made of cloth diapers (Government of Tuvalu, forthcoming). The nurse said that mothers tend to try to economise by not changing disposable diapers as often as necessary, thus increasing the risk of nappy rash and infection. She says most shops no longer stock cloth diapers, and the shop managers refuse to stop selling disposable diapers because they are a high profit line.

3.1.2 Infant and Child Nutrition

As discussed in Part Two, Section 2.2.1, although there are no absolute shortages of food in most Tuvaluan households, fresh fruit and vegetables tend to be scarce and/or expensive, and traditional foods are increasingly prepared in modern ways or replaced altogether with store-bought, imported foods. This increases the risk of poor nutrition in childhood.

The traditional staples of fish, swamp taro, coconut and breadfruit are nutritious and provide a good balance of protein, fat and carbohydrate, along with adequate fibre. although they tend to be deficient in some vitamins and minerals, especially iron and Vitamin C, unless supplemented with fruit and vegetables. Adopting a modern diet usually involves substituting of rice for taro and adding fat, flour and sugar. This increases the kilojoule value of diets without adding the vitamins and minerals that healthy children need.

The 1996 Government of Tuvalu and UNICEF Situation Analysis identified over-nutrition as a major concern for infants, and referred to a 1984 finding that 60 per cent of infants under age 6 months were overweight because of early supplementation, bottle feeding and overfeeding (Save the Children, cited in Government of Tuvalu and UNICEF, 1996: 21). Nurses interviewed for the present study did not regard overweight in infancy as a major concern and said that most mothers breastfeed their infants and do not introduce supplements until the recommended age of six months. More important in their view was that many children do not eat enough fruit and vegetables, while the Tuvaluan custom of men eating before women and children means that children tend not receive enough protein in their diets and exist mostly on carbohydrate and fat. Although high levels of activity in childhood appear to prevent most children from becoming overweight or obese, weight gain can be rapid in puberty, among girls especially.
There is clearly a need for more education in healthy methods of food preparation and the importance of providing a nutritious diet for children, but this should be accompanied by efforts to increase the availability and affordability of nutritious foods. While outer island villages have gardening projects, many people living in Funafuti do not have access to land where they can grow food. There is no produce market in Funafuti, and the range of fruit and vegetables are available in shops is very limited and expensive. A few fresh vegetables can be purchased from the Taiwanese gardening project in Funafuti, but they are unaffordable for many families.

3.1.3 Services for Disabled Children

There are no special health or education services for disabled children in Tuvalu. They are therefore at risk of being marginalised and excluded from society. At present there are no reliable data on the extent and nature of disability in the community. The Red Cross included a question on the extent of disability in a survey carried out in December 2005. The sample was not intended to be representative, however, and was heavily biased towards people who were affiliated with the Red Cross. The finding that 24.5 per cent of respondents had disabled people in their household cannot therefore be regarded as a realistic estimate of the extent of disability (Red Cross, 2006).

Surveys or census counts in Solomon Islands, Tonga and elsewhere in the Pacific suggest that the overall prevalence of disability is typically around 10 per cent, with one or two per cent seriously disabled (see Government of Tonga and UNICEF, forthcoming). There is clearly a need for a comprehensive, representative sample survey of disability in Tuvalu to establish prevalence and types of disability. Consideration should also be given to including a question on disability in the next Tuvalu census.

The absence of a paediatrician in Tuvalu means that disabled children are unlikely to receive adequate assessment and health care. As regards education, those who are only mildly impaired may be able to cope with the remedial stream in Nauti Primary School, but those with severe physical or mental disabilities are excluded from schooling.

The Red Cross in Funafuti conducts workshops for the disabled and distributes wheelchairs and crutches purchased with donor assistance. In the 1980s and 90s the Red Cross conducted a special school for the disabled, but this was abandoned because of resource and personnel constraints. At present there is no qualified special needs teacher in Tuvalu who can teach the disabled, but a qualified Japanese volunteer who worked with some children in Funafuti helped to raise awareness of special needs education. The Secretary General of the Red Cross said the organization has plans to resume special education at some time in the future, but it has not yet been decided whether this will be done independently with donor support or in conjunction with the Ministry of Education.

As for all other services in Tuvalu, capacity to provide services for the disabled is limited by settlement patterns and the high cost and inconvenience of servicing outer islands. If a special education programme for the disabled were to be re-established by the Red Cross it would almost certainly be located in Funafuti, and disabled children from outer islands would have to move to the capital to participate. Clearly not all families are able to relocate, so some disabled children would still be excluded from special education.
Access to special care and education for disabled children is a right specified in Article 23 of CRC. As part of its commitment to CRC, Tuvalu should ensure adequate services for disabled children are available and accessible.

### 3.1.4 Early Childhood Education and Development

As discussed in Section 2, Part Two of this report, while virtually all Tuvaluan children attend school and most attend pre-school, the quality of education and school performances are not always of a good standard. Although these shortcomings are partly due to limitations in service delivery, they also derive in part from the way children are conditioned in the home.

Research has shown that mental stimulation of young children is essential to ensure optimum development of mental processes and the capacity to learn (UNICEF 2004). In Tuvalu, as elsewhere in the Pacific, the traditional approach to learning is passive. Although young children are constantly carried around and much affection is lavished upon them, it is not customary for parents to spend time engaging with them in ways that stimulate their mental development. Educational toys and books for young children are scarce, and active children are restrained in adult company and discouraged from exploring their environment. Most of their mental stimulation comes from watching their parents and older siblings and, when they are old enough, from playing with other children.

This traditional approach to parenting means that some children are not well prepared for school learning. As discussed in Section 2.2.1 above, pre-schools have limitations as regards their capacity to develop and prepare children for learning. Moreover, research suggests that if children are not appropriately stimulated in the home during their early years, passive learning habits are likely to be well-established by the time they reach pre-school age, and they may receive little benefit from pre-school efforts to prepare them for literacy and school learning.

Anecdotal evidence suggests that few parents in Tuvalu recognise the importance of the parent’s role in child development. A common attitude is that the parents’ responsibility is simply to pay the costs of their children’s schooling, while pre-schools and schools are expected to do all the educating. This is reflected in teacher’s comments to the author of this report that many parents do not take an interest in their children’s day-to-day activities at school, do not provide children with learning materials or a good study environment in the home, and do not monitor their children’s homework. While some of these constraints clearly result from the nature of Tuvaluan housing and from lack of cash to spend on children, there are ways to provide children with a good learning environment in even the poorest households. Moreover, parents need to understand that they can monitor school activities and encourage a good attitude to learning even if they themselves are illiterate or do not understand the material their children are being taught at school.

More research on early childhood development is needed in every Pacific country so that sensitive, country-specific strategies to develop parenting skills can be formulated. In Tuvalu such a strategy could make a substantial contribution to building better foundations for learning.
and improving overall performance in education. Activities could include raising community awareness of the importance of parenting in children’s mental development through the media and workshops on parenting methods. Such workshops could build on other life skill development activities such as the SPC/UNFPA/UNICEF Life Skills Programme, or be provided independently by NGOs and pre-schoo.

3.1.5 **Child Rights and CRC**

As noted elsewhere in this report, traditional Tuvaluan culture observes a social hierarchy based on age, and the typical Tuvaluan expectation continues to be that children should be quiet and submissive in the presence of adults. Today, as in the past, most parents tend to regard corporal punishment as the normal way of disciplining children and enforcing adherence to social norms. Since endorsing CRC in 1995, Tuvalu has restricted the use of corporal punishment in schools, but traditional attitudes, lack of awareness and lack of knowledge are hampering widespread recognition and protection of child rights in the general community. Although there has been some progress, traditional approaches to discipline that are not acceptable under CRC are still common. Even though such abuses of child rights may be unintentional because of lack of awareness, this issue should be addressed.

Most parents in Tuvalu are aware that modern parenting methods discourage physical punishment, but many have no idea how to guide and control children without using it. Restricting the right to impose corporal punishment in schools to head teachers is an important first step in raising community awareness of the unacceptability of corporal punishment. Like parents, however, not all teachers have the skills to discipline children by other methods, and violations are said to be common. One head teacher said that when children are sent to her for punishment she counsels them and tries to negotiate a different form of reparation for bad behaviour, such as a special work assignment, but some of her staff disapprove of this approach and regard it as undermining their authority.

Trained counsellors said that emotional abuse, including shaming, humiliating and threatening children, are less likely to be recognised as abuse by the general community. Nor are the harmful effects of allowing children to observe violence or arguments between their parents or others in the community. They said some uninformed parents regard children as property rather than as individuals with rights, and do not recognise the difference between teaching them to be responsible citizens and manipulating or exploiting them. This may lead to various forms of child abuse, including emotional abuse, exploitation and neglect. Moreover, these attitudes can transfer from one generation to another as new parents tend to copy the model provided by their own parents in the past, and may never have been exposed to positive parenting methods. Since parenting appears to be such a normal and natural thing, such parents may be reluctant to accept advice in parenting methods.

The tendency for young children not to receive adequate attention from their parents to ensure good mental development has been noted in the previous section. Informants said that many mothers are overcommitted to community responsibilities such as fund-raising and social
activities, which take up a great deal of time and money, and keep them from properly fulfilling their parenting responsibilities. This prevents them from spending ‘quality time’ with their children. When women have a wage job, it is even more difficult for them to keep up with their responsibilities in the community and in the home. Often they have no choice but to leave children with baby sitters, and this can compromise children’s emotional development and physical care and the level of supervision they receive. Because the culture defines childcare as principally women’s work, fathers tend to spend even less time with their children than do mothers.

Some informants said that the problem is mainly due to poor time management. They said many women do not know how to prioritise their responsibilities and ensure that important needs are met. Devoting too much time to playing Bingo, and other activities outside the household deprives their families of their attention. This points to a need to increase awareness of the principals and importance of parenting for child development.

In accordance with the recommendations of the 1996 Situation Analysis of Children and Women, Tuvalu formed a National Advisory Committee for Children (NACC) and this committee, chaired by the Ministry of Education, has coordinated the interests of stakeholders and helped to raise awareness of CRC. At the time of writing it was preparing a National Action Plan for Children. So far NACC has been a relatively low-profile committee, however, and has not realised its considerable potential to lobby for child rights. Strengthening NACC and increasing its role in coordination and lobbying is one of the major recommendations of this study (See Part Four).

3.2 THE SITUATION OF YOUTH

3.2.1 Definition of Youth

Tuvalu has a broader definition of youth than most other countries in the Pacific, spanning ages 15 to 34. Traditional Tuvaluan society has an even broader definition, extending up to age 49 years, but this largely relates to eligibility to speak at community meetings. The 2002 census found 27 per cent of the population were aged 15-34 years, distributed as shown in Table Twelve.

**Table Twelve: Age distribution of youth in Tuvalu**

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>474</td>
<td>352</td>
<td>826</td>
</tr>
<tr>
<td>20-24</td>
<td>326</td>
<td>356</td>
<td>682</td>
</tr>
<tr>
<td>25-29</td>
<td>245</td>
<td>278</td>
<td>523</td>
</tr>
<tr>
<td>30-34</td>
<td>278</td>
<td>267</td>
<td>545</td>
</tr>
<tr>
<td>Total</td>
<td>1,323</td>
<td>1,253</td>
<td>2,576</td>
</tr>
</tbody>
</table>

3.2.2 Youth issues in Tuvalu

Youth in Tuvalu face similar problems to youth in other small island nations of the Pacific. Box Five summarises some of the comments from consultations between the author and Tuvalu youth in 2005 and 2006. It was clear from these consultations and discussions with youth and adults that major underlying concerns are limited opportunity and choice in education and employment, and, for many, lack of equity because of family hardship or limited access to services.

**Box Five: Issues identified by youth in Tuvalu**

Although youth representatives are permitted to attend community meetings, they tend to leave all decisions to older people because there is a culture of respect for elders and because they lack a voice in community decision-making. They said ‘Youth are the hands and legs of the community – elders are the voice’. If they do try to speak out, they find it difficult to get their message across. Virtually all Tuvaluan young people belong to a youth organization of some sort, and are entitled to request assistance from the Government’s Youth Office through the National Youth Council, but youth organizations have only limited facilities and budgets. The total budget for the National Youth Council is only $AUD 5,000 a year. The Tuvalu Association for NGOs (TANGO) has received many creative income generating project proposals from youth – piggeries, fisheries, agriculture etc – especially from the outer islands where there are more resources, but TANGO has very limited funding to assist youth. This means it may be difficult or impossible for youth groups to obtain the funding they need to start productive activities.

A common youth problem is low self-esteem. Some young people said that parents tend to chide and criticise them for poor performances rather than providing a supportive environment and looking for ways to help them. This undermines youth self-confidence and ability to cope with the pressures of adolescence.

Young informants said they find it difficult to deal with the challenges and risks of modernity, including alcohol, increased freedom, Western culture and media messages; and new measures of status and success. Cultural constraints and shame or fear of criticism prevents most from discussing these concerns with their parents. Some churches provide counselling services, but most of the available counselling services are in Funafuti and there is little support for youth in the outer islands. Often the only place they feel they can seek support and assistance is from their peers, who are likely to be misinformed and often encourage rather than discourage high-risk behaviour.

There are insufficient wage employment opportunities for youth in Tuvalu. Many young people do not aspire to career choices because they do not expect to have a choice. Girls are especially likely to be without ambition. There are no career counsellors in schools. Most youth in the outer islands have little opportunity for employment outside agriculture unless they migrate to Funafuti where they face strong competition in the job market. A few fortunate ones may gain admission to the Tuvalu Marine Training Institute at Amatuk, but there are few choices for those who fail to meet admission standards. The recent reduction in the number of Tuvalu Government scholarships for overseas study means still less opportunity to obtain quality education and skills training overseas.

Youth aspiring to wage employment in Funafuti were worried about the cost of living, since most families depend on store-bought goods. Some young people classified as ‘employed’, are actually working as unpaid volunteers at NGOs or for very low wages in the private sector.

There are few sporting facilities in Tuvalu, so it is difficult for young people to develop skills in sport or benefit from healthy exercise. While some islands have sports fields, there is a general lack of facilities for sports such as tennis, netball and indoor sports. There are even fewer sports facilities for girls than for boys.

While most young people have heard a lot about HIV/AIDS and the importance of practising safe sex, many feel they do not have easy access to family planning. Most know it is available, but embarrassment and fear of stigmatisation if they are seen visiting a health facility deters many from trying to obtain it. As a consequence there are still young people in Tuvalu taking risks that can lead to pregnancy and STIs.

Source: Based on consultations with youth in Funafuti in 2005 and 2006
Authoritarian parenting; the challenge of managing conflicting traditional and modern cultures; 
age and gender based discrimination; and youth disempowerment are other factors that can 
fanther undermine youth self-esteem. A common response to these concerns is to engage in 
high-risk behaviours such as alcohol substance abuse and unsafe sex. These in turn can 
lead to teenage pregnancy, sexually transmitted infections and early on-set non-communicable 
diseases. Another symptom of youth stress and low self-esteem is disruptive and anti-social 
behaviour, or in extreme cases, suicide.

Tuvalu has recently become a participant in the SPC/UNFPA/UNICEF Pacific-wide Life Skills 
Programme, which helps to equip young people with the skills to cope with these challenges. 
The Life Skills Programme is based with the Ministry of Health and will be implemented in 
conjunction with two NGOs, the Tuvalu Family Health Association and the Tuvalu Red Cross. 
Both are already offering youth services in a supportive environment and their staff are experienced 
in establishing rapport with young people. Preparation for the first of these workshops was 
underway in August 2006.

The Department of Youth comprises one Youth Officer who shares administrative support services 
with other departments in the Ministry of Home Affairs and Rural Development. The Department 
receives some donor assistance, including UNICEF funding since 1999. The National Youth 
Policy 2005-2010 (NYP) has been formulated, and at the time of writing had recently been 
endorsed by the previous Government.

The NYP addresses a wide range of youth needs and interactions: spiritual development, 
education, culture, law, health, economic empowerment, environment and the family and 
community. It sets out strategies to address each of these areas and identifies the agencies that 
should be responsible for implementing them (Government of Tuvalu, 2006). As mentioned 
in the NYP, however, youth activities normally receive only very limited funding. This is partly 
because youth is only one part of the extensive mandate of the Ministry of Home Affairs and 
Rural Development. It is evident that unless there is substantial political will to provide adequate 
funding to implement the activities set out in the NYP, it cannot be expected to achieve its 
objectives.

Another factor that will determine the success of the NYP implementation is the extent to which 
youth actually drive and take ownership of the activities. The NYP was developed from 
consultations with youth and other stakeholders, but even so, when such policies are formulated 
at Government level there is always a danger that young people perceive them as Government 
driven rather than youth driven. This can lead to passive involvement, with young people 
treating activities as entertainment and time filling rather than as springboards to trigger further 
action and initiatives. The only really effective way to create a sustainable future for youth is 
to ensure that, as far as possible, youth own and implement the activities.

3.2.3 Adolescent Reproductive Health and Teenage Pregnancy

As discussed in Section 2.1.3, with nine reported cases as of the end of 2004, Tuvalu had one 
of the highest reported per capita rates of HIV/AIDS in the Pacific, and an increasing prevalence
of STIs. Although no new cases of HIV/AIDS have been diagnosed since 2002, youth engaging in unprotected sex are clearly at risk of contracting STIs and possibly HIV/AIDS if it is reintroduced. Homasi (2005) reported fluctuations in the annual number of STI cases, with a sharp rise in 2004. The pattern by age group is shown in Figure Eleven. It can be seen that the incidence of STIs is increasing across all the younger age groups, with four cases among youth aged less than 15 in 2004.

**Figure Eleven: Incidence of STIs* by age group, 1999-2004**

![Graph showing incidence of STIs by age group from 1999 to 2004.](image)

Source: Homasi, 2005. *Note: In this table STIs include syphilis, gonorrhoea, chlamydia, herpes and trichomoniasis but exclude HIV/AIDS.

Reports by Chandra (2000) and Chand (2001) found low levels of knowledge among adolescents of puberty, conception and STIs other than HIV/AIDS. Chandra’s study, which sampled only females, tended to find higher levels of knowledge overall than Chand’s sample of both sexes, while Chand found that knowledge tended to increase with age. According to Chand, only 15 per cent of those under age 18 had correct knowledge of when conception is most likely to occur, compared with 25 per cent of those aged 18 years and over (Chand, 2001: 31). At that time only 30 per cent of a sample of 169 respondents aged 14-25 in Funafuti had heard of contraception, but among the 30 or so who were married, 83 per cent had heard of contraception (Chand, 2001: 31).

No recent data were available to compare with these studies, but it is very likely that knowledge has increased substantially. Partly in response to the studies by Chandra and Chand, which were funded by IPPF and Vision 2000, an Adolescent Reproductive Health (ARH) centre has been established in Funafuti under the auspices of the Tuvalu Family Health Association. This service provides youth with reproductive health services and counselling, and peer educators have been trained to provide basic information and distribute condoms. The ARH Project is youth-friendly, offering recreational facilities as well as condoms and counselling.

Utilisation of the ARH centre appears to have increased in 2006. In mid 2005 youth in Funafuti interviewed by the author said that although the ARH Centre was very effective in providing
education, few youth were willing to go there except when special sessions were organised for schools or NGOs. They said they were embarrassed to seek assistance there are other times because, in the eyes of the community, anyone going to the Centre on their own initiative is presumed to be sexually active or to have an STI, and thus becomes the subject of gossip.

Anecdotal evidence in 2006 suggests this situation has improved, with less reluctance to seek personal assistance on reproductive matters and more utilisation of the centre by young people. This appears to be because of gradual community acceptance of the need for ARH, an increase in peer and recreational activities at the Centre, and the augmentation of the sexual and reproductive health services by an Australian volunteer female doctor. Although the Tuvaluan ARH staff are very youth friendly, approachable and assure confidential services, it seems that for cultural reasons youth may feel less uncomfortable or ashamed about approaching a paliagi (foreigner) for assistance than approaching a Tuvaluan.

The demand for condoms is increasing and large numbers are being distributed to youth attending the ARH Centre, although it is not known if they are being correctly used. There also seems to be greater community acceptance of condoms, and distribution in public places like bars and nightclubs in Funafuti has commenced. Access tends to be more limited on outer islands, however. For example, cadets at the TMTI are well supplied with condoms, but when asked what they would do if they ran out when they were at their outer island home they said they would not be able to obtain more. They also said they would not know how to obtain condoms in a foreign country if they were working as a contract seafarer.

Red Cross staff involved in adolescent reproductive health via the Youth Life Skills programme also reported a strong demand for condoms. They said, however, that they were no longer making them available at some nightclubs because they had been used as toys by staff and patrons. There are plans to introduce community-based distribution.

Despite growing acceptance of condoms, unmarried teenage pregnancy remains a concern in Tuvalu. The studies by Chandra and Chand found premarital sexual activity among unmarried women is not tolerated by society, although attitudes are more lenient towards young men. Even so Chandra (2000: 19) found that 26 of 171 females interviewed had been sexually active before marriage, and Chand found that 63 per cent of males and 33 per cent of females had been sexually active, and 39 per cent of those surveyed were in a sexual relationship at the time of interview, even though only 17 per cent were ever married (Chand, 2001: 42).

Especially interesting is that 49 per cent of the females and 26 per cent of the males surveyed by Chand reported that they did not consent to their first intercourse. Although Chand does not state exactly what the males meant by non-consent, it appears that these data are reflecting a similar situation to that found in a recent study of teenage pregnancy in Tonga (SPC, 2004). Because most Tongan girls did not approve of pre-marital sex and did not expect to become sexually active before marriage, they were completely unprepared when they found themselves carried away by their emotions, and very few were able or even thought of negotiating condom use. That this may also be the situation in Tuvalu is borne out by Chand’s finding that 60 per cent of his respondents said they did not use any contraception when they first had intercourse, and 57 per cent said their partner did not (Chand, 2001: 43).
It is hardly surprising that young people brought up in an environment where pre-marital sex is strongly condemned are not prepared for their first sexual encounter. Even if they have received sexual education, many will not carry condoms because they do not intend to have sex before marriage. This points clearly to the need for more education in human relationships and other life skills, and especially for training in how to reconcile personal ideals and intentions with the need to be prepared for unexpected situations.

Aside from condoms, Tuvaluan youth access to other forms of contraception is still very limited, and because of the moral dilemmas discussed above, they tend to be reluctant to use them. Several girls interviewed in 2005 said health personnel would not give hormonal methods of contraception, such as oral pills, to unmarried girls, and this was confirmed by the Community Affairs Department. In 2006 it was said that while some doctors in Funafuti would prescribe hormonal contraception to anyone who requested it, others probably would not and, on the outer islands especially, access would be negligible.

The percentage of births to unmarried youth appears to fluctuate but, despite community disapproval, comprises a significant component of all births. The Tuvalu National Aids Committee 2001 reported that between 1993 and 1998 births to single mothers accounted for from 7.5 – 19 per cent of all births (cited in Chand, 2001: 15). In 2004, of a total of 190 births, six were to unmarried mothers aged 15-16 years (all in Funafuti) and 10 to unmarried mothers aged 20-24 years (eight in Funafuti, one in Nui and one in Vaitupu) (Government of Tuvalu, 2005: 23). This means 8.4 per cent of all births occurred to unmarried youth. Two other births occurred to older unmarried mothers, bringing the total extra-nuptial pregnancy rate to 9.5 per cent. It is to be hoped that the ARH initiatives discussed above will result in fewer births to unmarried youth in forthcoming years.
3.2.4 Youth Education and Employment

As discussed above, one of the biggest issues in Tuvalu from the youth perspective is the scarcity of employment opportunities. Most young people as well as many adults interviewed for this report mentioned youth unemployment as a major national concern, and it seems fairly clear that insufficient opportunities and choices in employment contribute to low self-esteem, anxiety and disaffection among young people.

**Figure Twelve**, based on 2002 census data, shows the percentages of the population aged 15-34 involved in various activities. It can be seen that only 38 per cent of this age group are in regular wage employment, most in the government sector, while there are very small percentages who are self-employed or employers. The largest category, ‘Other’ (44 per cent), includes any youth who were not working at the time of the census. This means it could include some seafarers between contracts and married females, but the majority are likely to be unemployed, at home, performing subsistence work or caring for children or younger siblings because they are unable to obtain wage employment.

**Figure Twelve: Employment status of youth aged 15-34, 2002**

The published census table on job seekers by age group (Tuvalu Census, Table 30P) suggests that 8.5 per cent of males aged 15-19 and 12.8 per cent of females would have been available to work if a job were available. The respective figures for the age group 20-24 were 8.3 and 10.7 per cent. It is likely that these figures underestimate the true extent of youth unemployment, however, because some discouraged and casual workers may have been reported as unavailable for work. More indicative data could be obtained from surveys that collect more information on activity status.
The government has recognised the need to increase employment opportunities for young people, and this forms part of the National Youth policy. Until there is substantial growth of the private sector as a whole, however, most effort will have to focus on encouraging youth groups to start their own projects. The success of this strategy is likely to be limited when there is little community experience of entrepreneurial activities. Youth employment is clearly an issue that must be tackled as part of national economic development planning.

**Box Six: Youth in the outer islands: a personal story**

‘Manu’ was born in Nukulaelae and attended Motufoua secondary school until Form Six. Although he did OK in the Form Six exam he did not win a scholarship, so he returned to his home island. Now he is one of about 30 young people there who don’t have wage employment, so he spends his days helping his family with fishing and in the paluka pits. He said that although he likes living on Nukulaelae, life for the young people there is boring and without opportunity, and he would really like to have a wage job. He envies some of the other young men in the village who have found employment and done well, like the policeman who was lucky enough to be selected as one of four Tuvaluans to serve on the RAMSI Peace Keeping Force in the Solomon Islands, and made ‘big money’ there. Manu is in the Nukulaelae soccer team, so he gets the chance to visit Funafuti now and again with his team. He says he will try to find a job there, but his real ambition is to go to New Zealand and work in a factory.

The potential impact of employment on young lives is illustrated in the case studies of the three students interviewed by the author at the TMTI at Amatuku just before they graduated (Box Seven). Interestingly, although the interviewees were selected randomly from 15 senior students, all three told how they had lost interest in formal ‘white-collar’ oriented education and had either dropped out or were pushed out of school, but were able to do well when they found the type of education that interested them. Although all three were well into high-risk, rebellious behaviour before they were admitted to TMTI, they now have plenty of self-esteem and are happy to work in a responsible and highly disciplined environment.

Although not all TMTI trainees are former ‘problem’ youth, all are students who lacked the interest and motivation to succeed in academically oriented education and become white-collar workers. Unfortunately, before they found their true vocation at Amatuku most had to waste time struggling in a system they did not enjoy because there was no opportunity for them to pursue vocational training from the beginning of their high school years.
Box Seven: Who attends the Marine Training Institute? More personal stories

‘Dee’ is of mixed Tuvalu and Fijian descent. He is confident and outgoing. He was born in Fiji and lived there while his father worked as a schoolteacher. But Dee was not interested in the type of ‘white collar’ oriented-education he was receiving, so he became lazy, dropped out of school and fell in with a bad peer group. He hung out with them, went to clubs and thought that was all there was to life. Needing money, he found a job with a phone company, but the pay was very low. He began to realise that he needed to get his act together and find something better. When he was 24 he sat and passed the exam for admission to TMTI, and was granted a place on condition that he changed his citizenship from Fijian to Tuvaluan. The change of citizenship cost him $650, but now he has graduated from TMTI and is looking forward to a bright and well-paid future as a seafarer.

‘Jamie’ was born in Funafuti and went to primary school there. He is obviously quick-witted, and an extrovert. He said he passed the high school entrance examination and won a place at Motofoau, but he did not enjoy the type of education he received there, so did badly. He especially hated mathematics. When he failed the Form Four examination he was sent back to repeat the year, and hated it so much that he became very disruptive and was expelled by midyear. Back in Funafuti he didn’t know what to do with himself at first, but soon realised he did not want to be a ‘loser’ and decided to become a seafarer. He sat the TMTI admission exam, and passed easily because he knew it would take him where he wanted to go. Now he has graduated as a seafarer. He especially enjoys learning about the engine room and says he has no trouble doing the applied mathematics that is needed for practical engine maintenance because he can see why it is needed.

‘Bob’ was born on an outer island, and has a quiet, serious manner. He said he worked hard in primary school and won admission to Motofoau, where he also passed the Form Four examination. But when he reached Form Six he fell in with the wrong peer group and wasted his time drinking and hanging out. Because he didn’t study he failed the Form Six examination. Luckily his parents were able to send him to Fiji to continue his studies. He repeated Form Six in Fiji, and when he came home for a holiday he managed to persuade his uncle to give him a job maintaining outboard motors. He really enjoyed stripping down and cleaning motors and gradually realised he would like to learn more mechanical skills. After two years he applied for admission to TMTI, and now has graduated. He enjoys engine room work and the other training he received and is looking forward to his first contract as a seafarer.

Source: Interviews with graduating students at Amatuku, 16 August 2006
3.2.5 Juveniles and the Law

Most legislation in Tuvalu dates from the colonial period and has received only minimal revision in the last few decades, including laws that apply to juveniles. Some laws need revision so that Tuvalu has mechanisms in place to ensure the observance of CRC.

The age of consent for sexual intercourse is 15 years in Tuvalu, as compared with 16 in most other former British colonies. The penalty for having sexual intercourse with a girl aged 13-14 is 5 years imprisonment, but since belief that the victim was older is acceptable as a defence, penalties can be avoided. Men taking females aged 15 and under 18 from their home against their will can be charged with abduction, but this is said to be very uncommon.

Children under age 10 are deemed to have no capacity for crime, while children aged 10-13 are presumed to have no capacity unless it can be demonstrated conclusively that the child has committed a crime. Children aged 14 and over can be charged with criminal offences. As there is no juvenile justice system in Tuvalu, juvenile offenders are treated in the same way as adult offenders, and may be incarcerated alongside adult prisoners.

In Funafuti a statute limits sentences to three months for juveniles under age 17. The provisions for juveniles tried in the outer islands are more lenient than in Funafuti, stating that children under age 14 cannot be sent to prison and the maximum imprisonment for ages 15-16 is one month. These limitations have been disregarded in some instances where juveniles have been charged with serious offences, and at the time of writing a 16-year-old was serving a life sentence.

Tuvalu has not yet introduced restorative justice strategies that can help rehabilitate juvenile offenders rather than push them into a life of crime. Review of laws applying to juveniles and introduction of appropriate strategies for managing young offenders seems to be especially urgent since most informants expect youth crime to continue to increase.

3.2.6 Youth Participation and Youth as Partners in Development

It is well recognised in research on Pacific youth that their disempowerment in the community promotes youth alienation and contributes to high-risk behaviour (see UNICEF, 2005; Carling, 2006). When the question of youth participation in the community was raised at a stakeholders meeting in Funafuti there was some division of opinions. On the one hand, an elder pointed out that youth representatives are permitted to attend and speak at Falekaupule meetings on most atolls, but in practice they usually remain silent. Similarly, he said, other youth who have attained the age of 18 can attend Falekaupule meetings on most atolls, but they rarely do. In his view, there are mechanisms for youth participation but youth do not make use of them, and usually only people aged at least 40 and sometimes only those aged 60 or more participate in community discussions.
On the other hand, it was said that youth feel constrained by the culture and, since they do not have a vote, they do not feel they have a voice. Many young people tend to be apathetic and do not attend youth meetings, while those selected to represent the views of youth groups tend to be reluctant to speak out at Falekaupule meetings because they feel it is better not to make requests at all than to be ignored. Culture dictates that normally only the most esteemed and valuable members of the community speak out at Falekaupule meetings while others tend to be regarded as not having the credentials or the experience to say anything worthwhile. This makes it difficult for elders to accept the views of young people, and difficult for young people to feel confident to speak. It also contributes to apathy among young people as regards decision-making, so they tend to sit back and let decisions be made for them.

It thus seems that the attitudes of both the young and the old are perpetuating the exclusion of youth as partners in development. Because young people do not have a vote and believe they will not be listened to, they do not strive to make their views heard. On the other hand, because the young do not speak out, the elders continue to believe that youth have nothing worthwhile to say.

Most of those attending the stakeholders meeting agreed that this situation will change as the society becomes more modernised. They said that at present the cultural environment is not conducive to youth participation, but culture is dynamic, and there is increasing recognition that youth can make a valuable contribution to development. They said youth should initiate the process by making an effort to participate, and recommended that they begin by attending meetings of youth and women, and youth representatives should make use of their entitlement to speak at Falekaupule and other community meetings. Everyone seemed to agree that greater involvement of youth could improve decision-making in development, but that management should be left to the more experienced members of the community.

It is probably true that youth have to take the first step, but as they are lacking in experience and confidence, they cannot be expected to do so without assistance. Supportive parents, supportive teachers, counsellors and life skills education all have a role to play in the process of involving youth as partners in development. TANGO supports youth groups that register as NGOs with training in planning, leadership, project proposal development, computing, bookkeeping, negotiation, conflict resolution and problem solving (TANGO, 2005), and this could make a valuable contribution to strengthening youth participation.

### 3.3 THE SITUATION OF WOMEN

#### 3.3.1 Women’s Status and Representation

The situation of women in Tuvalu is complex. On the one hand the Government of Tuvalu has endorsed CEDAW, established a Department of Women Affairs (in 1999), embraced the concept of gender equity in legislation and made it an integral part of the Government approach. On the other hand there are subtle cultural barriers to the attainment of equity, and advocacy, education and practical implementation are still needed. As in the case of youth participation, the attitudes perpetuating a disadvantaged situation for some women in Tuvalu tend to be on both sides: the women themselves as well as the community.
Section 2.3 above shows that substantial numbers of women are now wage earners and there is considerably more equity in employment compared with the 1970s when women were restricted to teaching, nursing and clerical work and the only senior post occupied by a woman was matron of the Princess Margaret Hospital (PACFAW, 2003: 7). Yet even though women now work in areas formerly reserved for men, and participate in middle management, there still tends to be a ‘glass ceiling’ as regards promotion of women to higher levels, and men still tend to take the most senior roles. For example, most staff in the Department of Education up to Director level are female, but the Secretary of Education is a male. Similarly, the majority of teachers are female, with only a few male teachers, most in senior positions. At the time of writing there was only one female Secretary of a Government Department (Works and Services) but there were many women in middle level clerical positions. In 2002, only four out of a total of 57 representatives on 10 boards of directors in Tuvalu were women (PACFAW, 2003: 9).

The current government is composed entirely of men, and there has only ever been one female Member of Parliament. Two women stood in the 2006 election, but neither won a seat. Among the factors that make it difficult for women to succeed in elections are the high cost of campaigning, the tendency for wives to be outsiders in their husband’s community and hence not well supported in their home electorate, and a general perception among both men and women that it is not appropriate for women to be leaders (Personal communication, TANGO). It seems, however, that in Funafuti especially there is a growing awareness that women can contribute to leadership. TANGO conducts leadership training for women, and several respondents, both male and female, said that the country would benefit from having some female members of parliament. They said that the most likely scenario for increasing participation of women in governance is that a special reserved seat for women will eventually be declared and all aspiring female candidates will compete for that seat.

Gender inequality is also perpetuated within the church. Although women can study and qualify as pastors, they are not permitted to be ordained. This matter is said to have been recognised as an equity issue since the early 1980s, and has been raised several times at Church conferences (PACFAW, 2003: 10).

The Tuvalu National Council of Women (TNCW) was established in 1976. It serves as an umbrella organization for all NGOs concerned with women in Tuvalu. An early activity was the establishment of a handicrafts centre, and the TNCW still operates a shop next to the airport and outdoor handicraft stalls are set up outside the terminal whenever a flight is due. In the past the TNCW ran a snack bar at the airport, but this activity has been discontinued. TNCW now has a Legal Rights Training Officer and a Gender Officer. The Executive Committee of TNCW comprises two representatives from each of the eight largest atolls plus a representative of the EKT church, who is always the wife of the church president.

The Department of Women Affairs has prepared a plan for women’s development, although it has not yet been implemented because of funding constraints. A new corporate plan for the next five years is in draft form, and other reports on the status of women and CEDAW were in preparation at the time of writing. Among the past projects that have been implemented to improve conditions and provide opportunities for women in the outer islands are gardening,
pig farming and provision of a water tank for each household. Most projects have been funded by donors, with the Government of Tuvalu making only small contributions because of resource constraints (PACFAW, 2002: 12).

Although it is said that many women would like to start a small business, it is difficult for them to obtain credit unless they have security of employment or some form of capital with which to secure their loan. As elsewhere in the Pacific, most land title in Tuvalu is family or communal, so banks are reluctant to accept land ownership as security. Most women seeking business loans lack salaries or Provident Fund investments to offer as security, and are obliged to turn to husbands or other relatives, who may be unwilling to act as guarantors. TANGO operates a micro credit scheme, and offers training in business management, but funding is limited to a pool of a few thousand dollars. Donors such as AusAID and NZAID also sometimes fund group applications from NGOs, and NZAID is funding a small credit scheme on the outer islands (PACFAW, 2002: 24).

Although there is now a small core of more than 40 successful business women who are making a significant contribution to the economy, Tuvaluan women generally tend to lack the experience to prepare project proposals and obtain funding, and women from outer islands, especially, tend to be deterred by the difficulty of obtaining funds, and the conditions set by lenders (PACFAW, 2002: 22). Informants said that because of pressure to pursue white-collar oriented education, many girls are failing to acquire traditional marketable skills like weaving, sewing and handicrafts that sustain livelihoods in Tuvalu. There was also a perception that even when women have marketable skills they may be unable to muster the resources to start a business because their husbands fritter away their income on alcohol, traffic fines or other extravagances rather than maintaining their family properly.

Staff constraints mean that TNCW can provide only very limited assistance with proposal preparation and implementation, and restrict most of its training and other activities to Funafuti. Although, as noted above, such training is provided to NGOs by TANGO, there is still a need to raise awareness of business strategies among women in general. The PACFAW report emphasises this, saying there should be more ‘grassroots’ activities for women in outer islands to raise their awareness of women’s issues and provide them with more economic opportunities (PACFAW, 2002: 17).

Even when there is the political will to provide more opportunities for women, factors such as dispersed populations, the high cost of conducting activities on remote islands and subtle cultural barriers can hinder efforts. An example of the type of obstacles that can frustrate efforts to promote women’s employment in areas where they have not previously been represented is provided in Box Eight.
Box Eight: Obstacles to gender equity in the maritime industry

It has been accepted in principal that female trainees will be admitted to the Tuvalu Maritime Training Institute (TMTI), as soon as separate female dormitory accommodation has been constructed. Qualified females are employed by shipping authorities in New Zealand, Australia and other overseas countries, and serve in the Navy in these countries, as crew and as support staff and officers. Even so, there are obstacles and issues when it comes to practical implementation of gender equity in Tuvalu’s maritime industry. The following points were among those made in a paper found at TMTI (Anon, n.d.):

Obstacles for women who wish to be employed in the overseas maritime industry:

• There are currently insufficient contract opportunities to satisfy the demand among graduates of the TMTI and some have to wait for work.

• TMTI management is willing to train females, but not until job opportunities for females become available.

• The International contractors of seafarers in Tuvalu, who are not bound by equal opportunity legislation, are reluctant to offer employment to females.

• Women could possibly take up foreign cadetships but this would require them to attend an overseas college and no scholarships are available.

Obstacles for women who wish to be employed on Tuvalu’s two coastal ships:

• All crew on the coastal ships are male who undertake physically demanding work including stevedoring.

• Women could be employed as officers, but the nature of crewing on coastal shipping prevents them obtaining the practical experience as seamen necessary to qualify them for further training as officers.

Obstacles for women who wish to be employed in Tuvalu’s fishing industry:

• Employment in the formal fishing industry on ships of the national Fishing Cooperative of Tuvalu and the Department of Fisheries is prevented by the same factors that prevent employment in the coastal industry.

• Informal fishing is traditionally seen as a male activity and men are reluctant to allow women to take out boats.

• While women could buy their own boats, go fishing and sell their catch, the perception of the community is that fishing is a traditional male activity and subject to traditional taboos.

While these factors are likely to be perceived as obstacles by many women in Tuvalu as well as by most men, they cannot be taken as absolute until they have been tested by the employment of qualified women in the Tuvalu maritime industry. As stated in the paper, there is need for SPC or the Regional Maritime Program to take the lead by appointing a woman to a senior post so that the competence of women for maritime work can be demonstrated.
3.3.2 Women’s Health

The main health issues for women in Tuvalu are NCDs and reproductive health. Tuvaluan women are especially vulnerable to lifestyle related NCDs because the switch to a modern diet and more sedentary lifestyles has increased average body weight. As discussed in Section 2.1.1, the average Body Mass Index for women increased markedly between the early 1950s and 1976, and in 1983, 75 per cent of women over 29 years were overweight or obese and 50 per cent were obese (SPC, 2000: 218; Government of Tuvalu and UNICEF, 1996: 22). This is largely because women normally adopt sedentary lifestyles as soon as they become adults, and especially after marriage.

As elsewhere in Polynesia, a heavy bodyweight is considered the norm for mature women, and is not seen as a source of embarrassment or a reason to embark on a programme of weight loss. Some informants said that Tuvaluan women tend to become overweight because, according to Tuvaluan culture, the men in the household eat before the women and children. Men therefore consume most of the high protein food, leaving the less nutritious starchy foods for the women. While it is undoubtedly true that when resources are scarce Tuvaluan women are likely to consume relatively less protein than men, cooking methods, large servings and lack of physical activity probably play a greater role in female obesity than does dietary imbalance.

Most cooking is done on small kerosene or gas stoves or on open fires, so frying is more common than baking. Not only protein foods but also starchy foods such as breadfruit and rice are likely to be fried, even if they have been boiled first, and the common practice of adding coconut cream to vegetables such as pumpkin and spinach adds not just flavour but also many kilojoules. It is also apparent that since women do most of the cooking and washing up, and not all households have refrigerators, women are likely to eat leftover food.

The greater vulnerability of women to NCDs because of higher rates of obesity as compared to men is reflected in the health statistics. Between 2002 and 2004 women were from 40 to 65 per cent more likely than men to seek treatment for diabetes, and from 70 to 128 per cent more likely to seek treatment for hypertension (derived from Government of Tuvalu, 2005, Table 12). While obesity does not figure in health service statistics as a major reason for seeking treatment, it is clearly a contributing factor to the other lifestyle diseases for which treatment was sought. It must be noted that since women are generally more likely to seek treatment than are men, these figures are indicative only, and should not be treated as gender-specific prevalence rates for these conditions. The presence of obesity and related conditions is a particular concern for women in their childbearing years, as it increases the risk associated with pregnancy and delivery.

Another health issue for women everywhere is access to family planning. As discussed in Section 1.7, fertility in Tuvalu has been quite low for several decades, and this is reflected in family planning statistics. Figure Thirteen shows family planning coverage statistics provided by the Ministry of Health, with lower coverage around 2000 than in the early 1990s. Data on method mix suggest that this could be because of declining use of IUDs, and erratic supplies of Depo Provera, which is the most popular method overall (PACFAW, 2003: 19). Even so the minimum estimated family planning coverage in any year remains close to 30 per cent, and it must be
remembered that these statistics exclude condom use. Although married couples do not usually rely on condoms for family planning, it is possible that increasing condom use could account for a small part of the apparent decline in family planning coverage.

**Figure Thirteen: Estimated percentage of women of reproductive age using family planning, 1990-2002**

Anecdotal evidence from health professionals suggest that married women in Tuvalu generally have no inhibitions about seeking family planning when they are motivated to use it, but are more likely to use it to limit family size than to space births. In Funafuti the Tuvalu Family Health Association provides services for both adults and youth, and family planning services are also available from the Princess Margaret Hospital. On the outer islands nurses at the health clinics are the principle source of family planning.

As there is only one obstetrician in Tuvalu, women have limited access to doctors with specialist knowledge. Menstrual disturbances, hormonal imbalances and the symptoms of menopause are therefore likely to go untreated. In addition, since there is little screening for cervical cancer, more serious conditions may go undetected, especially in the outer islands.

### 3.3.3 Domestic Violence and Sexual Abuse

Domestic violence and sexual abuse occur in virtually every society, and Tuvalu is no exception. The most prevalent form of domestic violence is child beating, but as discussed above, this tends not to be considered as domestic violence. Most informants, including the People’s Lawyer, consider that physical and sexual abuse are relatively infrequent in Tuvalu. There were only 5 prosecutions for spouse assault and one charge of child sexual abuse in the 18 months preceding the author’s visit, and the lawyers in the People’s Lawyers office said they had not seen much evidence of unreported domestic violence. Chand found only one report of sexual abuse in the ‘Tuvalu Echoes’ for January-July 2001 (Chand, 2001: 15). Female informants interviewed for this report said, however, that there is unreported domestic violence, but it is concealed by dense settlement, the Tuvaluan sense of pride and desire to avoid drawing attention to shameful behaviour, and the willingness of family and neighbours to intervene.
Chand reported that 39 per cent of females and 27 per cent of males in his sample of 169 young people thought rape was either ‘very prevalent or moderately prevalent’ in Tuvalu, ‘about a third’ believed rape is possible within a marriage, and ‘similar proportions’ were aware of men abusing their wives or partners sexually (Chand, 2001: 21). He does not present any specific data, however, so firm conclusions cannot be drawn from this finding. Similarly, his finding that ‘over 60 per cent’ of youth had heard of cases of incest in Tuvalu and ‘a third’ believe incest is ‘moderately prevalent’ cannot be taken as indicative of any particular level of prevalence, and could mean only one or two cases a year. Specific, individual or household-level research on experience of abuse is the only satisfactory basis for establishing prevalence.

Prostitution was said by Chand not to be widely known or practiced in Tuvalu, as only 14 per cent of his respondents were aware of it. However he mentions casual sex cases ‘which remotely border on prostitution...females who engage in sex after receiving drinks and cigarettes, or who may receive gifts after sex’ (Chand, 2001: 21). This appears to be a reference to transactional sex. Anecdotal evidence from interviews for the present study suggests that this could be occurring more frequently in association with increasing hardship, principally in Funafuti, but further research is needed before firm conclusions can be drawn.

If unwanted pregnancies do occur, abortion is strictly illegal in Tuvalu unless doctors can demonstrate that continuing the pregnancy would endanger the mother’s life. Nonetheless, some youth interviewed by Chand (percentage not given) apparently knew of backyard abortions, while informants interviewed for this study said that traditional medicines and other methods are sometimes used for illegal abortions. Again, the prevalence is not known and it may be uncommon.

Although there is not much evidence of domestic violence and sexual abuse, anecdotal evidence suggests that sexual harassment in the community and workplace is quite common. Informants said that low levels of awareness of women’s rights mean that some men see women as ‘fair game’ and sexual harassment as a normal part of male/female interaction.

There appears to be a need for awareness-raising on women’s rights throughout the community. Both men and women need to understand women’s rights and entitlements, and women need to be encouraged to insist that their rights are respected.

### 3.3.4 Divorce, Female-headed households and Single Mothers

Prior to the 1990s arranged marriages were common throughout Tuvalu, but most young people now choose their own partners. Although some informants say this is contributing to an increasing divorce rate, others say that divorce is just another consequence of modernisation and increased freedom in society. Between 2000 and 2004 there were an average of 14 divorces each year, except in 2003 when there were 28 (Government of Tuvalu, 2005: 17). The number of people describing themselves as divorced in the 2002 census was 186 as compared with 176 in 1991, which is proportional to population growth and does not suggest an increase in the divorce rate. An interesting pattern, however, is that there were relatively more divorced people at younger ages in 1991 than in 2002 (Government of Tuvalu, 2005: 17).
According to the 2004/2005 Household Income and Expenditure Survey, of the estimated total of 1660 households in Tuvalu, 23 per cent were headed by females. There were relatively more female-headed households in Funafuti (25 per cent) than in the outer islands (22 per cent). Although female-headed households are normally expected to be disadvantaged compared with male-headed households, this pattern is not obvious in Tuvalu and there are high percentages of female-headed households are in the higher income deciles in especially in Funafuti. **Table Thirteen**, this is because many female heads are substituting for spouses who are working overseas, especially seafarers, whose households have some of the highest incomes in Tuvalu.

**Table Thirteen: Income deciles for female-headed households**

<table>
<thead>
<tr>
<th>Income Decile</th>
<th>Funafuti</th>
<th>Outer Islands</th>
<th>Tuvalu</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Male</td>
</tr>
<tr>
<td>1</td>
<td>0.0</td>
<td>0.0</td>
<td>9.7</td>
</tr>
<tr>
<td>2</td>
<td>0.0</td>
<td>0.0</td>
<td>8.5</td>
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<td>8.4</td>
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<td>3.6</td>
</tr>
<tr>
<td>5</td>
<td>1.0</td>
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<td>13.4</td>
</tr>
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<td>6</td>
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<td>10</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Source: Government of Tuvalu, forthcoming.

*Note: Income Deciles are calculated by ranking all observed incomes in Tuvalu in order and dividing them into ten equal groups. Hence Decile 1 is the lowest income group, Decile 2 is the second-to-lowest income group and so on, with Decile 10 the highest income group. As more than one household may earn exactly the same income, there can be more or less than 10 per cent of households in each of the 10 income groups.*

Nonetheless, it can be seen that there are higher percentages of female-headed households in the lowest income decile in the outer islands. These can be presumed to be households where there has been a genuine marital breakdown or death of a spouse.

Unmarried single mothers are especially vulnerable to economic and social pressure if they do not have a reliable source of financial support. As discussed in Section 3.2.3 above, single mothers account for from 8-19 per cent of all births, while extra nuptial pregnancy is a concern because it signifies failure to practice safe sex. Data for 2000-2003 show an average of 14 births to single mothers each year, with most in the age group 20-24 (Government of Tuvalu, 2005: 18). While some single mothers marry or receive maintenance from the father of their child, others are left without assistance and obliged to depend on the willingness of their extended family to assist them. Tuvaluan society is said not to accept de facto relationships (Government of Tuvalu, 2005: 16). Single mothers who become involved with other men may find a husband, but sometimes they simply add to their problems with another child born out of wedlock.

Having an absentee husband working as a seafarer or in other employment elsewhere may also create difficulties for wives, even if they are financially secure. Although no research has been done in Tuvalu, some informants said that children of such mothers are more likely to be problem children, perhaps because of the lack of a male role model. If fathers are only home for a month or two between contracts they may barely get to know their children, and this can lead to problems within the family. Absenteeism may also contribute to conflicts when couples are reunited, such as when they suspect each other of infidelity during the separation.
PART 4
SUMMARY AND RECOMMENDATIONS
4.1. **Summary**

The preceding sections have identified a number of issues that affect the situation of children, youth and women in Tuvalu, including those related to service provision and specific issues for the three groups. It shows that while human development in Tuvalu compares favourable with some of its Pacific neighbours, the three target groups are vulnerable, and a number of issues relating to their situation need to be addressed.

It is acknowledged that three factors in particular make it especially difficult to address such issues in Tuvalu:
- deteriorating economic conditions and increasing hardship.
- the difficulty and expense of providing adequate services and opportunities to a small population dispersed across nine tiny island groups,
- disparities in living conditions between those living in the Funafuti urban area and those in outer islands.

This means that careful planning and systematic, coordinated and efficient implementation are required. Precise focuses are required and stakeholders in Tuvalu should ensure efforts are not dissipated because too many projects are tackled at one time. Projects for children, youth and women should be prioritised on the basis of need and cost effectiveness. Realistic and achievable, action-oriented projects must be formulated and government and donor funding must be secured. Mechanisms then need to be put in place to ensure that projects are fully implemented and efforts are sustained until project objectives are fully achieved.

The following recommendations relate to the mechanisms and specific objectives necessary to achieve an improvement in the situation of the three groups. The first group are restatements and revisions of recommendations originally made in the Situation Analysis prepared by the Government of Tuvalu and UNICEF in 1996. The second group are new recommendations. Old recommendations are preceded with the letter ‘O’ and new and revised recommendations with the letter ‘N’.

4.2. **Progress since recommendations of 2006 and reformulation of 1996 recommendations**

4.2.1 **Update of general recommendations from 1996**

**O1: Strengthen institutional arrangements for the mobilization of awareness of child rights through the establishment of national coordinating and monitoring mechanisms for children (i.e. a National Advisory Committee for Children) and for women.**

A National Advisory Committee for Children (NACC) was formed after distribution of the 1996 Situation Analysis. This committee, which is chaired by the Ministry of Education, has been effective in coordinating the interest of other stakeholders - government ministries and NGOs - and has helped to raise awareness of CRC among stakeholders. Children will certainly benefit from the major initiatives to reform and reshape the education sector that were underway as this report was being prepared, and from strategies to improve maternal and child health. NACC has not yet achieved a high profile for children’s issues in the wider community, however.
N1: The activities of NACC should be reviewed and NACC should be reshaped (if necessary) and revitalised so that it takes the lead in improving the situation of children, youth and women in the Tuvalu community. The main responsibilities of NACC should be
1) to ensure the National Plan of Action for Children is a comprehensive, government-endorsed document that sets out activities to achieve CRC and MDG objectives for children, and allocates responsibilities for implementation of each activity to stakeholders,
2) to coordinate, advise, monitor and report regularly on progress in implementing these activities
3) to ensure a high profile for the NPA in the wider community and sustain momentum in achieving these objectives.

O2: Formulate a National Plan of Action for Children,

NACC Tuvalu has been working on the preparation of a National Plan of Action for children, as recommended in 1996, and this document will be finalised soon.

N2: The National Plan of Action for Children should remain a priority and should be finalised and implemented in accordance with the recommendations in 1.2.1, above.

4.2.2. Update of specific recommendations from 1996:

O3: Improve the MCH situation to reduce deaths and illnesses resulting from diseases, accidents and lack of proper motherhood care

As discussed in Section 2.1 the redevelopment of the Princess Margaret hospital has improved health service delivery in the past decade, and Tuvalu continues to provide health centres, ante-natal care, MCH clinics and public health on each island. Maternal, infant and child mortality are infrequent events, but nonetheless preventable illnesses and deaths do occur.

N3: Health services should be reviewed from the specific perspective of their capacity to provide for the needs of mothers and infants and cater for emergencies. This should include analysing the causes of maternal and infant morbidity and mortality, and recommending measures to prevent such events in the future. It should also include ensuring that the facilities provided for MCH clinics are safe and do not expose infants to the risk of infection. Such a review could be negotiated and coordinated by NACC, on which Ministry of Health is represented.

O4: Provide all children with access to quality education at all levels including pre-school, primary, secondary and post secondary vocational and academic training;

As discussed in Part Two, Section 2.2 above, although school attendance is near universal, the quality of education in Tuvalu is constrained by a number of factors. The Ministry
of Education has formulated an extensive Education Strategic Plan that targets the improvement of education at all levels and which, if adequately funded and implemented, could result in very substantial improvements in education.

N4: NACC should actively lobby Government, donors and other stakeholders to ensure that implementation of the Education Strategic Plan remains one of the top Government and community priorities. This includes lobbying to ensure it receives sufficient funding for efficient implementation and there is sustained effort over a number of years to reform education to better serve Tuvalu’s needs.

O5: Improve nutrition of children on all islands.

Although it appears that since 1996 there has been promotion of good infant feeding practices, after breastfeeding ceases children may not receive sufficient nutritious foods and may acquire poor dietary habits.

N5: The NACC should lobby for increased nutrition education for the entire community, with emphasis on healthy food preparation and the importance of a good diet for growing children. It should also lobby for more projects to increase the availability and affordability of nutritious food, especially fruit and vegetables.

O6: Empower and support women in the realisation of responsibilities relating to early childhood care and education.

While access to pre-school has improved since 1996 and more pre-school teachers have been trained, there is still a need to raise awareness of the role of parents in early childhood education, and a more systematic approach to

N6: NACC should work with donors to develop projects to raise community awareness of early childhood educational needs, provide education in parenting methods and support mothers to empower them as parents.

O7: Continue to ensure universal access to good quality drinking water and safe sanitation.

There has been considerable progress in improving sanitation, in outer islands especially, and in household water supply. Problems still remain with the sustainability of household water supplies, and these are likely to intensify with global warming.

N7: NACC should lobby government to ensure all households have access to safe water and sanitation because it is part of a child’s right to a safe environment.

O8: Maintain the Expanded Programme of Immunization rates of 100 per cent coverage

As discussed in Section 3.1.1, immunization coverage varies for different vaccines, and is not always 100 per cent. Moreover, there are still problems with the cold chain when vaccines are delivered to outer islands.
N8: The Ministry of Health and UNICEF should continue to improve immunisation coverage and improve the cold chain so that all Tuvaluan children are fully and effectively vaccinated against the main diseases of childhood.

O9: Contain population growth and address problems relating to urbanisation, unplanned births and crowding.

Since 1996 global warming seems to have raised awareness of the importance of limiting population growth and the overall population growth rate appears to have slowed, but migration to Funafuti and Vaitepu in search of better services and economic opportunities continues, while hardship appears to be increasing. It may not be realistic or even cost effective to attempt to stem rural to urban migration, but Government should ensure adequate living conditions in urban areas.

Married Tuvaluan women appear to have good access to family planning but there are still social constraints on access for unmarried youth.

N9: NACC should lobby Government to adopt strategies to combat hardship and improve living conditions in urban areas as part of a child’s right to good living conditions. (Access to family planning is addressed in N14 below).

O10: Identify measures to address the needs of children in special circumstances, especially those with learning difficulties and disabilities.

There are still only very limited services for disabled children in Tuvalu, and no education is provided for children with major disabilities. Moreover, there is no good information on the extent of disability among children in the community.

N10: As part of Tuvalu’s commitment to CRC, NACC should lobby to ensure that disabled children have access to education tailored to meet their special needs.

O11: Mobilise community awareness of the rights of the child and secure support and commitment at all levels of decision-making and implementation.

The 1996 report was prepared soon after Tuvalu had endorsed CRC (in 1995) and community awareness of CRC and child rights has increased considerably since then. Specific strategies include limiting corporal punishment in schools. More effort is still needed to translate CRC into effective policy, however, and ensure that children’s rights are respected.

N11: NACC should help Government prioritise strategies to ensure the full and effective implementation of CRC, and should coordinate an on-going programme of community education on child rights.
4.3 New Recommendations from 2006 Situation Analysis

4.3.1 The 1996 situation analysis did not address the specific needs of youth. This 2006 update has pointed out that the main concerns of youth derive from the nature of the education system and the scarcity of employment opportunities. As discussed in Section 2.2.5, strategies are in place to reform education and equip more young people with skills for employment and life skills to build confidence and capacity.

N12: NACC should lobby Government to ensure that the proposed educational reforms are fully funded and implemented and all Tuvaluan youth have access to education that is appropriate to the interests, capabilities and needs.

N13: UNICEF should extend the new life skills programme in Tuvalu to as many youth as possible. This should include conducting courses on outer islands on a rotational basis.

There has been considerable progress in making reproductive health information and family planning available to youth since 1996, but access should be improved, especially in outer islands.

N14: NACC should work with the Ministry of Health, NGOs and communities to ensure that youth everywhere in Tuvalu have access to confidential reproductive health information and contraception; that adequate supplies are maintained in all locations; and that communities recognise youth access to reproductive health information and family planning is a right and must be supported.

Despite considerable progress in equal opportunity for women, most women are still disempowered in the Tuvalu community as compared to men. This contravenes women’s rights under CEDAW. Disempowered women are more likely to be passive parents who do not pursue the best opportunities for their children’s physical and mental development.

N15: Tuvalu’s Departments of Gender and Women’s Affairs should continue to work with NGOs and other agencies to promote opportunity for women through workshops in leadership, enterprise, parenting and other learning that builds women’s capacity, resourcefulness and self-confidence.
REFERENCES

ESCAP Tuvalu Squatter study Report 1, Port Vila: ESCAP
ESCAP Tuvalu Squatter study Report 2, Port Vila: ESCAP
SPC (Secretariat of the Pacific Community), 1998. Tuvalu Population Profile. Noumea: Demography/Population Programme, SPC.
Programme, SPC.

SPC (Secretariat of the Pacific Community), 2003. Pacific Population Data (Poster) Noumea: Demography/ Population Programme, SPC.


