Evaluation of the *Strengthening Peaceful Villages* (SPV) Programme in South Tarawa

2023 FOLLOW-UP STUDY REPORT

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ACRONYMS

CAS: Community Assessment Survey

CSO: Civil society organisation

EQI: The Equality Institute

FGD: Focus-group discussion

IDI: In-depth interview

IPV: Intimate partner violence

KII: Key informant interview

KWCSC: Kiribati Women and Children's Support Centre

M&E: Monitoring and Evaluation

MCO: Multi Country Office

MWYSSA: Ministry of Women, Youth, Sport and Social Affairs

PSIDS: Pacific Small Island Developing States

SPV: Strengthening Peaceful Villages

VA: Village Activist

VL: Village Leader

VAWG: Violence against women and girls

WHO: World Health Organization

EXECUTIVE SUMMARY

Introduction

Despite being home to countries with some of the highest rates of violence in the world, the Pacific region remains one of the most under-researched regions with respect to what works to prevent Intimate Partner Violence (IPV).[1] In Kiribati, an estimated 68 percent of women aged 15-49 report lifetime exposure to physical and/or sexual violence by an intimate male partner.[2] Yet, evidence on the effectiveness of primary prevention interventions to reduce IPV in the Pacific region is still emerging.

Between 2018 to 2023, the Ministry of Women, Youth, Sport and Social Affairs (MWYSSA) of the Government of Kiribati with technical assistance from UN Women Fiji Multi Country Office (MCO) implemented the Strengthening Peaceful Villages (SPV) programme in South Tarawa and Betio. The SPV programme was an evidence-based community mobilisation programme aimed at preventing IPV and promoting gender equitable and non-violent social norms in South Tarawa. The programme was adapted from *SASA!,* a violence prevention intervention which uses a multi-level, multi-stakeholder approach to address the imbalance of power between women and men in the community, and to reshape inequitable social norms around gender, power and violence.

The original design of the SPV programme in South Tarawa was to be implemented across 15 villages in South Tarawa and Betio, targeting half of the country's population, approximately 52,586 people. [3] Due to various reasons, programme implementation faced numerous challenges and was significantly delayed.

Overview of the evaluation

Originally, conceived as an impact evaluation, the primary aims of the study were to assess the impact of the SPV programme on: rates of IPV in the target population; community-level attitudes around IPV; men's use of controlling behaviours in intimate relationships; women's ability to negotiate sex within marriage; and community beliefs on family dynamics and parenting practices. The evaluation also aimed to identify key lessons for what works to adapt the *SASA!* intervention framework to the Pacific context.

[1] Secretariat of the Pacific Community 2010; Devries et al. 2013

[2] Secretariat of the Pacific Community 2010

[3] UN Women through DFAT funding is currently also coordinating and advancing a major investment of USD $500,000 to strengthen and increase access to essential services, both in Tarawa and the outer islands. It is estimated to take at least two years for the full essential services programme to reach the outer islands. Therefore, UN Women recommended implementation of the SPV programme in South Tarawa only as there were pre-existing response services for violence against women in this area.

In 2019, the Equality Institute (EQI) worked in partnership with the Government of Kiribati and UN Women to successfully implement the baseline qualitative and quantitative impact evaluation study. Baseline findings were validated, detailed in a report, and strategically disseminated. Due to the COVID-19 global pandemic and programmatic delays, the original plans for a quantitative midline survey of women were revised. The revised midline gathered data, not from community members, but from programme implementers and key stakeholders.

When the SPV programme closed in June 2023, only two of the four *SASA!* phases had been completed, meaning that the implementation of the SPV programme had only reached its half-way point. As the *SASA!* approach was not implemented in full in South Tarawa, from an evaluation perspective it is more accurate to refer to the final evaluation study conducted in 2023 - the findings of which are presented in this report - as a 'follow-up study' rather than an 'endline study.'

Follow-up study: quantitative and qualitative components

This follow-up study included a randomised household survey administered to women and men aged 15-49 in the three remaining SPV intervention sites in South Tarawa and Betio. A total of 502 women and 415 men completed surveys. The qualitative component of the follow-up study comprised of 29 one-on-one interviews were conducted with SPV Programme staff members, Village Activists (VAs) from any SPV intervention sites; Community leaders from SPV intervention; and Community members from SPV intervention sites who had been interviewed at baseline.

This study was submitted for ethical review and approval by the University of South Pacific (Suva, Fiji) in December 2018, prior to the implementation of the baseline study. The SPV impact evaluation is guided by the World Health Organization recommendations for intervention research on violence against women.[4]

Despite the geographical scale-back of the programme in 2023 to intensify efforts in a few select communities, the follow-up study found relatively low levels of community recognition of the SPV programme. Interviews with SPV programme implementers and with technical experts from Raising Voices highlighted many issues with programme fidelity and various factors which likely impacted negatively on programme reach and effectiveness. Overwhelmingly, this evaluation learnt that the most significant external factors which hindered SPV programme implementation were the COVID-19 global pandemic, the nationwide drought in 2022, and the ongoing impacts of the climate crisis in Kiribati. **It is, therefore, necessary to consider the findings from this follow-up study in the context of these programmatic and implementation challenges and the wider external factors, particularly of the pandemic and climate crisis.**

[4] Hartmann, M. and Krishnan, S. (2016) *Ethical and safety recommendations for intervention research on violence against women*. Geneva: WHO. These recommendations build on lessons from WHO (2001) *Putting women first: Ethical and safety recommendations for research on domestic violence against women*.

Findings on community exposure to the programme

Survey findings showed that community exposure to the SPV programme was relatively low. Despite the follow-up survey being conducted in sites where SPV programme activities had been amplified, only 35 percent of community members surveyed had heard of the SPV programme. Only 4 percent of women and 8 percent of men surveyed said they had participated in any activities (both related or unrelated to the SPV programme) in the last 6 months about safe and healthy relationships between women and men.

Community understandings about the SPV programme's focus were mixed. Between 20 percent to 30 percent of respondents who *had* heard of SPV correctly identified that the programme was related to violence, gender equality, and relationships between couples.

While the follow-up quantitative survey found low levels of programme exposure in the community, qualitative interviews showed that the SPV programme was regarded favorably by some interviewees and was particularly valuable for women who were experiencing violence. Furthermore, the SPV programme had a strong positive impact on VAs and SPV team members, often catalysing shifts in how they thought and behaved in relation to gender equality and equal relationships.

There was no significant difference in exposure to SPV or safe and healthy relationships messaging and activities between men who had and who had not perpetrated IPV in the past year.

Findings on changes in rates of IPV in programme sites

The follow-up study found that IPV continues to be a significant issue in South Tarawa, with over 40 percent women reporting experiencing, and men reporting perpetrating, IPV in the 12 months prior to the survey. As with baseline, men's perpetration of past-year IPV were higher (46 percent) compared to women's experience of IPV (41 percent).

The proportion of women who reported experiencing past-year IPV at follow-up *rose slightly* compared to proportions at baseline. In contrast, the proportion of men who reported perpetrating past-year IPV at follow-up *fell significantly* compared to baseline.

Given the above findings, it is highly likely that *actual* IPV prevalence rates have not shifted much between baseline and follow-up. Rather, both women and men in the intervention sites are now more able to recognise different forms of IPV and are more aware that such behaviour is socially unacceptable. For women, this may have resulted in a greater willingness and ability to identify and report IPV experience, whereas men are now more likely to self-regulate their responses about their own behaviour when answering a survey about IPV.

Compared to baseline (48 percent), more women at follow-up (56 percent) reported that their partner used controlling behaviour. As with baseline, the follow-up survey found a strong association between women's experiences of controlling behaviour from a male

partner and women's experiences of IPV in the past year. Promisingly, the proportion of women who experienced controlling behaviour relating to sexual and reproductive health from their male partner reduced (28 percent at baseline to 20 percent at follow-up).

With the economic stressors of the COVID-19 pandemic, the drought, and rising cost of living during the period covered by the follow-up survey (see Chapter 8), we expected to see a significant increase in economic IPV. However, women reported the least change in their experiences of economic IPV, compared to baseline.

Findings on community attitudes and behaviors toward gender equality and violence

While community members continue to agree with the broad concept of gender equality, some attitudes have remained the same or become more inequitable since baseline. There was a decrease in the proportion of women who held victim-blaming attitudes between baseline and follow-up, but there was little change in men's agreement with these items.

Both women and men continue to agree with justifications for men's use of violence against women. However, there were some improvements in men's attitudes, with smaller proportions of men surveyed at follow-up agreeing that this violence was justified in 11 of the 12 scenarios presented compared to baseline. Male respondents' agreement with justifications of wife-beating were significantly associated with their perpetration of IPV in the past year.

Although most people in the study sites (69 percent of women and 53 percent of men) believe it is acceptable for a married woman to refuse to have sex with her husband if she doesn't feel like it, in practice women's ability to safely negotiate sex within marriage continues to be limited.

Overall community knowledge about available support services remained similar to baseline. The police and KWCSC were still the most well-known services, with the proportion of women who knew about KWCSC increasing from 24 percent at baseline to 37 percent at follow-up. Despite most people knowing of somewhere a woman or girl experiencing violence could go for help, the results of the study showed that a smaller proportion of women who did experience violence (29 percent) at follow-up received minimal help from others in the community compared to at baseline (where 35 percent of women who experienced violence received help)

Findings around contextual factors associated with IPV in South Tarawa

This evaluation found factors such as the COVID-19 global pandemic, the nationwide drought in 2022, and the ongoing impacts of the climate crisis in Kiribati significantly hindered SPV programme implementation.

The follow up study found that the COVID-19 pandemic, the 2022 drought, poor mental health, and food insecurity were all associated with IPV experience and perpetration. Most

women and men surveyed reported experiencing financial and emotional impacts from COVID-19 pandemic, with a larger proportion of men compared to women reporting negative impacts. Negative financial and emotional impacts from the pandemic were associated with both women's experiences, and men's perpetration, of IPV.

An alarmingly high proportion of women and men reported significant mental health challenges. Sixty-eight percent of women and 70 percent of men experienced symptoms of depression in the two weeks prior to the survey, while 5 percent of women and 4 percent of men had ever attempted suicide in the past year. The follow-up study found that poor mental health was associated with IPV. Women who had experienced IPV in the past year were significantly more likely to have attempted suicide in the past year (8 percent), compared to women who had not experienced IPV (3 percent). For men, both depression and suicidality were significantly associated with their past-year perpetration of IPV.

Recommendations

Based on the key findings from the follow-up study and considering recommendations that emerged from the baseline and midline studies, the evaluators and programme implementers have identified 12 key recommendations.

Programme Implementation

1. Establish and foster greater collaboration between the IPV prevention intervention and other community stakeholders and service providers.
2. Establish and foster greater collaboration and information sharing between the community mobilisation prevention programme and other prevention initiatives being implemented in South Tarawa.
3. Ensure IPV prevention programme staff provide greater clarity and support to community activists.
4. Ensure better documentation of programmatic decisions and encourage more robust handover processes.
5. Provide ongoing and consistent capacity strengthening and technical support for programme implementers.
6. In alignment with *SASA!* methodologies, provide and prioritise training on well-being, self-care and vicarious trauma to programme implementers.
7. Ensure greater public acknowledgement and celebration of the work of the programme implementers.

Broader recommendations on trialing social norm change interventions for prevention in the Pacific and beyond

8. Ensure the presence/establishment of key enabling factors for community mobilisation programmes for prevention.

9. Prevention interventions should be conceived and implemented as an integrated component of a national, holistic, coordinated, and longer-term approach to prevent and respond to violence against women and girls.
10. Future IPV prevention initiatives should continue to also work on reducing social acceptance of child abuse.
11. Fund and conduct research to better understand the nexus between climate induced stress and VAWG in small island, big ocean states.
12. Strengthen reflection, practice-based knowledge generation and research on how the COVID-19 pandemic exacerbated and affected gender inequality and VAWG in Kiribati, in order to inform ongoing prevention priorities.

CHAPTER 1: INTRODUCTION

Violence against women and girls

Ending violence against women and girls is a global public health and human rights priority. The global statistics are alarming, with one in three women report lifetime exposure to physical and/or sexual intimate partner violence (IPV) by a male partner.[5] The global evidence also shows that IPV disproportionately affects women[6] and is associated with adverse mental, physical and sexual health outcomes for women, their families and their communities.[7] For the purposes of this study, IPV is defined as "any behaviour within an intimate relationship that causes physical, psychological or sexual harm including physical abuse, psychological aggression, controlling behaviours and sexual violence."[8]

Despite being home to countries with some of the highest rates of violence in the world, the Pacific region remains one of the most under-researched regions with respect to what works to prevent IPV.[9] In Kiribati, an estimated 68 percent of women aged 15-49 report lifetime exposure to physical and/or sexual violence by an intimate male partner.[10] Yet, evidence on the effectiveness of primary prevention interventions to reduce IPV in the Pacific region is still emerging. Given the role of gender inequality as an underlying driver of IPV, social norm change has been identified as a critical area for intervention work.[11] In particular, well-designed community mobilisation interventions to generate grassroots activism for gender equality and non-violence have shown to reduce the prevalence of IPV.[12,13] One well-tested and evidence-based example is *SASA!,* a violence prevention intervention originally developed

[5] Devries et al. 2013
[6] Breiding, Black and Ryan 2008; García-Moreno et al. 2005
[7] Campbell 2002; Ellsberg et al. 2008
[8] Krug 2002, p. 89
[9] Secretariat of the Pacific Community 2010; Devries et al. 2013
[10] Secretariat of the Pacific Community 2010
[11] Clark et al. 2018
[12] Abramsky et al. 2016
[13] Abramsky et al. 2016, Abramsky et al. 2012

by Raising Voices[14] and implemented by the Centre for Domestic Violence Prevention (CEDOVIP) in Kampala, Uganda.[15] The *SASA!* approach uses community mobilization to transform inequitable social norms around gender, power, and violence. However, there is limited evidence of how well this approach works in the Pacific region. To fill this gap, implementation and evaluation of a community mobilisation intervention adapted from *SASA! Together*,[16] the *Strengthening Peaceful Villages* (SPV) programme, commenced in South Tarawa, Kiribati in 2018.

The Kiribati Context

Geography and demographic characteristics

Composed of 33 low-lying atolls divided into three groups - the Gilbert, Phoenix and Line Islands, the country of Kiribati is spread across the Central Pacific Ocean with a total land area of 810 square kilometres and ocean area of over three million square kilometres.[17]

Kiribati gained independence from the United Kingdom in 1979. The people of Kiribati are known as i-Kiribati and are categorised as Micronesians. Almost all i-Kiribati people identify themselves as Christians and the predominant churches are the Roman Catholic Church and the Kiribati Protestant Church. Other minority religions include Seventh Day Adventist, Church of Jesus Christ of Latter Day Saints, Church of God, Assembly of God, and Bahá'í. Churches are very influential in the daily lives of many i-Kiribati people, play a strong role in community development and operate most of the secondary schools; in addition, some of the largest and most active women's NGOs in the country are church-based.

Kiribati's 2020 census reported a national population of 119,400, with women and girls making up 51 percent and men and boys 49 percent of the total population.[18] Children (ages <15) make up approximately 36 percent of the total population of Kiribati. The total fertility rate is 3.4, a decline from 3.7 in the 2015 census. The national literacy rate, defined as the proportion of the population able to read and write in any language, was 39 percent for men and 44 percent for women. On South Tarawa, the literacy rate is around 90 percent for both women and men. More than half (53 percent) of Kiribati's population lives on South Tarawa, exacerbating overcrowding and social and environmental issues on the island and thereby increasing demand for government services. Almost a third (29 percent) of people in South Tarawa live in the village of Betio.[19]

[14] Raising Voices is an activist organisation based in Uganda focused on prevention of violence against women and children. Raising Voice is the global technical lead on SASA! To learn more about Raising Voices, visit: https://raisingvoices.org/

[15] SASA! is now being used by 20 organisations in 60 countries worldwide. For further information on the intervention, please see http://raisingvoices.org/sasa/

[16] SASA! *Together* is an update of the original SASA! methodology. For further information, please see: https://raisingvoices.org/women/sasa-approach/sasa-together/

[17] Secretariat of the Pacific Community (2010).

[18] SPC. *Kiribati Census Atlas* (2022). Noumea, New Caledonia. Pacific Community.

[19] SPC. *Kiribati Census Atlas* (2022). Noumea, New Caledonia. Pacific Community.

Gender dynamics in Kiribati

Traditionally, i-Kiribati society is patrilineal, and while the status of women is changing, women are still often considered subordinate to men. Across Kiribati, communities were traditionally governed by the *unimwane*, male elders who represent the family or clan, and by the *maneaba* or community council. The authority of the community council still remains strong in many parts of Kiribati.[20] Gender roles are still quite strictly defined. Women help with farming and fishing but also have primary responsibility for family caretaking, cooking and all household duties. Men tend to jobs outside the home, such as fishing, cutting toddy, cleaning the lands and participating in the village decision-making. Male dominance within the marital relationship is common, and continues to make women vulnerable to abuse from their partners. Physical punishment is often used as a form of disciplining women when they are seen to step outside their prescribed gender roles.[21]

In recent years, more women have gained tertiary and professional qualifications and moved into the public sphere. While parliament and island councils used to be composed exclusively of men, in recent elections there has been an increase in the number of female candidates and an increase in the number who won seats. Despite these improvements, women are still underrepresented, compared to men, in public offices and high-level positions. As of February 2021, only 6.7 percent of seats in parliament were held by women.[22] I-Kiribati women continue to face discrimination in formal and informal sectors of the economy. Women also face economic exploitation within the family, which can place them at increased risk of violence.

There is also growing evidence that the COVID-19 pandemic has exacerbated gender inequalities in Kiribati, impacting on health, economic, and social outcomes for women and girls. For example, the pandemic has deepened the gender gap in relation to gainful employment, as women were more likely than men to be pushed out of the labour market to take on additional unpaid work at home.[23] Within Kiribati, many who worked in the tourism sector lost their jobs during the pandemic and this was coupled with a rise in the cost of commodities,[24] likely creating significant strain on household-level financial decision-making and management.

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[20] Republic of Kiribati and UNICEF (2002). *A situation analysis of children, youth and women in Kiribati*. Tarawa: UNICEF.

[21] Secretariat of the Pacific Community (2010).

[22] https://data.unwomen.org/country/kiribati

[23] Two years on: The lingering gendered effects of the Covid-19 pandemic in Kiribati https://data.unwomen.org/sites/default/files/documents/Publications/Asia%20Pacific/RGA%20Country%20Factsheet-Kiribati-Final.pdf

[24] Australian Government, 2021, Pacific COVID-19 Response Package: Kiribati Annex https://www.dfat.gov.au/sites/default/files/covid-response-plan-kiribati-annex.pdf

Many households in Kiribati depend on remittances primarily from male family members, which dropped from 2020 to 2021 due in part to a reduction in seafaring, overseas and seasonal work opportunities.[25] 2021 analysis of Pacific labour mobility and diaspora groups found that 78 percent of i-Kiribati seasonal workers in Australia and New Zealand surveyed reported lower earnings during the height of the global pandemic.[26] The same analysis also found that the crisis disproportionally affected women seasonal workers. While men seasonal workers were more likely to see their earnings drop compared to women workers, women saw a more significant reduction (58 percent) in their income compared to men (48 percent). Part of this gap may be due to the different roles that women and men typically occupy in seasonal horticultural work.[27]

The *Strengthening Peaceful Villages* Intervention

Between 2018 to 2023, the Ministry of Women, Youth, Sport and Social Affairs (MWYSSA) of the Government of Kiribati with sustained operational and technical assistance from UN Women Fiji Multi Country Office (MCO) implemented the SPV programme in South Tarawa and Betio. Building on an earlier intervention, Peaceful Villages, which was implemented in North Tarawa between 2015 and 2016, the SPV programme was an evidence-based community mobilisation programme aimed at preventing IPV and promoting gender equitable and non-violent social norms in South Tarawa. The programme was adapted from *SASA!,* a violence prevention intervention developed by Raising Voices and implemented by the Centre for Domestic Violence Prevention (CEDOVIP) in Kampala, Uganda.[28] The *SASA!* intervention uses a multi-level, multi-stakeholder approach to address the imbalance of power between women and men in the community, and to reshape inequitable social norms around gender, power and violence. In recent decades, *SASA!* has been adapted and implemented in at least 30 countries by more than 75 organizations around the world. In 2012, rigorous independent evaluations demonstrated that *SASA!* could help create community-level change, decreasing women's risk of experiencing physical violence from their male partners by 52 percent.[29]

Changes (and challenges) to SPV programme implementation

The original design of the SPV programme in South Tarawa followed the standard *SASA! Together* approach, consisting of four phases (Start Phase, Awareness Phase, Support Phase and Action Phase) and was to be implemented across 15 villages in South Tarawa and Betio,

[25] Australian Government, 2021, Pacific COVID-19 Response Package: Kiribati Annex https://www.dfat.gov.au/sites/default/files/covid-response-plan-kiribati-annex.pdf

[26] World Bank. 2021. Pacific Labor Mobility, Migration and Remittances in Times of COVID-19: Summary Report. Washington, DC

[27] World Bank. 2021. Pacific Labor Mobility, Migration and Remittances in Times of COVID-19: Summary Report. Washington, DC

[28] For further information on the intervention, please see https://raisingvoices.org/women/sasa-approach/

[29] http://raisingvoices.org/sasa/

targeting half of the country's population, approximately 52,586 people.[30] Due to various reasons, programme implementation was significantly delayed from the beginning. The programme's Start Phase, which commenced in 2018, was extended until May 2021. In January 2023, the programme was still in Awareness Phase. In light of ongoing delays and challenges to implementation, following a review in October 2022, UN Women Fiji MCO recommended that, rather than seeking to complete all four phases as outlined in *SASA! Together,* the SPV programme would remain in Awareness Phase until implementation wrapped up in June 2023. During the remaining programme period, the programme reach was scaled down (to a population of 30,010) and activities were focused and intensified in 5 selected sites. Once the SPV programme implementation ended in June 2023, a final evaluation study was carried out comparing 2019 baseline findings on women's experiences of IPV and men's perpetration of IPV with follow-up findings from 2023.

Overview of the evaluation

In 2018, the Equality Institute (EQI) was contracted by UN Women MCO Fiji to conduct an external evaluation of the SPV programme in South Tarawa, Kiribati. Originally, conceived as an impact evaluation, the primary aims of the study were to: **1)** assess the effectiveness of the SPV programme in reducing population-level rates of intimate partner violence (IPV) in the target population, **2)** assess the effectiveness of the SPV programme on community-level attitudes around IPV, men's use of controlling behaviours in intimate relationships, women's ability to negotiate sex within marriage, and community beliefs on family dynamics and parenting practices, and **3)** identify key lessons for what works to adapt the *SASA!* intervention framework to the Pacific context. Beyond these primary aims, this evaluation also hopes to contribute to building the global evidence base of 'what works' to prevent violence against women and girls in the Pacific Small Island Developing States (PSIDS) context.

Consisting of a baseline conducted in 2018/2019, a midline conducted in 2022, and an endline - which we now refer to as a 'follow-up study'[31] - conducted in 2023, the evaluation took a mixed methods approach, with quantitative and qualitative components. The quantitative component uses a cross-sectional research design, with baseline and follow-up surveys of women and men. The quantitative surveys were completed alongside longitudinal qualitative components over the course of the SPV programme. Originally, a quantitative midline survey of women only was also planned, however due to COVID-19 global pandemic and programmatic delays, the midline was revised (see section below). *Please refer to the full*

[30] UN Women through DFAT funding is currently also coordinating and advancing a major investment of USD $500,000 to strengthen and increase access to essential services, both in Tarawa and the outer islands. It is estimated to take at least two years for the full essential services programme to reach the outer islands. Therefore, UN Women recommended implementation of the SPV programme in South Tarawa only as there were pre-existing response services for violence against women in this area.

[31] As the SPV programme only progressed through two of the four phases of *SASA!* Together, it is more accurate to frame the final study in 2023 as a 'follow-up study' rather than an 'endline study.' See section below for more explanation.

'Evaluation Research Protocol' for details on the original midline quantitative and qualitive components.

Baseline (2018/2019) and midline (2022) studies

In 2019, EQI worked in partnership with the Government of Kiribati and UN Women to successfully implement the baseline qualitative and quantitative impact evaluation study. Baseline findings were validated, detailed in a report, and strategically disseminated. Where possible, findings were used to inform elements of SPV programme implementation of the Start and Awareness phases.

As mentioned, due to the COVID-19 global pandemic and programmatic delays, the original plans for a quantitative midline survey of women were revised. The revised midline gathered data, not from community members, but from programme implementers and key stakeholders. This significantly lowered some of the risks around safety and ethics associated with interviewing and surveying community women about their experiences of violence in the aftermath of a pandemic. The revised midline study explored the following two themes: **(1)** Individual and relationship level shifts in attitudes, behaviour, and wellbeing experienced by SPV programme implementers; and **(2)** Adaptation and implementation of *SASA!* community mobilisation interventions in Kiribati.

For the details of the midline study and the full findings, please see the Midline Study Findings Report.

Follow-up study (2023)

When the SPV programme closed in June 2023, only two of the four *SASA!* phases had been completed, meaning that the implementation of the SPV programme had only reached its half-way point. As the *SASA!* approach was not implemented in full in South Tarawa, from an evaluation perspective it is more accurate to refer to the final evaluation study conducted in 2023 - the findings of which are presented in this report - as a 'follow-up study' rather than an 'endline study.'

Despite the geographical scale-back of the programme to focus in on a few select communities, and the intensification of SPV programme activities in these selected sites, the follow-up study found relatively low levels of community recognition of the SPV programme (see Chapter 5), which potentially indicate lower levels of community exposure to the programme than expected. Interviews with SPV programme implementers and with technical experts from Raising Voices highlighted many issues with programme fidelity and various factors which likely impacted negatively on programme reach and effectiveness, including: high levels of staff and volunteer turnover, delays in the translation of programme materials, the COVID-19 global pandemic, the nationwide drought in 2022, and the ongoing impacts of

the climate crisis in Kiribati and the Pacific region more broadly. **It is, therefore, necessary to consider the findings from this follow-up study in the context of these programmatic and implementation challenges and the wider external factors, particularly of the pandemic and climate crisis.**

CHAPTER 2: METHODOLOGY

2.1 Quantitative Survey

2.1.1 Study design and population

This follow-up study used a cross-sectional survey design with a stratified multi-stage sampling framework. A household survey was administered to women and men aged 15-49 in the three remaining SPV intervention sites. A total of 502 women and 415 men completed surveys. Response rates are presented in Chapter 3.

2.1.2 Sampling strategy

A total of 56 enumeration areas (EAs) were selected for inclusion in the follow-up survey (28 for the women's survey and 28 for the men's survey). Selected EAs were census tracts identified by the National Statistics Office (NSO) for the 2020 Census. On average, there were 82 households per EA. To ensure there would be no overlap between the women's and men's survey areas, for ethics and safety reasons, and to ensure representation of the study sites in both surveys, EAs were ordered and then categorised into two groups (female and male) using the evens and odds rule.

A random sample of 30 percent of households per selected EA were drawn for the women and men's samples. A final household list was generated by NSO on the 14th of April 2023 to guide data collection. Individuals were randomly sampled within households. Individuals were eligible if: they were between 15-49 years of age; were not an enumerator or supervisor in this study; and usually ate and lived in the household; were visitors who had been staying in the house for at least the past four weeks; or were domestic workers who slept in the house at least five nights a week. If more than one household member was eligible to respond, only one household member was randomly selected for interview. Interviews included an informed consent process. In order to minimise selection bias, no substitutions were made in cases of refusals or inability to contact the selected individual. More details about the sampling can be found in the Sample Design in Annex 1.

2.1.3 Instrument Development

The follow-up study used the same questionnaires as at baseline, which had been adapted from the *United Nations Multi-country Study on Men and Violence*[32], the *SASA! Community Men's Survey*[33] and the *World Health Organization Survey on Women's Health and Domestic Violence against Women.*[34]

Additional questions were added at follow-up to account for important contextual factors, including COVID-19, the ongoing drought, and rising cost of living. Questions were also added from the SPV Community Attitudes Survey to get clearer information about the reach of the

[32] Fulu et al. 2013

[33] Abramsky et al. 2012

[34] García-Moreno et al. 2005

SPV programme. To reduce the length of the questionnaires with these new additions, several questions that were not analysed at baseline were removed.

The survey questionnaires were translated into i-Kiribati. Back-translation of the survey questionnaires was conducted to ensure adequate translation of survey items.

2.1.4 Interviewer training

EQI conducted two weeks of training for enumerators and supervisors, with support from the Local Research Coordinator, from 24th of April until the 5th of May 2023. A total of 32 trainees completed the training.

Tarawaniman Iamti, from MWYSSA, and Takareke Manika, from KWCSC, delivered a session on the work of SafeNet and the Kiribati Women and Children's Support Centre (KWCSC) and on the support plan. The SPV team also delivered two sessions of the training, on the SPV Programme and on types of power. In addition to the topics covered by KWCSC and SPV, the training also covered content on the study design, interviewing skills and techniques, detailed training on the questionnaire, using tablets for data collection, ethics and safety practices, and fieldwork processes. The trainings used a combination of Powerpoint presentations, group work, interactive games, and role play. See Annex 5 for a detailed training agenda.

2.1.5 Survey data collection

Three female and three male supervisors were selected from amongst the trainees to each lead one team of between four to five enumerators during the pilot and data collection. Female supervisors led teams of female enumerators to conduct the women's survey and male supervisors led teams of male enumerators to conduct the men's survey.

The pilot was held in three EAs that were not in the study sample, on Saturday the 6th of May 2023. These EAs were provided by NSO to ensure that our pilot would not negatively affect any of the NSO's upcoming surveys. On average, full interviews for men and women took about an hour and a half, which is within the expected range. At the end of the pilot, a group debrief was held with all the teams to discuss and address any issues, confusions, or questions that had come up during the pilot. Upon completion of the group debrief, EQI and the in-country Research Coordinator determined that the teams were ready to begin data collection.

Survey data collection commenced on Monday the 8th of May 2023. The women's survey was completed on the 12th of June and the men's survey finished on the 16th of June. Each team was assigned an average of three EAs per week, although EA completion rates varied during data collection, due to weather, team member illness, and respondent availability. Although the women's and the men's surveys were implemented in different EAs, as an additional safety measure, the fieldwork plan was designed to ensure that the women's and men's teams would not be in nearby neighbourhoods at the same time.

Interviews were conducted one-on-one with randomly selected individual women and men and their responses were recorded onto Samsung tablets, using the *KoBo Collect* application. Using tablets, rather than paper-based surveys, facilitated asking questions about very sensitive topics (particularly in enabling respondents to complete the final, self-administered

section of the male survey themselves), reduced the chances of data-entry error, sped up data cleaning, reduced skip errors through automatically programmed skips, mitigated issues of interviewer fatigue and interviewer bias, and helped ensure respondent anonymity. At the end of each day of data collection, completed interview data was uploaded to EQI's secure server, where the EQI team could remotely check for any data errors or inconsistencies requiring follow-up.

Supervisors collected tablets and fieldwork forms from their teams each evening and these were securely stored in a locked cabinet in the Research Coordinator's office overnight and returned to the supervisors each morning.

2.1.6 Mechanisms for Quality Control

For the purpose of quality control of data collection, the supervisors regularly performed random visits of the interviewed households to conduct a short supervisors' questionnaire to check whether enumerators had followed the required methodology. In the first week of data collection, supervisors conducted one random visit for each enumerator. In the following weeks, each supervisor conducted one follow-up random visit in each EA.

In addition, during the fieldwork the supervisors held daily debriefing sessions with interviewers to discuss any problems. EQI conducted remote data monitoring during data collection. Discrepancies or inconsistencies in the data were verified or corrected by interviewers and supervisors in daily debriefs with EQI and the Research Coordinator.

2.1.7 Data Cleaning and Analytic Strategy

Data cleaning was conducted on the final women's and men's data sets, and survey weights were generated to account for differential probability of respondent inclusion in the study (for further details on sample weighting, see Annex 2). Parallel analyses were conducted on the women's and men's data. Weighted and unweighted descriptive statistics were generated for key variables (estimates in this report are weighted, unless otherwise specified). Bivariate associations, accounting for survey weights and nonresponse, were estimated between the primary outcome and key variables of interest. All quantitative analyses were conducted in the statistical software called R.

2.2 Qualitative components

2.2.1 Study design, sampling strategy and population

The qualitative component of the follow-up study was carried out between April and May 2023, with transcription, translation and analysis occurring later in the year. Unlike the quantitative component, where respondents were randomly selected, respondents for the qualitative component were purposively selected with assistance from the SPV Programme staff based on set selection criteria.

A total of 29 one-on-one interviews were conducted with four key groups:

1. **SPV Programme staff members** (4 in total);
2. **VAs from any SPV intervention sites** (6 in total);
3. **Community leaders from SPV intervention** (6 in total); and
4. **Community members from SPV intervention** sites who had been interviewed at baseline (13 in total).

The SPV team supported the identification and invitation of community leaders, and VAs to these interviews. The SPV team also assisted tracking down baseline community members.

1. **Key informant interviews (KIIs) with SPV PROGRAMME STAFF** (n = 4; 3 women and 1 man)
   SPV Programme staff were interviewed about the SPV programme, their experiences and perceptions of community action to change behaviours and attitudes around gender, power and violence against women. They were also interviewed about whether they felt any changes they witnessed in the community would be sustained in the longer-term, once the programme has ended.

2. **KIIs with VILLAGE ACTIVISTS** (n = 6; 3 women and 3 men)
   Village Activists were interviewed about: the SPV programme, their experiences and perceptions of community action to change behaviours and attitudes around gender, power and violence against women, the sustainability of these changes, and any challenges they experienced in programme implementation.

   In the midline study, male VAs spoke extensively about: how their personal relationships had changed as a result of their involvement in SPV (the male VAs reported being less violent towards their partners) but there was not very much data from female VAs about their relationship changes and experiences of IPV/conflict. We used these follow-up study interviews to explore this further with female VAs.

3. **In-depth interviews (IDIs)with COMMUNITY LEADERS from SPV intervention** (n=6; 2 women and 4 men)
   The leaders were specifically chosen because they were not directly involved in the SPV programme, but played a leadership role in the SPV intervention sites. This cohort came from a variety of leadership positions, including: the leader of a Women's Community Association, the Chairperson of a Catholic Church group, the Treasurer of a church group, a Youth Advisor, and a leader within the Kiribati Uniting Church.

   Community leaders were interviewed about: whether/how they had been exposed to the SPV programme in the past 4 years; gender norms and gender roles in their communities; community attitudes towards IPV; and actions to respond to or prevent IPV in their communities. Leaders were also asked to describe their own roles in preventing and responding to VAWG.

4. **COMMUNITY MEMBERS from SPV intervention sites who had been interviewed at the 2019 baseline** (n = 13; 5 men and 8 women)
   At the 2019 baseline study, EQI had selected and interviewed 15 community women from Betio and 15 community men from Bikenibeu. At the follow-up study aimed to locate 10 women and 10 men from the baseline to interview them again, forming a longitudinal cohort for the qualitative component of this evaluation. The SPV team successfully located eight of the 15 community women from baseline. All eight women were still residing in Betio, and all were married and in relationships. We were able to carry out follow-up IDIs with all eight women.

   Unfortunately, locating the men from baseline proved much more difficult. The SPV team received confirmation that three of the men from baseline had sadly passed away since 2019 and two had move abroad or to an outer island. Despite visiting their villages and inquiring with neighbours, in the end, the SPV team could only locate five of the 15 community men. Over four years have passed since baseline IDIs with community members were conducted. It is perhaps not surprising that, with factors such as the climate crisis (and the related drought), the COVID-19 pandemic, and limited employment opportunities in South Tarawa, over time some community members would emigrate or move to the outer islands. It also seemed relatively common practice in Tarawa for people to change (or lose) their mobile number, making it very challenging to locate people by phone after some years had passed.

   Despite these challenges, the follow-up study obtained longitudinal qualitative data that allows us to document and understand changes in the lives of five men and eight women from 2019 to 2023, specifically regarding their relationships with their spouse/partner.

   Community women and men were interviewed about: whether/how they had been exposed to the SPV programme in the past four years; gender norms and gender roles in their communities; and their own relationship with their intimate partner (power dynamics, conflict, controlling behaviour, etc.) and any changes they observed in their relationship in the past 4-5 years. Community members were also interviewed about how the COVID-19 pandemic, the drought (related to the climate crisis) and the pressures related to increase in the cost of living have impacted on their family-life, their livelihood, their relationship with their partner.

Due to ethical and safety considerations, at baseline, the women and men community member respondents were selected from separate sites located far apart on South Tarawa. Based on advice from SPV Programme staff, these intervention sites from which the community members were drawn were similar to each other in terms of size and degree of urbanisation, and therefore, allowed for comparison. Community members were approached by members of the SPV team and invited to be interviewed.

2.2.2 Instrument development

Five Interview Guides outlining the specific interview questions and probes for respondents were developed by the EQI in April 2023, with advice from UN Women Fiji and input from members of the SPV team. Tailored Interview Guides were developed for SPV Programme staff, VAs, community men, community women, and community leaders. Interview guides were translated into Kiribati and these were then presented to interviewers and the SPV Programme staff during the training, so the questions could be checked, workshopped, adapted to the local context, and further aligned to SPV Programme activities.

2.2.3 Interviewer training

Interviewers undertook a total of six days of training, which covered topics such as: gender and power concepts; violence against women and girls in the Pacific and in Kiribati; the SPV programme; research techniques, research ethics and safety, etc. As mentioned earlier, during the training sessions, the interviewers also helped refine the interview guides. This not only resulted in more user-friendly and culturally appropriate IDI and KII tools, but this activity also built the interviewers' understanding of the aims of each interview and interview question, and helped develop their interview techniques.

In the final two days of training, the interviewers piloted the Interview Guides with community members in a village near the training centre. This gave interviewers the chance to practice their interviewing techniques and test out the tools.

2.2.4 Interviewer data collection

Using the selection criteria, SPV Programme staff identified and offered invitations to potential interview respondents directly. Respondents who expressed an interest to participate were provided with a brief explanation on what the in-depth interview would be about and the purpose of the interview. Female respondents were interviewed by female interviewers. As we only had one male interviewer, one male community leader was interviewed by a female interviewer (the SPV team felt that this would not affect the quality of the data collected). All male community members and VAs were interviewed by the male interviewer.

SPV Programme staff also explained to potential respondents that the interviews would be audio recorded, but that all interviews would be kept confidential and all identifying information would be kept private. Respondents were asked to nominate their preferred time and venue for the interview. If there was a quiet and private space at the respondent's home in which the interview could be conducted, then the interviews were conducted at the respondent's home. If the respondent was not comfortable having the interview in their own home, then a private and quiet space away from their home was arranged. Transportation was also arranged for respondents to and from these interview venues.

Data collection took place in early May 2023. In total, the interviewers conducted 29 interviews, completing on average 2 to 3 interviews per day. SPV Programme staff were responsible for carrying-out introductions between interviewers and respondents at the beginning of each interview.

Each interviewer was provided with an audio recording device which they used to record all their interviews. Interviews ranged from 30 minutes in length to just over an hour (this excludes introductions and obtaining informed consent).

A small gift, a canvas tote bag brought from Australia, was provided to community member respondents as a small token of appreciation. No incentives, gifts, or remuneration were offered to the other respondents, but a small bottle of water was provided to respondents during the interview.

2.2.5 Data analysis

Audio recordings of the interviews were transcribed verbatim and translated into English. Translations were checked and unclear text was clarified with translators. Transcripts were entered into NVivo 12 (specialist software for qualitative data analysis) and data were closely read to identify relevant themes. A codebook was developed based on initial review of the transcripts. The codebook was used to code the entire data set. We then reviewed coded segments by code, and developed in-depth, descriptions of major emergent themes. Themes were analysed in reference to the quantitative data results to provide in-depth exploration of key findings from the survey data analysis.

2.3 Research Ethics and Safety

This study was submitted for ethical review and approval by the University of South Pacific (Suva, Fiji) in December 2018, prior to the implementation of the baseline study. The SPV impact evaluation is guided by the World Health Organization recommendations for intervention research on violence against women.[35]

The Research Protocol (revised Dec 2018) outlines in detail the extensive ethical and safety considerations for this impact evaluation. The revised midline study adhered closely to all guidelines and details outlined in the Research Protocol, including but not limited to issues surrounding: individual consent; voluntary participation; confidentiality; ensuring to physical safety of respondents and researchers; do no harm principles, etc.

[35] Hartmann, M. and Krishnan, S. (2016) *Ethical and safety recommendations for intervention research on violence against women*. Geneva: WHO. These recommendations build on lessons from WHO (2001) *Putting women first: Ethical and safety recommendations for research on domestic violence against women*.

2.4 Strengths and Limitations of the Study

The strengths and limitations of the this evaluation are outlined below.

Limitations of this study

- The study is not a representative sample of the population of Kiribati, and thus prevalence estimates from this study are not generalisable to the broader i-Kiribati population, outside of South Tarawa.
- Follow-up study focuses only on the 3 sites which received programmatic activities for the duration of the project. We cannot draw conclusion about the site which received intervention for par tof the programmatic period.
- Longitudinal qualitative component – there were significant challenges following up with the longitudinal cohort from baseline.
- Significant challenges with programme implementation means that we have difficulty clearly and directly attributing outcomes at follow-up to the programme itself

Strengths of this study

- The Study adhered to rigorous ethical and safety guidelines, including providing extensive training for enumerators and interviewers, as well as having mechanisms in place to mitigate potential ethical issues when asking women and men about sensitive issues. Partnering with a local service provider (KWCSC), who guided the study's safety and support plan, further strengthened the rigor of our ethics and safety mechanisms. The KWCSC's involvement in both rounds of enumerator and supervisor training, as well as their input on key decisions around ethics and safety, was one of the strengths of this study.
- Another strength of this evaluation is the mixed-method design, which provides a much more complete and nuanced picture of the situation than if we had relied on only one type of research.
- The quantitative survey component of the study was adapted from WHO and UN surveys which have been successfully implemented in the Pacific region in the past. We can, therefore, be confident in the validity of the results. The inclusion of a survey with men also means that this evaluation provides not only victimisation data, but also the some of the first quantitative data on perpetration of violence against women in Kiribati.
- This evaluation also sought to develop the local research capacity in South Tarawa. MWYSSA staff and i-Kiribati researchers were actively engaged in various components of the field work preparation, data collection, and findings validation with the aim of building local capacity in areas such as: gender equality, understanding violence against women, qualitative and quantitative research methods, research ethics, conducting research on sensitive topics.
- Evaluation was adaptable and responsive to immediate circumstances and needs – eg: the inclusion of some questions about the impacts of COVID and climate change in IDI and survey.

CHAPTER 3: SURVEY SAMPLE DEMOGRAPHICS

3.1 Survey response rates

614 households were selected for the women's survey (see Table 1).[36] However, 11 of these households were found to have zero members (i.e.: the building was uninhabited, or was no longer a house) and were therefore removed from the sample. Among the remaining 603 households, 22 households were found to have no women or girls living there and were also removed from the sample. Additionally, 44 households did not meet the eligibility criteria of having women and girls aged between 15-49 years old. The final sample of female households used for women's survey, after informed consent was provided was 503. The individual response rate for women was 93 percent.

In the men's survey, there were 505 households selected in the enumeration areas.[37] Among them, 3 households had no inhabitants, and were therefore removed. Among the remaining 502 households, 14 were found not have any men or boys living there. In the remaining 488 households, 32 had no eligible men or boys (aged 15-49 years old). Thus, the final eligible sample for the men survey was 447 households. Among these selected households, informed consent to participate in the survey was received in 415 households. As with women, the individual response rate for men was also 93 percent.

Table 1: Response rates for female and male follow-up surveys

SURVEY	TOTAL HOUSEHOLDS SAMPLED	TOTAL NUMBER OF ELIGIBLE HOUSEHOLDS	TOTAL COMPLETED SURVEYS	INDIVIDUAL RESPONSE RATE (PERCENT)
Women	614	537	502*	93.48
Men	505	447	415	92.84

*1 survey deleted during data cleaning due to data entry error and incomplete responses.

It is worth noting that the survey team found many households where the entire household had been absent for an extended period, and several dwellings that were vacant or had been destroyed. This is likely due to a combination of factors, including impacts of the climate crisis, the COVID-19 pandemic, and the resumption of the Pacific Australian Labour Mobility Scheme.

3.2 Sample demographic characteristics

Table 2 below presents the demographic characteristics of the follow-up survey respondents. Women had a slightly older average age (30) than men (27) and were more likely than men to

[36] For the female survey, a total of 697 households were originally selected from the sampling frame.

[37] For the male survey, a total of 681 households were originally selected from the sampling frame.

have attended school and to be, currently or ever, married or cohabiting with a partner. See Annex 2 for more details on sample weighting.

Table 2: Unweighted sample demographic characteristics, women (n= 502) and men (n=415) aged 15-49 South Tarawa, Kiribati†, 2023*

	WOMEN	MEN
Demographic characteristic	**Percent (%) or Mean (m)**	**Percent (%) or Mean (m)**
Age, mean	30.16 (m)	27.37 (m)
Ever any education, percent (Have you ever attended school?)	91%	89%
Highest level of schooling attainment, percent		
Primary school incomplete	4%	7%
Primary school complete	6%	7%
Junior secondary school incomplete	8%	11%
Junior secondary school complete	6%	12%
Secondary school incomplete	30%	20%
Secondary school complete	21%	18%
University/college incomplete	5%	4%
University/college complete	7%	8%
Vocational education incomplete	1%	1%
Vocational education complete	3%	3%
Relationship status, percent		
Currently married/cohabiting with a man/woman	72%	53%
Ever married/cohabiting with a man/woman	74%	54%
Ever married/cohabiting/partnered with a man/woman	82%	61%
Number of total births, mean	1.97 (m)	N/A
Number of children <18 years living at home, mean	1.83 (m)	2.65 (m)
Owns property** jointly or alone	81%	80%
Worked or earned money in past 12 months	44%	46%
Earnings per month (among women and men who worked/earned in past 12 months)		
Less than AUD $30	4%	0.4%
AUD $31-100	24%	15%
AUD $101-500	44%	59%
AUD $501-1000	17%	15%
AUD $1001-3000	4%	7%
AUD $3001 or more	-	2%
**Weighted descriptive estimates take into account sampling probability weights and clusters*		
***Property includes land, house, company, animals, produce/crops, canoe, boat or car*		
† *Study conducted in SPV programme villages only.*		

Almost half (47 percent) of the male sample was single at time of surveying, meaning that the proportion of men who responded to the IPV questions was smaller than the women's sample

and smaller than at baseline, where only 34 percent of men were single at the time of interview (see Statistical Annex Table 1). There was no significant change in the proportion of female respondents who were currently partnered. However, for both women and men, there was a decrease in the proportion of respondents who had ever been married, cohabiting, or partnered, between baseline and follow-up. This change was particularly significant amongst men, as 84 percent of men at baseline had ever been partnered and this had reduced to 61 percent of men at follow-up.

Similarly, while the proportion of women who had worked or earned money in the past 12 months had only shifted slightly, a far smaller proportion of men (46 percent) had earned money in the past year at follow-up compared to at baseline (61 percent). At both baseline and follow-up, more men than women were in the highest income brackets (AU$1001 and above) and most women and men were earning between AU$101 to $500 per month. However, follow-up data suggests an upward trend in women's earnings, with fewer women in the $101 to $500 bracket (44 percent at follow-up, compared to 55 percent at baseline) and a higher proportion of women at follow-up earning between $501 to $1000 (17 percent) and $1001 to $3000 (4 percent), compared to baseline (10 percent and 2 percent, respectively). For men, while there was a slight increase between baseline (5 percent) and follow-up (7 percent) in the proportion of men earning between $1001 to $3000, fewer men were earning between $500 to $1000 (19 percent at baseline, compared to 15 percent at follow-up), and a larger proportion of men had dropped into the $101 to $500 income bracket (55 percent at baseline, compared to 59 percent at follow-up).

Overall, this data indicates that, while the demographics of the women's survey sample at baseline and follow-up differed only very slightly, the men surveyed for the follow-up study were younger, less educated, had earned less in the past 12 months, and more likely to be single and unemployed, compared to the men surveyed at baseline.

There are several possible explanations for this demographic shift amongst the men surveyed at follow-up. Since the expansion of the Pacific-Australia Labour Mobility (PALM) scheme in April 2022, a significant number of men from Kiribati – and other countries in the Pacific region - have temporarily migrated to Australia as seasonal workers. Many Kiribati nationals have also migrated temporarily to New Zealand under the Recognised Seasonal Employer Scheme which has been operational since 2007.[38]

As English language skills are generally a requirement for inclusion in these labour mobility programs, this may explain the lower educational attainment average amongst the men in the sample who remained in South Tarawa. Men who have obtained higher levels of education (and English language skills) are more likely to have access to study opportunities abroad and permanent migration opportunities to other countries, in the context of the COVID-19 pandemic and the climate crisis. While seasonal labour schemes and scholarship opportunities are often open to both female and male applicants, strong social norms and gendered

[38] Australian Parliament House. (2023). "The Pacific Australia Labour Mobility scheme: a quick guide;" available at: https://www.aph.gov.au/About_Parliament/Parliamentary_departments/Parliamentary_Library/pubs/rp/rp2324/Quick_Guides/PALMscheme#:~:text=The%20PALM%20scheme%20took%20effect,programs%20in%20the%20Pacific%20region; accessed 12th December 2023.

expectations which view women's roles primarily as caregivers and men's as breadwinners, along with concerns about women's safety and extra marital affairs overseas, and structural barriers to women's access to information mean that far fewer married women than men participate in these programs.[39] The large drop in men's past-year employment in the follow-up study may also reflect the fact that, in Kiribati, men are more likely than women to be engaged in formal employment - particularly in the commercial fishing sector, which was heavily impacted by the COVID-19 pandemic.[40]

3.3 Respondents' feelings after survey interview

As some of the themes covered during the survey interview can be distressing, participants were asked to record their feelings after the survey interview – with options, good, better, bad, worse, same/no difference. Following the baseline study, we grouped good and better, and bad and worse together. The results are shown in **Table 3**. Out of women who provided their feedback, an overwhelming majority (89 percent) reported feeling good or even better after completing the survey, while a small proportion (4 percent) indicated feeling the same or no different. Notably, only two women reported feeling bad or worse as a result of the survey. Similarly, among the men who responded to the question, a significant majority (90 percent) reported feeling good after completing the survey, while a minor percentage (8 percent) expressed feeling neither good nor bad, and only one man was recorded as feeling bad/worse after the survey. This is comparable with the baseline study, in which the vast majority of both women and men surveyed reported feeling good or better after participating in the interview.

Table 3: Respondents' feelings after the interview

WOMEN (n=502)		
	number	**percent**
Good/better	454	89%
Bad/worse	2	0.8%
Same/no difference	16	4%
MEN (n=339)*		
	number	**percent**
Good	311	90%

[39] Chattier, P. (2019). Beyond development impact: gender and care in the Pacific Seasonal Worker Programme. *Gender & Development*, *27*(1), 49-65; Petrou, K., Doan, D., and Casabonne, U. (2023). "How can we increase Pacific women's participation in labor mobility?" *World Bank Blog*; available at: https://blogs.worldbank.org/eastasiapacific/how-can-we-increase-pacific-womens-participation-labor-mobility; accessed 18th Jan 2024; Boccuzzi, E. (2021). The Future of Work for Women in the Pacific Islands; Petrou, K., & Withers, M. (2023). 'Sometimes, men cannot do what women can': Pacific labour mobility, gender norms and social reproduction. *Global Networks*, e12463; DFAT (2023). *Investment Concept: Pacific Australia Labour Mobility (PALM) Scheme Support Program*, *Annex A: Gender equality and labour mobility to Australia*; available at: https://www.dfat.gov.au/sites/default/files/palm-scheme-support-program-investment-concept-note.pdf; accessed 18th Jan 2024.

[40] Garcia, C., Makhoul, N., Fox, M., & Tuxson, T. (2022). Looking at the Impacts of COVID-19 on Coastal Communities in the Pacific Using a Gender and Social Inclusion Lens. *Women in Fisheries Information Bulletin*, *35*, 21-25; International Monetary Fund (2023). "Gender Equality in Kiribati: Achievements and Prospects." *Kiribati: Selected Issues*, vol 2023:226.

Bad	1	0.3%
Same/no difference	23	8%

** Due to a programming error, men who did not complete the self-administered section of the survey missed this question, hence the lower number of men responding to this question.*

CHAPTER 4: BROADER CONTEXTUAL FACTORS TO CONSIDER WHEN INTERPRETING EVALUATION FINDINGS

The original aims of this evaluation were to assess the effectiveness of the SPV programme in reducing rates of IPV and improving community-level attitudes regarding IPV in South Tarawa. The evaluation also sought to understand 'what works' to adapt the *SASA!* intervention framework to the Pacific context. However, as discussed in Chapter 1, interviews with SPV programme implementers and technical experts conducted as part of this evaluation detailed some of the many challenges related to SPV programme implementation. Overwhelmingly, this evaluation learnt that the most significant external factors which hindered SPV programme implementation were the COVID-19 global pandemic, the nationwide drought in 2022, and the ongoing impacts of the climate crisis in Kiribati.

4.1 COVID-19 global pandemic

Due to their remote location and ability to close off their international borders, during the early phase of the global pandemic between 2020 and early 2022, Kiribati managed to remain relatively free of the COVID-19 virus as outbreaks spread around the world. During this period, the primary impacts of the pandemic on Kiribati were the cessation of international travel and impacts on supply chains, both of which led to rising economic hardships in the country.[41] Additionally, key informants reported that, even prior to the first cases of COVID-19 in Kiribati, there was heightened fear and stress in the community about the virus, stemming largely from what the community was seeing and hearing in news and social media of the pandemic unfolding abroad.

From 2020 to 2021, Kiribati reported a drop in remittances due, in part, to lower numbers of seafarers, seasonal workers and other overseas workers. Supply chain disruptions increased the price of commodities and there were shortages of essential medical supplies. There was also higher unemployment as workers in motels, restaurants and airline agencies were laid off.[42]

In January 2022, following the re-opening of its borders to international travellers, Kiribati recorded cases of COVID-19 community transmission. To control the spread, the Government again closed their international borders and imposed a nation-wide lockdown, which included a 24-hour curfew. The strict lockdown measures for South Tarawa lasted for just over one month, with a curfew and some mobility restrictions remaining in place until June 2022.

[41] https://www.dfat.gov.au/sites/default/files/covid-response-plan-kiribati-annex.pdf

[42] https://www.dfat.gov.au/sites/default/files/covid-response-plan-kiribati-annex.pdf

4.1.1 Impact of the pandemic on programme implementation

The COVID-19 pandemic was one of the most disruptive factors for SPV programme implementation. For this reason, additional care is required when interpreting any evaluation findings and understanding the various ways the pandemic has affected programme implementation and programme effectiveness (see Chapter 8).

In South Tarawa, widespread community fears of the virus and the government mandated lockdown in response to community transmission disrupted SPV community engagement activities. Soon after the first case of community transmission of COVID-19 in January 2022, the community and the programme were hit by devastating health impacts of the virus, with many programme implementers and their family members falling ill and, in some cases, tragically passing away. Community stakeholders and VAWG service providers also spoke of the impact the pandemic had on their work and described examples of how service providers effectively adapted to changing circumstances and secured additional resources and support to continue their work.

During the evaluation's midline study, it was widely agreed by key informants and programme implementers that the lack of opportunities for programme staff and technical advisors to meet in-person impacted negatively on everyone's ability to communicate, collaborate, and problem solve effectively.[43]

4.2 Climate crisis and drought in Kiribati

Kiribati is deeply vulnerable to the impacts of the climate crisis. The country is exposed to weather-related hazards and exacerbated climate variability, as well as rising sea levels, resulting in increased drought and water shortages.[44] In June 2022, the Government of Kiribati declared a State of Disaster due to devastating drought, which was impacting on the entire country. Water assessments indicated that the contamination of drinking water was widespread, including in densely populated areas such as Betio.[45] Accessing fresh water became increasingly difficult and the prolonged drought was taking a toll on livelihoods and food security. Droughts are not a new phenomenon in Kiribati, but they have become more frequent, longer lasting, and more intense in recent years.[46]

4.2.1 Impact of the drought on programme implementation and on the evaluation

Climate crisis-related stresses, and specifically the severe drought which hit Kiribati in 2022, had a direct, severe, and widespread impact on community health, wellbeing, livelihoods, and food security, and in turn, community engagement with the SPV programme. Programme

[43] Leung, L. and Warner, X. (2023. Forthcoming). *South Tarawa Healthy Living Study: An Evaluation of the Strengthening Peaceful Villages Violence Prevention Programme in Kiribati. 2022 Midline Study: Report on Findings*.
[44] https://www.dfat.gov.au/sites/default/files/covid-response-plan-kiribati.pdf
[45] https://reliefweb.int/disaster/dr-2002-000244-kir
[46] https://reliefweb.int/report/kiribati/11-tons-critical-relief-supplies-arrive-kiribati-support-going-drought-response

implementers also reported that other climate crisis-related stresses, like land salinity and rising sea levels, resulted in higher levels of movement within the community, potentially weakening programme continuity.[47]

For South Tawara, where communities are highly exposed to severe impacts of the climate crisis, any assessment of the implementation (and effectiveness) of community mobilisation programmes must be considered in the light of the effects of drought and other climate crisis-related stresses (See Chapter 8).

The midline study revealed a perception shared by some key informants that the impacts of the climate crisis and responding to climate induced stresses in Kiribati did not always receive adequate attention and resourcing by diverse partners, donors, and stakeholders.[48] This suggests a need to better understand the nexus between climate induced stress and VAWG in Kiribati and further research is needed in this area.

4.3 Implications for interpreting follow-up findings

Additional questions were added to the follow-up study tools to further explore the impact of these external factors (see Chapter 8), however, **the authors of this report advise readers to always consider the findings from this follow-up study in the context of these programmatic and implementation challenges and the wider external factors, such as the impacts of the global pandemic and the climate crisis.** Specifically, care must be taken when it comes to drawing conclusions about the suitability and effectiveness of the *SASA!* approach, community mobilization programmes, or even IPV prevention interventions more broadly in the Pacific context. It is highly probable that the aforementioned implementation challenges - whether due to internal and external factors – impacted the SPV programme's overall reach and effectiveness for reducing rates of IPV and improving community-level attitudes.

Furthermore, the climate crisis and the global pandemic not only impact on community mobilization programme implementation, but can also affect population-level rates of violence in the short- and medium-term. Global evidence shows that, in many cases, climate crisis induced stresses and some of the flow-on effects of the global pandemic (government-mandated lockdowns, loss of livelihood, widespread illness and deaths due to the COVID-virus, restrictions to service delivery, etc.) are linked to increased rates of IPV in some communities and population groups.[49] It is, therefore, difficult for this evaluation to draw strong conclusions on:

1) The adaption of the SASA! approach and its suitability to the Pacific context (given the full four phases were not completed and there were significant challenges with adaption and implementation); and

[47] Leung and Warner, (2023).

[48] Leung and Warner, (2023).

[49] https://apolitical.co/solution-articles/en/why-climate-change-fuels-violence-against-women; Thurston AM, Stöckl H, Ranganathan M.(2021); Allen, E.M., Munala, L., and Henderson, J.R. (2021); Pacific Women Thematic Brief (2021); Alston, M., Fuller, S. & Kwarney, N. (2023); Sabri et. al (2020).

2) To what degree the IPV prevalence and perpetration rates uncovered in SPV target sites in 2023 were the result of the climate crisis (in particular, the drought which hit Kiribati in 2022), the COVID pandemic, the SPV programme, and/or other external factors.

CHAPTER 5: COMMUNITY EXPOSURE TO SPV PROGRAMME

KEY FINDINGS

- Survey findings showed that community exposure to the SPV programme was relatively low. Despite the follow-up survey being conducted in sites where SPV programme activities had been amplified, only 35% of community members surveyed had heard of the SPV programme.
- Only 4% of women and 8% of men surveyed said they had participated in any activities (both related or unrelated to the SPV programme) in the last 6 months about safe and healthy relationships between women and men.
- Community understandings about the SPV programme's focus were mixed. Between 20% to 30% of respondents who *had* heard of SPV correctly identified that the programme was related to violence, gender equality, and relationships between couples.
- While the follow-up quantitative survey found low levels of programme exposure in the community, qualitative interviews showed that the SPV programme was regarded favorably by some interviewees and was particularly valuable for women who were experiencing violence. Furthermore, the SPV programme had a strong positive impact on VAs and SPV team members, often catalysing shifts in how they thought and behaved in relation to gender equality and equal relationships.
- Compared to baseline, an increased percentage of respondents at follow-up had seen people in their community doing something to prevent VAW.
- There was no significant difference in exposure to SPV or safe and healthy relationships messaging and activities between men who had and who had not perpetrated IPV in the past year.
- Due to the relatively low programme exposure rates, it is difficult for this study to attribute all changes (or lack of change) in attitudes and IPV rates between 2018 and 2023 directly to the SPV programme.

5.1 Findings on community exposure to the programme and VAW prevention messaging

Exposure to the SPV programme was relatively low, given the survey was conducted specifically in sites where SPV implementation and programme activities had been amplified

and concentrated during the Awareness phase. For example, one community woman who was interviewed as part of the qualitative longitudinal cohort, shared that although she had been part of the baseline and follow-up study interviews, she had actually not participated in any SPV programme activities:

> **Interviewer:** And are there any activities from this programme that you have been involved in?
>
> **Respondent:** There are no activities that I was involved in…
>
> **Interviewer:** So, only the [baseline] interviews [in 2019] and then…
>
> **Respondent:** Just the previous [baseline] interview… and then they [the SPV programme] never came back to me.

Overall, only 35 percent of people surveyed had heard of the SPV programme and, among these, only 20 percent knew someone who leads SPV activities in their community. A higher proportion of women than men had been exposed to the programme and knew of someone leading SPV activities (see Figure 1 and Figure 2).

The low levels of programme exposure among community men were also reflected in the qualitative data. Only one out of the five community men who were interviewed as part of the longitudinal cohort had heard of SPV.

Figure 1: Proportion of women who have heard of SPV and, among those, proportion who know someone who leads SPV activities

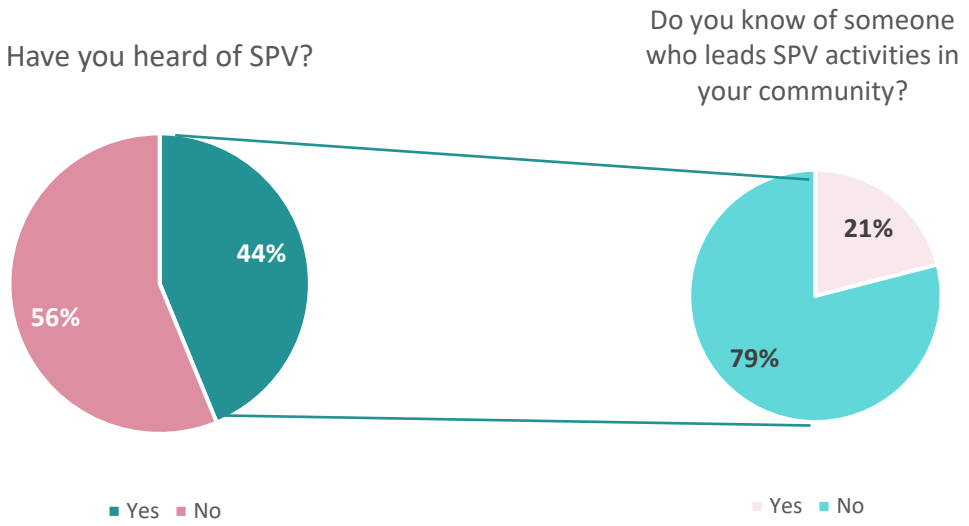
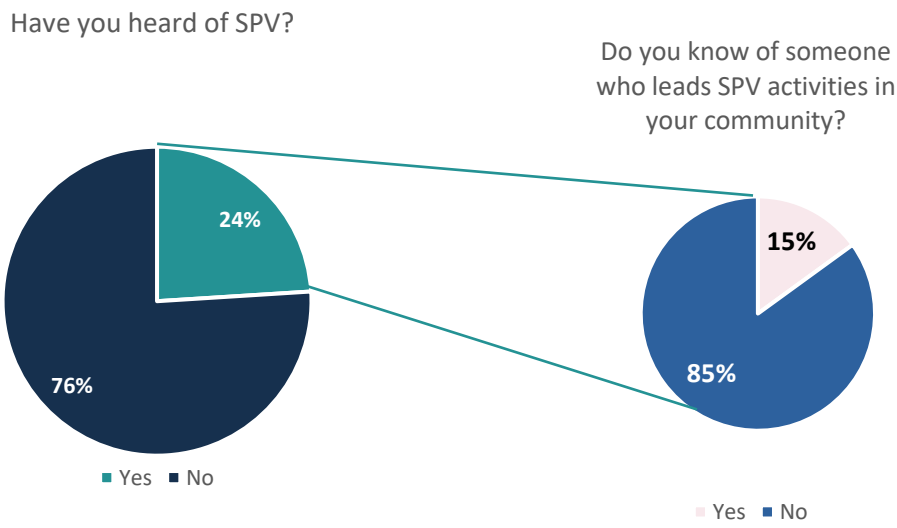


Figure 2: Proportion of men who have heard of SPV and, among those, proportion who know someone who leads SPV activities



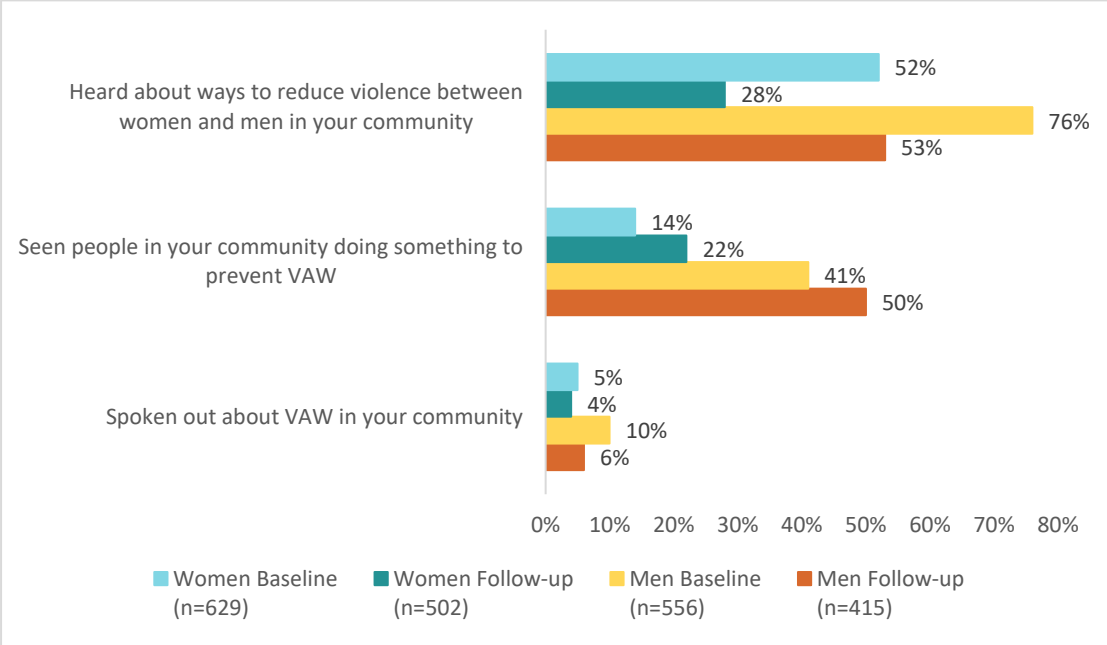
Understandings about what the SPV programme is about were also varied. Between 20 to 30 percent of survey respondents who had heard of SPV correctly identified that the programme was related to violence, gender equality, and relationships between couples. However, the most common response, among both women and men survey respondents, was that SPV was about 'security.' Several survey respondents thought the SPV programme was about health, education, and hygiene – suggesting that some respondents who said they had heard of SPV, may have confused SPV with another programme. For example, a woman from the qualitative longitudinal cohort, said that she had seen what she thought was the SPV programme, but when probed described seeing the programmers "patrolling the village," which might indicate that she was confusing the SPV programme with a Neighbour Watch programme.

In the past 12 months prior to the survey, 28 percent of women and 53 percent of men had heard about ways to reduce violence between women and men in their community. Among people who had heard this messaging, only 3 percent of both women and men had heard this from a Village Activist. Respondents were more likely to hear this messaging from religious leaders, radio, community leaders, and neighbours.

Likewise, 22 percent of women and 50 percent of men had seen anyone in their community doing something to prevent violence against women over the past year. Only 2 percent of men and no women had seen a Village Activist doing something to prevent violence in the community in the past 12 months. When asked where a woman could go in the community for help if someone hit her, only 2 percent of women and 3 percent of men said she could go to a Village Activist. As with at baseline, a clear gap is apparent between people's exposure to violence prevention messaging and their own action. Despite over half of men and a quarter of women surveyed having heard about ways to reduce violence or having seen others doing so in the past 12 months, only 4 percent of women and 6 percent of men had spoken out about VAW in their community (see Figure 3).

On a positive note, an increased percentage of community members at follow-up had seen people in their community doing something in prevent VAW compared to baseline. This was true for both women (from 14 percent at baseline to 22 percent at follow-up) and men surveyed (from 41 percent at baseline to 50 percent at follow-up) (see Figure 3).

Figure 3: Percentage of all women and men at baseline and follow-up who, in the past 12 months, were exposed to messaging about preventing VAW and who have spoken out about VAW in their communities.



Only 4 percent of all women and 8 percent of all men surveyed said they had participated in any activity in the last six months about safe and healthy relationships between women and men, regardless of whether or not it was an SPV activity, while a slightly higher proportion of women (28 percent) and men (25 percent) had seen any materials about this. Respondents reported having seen materials on this topic developed by SPV, MWYSSA – which possibly could have also been SPV materials – Ministry of Education, KHFA, and Ministry of Health, among others.

Table 4: Exposure to SPV and relevant materials and activities, by perpetration of past-year physical and/or sexual IPV, among ever-partnered men

SURVEY QUESTIONS	Men who did not report perpetrating physical and/or sexual IPV (n =120)	Men who report perpetrating physical and/or sexual IPV (n=126)
Have you heard of a programme called Strengthening Peaceful Villages (SPV)?	27%	25%
Have you seen any materials about safe and healthy relationships between women and men (e.g. posters, comics, brochures, games, information sheets)?	26%	27%

In the last six months, have you participated in any activity about safe and healthy relationships between women and men?	8%	8%

There was no significant difference in exposure to SPV or safe and healthy relationships messaging and activities between men who had and who had not perpetrated IPV in the past year (**Table 4**).

POSITIVE FEEDBACK ABOUT THE PROGRAMME

While the follow-up study found low levels of programme exposure in the community, qualitative interviews showed that the SPV programme was regarded favorably by some interviewees, and was particularly valuable for women who were experiencing violence. One female community leader reflected:

> “Based on what I saw, it [the SPV programme] was very good…I saw them at the community group and so I stayed to listen. What I heard was something like, how to avoid your partner if he is violent to you. What can you do to your partner? And the answer was, “ring the police”. And how can you ring the police and on what number. To me I was very interested in that because I do have a problem with my husband. […] that information was very useful for me too.”

One male community member who was interviewed said the SPV programme was useful to him:

> "What I really want to say is I want to thank this program… I think that its work hasn’t been exposed to many, but for us who had been involved a little, I think that we feel its worth and we now know the problem. And now we know more of what we must do, especially with our relationship. Before we had been through our own ways, the fights that we usually had, and now we understand more, and if I look at my side, I think that what comes to my mind is that, I don’t want to be way higher than my wife."

Furthermore, as highlighted in the midline study, the follow-up study key informant interviews found that the SPV programme had a strong positive impact on VAs and SPV team members, often catalysing shifts in how they thought and behaved in relation to gender equality and equal relationships. For example, one male VA shared that his attitudes and behaviour have changed as a result of working on SPV:

> **Interviewer:** So, what are the changes that you notice let’s say between you and your wife?
>
> **Respondent:** Yes, it has changed. Previously between myself and my wife, if there is a disagreement, there was violence in the form of hitting. Both my wife and I when we have a dispute, we now talk about it. [Before,] when she argued with her children, she would straight away hit them. It is not like that anymore. She is talking to them now and not hitting them. That is the change.

5.2 Discussion

As explained in the previous chapter, the very low rates of community exposure to the SPV programme and the finding that even respondents who had heard of SPV may have been referring to a different programme, means that it is not possible for any shifts in prevalence of violence, attitudes, or other changes between baseline and follow-up (described in the following chapters) to be confidently attributed to the SPV programme.

The limited exposure to SPV also explains why no significant association was found between men's exposure to the programme and their perpetration of IPV.

Although this data shows the overall level of community exposure to the programme to be very low, there may be positive findings in terms of women's exposure to SPV. While these follow-up survey findings are in line with the men's data from the programme's Community Attitudes Survey (CAS), conducted by SPV programme staff in Betio, Eita, and Bikenibeu in 2022, the women's data in the follow-up survey illustrate greater programme exposure than in the CAS.

For example, the CAS found that only a quarter of women had heard of the programme,[50] compared to 44 percent of women in this follow-up survey. Likewise, only 13 percent of women in the CAS said they knew someone who leads SPV activities in their community, compared to 21 percent of women in the follow-up survey. It is important to note, however, that, while the wording of these questions was consistent, the CAS and the follow-up study used different methodologies, so these two datasets are not directly comparable. Rather than illustrating a significant shift in women's exposure in the year between the CAS and the follow-up survey, these differences may be due to the different ways that the two surveys engaged women.

While the follow-up surveys did not detect high levels of community exposure to SPV, programme implementers who were interviewed shared that through implementing the programme they had experienced shifts in their own personal attitudes and behaviours related to gender equality and equal relationships. As highlighted in the midline study report, global evidence (including research and programme evaluations from the Pacific region) have shown that community mobilisation and social norm change interventions can often be transformative, not only for the intended targets of the intervention (ie: the community) but also for the staff who implement the programme.[51] Not surprisingly, due to their proximity to programme concepts, messages, and activities, it is often the programme staff who experience the most significant shifts in personal beliefs, attitudes, and behaviour.

[50] UN Women and MWYSSA (2022). *Strengthening Peaceful Villages (SPV) programme: Awareness Phase – Community Assessment Survey (CAS) Report, October 2022.*

[51] Homan, et al. (2019) 'Transforming Harmful Gender Norms in Solomon Islands: A study of the Oxfam Safe Families Program.' The Equality Institute, Monash University, and Oxfam Australia, Melbourne; Honda, et al. (2022) 'Community mobilisation in the framework of supportive social environment to prevent family violence in Solomon Islands', World Development, 152, 105799.

CHAPTER 6: CHANGES IN RATES OF IPV IN SPV PROGRAMME SITES

KEY FINDINGS

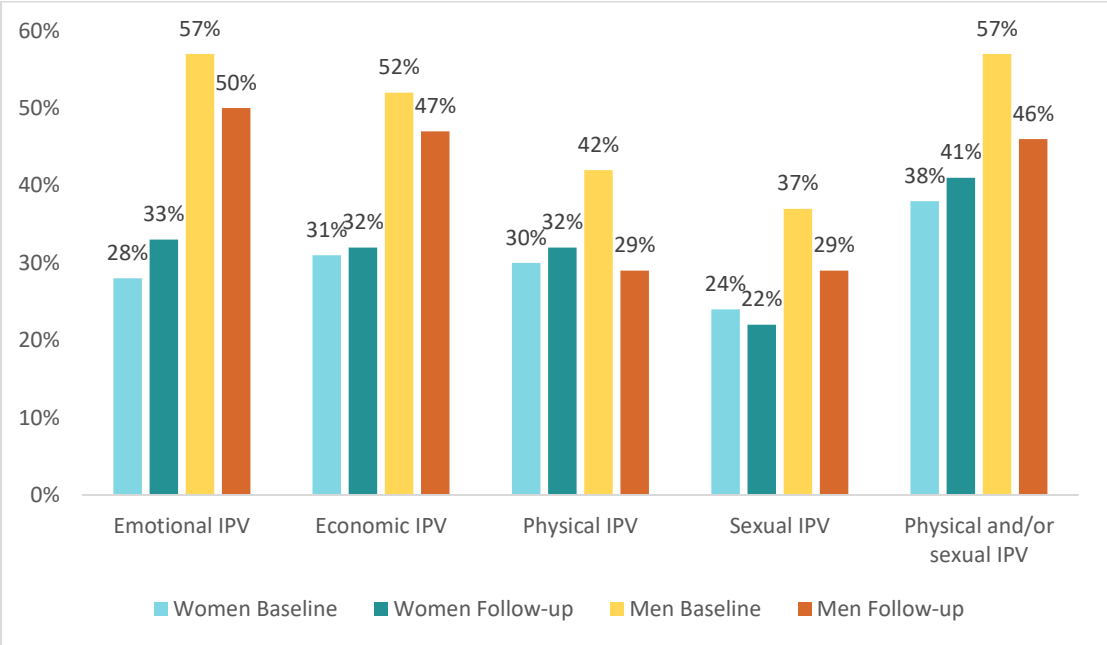
- The follow-up study found that IPV continues to be a significant issue in South Tarawa, with over 40% women reporting experiencing, and men reporting perpetrating, IPV in the 12 months prior to the survey. As with baseline, men's perpetration of past-year IPV were higher (46%) compared to women's experience of IPV (41%).
- The proportion of women who reported experiencing past-year IPV at follow-up *rose slightly* compared to proportions at baseline. In contrast, the proportion of men who reported perpetrating past-year IPV at follow-up *fell significantly* compared to baseline.
- Given the above findings, it is highly likely that *actual* IPV prevalence rates have not shifted much between baseline and follow-up. Rather, both women and men in the intervention sites are now more able to recognise different forms of IPV and are more aware that such behaviour is socially unacceptable. For women, this may have resulted in a greater willingness and ability to identify and report IPV experience, whereas men are now more likely to self-regulate their responses about their own behaviour when answering a survey about IPV.
- Compared to baseline (48%), more women at follow-up (56%) reported that their partner used controlling behaviour. As with baseline, the follow-up survey found a strong association between women's experiences of controlling behaviour from a male partner and women's experiences of IPV in the past year. Promisingly, the proportion of women who experienced controlling behaviour relating to sexual and reproductive health from their male partner reduced (28% at baseline to 20% at follow-up).
- With the economic stressors of the COVID-19 pandemic, the drought, and rising cost of living during the period covered by the follow-up survey (see Chapter 8), we expected to see a significant increase in economic IPV. However, women reported the least change in their experiences of economic IPV, compared to baseline.

6.1 Women's experiences, and men's perpetration, of IPV in the past year

Overall, 41 percent of women surveyed reported experiencing any physical and/or sexual IPV in the past year and 46 percent of men surveyed reported perpetrating this violence. Although there were variations between specific types of violence, in general, the proportion of women who reported experiencing past-year IPV at follow-up *rose slightly* compared to proportions at baseline. In contrast, the proportion of men who reported perpetrating past-year IPV at

follow-up *fell significantly* compared to baseline (see Figure 4). For example, 28 percent of women reported experiencing emotional IPV in the past 12 months at baseline, while 33 percent of women reported experiencing this at follow-up. Similarly, the prevalence of women's past-year experiences of economic and physical IPV both increased slightly between baseline and follow-up. Only past-year sexual IPV experience was lower for women at follow-up (22 percent) than at baseline (24 percent). On the other hand, the proportion of men who reported perpetration at follow-up reduced across all forms of IPV, compared to baseline. The largest changes were in men's reports of physical IPV perpetration from 42 percent at baseline to 29 percent at follow-up, and sexual IPV perpetration from 37 percent to 29 percent. However, as with baseline, men's reports of perpetration of IPV were higher than women's reports of experience (with the exception of physical IPV).

Figure 4: Women's experiences and men's perpetration of past-year IPV at baseline and follow-up, out of ever-partnered women and men



6.1.1 Emotional IPV and controlling behaviours

Emotional abuse remains the most common type of IPV both experienced by women and perpetrated by men. Among ever-partnered women, a total of 33 percent reported experiencing any emotional abuse by a current or previous male partner in the past 12 months (see Table 5). As with baseline, at follow-up the most commonly reported types of emotional abuse women experienced were a male partner insulting her or making her feel bad about herself (22 percent) and saying or doing something that made her feel humiliated in front of other people (20 percent).

Half (50 percent) of all ever-partnered men said they had perpetrated emotional abuse against a wife or girlfriend in the past year. The types of emotional IPV that men most reported perpetrating at follow-up were the same as baseline: insulting a partner or making her feel bad about herself (35 percent) and doing things to scare or intimidate a partner on purpose, for example by the way he looked at her, by yelling and smashing things (27 percent), although the largest reduction in reported perpetration was in the latter. At follow-up, slightly more men (15 percent) had threatened to hurt a partner in the past year, compared to baseline (13 percent).

Table 5: Women's experiences and men's perpetration of past-year emotional intimate partner violence at baseline and follow-up, among ever-partnered women and men

Among women 15-49 who have ever married/cohabited/had male partner		
In the past 12 months, has any male husband/partner ever…	**Percent at baseline (n=552)**	**Percent at follow-up (n=392)**
Insulted you or made you feel bad about yourself	15%	22%
Said or did something that made you feel humiliated in front of other people?	15%	20%
Destroyed things that are important to you?	13%	16%
Did things that made you feel scared or intimidated?	14%	17%
Threatened to harm you or someone you care about?	10%	16%
Reported experience of at least one act of emotional abuse by an intimate partner in the last 12 months	**28%**	**33%**
Among men 15-49 who have ever married/cohabited/had a female partner		
In the past 12 months, have you ever…	**Percent at baseline (n=481)**	**Percent at follow-up (n=252)**
Insulted a partner or deliberately made her feel bad about herself	37%	35%
Belittled or humiliated a partner in front of other people	22%	22%
Done things to scare or intimidate a partner on purposes, for example by the way you looked at her, by yelling and smashing things	34%	27%
Threatened to hurt a partner	13%	15%
Hurt people your partner cares about as a way of hurting her, or damaged things of importance to her	10%	6%
Reported perpetration of at least one act of emotional abuse against an intimate	**57%**	**50%**

partner in the last 12 months		

As illustrated in Table 6, 56 percent of ever-partnered women experienced controlling behaviour from a male partner, but this was significantly higher (83 percent) amongst women who had experienced IPV in the past year, compared to women who had not experienced IPV in the 12 months prior to the survey (38 percent). This was the case for all types of controlling behaviour measured. This mirrors the association found at baseline, in which 80 percent of women who had experienced IPV had also experienced controlling behaviour, compared to 28 percent of women who did not report past-year IPV.

Compared to baseline (48 percent), more women at follow-up (56 percent) reported that their partner used controlling behaviour. The three most common forms of partner's controlling behaviour at baseline (Becomes angry if you talk to other men; Is often suspicious that you are unfaithful; Insists on knowing where you are at all times in a way that made you feel controlled/afraid) continued to be the most common at follow-up, although prevalence had increased for all items.

Table 6: Women's experiences of controlling behaviour by a male partner, by experience of past-year IPV, at follow-up, among ever-partnered women

Controlling behaviour	All women n=392	Women who report no past year physical and/or sexual violence n=235	Women who report past year physical and/or sexual violence n=157
Does your current or most recent husband/partner generally do any of the following?	**percent**	**percent**	**percent**
Stop you from seeing female friends?	24%	13%	40%****
Restrict your contact with your family?	21%	10%	37%****
Insist on knowing where you are (at all times) in a way that made you feel controlled/afraid?	32%	20%	50%****
Stop you from getting health care?	7%	2%	14%****
Use mobile technology to check where you are?	13%	5%	25%****
Becomes angry if you talk to other men?	33%	20%	51%****
Is often suspicious that you are unfaithful?	34%	15%	62%****
Any controlling behaviour by partner	**56%**	**38%**	**83%****

**** *Highly significant (p<0.0001)*

Women who had experienced IPV in the past year were also significantly more likely to have a partner who controlled their sexual and reproductive health (**Table 7**). For example, 34 percent of women who had experienced IPV in the past 12 months reported that their male partner had ever tried to force or pressure them to become pregnant when she did not want to, compared to 9 percent of women who had not experienced IPV in the past year. Similarly, women who had experienced physical and/or sexual IPV in the past year were significantly more likely to have been made by their partner to have sex without using contraception so that she would become pregnant. Aside from condom refusal, all other items on the sexual and reproductive health controlling behaviours scale were significantly associated with IPV experience.

Table 7: Women's experiences of controlling behaviour around sexual and reproductive health, by experience of past-year physical and/or sexual IPV, among ever-partnered women, at follow-up

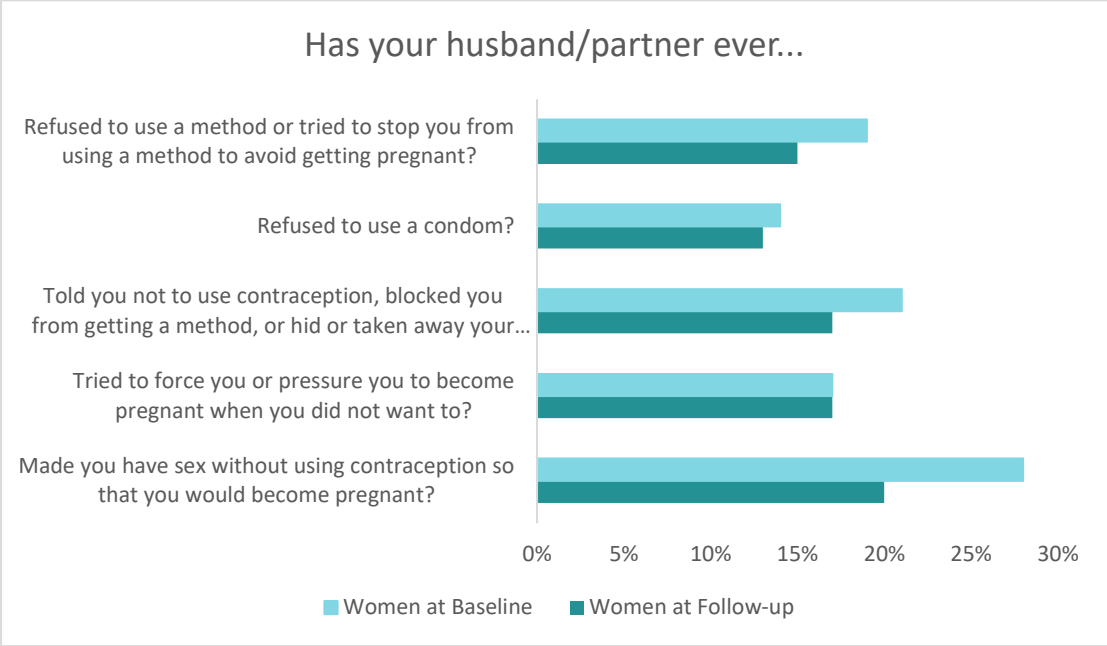
	All women n=417	Women who report no past-year physical and/or sexual IPV n =231	Women who report past-year physical and/or sexual IPV^ n=156
Has your current/most recent husband/partner ever refused to use a method or tried to stop you from using a method to avoid getting pregnant?	15%	13%	22%***
Has your current/most recent husband/partner ever refused to use a condom?	13%	13%	16%
Have you ever hidden birth control from your current/most recent husband/partner because you were afraid of what he might do if he knew you were using it?	9%	7%	13%**
Has your partner ever told you not to use contraception, blocked you from getting a method, or hid or taken away your contraception?	17%	14%	23%***
Has your partner ever tried to force you or pressure you to become pregnant when you did not want to?	17%	9%	34%****
Has your partner ever made you have sex without using contraception so that you would become pregnant?	20%	14%	31%****

**Somewhat significant (p<0.1); **Significant (p <0.05); ***Very significant (p<0.01), ****Highly significant (p<0.001); ^Note: Proportion tests are based on unweighted cases*

Promisingly, however, the proportion of women experiencing controlling behaviour relating to sexual and reproductive health from their male partner reduced for all items since baseline (Figure 5). For example, at baseline, 28 percent of women said that their male partner had made them have sex without using contraception so that she would become pregnant, while this was only reported by 20 percent of women at follow-up. Similarly, the proportion of

women whose partners had told them not to use contraception or blocked them from being able to use contraception reduced from 21 percent at baseline to 17 percent at follow-up.

Figure 5: Proportion of women who experienced controlling behaviours from their husband/partner in relation to their sexual and reproductive health and rights, among ever-partnered women, at baseline and follow-up



It is notable that, as with baseline, an association was found at follow-up between women's refusal of sex and their experiences of IPV (Statistical Annex Table 2). Women who had experienced past-year physical and/or sexual IPV were much more likely to report that they felt they could refuse sex with their partner (84 percent), compared to women who had not experienced IPV in the past 12 months (62 percent). Similarly, women who had experienced IPV in the past year were also more likely to have initiated discussions with their partner about condom use (15 percent) than women who had not experienced current IPV (7 percent). Furthermore, men who had perpetrated IPV in the past year were also more likely to say they openly tell their female partner what they like during sex, compared to men who had not perpetrated past-year IPV.

The Relationship Control Scale set of questions was used to assess men's use of controlling behaviours against their female partners. As illustrated in Table 8, the most common form of controlling behaviour that ever-partnered men reported using was wanting to always know their partner's whereabouts, and this increased from being reported by 83 percent of men at baseline to 88 percent at follow-up. A larger proportion of men at follow-up (71 percent) than at baseline (66 percent) also stated that when they want sex, they expect their partner to agree. However, fewer men at follow-up reported controlling behaviour relating to decision-making and to their partner's appearance.

Table 8: Relationship Control Scale, amongst ever-partnered men, at baseline and follow-up

RELATIONSHIP CONTROL SCALE		
Among men 15-49 who have ever married/cohabited/had a female partner	**Percent at baseline (n=482)**	**Percent at follow-up (n=252)**
When I want sex, I expect my partner to agree	66%	71%
I won't let my partner wear certain things (clothes, jewelry or makeup to make her look attractive)	38%	37%
I have more to say than she does about important decisions that affect us	74%	69%
I tell my partner who she can spend time with	37%	36%
When my partner wears things to make her look beautiful, I think she may be trying to attract other men	25%	18%
I want to know where my partner is all of the time	83%	88%
I like to let her know she isn't the only partner I could have	24%	24%

6.1.2 Economic IPV

Between baseline and follow-up, there was very little shift in women's experiences of past-year economic IPV, with 31 percent of ever-partnered women experiencing this at baseline, compared to 32 percent at follow-up (Table 9). Men's reports of perpetration of this form of violence, on the other hand, reduced from 52 percent at baseline to 47 percent at follow-up. Both women and men reported an increase in women being prohibited by their husbands from working or earning money at follow-up. However, there was a reduction in both women's and men's reports of men refusing to give their wives money for household expenses at follow-up, compared to baseline.

Table 9: Women's experiences, and men's perpetration, of economic intimate partner violence in the past year, at baseline and follow-up, among ever-partnered women and men

Among women 15-49 who have ever married/cohabited/had male partner		
In the past 12 months, has any male husband/partner ever…	**Baseline (n=552)**	**Follow-up (392)**
	Percent	**Percent**
Prohibited you from getting a job, going to work, trading, earning money or participating in income generation projects	20%	23%
Taken your earnings from you against your will	9%	8%
Thrown you out of the house	18%	16%
Refused to give you money you needed for household expenses even when he has money for other things (such as alcohol or cigarettes)	11%	9%
Reported experience of at least one act of economic abuse by an intimate partner in the last 12 months	**31%**	**32%**
Among men 15-49 who have ever married/cohabited/had a female partner		
In the past 12 months, have you ever…	**Baseline (n=481)**	**Follow-up (252)**
	Percent	**Percent**
Prohibited a partner from getting a job, going to work, trading or earning money	10%	11%
Taken a partner's earnings against her will	15%	11%
Thrown a partner out of the house	20%	21%
Kept money from your earnings for alcohol, tobacco or other things for yourself when you knew your partner was finding it hard to afford the household expenses	33%	20%
Reported perpetration of at least one act of economic abuse against an intimate partner in the last 12 months	**52%**	**47%**

6.1.3 Physical IPV

At follow-up, 32 percent of women reported experiencing physical IPV in the past 12 months and 29 percent of men reported perpetrating this violence (Table 10). As with baseline, the most common form of physical IPV reported by both women and men at follow-up was a male partner slapping or throwing something at his wife/girlfriend that could hurt her, which was reported 26 percent of women and 18 percent of men.

Women's reports of physical IPV experience in the past year increased slightly from baseline (30 percent), whereas men's reports of perpetration dropped significantly from baseline (42 percent). The biggest increase in women's reports at follow-up was in slapping (21 percent at baseline, 26 percent at follow-up), while the proportion of women experiencing kicking, dragging, or beating (14 percent at baseline, 12 percent at follow-up) and use of weapons (8

percent at baseline, 6 percent at follow-up), decreased slightly. For men's reports of perpetration, on the other hand, the largest decrease since baseline was in terms of pushing or shoving (24 percent at baseline, 16 percent at follow-up) and slapping (24 percent at baseline, 18 percent at follow-up), and a slightly greater proportion of men at follow-up reported choking or burning a female partner (2 percent at baseline, 3 percent at follow-up) and using a weapon against a partner (4 percent at baseline, 7 percent at follow-up).

Table 10: Women's experiences and men's perpetration of past-year physical intimate partner violence at baseline and follow-up, among ever-partnered women and men

Among women 15-49 who have ever married/cohabited/had male partner		
In the past 12 months, has any male husband/partner ever…	**Baseline (n=552)**	**Follow-up (n=392)**
	Percent	**Percent**
Slapped you or thrown something at you that could hurt you?	21%	26%
Pushed you or shoved you or pulled your hair?	17%	16%
Hit you with his fist or with something else that could hurt you?	18%	19%
Kicked you, dragged you or beaten you?	14%	12%
Choked or burnt you on purpose?	3%	3%
Threatened you with, or actually used, a knife or other weapon against you?	8%	6%
Reported experience of at least one act of physical violence by an intimate partner in the last 12 months	**30%**	**32%**
Among men 15-49 who have ever married/cohabited/had a female partner		
In the past 12 months, have you ever…	**Baseline (n=481)**	**Follow-up (252)**
	Percent	**Percent**
Slapped a partner or thrown something at her that could hurt her?	24%	18%
Pushed or shoved a partner or pulled her hair?	24%	16%
Hit a partner with a fist or with something else that could hurt her?	22%	15%
Kicked, dragged, or beaten a partner?	11%	11%
Choked or burned a partner on purpose?	2%	3%
Threatened to use or actually used a knife or other weapon against a partner?	4%	7%
Reported perpetration of at least one act of physical violence against an intimate partner in the last 12 months	**42%**	**29%**

6.1.4 Sexual IPV

There was a reduction in both women's experiences and men's perpetration of sexual IPV between baseline and follow-up, although this reduction was greater amongst men (**Table 11**). Almost a quarter (24 percent) of women reported experiencing past-year sexual IPV at baseline, while 22 percent of women reported this at follow-up. Amongst ever-partnered men who responded to the self-administered section of the survey, 37 percent of men at baseline reported sexual IPV perpetration, compared to 29 percent at follow-up.

The most reported form of sexual IPV that women experienced was having sex when they did not want to because of fear of what their partner might do if she refused (15 percent), which was similar to baseline (16 percent). At both baseline (27 percent) and follow-up (20 percent) the most common form of sexual IPV perpetration reported by men was forcing a female partner to have sex when he knew she didn't want to. Additionally, 40 percent of men at follow-up reported that, in the past 12 months, they had had sex with their female partner when he knew she did not want to, but he believed she should agree because she was his wife or partner.[52]

Table 11: Women's experiences and men's perpetration of past-year sexual intimate partner violence at baseline and follow-up, among ever-partnered women and men

Among women 15-49 who have ever married/cohabited/had male partner		
	Baseline (n=552)	**Follow-up (n=392)**
In the past 12 months, has any male husband/partner ever…	**Percent**	**Percent**
Forced you to have sex when you did not want to, for example by threatening you or holding you down?	12%	8%
Had sex when you did not want to because you were afraid of what your husband/partner might do if you refused?	16%	15%
Forced you to do anything else sexual that you did not want to or that you found degrading or humiliating?	16%	14%
Reported experience of at least one act of sexual violence by an intimate partner in the last 12 months	**24%**	**22%**
Among men 15-49 who have ever married/cohabited/had a female partner		
	Baseline (n=440)	**Follow-up (n=215)**
In the past 12 months, have you ever…	**Percent**	**Percent**
Forced your current or previous partner (wife or girlfriend) to have sex (sexual intercourse) with you when she did not want to?	27%	20%
Forced your current or previous wife or girlfriend to watch pornography when she didn't want to?	14%	10%
Forced your current or previous wife or girlfriend to do something else sexual, other than sexual intercourse, that she did not want to do?	16%	13%
Reported perpetration of at least one act of sexual violence against an intimate partner in the last 12 months (19a, 19c, 19d)	**37%**	**29%**

6.1.5 Severity and frequency of physical and/or sexual IPV

Physical IPV items were categorised into "moderate" or "severe" violence, depending on the likelihood of causing physical injury.[53] As with baseline, at follow-up both women and men

[52] Data not included in table as, depending on the specific context, this is does not always constitute sexual violence. This figure is not included in the combined figure for any sexual IPV perpetration.

[53] Moderate items included: slapped or thrown something, or pushed or shoved the victim. Severe items included: hit with a fist, kicked/dragged/beaten, choked or burnt, or used weapons.

reported that a larger proportion of the violence was severe than moderate. While there was no change in the severity of violence reported by men at baseline and follow-up, women's reports illustrate a reduction in more severe forms of physical violence (Figure 6).

Figure 6: Severity of women's experiences and men's perpetration of physical intimate partner violence, at baseline and follow-up

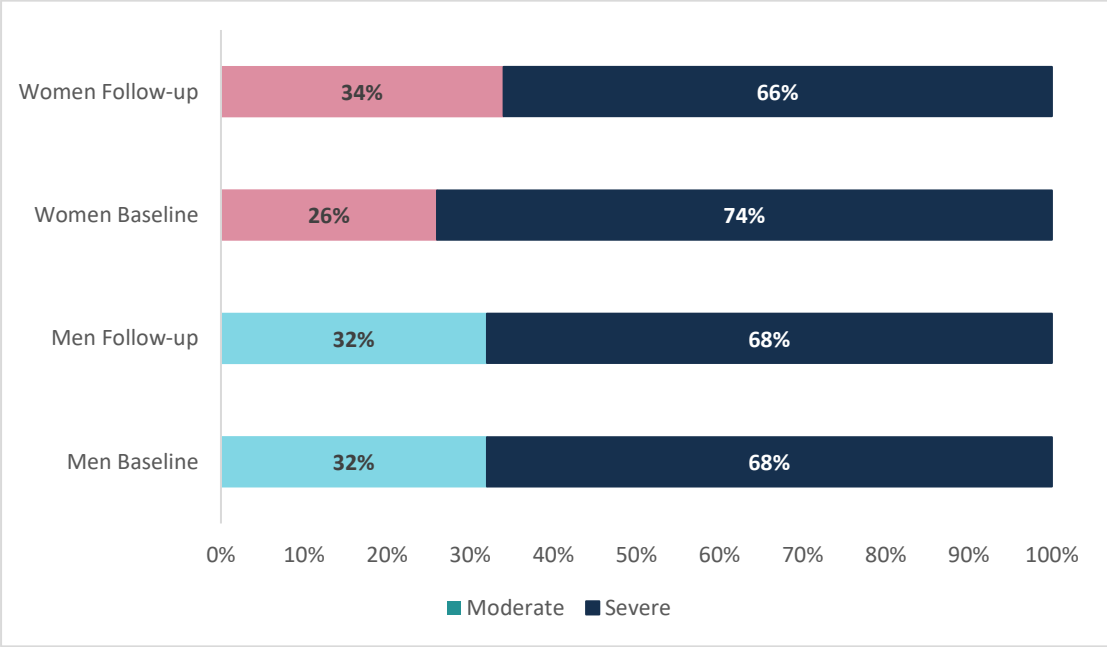
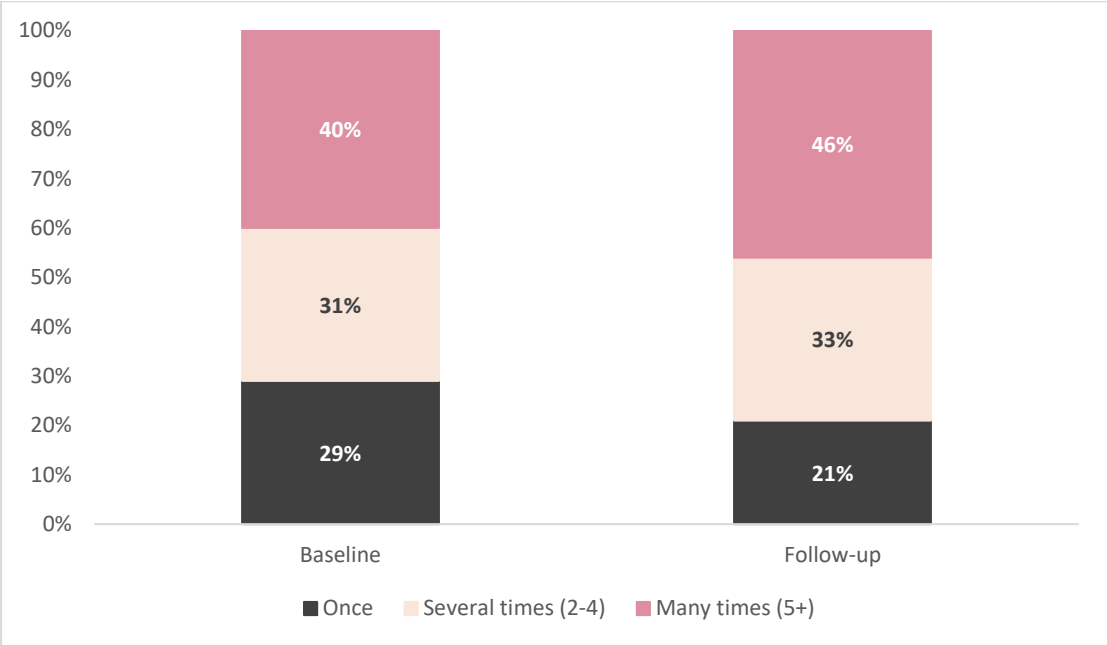


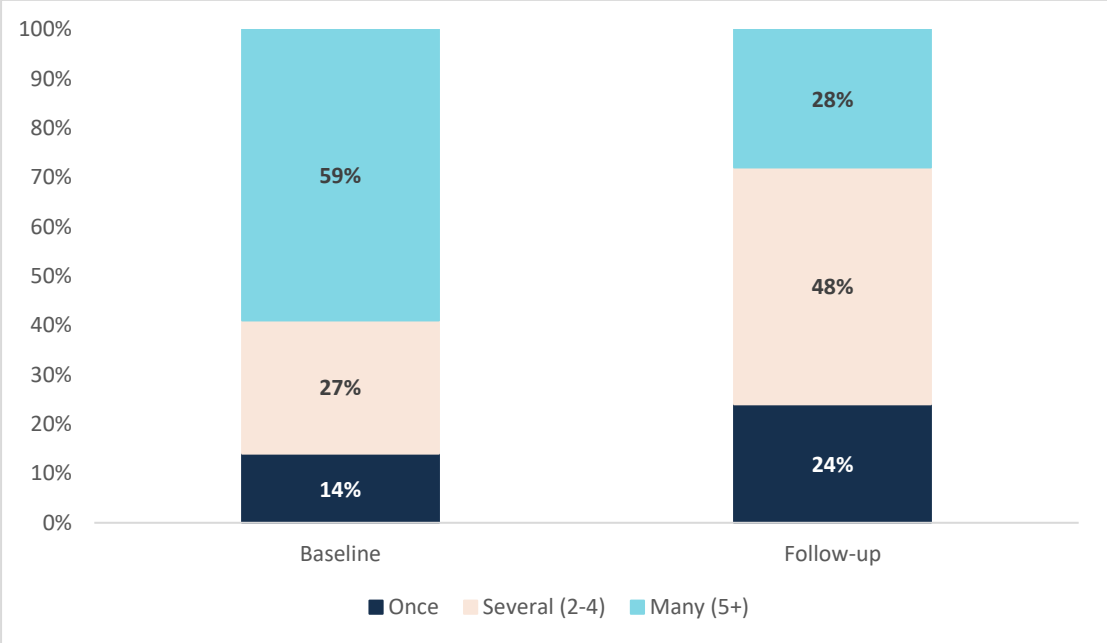
Figure 7 and Figure 8 illustrate how frequently women experienced, and men perpetrated, physical and/or sexual IPV at baseline and follow-up. At follow-up, women were less likely than at baseline to report having experienced physical, sexual, or physical and/or sexual IPV only once. For example, 32 percent of women at baseline said they had experienced physical IPV once in the past year, while this was reported by only 19 percent of women at follow-up. The proportion of women who had experienced IPV several (2-4) times in the past year increased for all forms of violence analysed and the proportion who experienced IPV many times (5 or more times) increased for physical IPV experience and combined physical and/or sexual IPV.

Figure 7: Frequency of women's experiences of intimate partner violence, among ever-partnered women who had experienced physical and/or sexual violence in the past year, at baseline and follow-up



For men, the proportion of men who reported perpetrating physical, sexual, or physical and/or sexual IPV once or several times increased compared to baseline, while the proportion of men who reported perpetrating IPV many times decreased.

Figure 8: Frequency of men's perpetration of intimate partner violence, among men who have ever perpetrated physical and/or sexual violence in the past year, at baseline and follow-up



6.2 Discussion

The follow-up study found that IPV continues to be a significant issue in South Tarawa, with over 40 percent of women reporting experiencing, and men reporting perpetrating IPV in the survey. Notably, while a slightly larger proportion of women reported experiencing past-year IPV at follow-up, men's reports of perpetration had dropped significantly since baseline. Given that only four years had passed between the baseline and follow-up studies, one would not expect to see such large change in violence over such a short timeframe. It is possible that actual prevalence rates have not shifted much but, rather, that both women and men in the intervention sites in South Tarawa are now more able to recognise different types of IPV and are more aware that such violence is increasingly socially unacceptable. For women, this may have resulted in more willingness to identify and report IPV experience whereas men may now be more likely to self-regulate their responses about their own behaviour. As the next chapter will demonstrate, however, there continue to be challenges to women's help-seeking and bystander intervention remains low.

Controlling behaviour continues to be strongly associated with IPV. The vast majority (81 percent) of women experiencing IPV in the past year said that their partner used some form of controlling behaviour, compared to 36 percent of women who had not experienced IPV in the past 12 months. As with baseline, men's controlling behaviour appears to be particularly linked to jealousy. For example, one community woman, interviewed as part of the qualitative longitudinal cohort, shared what she had observed from her neighbours:

> **Respondent:** Our neighbours, […] a young couple, the woman was being beaten every day, […] because you know that [man] also has some problem.
>
> **Interviewer:** What problem?
>
> **Respondent:** Jealousy.
>
> **Interviewer:** Jealousy? […] And he would hit her?
>
> **Respondent:** Yes, he would do that.

One female programme implementer also explained that it was often difficult to shift community attitudes and behaviours related to sexual consent between couples. She then reflected on her own relationship with her husband:

> **Interviewer**: What [other] behaviors or attitudes are harder to change in the community?
>
> **Respondent**: Um… It's very difficult to see that. But you only know when you hear things like jealousy. […] Personally, between me and my husband… he used to be very demanding. If he wants it now and he means now. If you say, "I am tired. I am worn out." He'll say, "Why? Did you have sex with someone else?" He just gets very angry.
>
> **Interviewer**: Oh ok.

> **Respondent**: […] He's always jealous. If I say no, then he assumes I had sex with someone else and gets very angry.

While controlling behaviour relating to sexual and reproductive health remains closely associated with women's experiences of IPV, a smaller proportion of women report experiencing this type of controlling behaviour at follow-up compared to baseline. Although, due to the relatively low levels of programme exposure explained in Chapter 5, it is not possible to attribute this change to the SPV programme, this is still a positive shift in the community.

With the economic stressors of the COVID-19 pandemic, the drought, and rising cost of living during the period covered by the follow-up survey (discussed further in Chapter 8), we expected to see a significant increase in economic IPV. However, women reported the least change in their experiences of economic IPV, compared to baseline. Furthermore, the proportion of both women and men who reported that the husband was refusing to give his wife money to pay for household expenses had dropped at follow-up. It is possible that, in the context of such extreme financial challenges, people – including previously economically abusive men – took greater care with money during this time or that lockdowns meant there were less opportunities for men to spend their money elsewhere. While both women and men reported a slight increase in men preventing their female partners from going to work, anxieties around the COVID-19 pandemic may have contributed to this change.

Based on women's reports, since 2019, IPV in South Tarawa has become less severe but more frequent. In many parts of the world during the global pandemic, the frequency of IPV against women increased, especially during periods of lockdown, as victims were confined in their homes with their perpetrators.[54] The, somewhat counterintuitive, reduction in severity at the same time could possibly be linked to an improvement in men's awareness about IPV and their fears over being arrested under the relatively new domestic violence legislation, *Te Rau n Te Mwenga* Act. As information about the legislation increases through the community, and as police implementation of the Act expands, perpetrators of violence may learn to use less severe forms of violence, which are less likely to leave physical evidence.

[54] Milford, M., & Anderson, G. (2020, April 14). The shadow pandemic: How the Covid19 crisis is exacerbating gender inequality; available from: https://unfoundation.org/blog/post/shadow-pandemic-how-covid19-crisis-exacerbating-gender-inequality/; Mlambo-Ngcuka, P. (2020). Violence against women and girls: The shadow pandemic. UN Women; van Gelder, N., Peterman, A., O'Donnell, M., Potts, A., Thompson, K., Shah, N., & Oertelt-Prigione, S. (2020). COVID-19: Reducing the risk of infection might increase the risk of intimate partner violence. *EClinical Medicine the Lancet*, 21:1–2.

CHAPTER 7: COMMUNITY ATTITUDES AND BEHAVIOURS TOWARDS GENDER EQUALITY AND VIOLENCE

KEY FINDINGS

- While community members continue to agree with the broad concept of gender equality, some attitudes have become more inequitable since baseline.
- There was a decrease in the proportion of women who held victim-blaming attitudes between baseline and follow-up, but there was little change in men's agreement with these items.
- Both women and men continue to agree with justifications for men's use of violence against women. However, there were some improvements in men's attitudes, with smaller proportions of men surveyed at follow-up agreeing that this violence was justified in 11 of the 12 scenarios presented compared to baseline.
- Male respondents' agreement with justifications of wife-beating were significantly associated with their perpetration of IPV in the past year.
- Although most people in the study sites (69%of women and 53%of men) believe it is acceptable for a married woman to refuse to have sex with her husband if she doesn't feel like it, in practice women's ability to safely negotiate sex within marriage continues to be limited.
- Overall community knowledge about available support services remained similar to baseline. The police and KWCSC were still the most well-known services, with the proportion of women who knew about KWCSC increasing from 24% at baseline to 37% at follow-up.
- Despite most people knowing of somewhere a woman or girl experiencing violence could go for help, the results of the follow-up study illustrate that when women do experience violence, they still receive minimal help.
- The lockdowns and curfews in Tarawa in 2022, due to the COVID-19 pandemic, may have made it harder for women to leave home to seek help and fears about the virus may have made community members more reluctant to provide help. However, when support from bystanders reduced, it is very positive that the proportion of women who sought help from formal sources, such as social services, shelters and the hotline, increased since baseline and that the proportion who went to the police and health centres did not reduce, despite the significant challenges to women's movement and access to information during this time.

7.1 Community gender attitudes

All survey respondents were asked whether or not they agreed with a series of 14 statements, to assess their gender attitudes (see **Table 12**). As at baseline, most women (84 percent) and

men (86 percent) at follow-up agree that all people should be treated the same and that men should contribute to housework (91 percent of women and 95 percent of men). However, many respondents in the study site continued to display gender inequitable attitudes and, for several items, community attitudes were more inequitable at follow-up than at baseline. For example, more women (34 percent) and men (42 percent) at follow-up agreed that "if a man is violent to his wife, it doesn't affect their children," compared to just 11 percent of women and 27 percent of men at baseline. Similarly, fewer women and men at follow-up than at baseline believed that "physical violence is never acceptable," and the proportion of respondents who agreed that "friends would respect a man who makes decisions jointly with his wife" decreased for both women (from 98 percent at baseline to 86 percent at follow-up) and men (from 93 percent to 77 percent).

For some statements in the scale, there were large differences in women's and men's responses. For example, far fewer women at follow-up (70 percent) than at baseline (90 percent) agreed that "a woman should be a virgin when she gets married," while a slightly higher proportion of men agreed with this at follow-up (80 percent) than at baseline (78 percent). Women's responses illustrated a decrease in victim-blaming attitudes between baseline and follow-up, but there was little change in men's agreement with these items. For example, 37 percent of women and men at baseline believed that "if a woman is raped, she is usually to blame for putting herself in that situation," and while this had reduced to 26 percent of women at follow-up, the proportion of men agreeing remained the same. However, women at follow-up showed less agreement with women's help-seeking behaviour and bystander intervention, compared to men at follow-up and compared to women at baseline.

Table 12: Gender relations scale at baseline and follow-up, women's and men's agreement and strong agreement

	Women			Men		
INDICATOR	**Percent agree/strongly agree at baseline (n=629)**	**Percent agree/strongly agree at follow-up (n=502)**	***Change since baseline***	**Percent agree/strongly agree at baseline (n=556)**	**Percent agree/strongly at follow-up (n=415)**	***Change since baseline***
People should be treated the same whether they are male or female	85%	84%	**Worsened**	81%	86%	**Improved**
A woman should obey her husband	90%	92%	**Worsened**	93%	85%	**Improved**
A man should have the final say in all family matters	62%	51%	**Improved**	70%	71%	**Worsened**
Men should share the work around the house with women such as doing dishes, cleaning and cooking	92%	91%	**Worsened**	99%	95%	**Worsened**
A woman cannot refuse to have sex with her husband	31%	30%	**Improved**	44%	46%	**Worsened**
When a woman is raped, she is usually to blame for putting herself in that situation	37%	26%	**Improved**	37%	37%	**No change**
A woman should be a virgin when she gets married	90%	70%	**Improved**	78%	80%	**Worsened**
If a man/husband is violent towards his wife, it does not affect their children	11%	34%	**Worsened**	27%	42%	**Worsened**
The woman is to blame if their husband uses violence against her	21%	19%	**Improved**	23%	24%	**Worsened**
A woman should tolerate violence from her partner to keep her family together	30%	26%	**Improved**	16%	24%	**Worsened**
Physical violence against a partner is never acceptable	77%	61%	**Worsened**	87%	73%	**Worsened**
Friends would respect a man who makes decisions jointly with his wife	98%	86%	**Worsened**	93%	77%	**Worsened**
If a wife is beaten by her husband, it is ok for her to tell other people	65%	43%	**Worsened**	57%	59%	**Improved**
If a husband beats his wife, other people outside of the couple should intervene	88%	81%	**Worsened**	94%	93%	**Worsened**

7.2 Community justifications for IPV

When community men were asked under what circumstances a husband would be justified in beating his wife, survey results showed improvements in men's attitudes, with smaller proportions of men surveyed agreeing that beatings were justified in 11 of the 12 scenarios presented compared to baseline (Table 13). Overall, however, many women (92 percent) and men (71 percent) still agree with at least one justification for a husband beating his wife (Table 13).

Table 13: Women's and men's agreement with justifications for a husband beating his wife, at baseline and follow-up

In your opinion, is a husband justified in hitting or beating his wife in the following situations:	Women			Men		
	Percent yes at baseline (n=629)	**Percent yes at follow-up (n=502)**	**Change since baseline**	**Percent yes at baseline (n=556)**	**Percent yes at follow-up (n=415)**	**Change since baseline**
If she goes out without telling him	61%	64%	**Worsened**	47%	39%	**Improved**
If she neglects the children	71%	76%	**Worsened**	60%	48%	**Improved**
If she argues with him	48%	57%	**Worsened**	34%	29%	**Improved**
If she refuses to have sex with him	34%	42%	**Worsened**	19%	12%	**Improved**
If she burns the food	26%	30%	**Worsened**	12%	8%	**Improved**
If she fails to prepare tea	22%	33%	**Worsened**	10%	5%	**Improved**
If she doesn't complete housework to his satisfaction	50%	54%	**Worsened**	37%	28%	**Improved**
If she doesn't manage money well	65%	65%	**No change**	49%	37%	**Improved**
If she spends time talking or texting with other men	66%	72%	**Worsened**	47%	52%	**Worsened**
If she spends time talking or texting with other male relatives	-	71%	**N/A**	-	21%	**N/A**
If she looks at other men	49%	53%	**Worsened**	35%	30%	**Improved**
If she wears revealing clothes	52%	51%	**Improved**	29%	22%	**Improved**
If she comes home late	43%	53%	**Worsened**	40%	32%	**Improved**
Agreement with at least one justification	**88%**	**92%**	**Worsened**	**70%**	**71%**	**Worsened**

The most common justifications that female respondents agreed with were if she neglects the children (76 percent agreed), if she spends time talking to other men (71 percent agreed), followed by if she goes out without telling him (64 percent agreed). Men's responses followed a similar pattern, with 52 percent of men agreeing that a husband if justified in beating his wife if she spends time talking to other men, 48 percent agreeing with this violence if she neglects the children, and 39 percent agreeing if she goes out without telling him.

Compared to baseline, a higher proportion of women at follow-up agreed with almost every type of justification for this violence. The only justification that more men agreed to at follow-up compared to baseline was 'if a wife talks to other men'.

At baseline, 88 percent of women and 70 percent of men agreed with at least one justification for a husband hitting his wife, whereas at follow-up 92 percent of women and 71 percent of men believed that men's use of violence against women was justified in at least one scenario. As with at baseline, however, men's agreement with justifications of wife beating were significantly associated with their perpetration of IPV in the past year, while this was not significant amongst women (**Table 14**).

Table 14: Bivariate association between any justification of wife beating and women's experiences or men's perpetration of physical and/or sexual IPV in the past year

	All women (n=502)	Ever-partnered women who did not experience physical and/or sexual violence in the past year (n=225)	Ever-partnered women who experienced physical and/or sexual violence in the past year (n=157)
	Percent	Percent	Percent
Any justification of wife abuse	92%	93%	96%
	All men (n=413)	Ever-partnered men who report no physical and/or sexual violence perpetration	Ever-partnered men who report physical and/or sexual violence perpetration^
	Percent	Percent	Percent
Any justification of wife abuse	71%	62%	73%***

*** Very significant (p<0.01); ^ Unweighted proportion test*

7.3 Women's ability to negotiate sex within marriage

While women's responses to all items about women's sexual autonomy remained the same between baseline and follow-up, men's attitudes were more mixed. Although most people in the study sites (69 percent of women and 53 percent of men) believe it is acceptable for a

married woman to refuse to have sex with her husband if she doesn't feel like it (**Table 15**), as discussed in the previous chapter, in practice women's ability to safely negotiate sex within marriage continues to be limited. Furthermore, while the proportion of women who agree with this has not changed since baseline, a larger proportion of men agreed with women's sexual autonomy at baseline (62 percent) than at follow-up. However, men's attitudes to the other items appear to have become more equitable. For example, fewer men at follow-up (15 percent) than at baseline (21 percent) agreed that a married man needs other women, and more men at follow-up (29 percent) agreed that it's acceptable for a married woman to ask her husband to use a condom, compared to baseline (27 percent).

Table 15: Women's and men's beliefs around sexual autonomy, among all women and men

	WOMEN		MEN	
In your opinion…	**Percent yes at baseline (n=629)**	**Percent yes at follow-up (n=502)**	**Percent yes at baseline (n=556)**	**Percent yes at follow-up (n=415)**
Is it acceptable if a married woman refuses to have sex with her husband if she doesn't feel like it?	69%	69%	62 %	53 %
Is it true that a married man needs other women, even if things are fine with his wife?	6%	6%	21 %	15 %
Is it acceptable for a married woman to ask her husband to use a condom?	34%	34%	27 %	29 %

In qualitative interviews, a community leader shared his observations on his community:

> **"**I remember […] that couple, every two days they fought. Sometimes his jealous issues kicked in. Sometimes he was upset as maybe the wife closed his books[55] or maybe he could not stop thinking having sex with her but she did not. And that woman was beaten up as she did not obey and give him [sex]."

7.4 Community response to women's disclosure of IPV and women's help-seeking behaviour

Overall community knowledge about available support services remained similar to baseline, with 80 percent of women and 81 percent of men saying they knew of a place a woman or girl could go for help if someone hit her (Table 16). The police and KWCSC were still the most well-known services, with the proportion of women who knew about KWCSC increasing from 24

[55] "Closing his book' here refers to the wife not agreeing to have sexual activity with her husband.

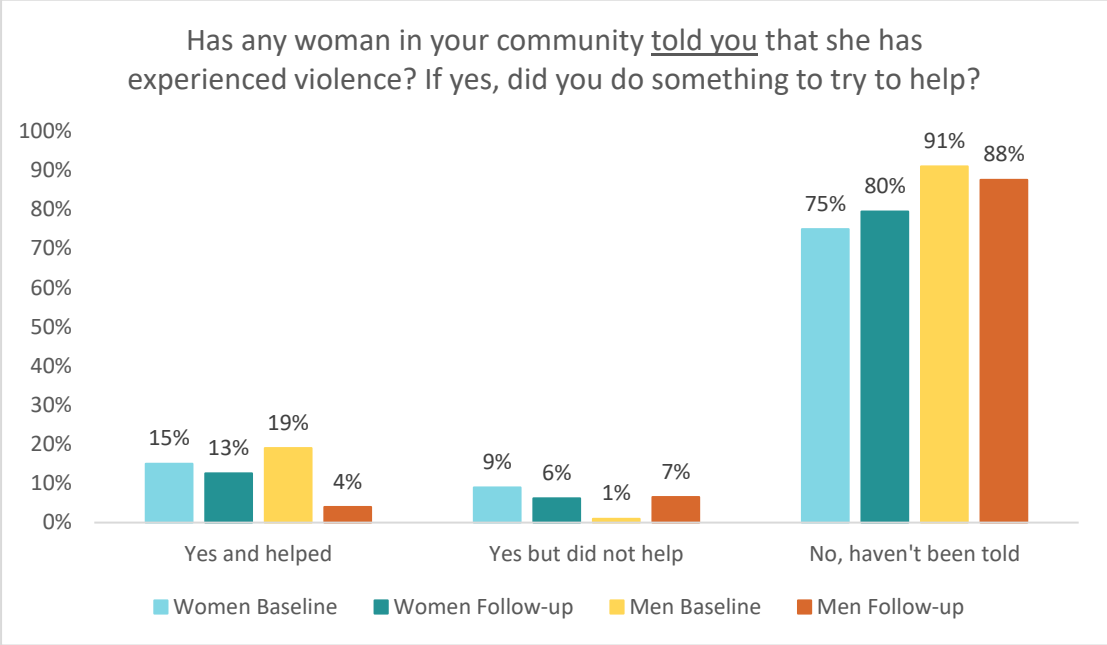
percent at baseline to 37 percent at follow-up. Men were more familiar with the police as a source of help and were less aware than women of KWCSC and shelters. The proportion of women who knew of health centres, family, and *unimane* as potential sources of support for women experiencing violence had also increased since baseline. As noted earlier, very few respondents mentioned VAs as a source of help.

Table 16: Community members' knowledge of places a woman or girl could go for help if someone hit her, at baseline and follow-up

	Women		Men	
	Percent yes at baseline (n=621)	**Percent yes at follow-up (n=502)**	**Percent yes at baseline (n=554)**	**Percent yes at follow-up (n=415)**
Do you know of a place a woman or girl could go for help if someone hit her?	78%	80%	82%	81%
If yes, where could a woman or girl go in the community if this occurred?	**(n=480)**	**(n=402)**	**(n=462)**	**Percent at follow-up (n=415)**
Family	8%	11%	16%	18%
Police	90%	87%	90%	93%
Health services	3%	6%	1%	3%
Community leader	4%	5%	5%	6%
Religious leader	12%	8%	11%	12%
Women's group	5%	7%	9%	5%
School	0%	1%	0%	0%
Friends	4%	4%	2%	3%
Unimane	1%	4%	2%	2%
Village activist	2%	2%	4%	3%
Kiribati Women and Children Support Centre (KWCSC)	24%	37%	17%	14%
Shelter	15%	13%	12%	7%
Neighbour	N/A	2%	N/A	3%
Other		16%		4%

Despite most people knowing of somewhere a woman or girl experiencing violence could go for help, the results of the follow-up study illustrate that when women do experience violence, they still receive minimal help. For example, only 29 percent of women who had experienced physical and/or sexual IPV in the past 12 months had received help from others in the community, and this had reduced from 35 percent at baseline. It follows that, as illustrated in Figure 9, fewer respondents at follow-up than at baseline said they had ever helped a woman experiencing violence in their community. This also corroborates the findings on gender attitudes, presented earlier in this chapter (**Table 12**), in which fewer women and men at follow-up agreed that "if a husband beats his wife, people outside of the couple should intervene," compared to baseline and that far fewer women at follow-up believed that "if a wife is beaten by her husband, it is okay for her to tell other people."

Figure 9: Help-provision among women and men who were told by a woman in their community that she had experienced violence, at baseline and follow-up



The most common way that people helped a woman experiencing violence was by separating the couple fighting, although some women said that community members called the police or spoke to the man afterwards and tried to stop him using violence. When asked who had tried to help, women who had experienced violence most frequently said that their neighbours or their husband's/partner's family had tried to help them and, as with baseline, no women said that a VA had tried to help them.

In this context of minimal community engagement in domestic disputes, it follows that many women (44 percent) had never told anyone about the violence they had experienced. Although about half (55 percent) of all women who had experienced IPV in the past year had ever left home because of the violence, even for one night, this had reduced from 64 percent at baseline. Compared to baseline, at follow-up, a similar proportion of women went to police and health centres for help after violence and more women went to social services, shelters, and called the hotline.

7.5 Community beliefs around family power and parenting practices

The study also explored women's and men's beliefs and practices about disciplining children. Around a third of all men (31 percent) and 27 percent of all women believe that children need to be physically punished. While the proportion of women who agree with physical punishment was similar at baseline (26 percent), a smaller proportion of men agreed with this at baseline (26 percent) compared to follow-up (Table 17). However, amongst respondents currently living with children under 18 years old, a larger proportion of women (33 percent) agreed with corporeal punishment than men (26 percent), representing an increase for women since baseline but a decrease for men.

Table 17: Beliefs about harsh parenting practices, at baseline and follow-up

Do you believe that in order to bring up, raise or educate a child properly, the child needs to be physically punished?	**Women baseline**		**Women follow-up**		**Men baseline**		**Men follow-up**	
	All women (n=629)	**Women with children under 18 living with them (n=327)**	**All women (n=502)**	**Women with children under 18 living with them (n=267)**	**All men (n=556)**	**Men with children under 18 living with them (n=374)**	**All men (n=415)**	**Men with children under 18 living with them (n=240)**
YES	26%	27%	27%	33%	26%	29%	31%	26%

When asked what they do when their daughters and sons misbehave, the most common form of child discipline that parents reported using was talking to their children – as was the case at baseline (Figure 10). Both women and men used more physical punishment with their sons than with their daughters, but both women and men also perceived their partners as hitting their daughters more than their sons (Figure 11). One woman described her husband's severe actions in disciplining their son:

> "There's this one time where he lit a fire and he held his son over the fire for a while and then threw him into a pile of rubbish because he was punishing his son."

While between 7 to 21 percent of respondents said they smacked or hit their children, several respondents diminished the severity of corporeal punishment, describing that they "hit them nicely" or "beat them but not a hard beating." Overall, mothers reported using more harsh physical punishment than fathers, but mothers also reported using a wider variety of other discipline techniques. Other forms of discipline mentioned included threatening the children, prohibiting them from doing things that they like or grounding them, and telling the elders.

Figure 10: Women's and men's discipline practices with daughters and sons

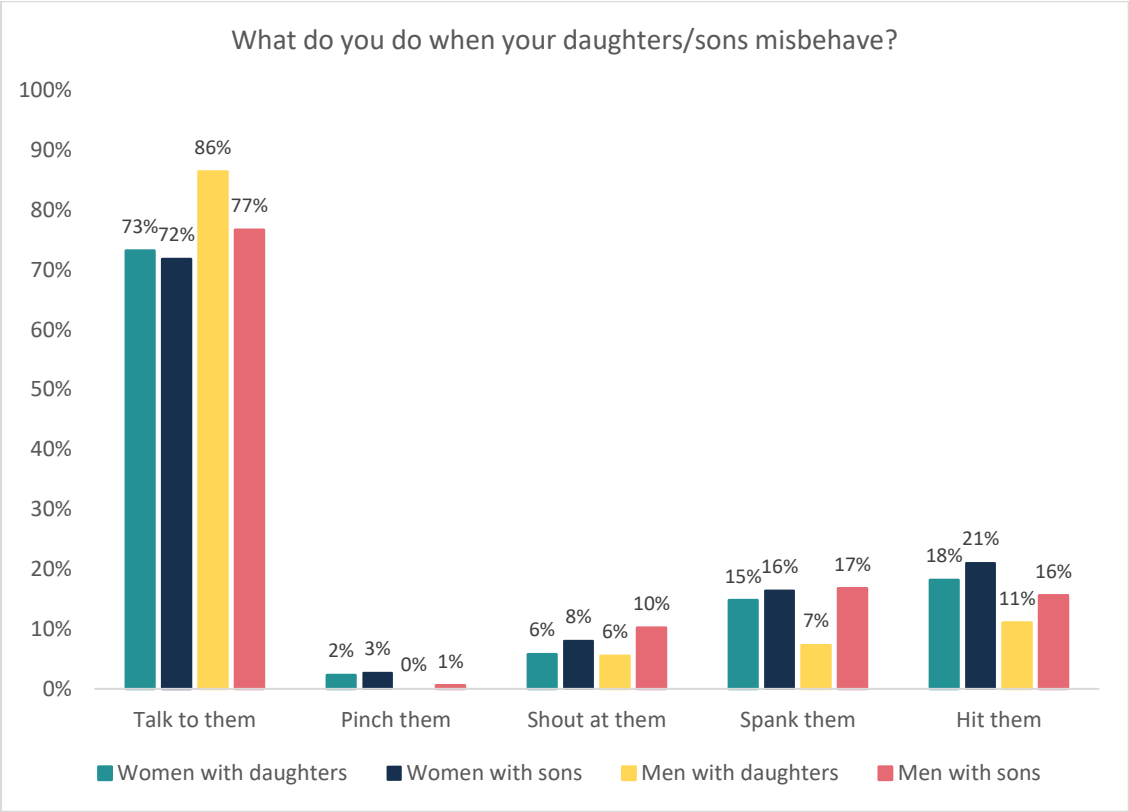
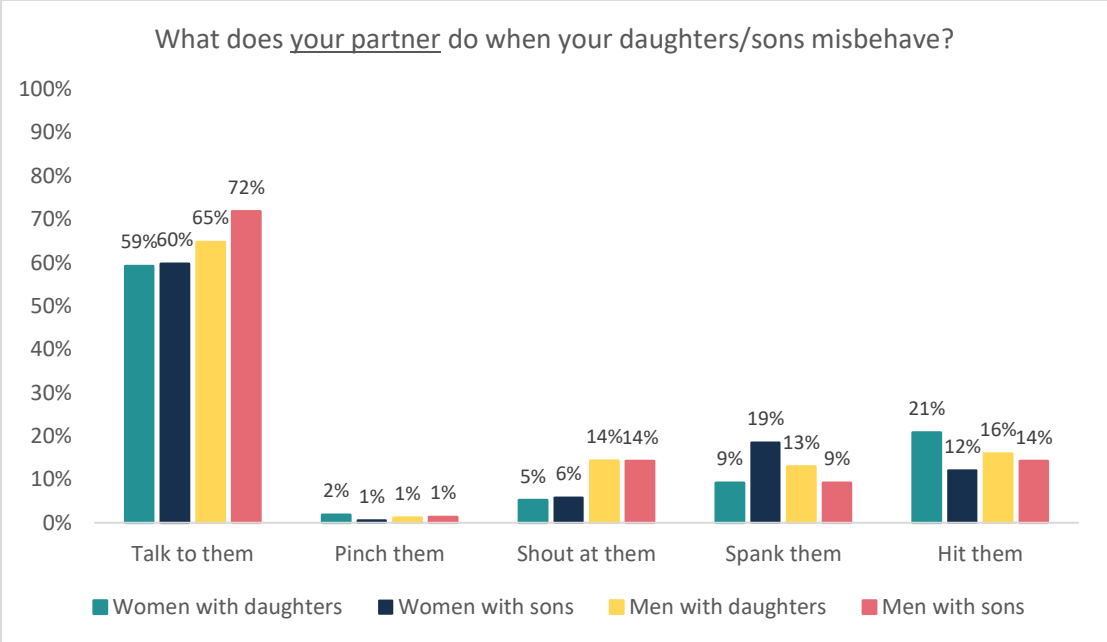


Figure 11: Respondents' reports of their husbands'/wives' discipline practices with daughters and sons



Among parents who did not use physical discipline, a common reason they provided was that the child was still too young, suggesting a social norm against hitting babies and toddlers. A

couple of women reported that when their children were misbehaving, their husbands took it out on them (their wives) or on items in the house.

7.6 Discussion

While community attitudes around certain gender issues have improved since baseline, several have worsened and an increasing proportion of women agrees with justifications for men's use of violence against women. Jealousy continues to be a common issue in intimate relationships in South Tarawa, with 71 percent of women and 52 percent of men agreeing that a husband is justified in beating his wife if she spends time talking with other men. This is also evident in the qualitative interviews, as jealousy is an ongoing thread. Given that attitudes are likely to shift before behaviours, it is apparent that significant work is still needed on shifting social norms in South Tarawa before we can expect to see a large drop in the prevalence of IPV.

The lockdowns and curfews in Tarawa in 2022, due to the COVID-19 pandemic, may have made it harder for women to leave home to seek help and fears about the virus may have made community members more reluctant to provide help. However, when support from bystanders reduced, it is very positive that the proportion of women who sought help from formal sources, such as social services, shelters and the hotline, increased since baseline and that the proportion who went to the police and health centres did not reduce, despite the significant challenges to women's movement and access to information during this time. Furthermore, it is hopeful that more and more women are becoming aware of KWCSC. As the rates of VAWG in Kiribati remain high, continuing to support and strengthen services for victims, such as KWCSC, should remain a priority for the government and donors, while continuing to invest in prevention.

The follow-up data illustrates that harsh parenting practices continue to be used in South Tarawa and accepted by around a third of the population. This is important to note, as violence against children and violence against women are closely linked. Experiencing abuse in childhood increases the probability that men will use violence against their female partners later in life. Likewise, women who are abused as children are more likely to experience IPV from their male partners in adulthood. Witnessing violence against one's mother in childhood is also often a risk factor for both men's perpetration and women's experience of IPV. Furthermore, as some female respondents explained, violence against women and violence against children often happen within the same home. Therefore, future IPV prevention initiatives should continue to also work on reducing social acceptance of child abuse.

CHAPTER 8: CONTEXTUAL FACTORS ASSOCIATED WITH IPV IN SOUTH TARAWA

KEY FINDINGS

- As discussed in Chapter 4, this evaluation found factors such as the COVID-19 global pandemic, the nationwide drought in 2022, and the ongoing impacts of the climate crisis in Kiribati significantly hindered SPV programme implementation.
- The follow up study found that the COVID-19 pandemic, the 2022 drought, poor mental health, and food insecurity were all associated with IPV experience and perpetration.
- Most women and men surveyed reported experiencing financial and emotional impacts from COVID-19 pandemic, with a larger proportion of men compared to women reporting negative impacts. Negative financial and emotional impacts from the pandemic were associated with both women's experiences, and men's perpetration, of IPV.
- An alarmingly high proportion of women and men reported significant mental health challenges. 68% of women and 70%of men experienced symptoms of depression in the two weeks prior to the survey, while 5%of women and 4% of men had ever attempted suicide in the past year.
- The follow-up study found that poor mental health was associated with IPV. Women who had experienced IPV in the past year were significantly more likely to have attempted suicide in the past year (8%), compared to women who had not experienced IPV (3%). For men, both depression and suicidality were significantly associated with their past-year perpetration of IPV.
- Women's experiences of IPV appear to be associated with the frequency of their household facing food insecurity.

8.1.1 COVID-19 impacts and IPV

In 2020, in the midst of SPV programme implementation, the COVID-19 pandemic struck with significant consequences that were felt around the globe. At follow-up, additional questions were added to the survey questionnaires and qualitative interviews to assess the impact of the pandemic on people's lives and wellbeing, and the impact on women's experiences, and men's perpetration, of IPV.

The COVID Impact Scale, adapted from the Social Psychological Measurements of COVID-19 scale,[56] was used to capture the effect of the COVID-19 pandemic on respondents' financial situation and wellbeing. Items were made up of answers to three statements: "I lost job-related income due to the pandemic;" "I had a hard time getting needed resources for the households (food, toilet paper, water, etc.);" and "I was often sad, stressed or afraid …". Likert

[56] Conway III, L. G., Woodard, S. R., & Zubrod, A. (2020). Social psychological measurements of COVID-19: Coronavirus perceived threat, government response, impacts, and experiences questionnaires.

scale responses ranged from strongly agree to strongly disagree. To make sure that we included all participants' views, those who reported 'don't know', or 'refused', were coded as zero, so possible scores ranged from 0 – 12.

The majority of both women and men reported experiencing financial and emotional impacts from the COVID-19 pandemic (see Table 18), but these impacts were reported by a larger proportion of men than women. Overall, 40 percent of women and 70 percent of men said they had lost income due to the pandemic. Likewise, 56 percent of women and 76 percent of men had a hard time getting household resources during this time. The COVID-19 pandemic also had a negative impact on respondents' mental wellbeing, with 69 percent of women and 79 percent of men reporting that the pandemic made them often sad, stressed, or depressed.

Table 18: COVID-19 Impact Scale, by women's experiences and men's perpetration of IPV at follow-up

	All women (n=502)	**Women NOT experiencing IPV in the past 12 months (n=235)**	**Women experiencing IPV in past 12 months (n=157)**	**All men (n=415)**	**Men NOT perpetrating IPV in the past 12 months (n=120)**	**Men perpetrating IPV in past 12 months (n=126)**
I lost job-related income due to the Coronavirus (COVID-19) pandemic	**40%**	43%	48%	**70%**	76%	78%
I had a hard time getting needed resources for the household (food, toilet paper, water) due to the Coronavirus (COVID-19) pandemic	**56%**	54%	68%***	**76%**	79%	87%
I was often sad, stressed, or afraid due to the Coronavirus (COVID-19) pandemic	**69%**	67%	77%**	**79%**	76%	86%*

** Somewhat significant (p<0.1); **Significant (p <0.05); *** Very significant (p<0.01)*

Negative financial and emotional impacts from the pandemic were associated with both women's experiences, and men's perpetration, of IPV. For example, women who had experienced physical and/or sexual abuse from their male partners in the past 12 months were significantly more likely to struggle to get household resources than women who had not experienced IPV in the year prior. Both women who had experienced IPV in the past year and men who had perpetrated this violence were also significantly more likely to be often sad, stressed, or afraid due to the Coronavirus pandemic.

In the qualitative interviews, a community woman shared that the stresses associated with the pandemic led to conflict in her relationship and fights with her husband:

Interviewer: During the COVID pandemic, was your relationship with your husband affected by it?

Respondent: I think there was…such as our earnings. It was really affected. The budget was strained and there were unprovoked angers around the homes. The people were short tempered. […] We were affected by COVID in regards to the cargoes, the income and just the need to get out of the house… But he was angry all the time and I didn't know what was wrong with him. There was anger around and perhaps it was all because of the lockdown. We couldn't go anywhere. To me, I think he was angry that he couldn't get out of the house to do what he wanted to do.

Interviewer: In regard to the lockdown, was there any conflicts between you and your husband during that time?

Respondent: We were always fighting because maybe he was getting bored.

8.1.4 COVID-19 impacts and depression

Further analysis of the COVID impact scale and the CES-D depression scale found a significant association between women's depressive symptoms and their job-loss due to COVID-19, although this was not the case for men (see Statistical Table 3 in Annex 6).

8.2 Climate crisis and drought

In the follow-up study, the 2022 drought was used as a proxy indicator of climate crisis, as it was the most recent extreme weather event that overlapped with the study timeframe and directly affected the study area of South Tarawa. However, given that Kiribati is a country that is constantly grappling with various impacts of climate change, we recognise that the drought was certainly not the only impact of the climate crisis that study respondents would have been facing. Furthermore, it is not possible to glean information about IPV before and after climate crisis-induced extreme weather events by comparing the baseline and follow-up study findings, as the 2019 baseline study was also conducted in the midst of flooding and king tides in South Tarawa.

8.2.3 Drought impacts and IPV

To measure the impact of the 2022 drought, we adapted the COVID-19 Impact Scale, described above. While both women and men reported experiencing negative financial and emotional impacts as a result of the drought (Table 19), these were less extensive than the reported impacts of the COVID-19 pandemic. Around 20 percent of women and about a third of men lost income because of the drought. Almost half (47 percent) of all men and 30 percent of women had a hard time getting resources they needed for the house, due to the drought. Both women (38 percent) and men (43 percent) experienced drought-related sadness, stress, or fear.

Generally, women who had experienced physical and/or sexual IPV in the past year, and men who had perpetrated this violence, were more likely to report having negative impacts from the drought, compared with respondents who had not. For example, women whose husbands had been abusive in the past year were significantly more likely to have often been sad, stressed, or afraid due to the drought than women who did not experience past-year IPV. Similarly, 41 percent of men who had perpetrated IPV in the past year had lost job-related income due to the drought, while drought-related job loss was reported by only 27 percent of men who had not perpetrated IPV in the last 12 months.

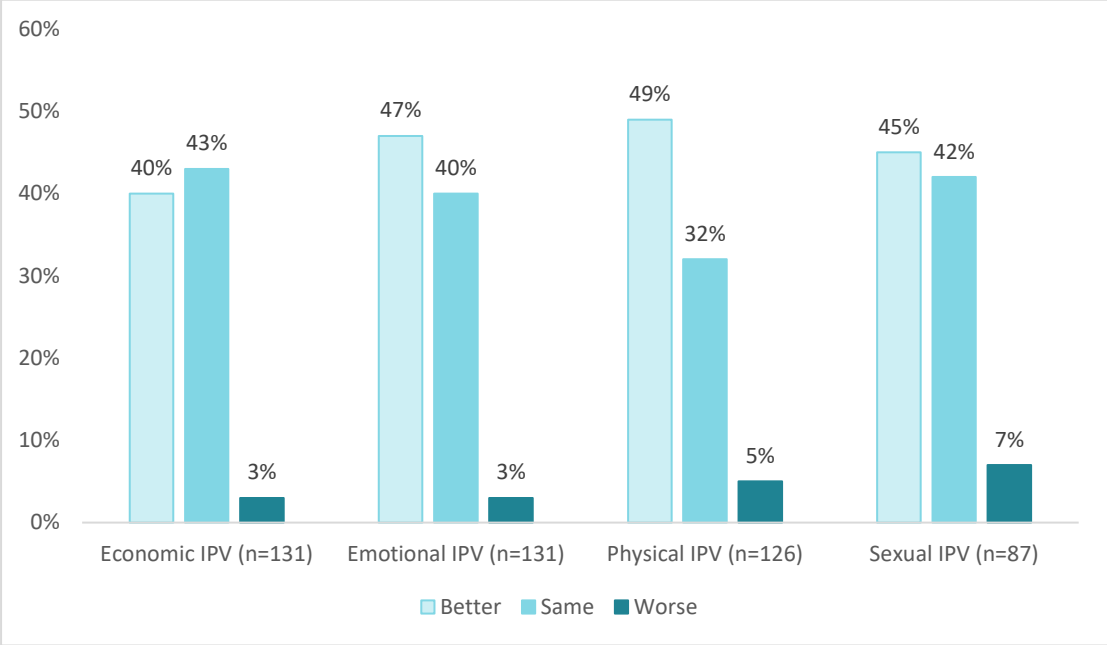
Table 19: Drought impact scale, by women's experiences and men's perpetration of IPV, at follow-up

	All women (n=502)	**Women NOT experiencing IPV in the past 12 months (n=235)**	**Women experiencing IPV in past 12 months (n=157)**	**All men (n=415)**	**Men NOT perpetrating IPV in the past 12 months (n=120)**	**Men perpetrating IPV in past 12 months (n=126)**
I lost job-related income due to the drought	**21%**	21%	28%	**32%**	27%	41%*
I had a hard time getting needed resources for the household (food, toilet paper, water) due to the drought	**30%**	29%	35%	**47%**	49%	48%
I was often sad, stressed, or afraid due to the drought	**38%**	34%	45%*	**43%**	46%	52%

** Somewhat significant (p<0.1); **Significant (p <0.05); *** Very significant (p<0.01)*

However, when women who reported experiencing past-year IPV were asked a follow-up question about whether the violence had gotten better, worse, or stayed the same since the start of the drought, most said it had improved or stayed the same (Figure 12).

Figure 12: Percentage of women reporting that the violence got better, stayed the same, or got worse since the start of the drought, amongst women who reported experiencing past-year IPV, at follow-up



8.2.4 Drought impacts and depression

Although respondents reported more negative impacts from the COVID-19 pandemic than from the drought, the drought appeared to be more strongly associated with depression than the COVID-19 pandemic, particularly for women. As Table 20 illustrates, women who showed symptoms of depression were significantly more likely than women without depressive symptoms to have lost job-related income, struggled to get household resources, or were often sad, stressed, or afraid due to the drought. For men, having symptoms of depression was only strongly associated with having lost job-related income as a result of the drought.

Table 20: Drought impact scale, by women's and men's symptoms of depression, at follow-up

	All women (n=502)	Women NOT experiencing symptoms of depression (n=167)	Women experiencing symptoms of depression (n=335)	All men (n=415)	Men NOT experiencing symptoms of depression (n=125)	Men experiencing symptoms of depression (n=290)
I lost job-related income due to the drought	**21%**	9%	26%***	**32%**	26%	35%***
I had a hard time getting needed resources for the household (food, toilet paper, water) due to the drought	**30%**	20%	34%***	**47%**	46%	48%
I was often sad, stressed, or afraid due to the drought	**38%**	25%	44%***	**43%**	47%	52%

** Somewhat significant (p<0.1); **Significant (p <0.05); *** Very significant (p<0.01)*

8.3 IPV and mental health

Both women and men surveyed in South Tarawa reported significant mental health challenges. Overall, 68 percent of women and 70 percent of men experienced symptoms of depression[57] in the two weeks prior to the survey, while 5 percent of women and 4 percent of men had ever attempted suicide in the past year (Table 21).

Table 21: Associations between women's experiences and men's perpetration of past-year physical and/or sexual IPV and their mental health.

Association between IPV and women's mental health	% All women (n=502)	% Never experienced intimate partner violence in past year (n= 235)	% Experienced intimate partner violence in past year (n= 157)
Symptoms of depression (CES-D scale ≥10)	68%	70%	67%
Suicidal attempt in past 12 months	5%	3%	8%**
Association between IPV and men's mental health	**% All Men (n=415)**	**% Did not perpetrate intimate partner violence in past year (n=120)**	**% Perpetrated intimate partner violence in past year (n=126)**
Symptoms of depression (CES-D scale ≥10)	70%	54%	71%***
Suicidal attempt in past 12 months	4%	1%	6%**

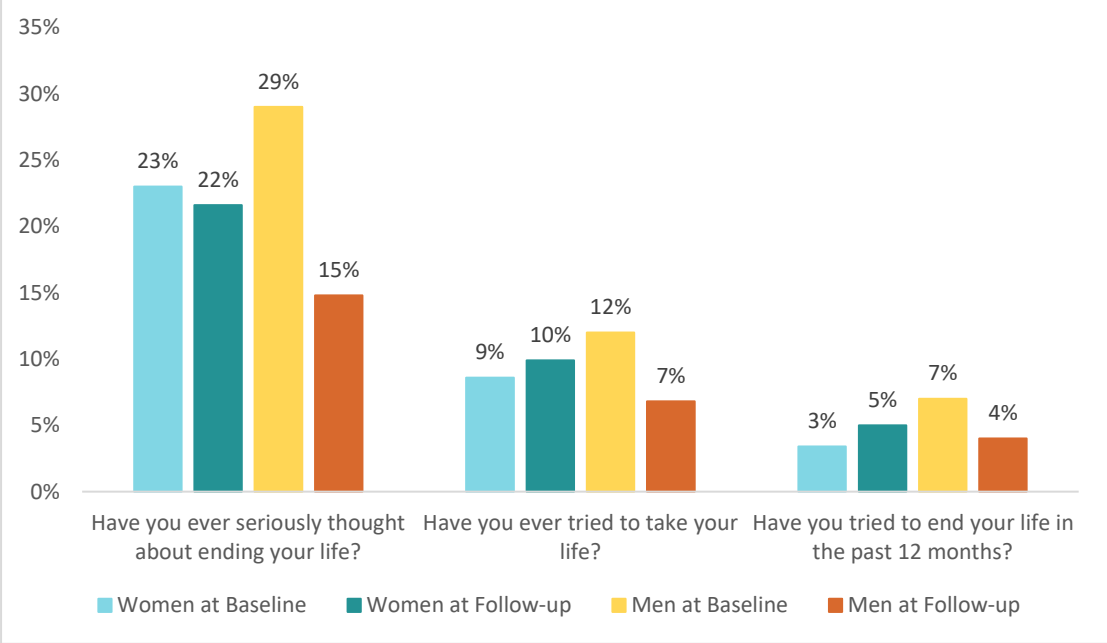
[57] Measured using the CES-D scale. Scores from zero to three were created for each statement according to how often the respondents said they had experienced that statement. CES-D scores of ten or more are considered to indicate that the respondent has shown symptoms which can indicate depression or problems coping with everyday life.

** Somewhat significant (p<0.1); **Significant (p <0.05); *** Very significant (p<0.01)*

The follow-up study found that poor mental health was associated with IPV. Women who had experienced IPV in the past year were significantly more likely to have attempted suicide in the past year (8 percent), compared to women who had not experienced IPV (3 percent). For men, both depression and suicidality were significantly associated with their past-year perpetration of IPV. Over 70 percent of men who had perpetrated IPV in the past year reported symptoms of depression, compared to 54 percent of men who had not perpetrated this violence. Similarly, past-year suicide attempts were reported by 6 percent of men who had perpetrated IPV in the last year, compared with only 1 percent of men who had not used IPV.

Compared to baseline, men's mental health had improved at follow-up, while women's had worsened (Figure 13). While the proportion of women who had ever seriously thought about ending their life had not changed much since baseline, 5 percent of women at follow-up said they had tried to end their life in the past 12 months, compared to 3 percent of women at baseline.

Figure 13: Percentage of women and men who had suicidal thoughts and attempts, at baseline and follow-up



8.4 Intimate Partner Violence (IPV) and food insecurity

The follow-up study found women's experiences of IPV to be associated with the frequency of their household facing food insecurity. For example, women who experienced physical and/or sexual IPV in the past year were significantly more likely to say that their household members went without food because of lack of money every week (14 percent), compared to women who had not experienced IPV in the last 12 months (4 percent). It follows that women who had not experienced past-year IPV were significantly more likely to have never

experienced food insecurity (48 percent) than women whose male partners had been abusive in the 12 months prior to the survey (35 percent). Men's perpetration of IPV was not significantly associated with food insecurity.

Table 22: Frequency of households going without food because of lack of money, by women's experiences, and men's perpetration, of IPV in the past year.

How often would you say that people in your home go without food because of lack of money?	**% All women (n=502)**	**% Never experienced intimate partner violence in past year (n= 235)**	**% Experienced intimate partner violence in past year (n= 157)**
Every week	8%	4%	14%***
Every month but not every week	10%	8%	14%
It happens but not every month	29%	30%	28%
Never	44%	48%	35%**
How often would you say that people in your home go without food because of lack of money?	**% All Men (n=415)**	**% Did not perpetrate intimate partner violence in past year (n=120)**	**% Perpetrated intimate partner violence in past year (n=126)**
Every week	5.8	2.6	6.9
Every month but not every week	8.9	7.0	8.9
It happens but not every month	27.7	24.1	24.7
Never	46.3	56.7	48.5

***Significant (p <0.05); *** Very significant (p<0.01)*

8.5 Discussion

As discussed earlier in this report (see Chapter 4), this evaluation found that external factors such as the COVID-19 global pandemic, the nationwide drought in 2022, and the ongoing impacts of the climate crisis in Kiribati significantly hindered SPV programme implementation. Moreover, the follow up study found that the COVID-19 pandemic, the 2022 drought, poor mental health, and food insecurity were all associated with IPV. These factors likely impact and reinforce each other and – with the exclusion of the COVID-19 pandemic – are all ongoing factors in Kiribati that may exacerbate as the climate crisis worsens and extreme weather events increase in frequency.

The climate crisis has been linked, around the world and in the Pacific specifically, to increases in violence against women.[58] As one community woman explained, the stresses related to the drought resulted in arguments and fights between her and her husband:

> **Interviewer:** Was your relationship with your husband affected [by the drought] or not?

[58] van Daalen, K. R., Kallesøe, S. S., Davey, F., Dada, S., Jung, L., Singh, L., ... & Nilsson, M. (2022). Extreme events and gender-based violence: a mixed-methods systematic review. *The Lancet Planetary Health*, *6*(6), e504-e523.

> **Respondent:** Sometimes there were. Sometimes we were fighting over water, myself and my husband. The problem is with him as he didn't like going out. He wouldn't even go and fetch water. That was one time when we argued. Him being the man and strong he wouldn't want to go and fetch water. Everything depended on me.
>
> **Interviewer**: Right. And during that argument, can you please explain it?
>
> **Respondent:** We argued. I didn't force him to do it but he made that a reason to argue or he would break something. He would get angry and start breaking things in the home.

There is also ample evidence that the climate crisis has a negative impact on mental health,[59] and this is particularly true of small Pacific Island nations like Kiribati, for whom the climate crisis, and the extreme weather events that it creates, is a constant and direct threat.[60]

As migration – which brings its own mental health challenges – is likely the only long-term solution for many in Kiribati, this is also an issue that governments of countries receiving climate crisis refugees, including New Zealand and Australia, need to take note of, so as to ensure that mental health systems can adequately support recent migrants from the Pacific.[61]

Very little data exists on mental health in Kiribati and, as such, the mental health data from this evaluation is potentially of great value to the health sector and those working in mental health in the Pacific. The CES-D scale was used previously in the 2019 SPV evaluation baseline study in South Tarawa, but has also been used elsewhere in the Pacific, including in Bougainville, and has been validated in Fiji,[62] however further research is recommended to understand how well this scale works in the South Tarawa context and in the Kiribati language. Nonetheless, the rates of depression and suicidality found in this study were alarmingly high, compared to other countries where comparable data is available. For example, in Bougainville, 38 percent of women and 32 percent of men had symptoms of depression, compared to 68 percent of women and 70 percent of men in the study sites in South Tarawa.

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[59] Berry, H.L, Bowen, K., and Kjellstrom, T. (2010). "Climate change and mental health: a causal pathways framework." *International Journal of Public Health* 55:123-132; OBrien, L. V., Berry, H. L., Coleman, C., & Hanigan, I. C. (2014). Drought as a mental health exposure. *Environmental Research*, *131*: 181-187.

[60] Tiatia-Seath, J., Underhill-Sem, Y., Woodward, A. (2018). The Nexus Between Climate Change, Mental Health and Wellbeing and Pacific Peoples." *The Journal of Pacific Research* 21(2):47-49; Leal Filho, W., Krishnapillai, M., Minhas, A., Ali, S., Nagle Alverio, G., Hendy Ahmed, M.S., Naidu, R., Prasad, R.R., Bhullar, N., Sharifi, A., Nagy, G.J. and Kovaleva, M. (2023), "Climate change, extreme events and mental health in the Pacific region", *International Journal of Climate Change Strategies and Management*, 15(1): pp. 20-40; McIver, L., Woodward, A., Davies, S., Tibwe, T., & Iddings, S. (2014). Assessment of the health impacts of climate change in Kiribati. *International journal of environmental research and public health*, *11*(5), 5224-5240; Oten B, Reiffer A, Funk M, Shields L, Ruteru K, Hughes F, Sugiura K, Drew N, Skeen S.(2013) *WHO profile on mental health in development (WHO proMIND)*. Geneva: World Health Organization; Gibson, K. E., Barnett, J., Haslam, N., & Kaplan, I. (2020). The mental health impacts of climate change: Findings from a Pacific Island atoll nation. *Journal of anxiety disorders*, *73*, 102237.

[61] Cleverley, L. (2023). Understanding I-Kiribati wellbeing and its implications for health and social services. *Aotearoa New Zealand Social Work*, *35*(2), 22-33; Tiatia-Seath, *et.al.* (2018); Stotzer, R., Sabagala, P., Kreif, T., Howard, J., & Hasugulayag, J. (2022). Anxiety and depressive symptoms among people from the Micronesian region in Hawai'i. *Journal of Ethnic & Cultural Diversity in Social Work*, 1-10.

[62] Opoliner, A., Blacker, D., Fitzmaurice, G., & Becker, A. (2014). Challenges in assessing depressive symptoms in Fiji: A psychometric evaluation of the CES-D. *International Journal of Social Psychiatry*, *60*(4), 367-376.

Likewise, in Timor-Leste, 3 percent of women and 1 percent of men had ever attempted suicide in their whole lives while,[63] in this follow up study, 5 percent of women and 4 percent of men reported attempting suicide in the past year alone.

In many countries around the world, women's experiences of IPV[64] and men's perpetration of this violence[65] have been linked to poor mental health. Given the high levels of mental ill health found in this follow up study and the strong associations between depressive symptoms and suicidality with IPV, this is an area that warrants further attention both in terms of services for women experiencing violence and for future violence prevention initiatives.

[63] The Asia Foundation (2016).

[64] Watts, C. H., Heise, L., Ellsberg, M., Williams, L. and Garcia-Moreno, C. 1998. WHO multi-country Study of Women's Health and Domestic Violence, Core Protocol. World Health Organization: Geneva; Plichta, S. 1992. "The Effects of Woman Abuse on Health Care Utilization and Health Status: A Literature Review." Women's Health Issues 2 (3): 154—163; The Asia Foundation (2016).

[65] Fulu, E., Warner, X., Miedema, S., Jewkes, R., Roselli, T., & Lang, J. (2013). Why do some men use violence against women and how can we prevent it? Quantitative findings from the United Nations multi-country study on men and violence in Asia and the Pacific; The Asia Foundation (2016).

RECOMMENDATIONS

Based on the key findings from the follow-up study and considering recommendations that emerged from the baseline and midline studies, the evaluators and programme implementers have identified 12 key recommendations. The recommendations below include: recommendations at the programmatic-level related to the implementation and adaptation of SASA! Together in Kiribati, and; higher level, broader recommendations related to the implementation of community mobilisation interventions for primary prevention in the Pacific region.

Similar to findings from the midline study, findings from this follow-up study strongly indicate that, for adaptations of community mobilisation programmes to be effectively implemented in remote, small island, big ocean states, a number of enabling factors are essential.

Programme Implementation

8. **Establish and foster greater collaboration between the IPV prevention intervention and other community stakeholders and service providers.** Key informants from police, local government, and support service providers all said they would like to work closer with the SPV programme. Key stakeholders said that they were engaged only very briefly (usually as part of the training), but they saw significant value in closer collaboration and shared understanding with SPV programme implementers. As the rates of VAWG in Kiribati remain high, continuing to support and strengthen services for victims, such as KWCSC, should remain a priority for the government and donors, while continuing to invest in prevention.
9. **Establish and foster greater collaboration and information sharing between the community mobilisation prevention programme and other prevention initiatives being implemented in South Tarawa**. Other initiatives aimed at addressing and/or responding to VAWG in South Tarawa include the Men's Behaviour Change programme and the Social Citizenship Education (SCE) programme, which has been rolled out nationally across Kiribati schools. Improved collaboration between these initiatives and future community mobilisation prevention initiatives will enable implementers to leverage potential synergies and resources between programmes, jointly mitigate risks (such as backlash and resistance), avoid duplication, and readily identify gaps. Better information sharing between programmes may also enable us to better understand specific community-level changes as well as the pathways and attributions of these changes.
10. **Ensure IPV prevention programme staff provide greater clarity and support to community activists.** Midline data indicated there was some miscommunication and/or misunderstanding between the SPV programme team and VAs and VLs when it came to community engagement activities, with VAs and VLs sometimes carrying out activities that were additional to what was required and not expected of them.
11. **Ensure better documentation of programmatic decisions and encourage more robust handover processes**. As there was significant staff turnover in MWYSSA and in

the SPV programme team, and to a lesser extent within UN Women and Raising Voices, throughout the programme implementation period, better documentation of decisions made and more robust handover processes may have helped ensure better shared understanding between all parties and incoming personnel. The documentation process could support smoother implementation by: improving and clearly documenting shared understanding between all partners; clarifying roles and responsibilities around technical assistance, programme management and implementation; and fostering dynamic communication and dialogue.

12. **Provide ongoing and consistent capacity strengthening and technical support for programme implementers.** SPV programme staff need to provide substantial and ongoing support to VAs and VLs to ensure quality programme implementation. However, some SPV staff reported that they sometimes were still in the process of understanding programme approaches and concepts when they were expected to train and build capacity of the activists. SPV programme staff felt that additional training, practice sessions, and more technical support from Raising Voices and UN Women would be greatly beneficial, and improve their capacity and confidence to implement the *SASA! Together* adaptation.
13. **In alignment with *SASA!* methodologies, provide and prioritise training on well-being, self-care and vicarious trauma to programme implementers.** Although it is positive that implementers had developed their own coping strategies to deal with vicarious trauma and re-trauma, more structured support from the programme would help minimise risk.
14. **Ensure greater public acknowledgement and celebration of the work of the programme implementers.** This will have a positive impact on programme implementers' wellbeing and motivation. It may also assist in recruitment of new activists.

Broader recommendations on trialing social norm change interventions for prevention in the Pacific and beyond

13. **Ensure the presence/establishment of key enabling factors for community mobilisation programmes for prevention**. The data from the midline and follow-up studies strongly indicate that, for adaptations of community mobilisation programmes to be effectively implemented in remote, small island, big ocean states, a number of enabling factors are essential. These essential enabling factors include:
    - strong and ongoing technical in-person and remote support;
    - sufficient time and resources for capacity strengthening of the implementation team throughout implementation;
    - ways of working that support flexibility and course correction of the programme based on context changes, as seen with the COVID-19 pandemic;
    - ways of working that centre and leverage existing strengths and opportunities in the community;
    - ways of working that prioritise co-creation and strong partnership between implementing organisations.

14. **Prevention interventions should be conceived and implemented as an integrated component of a national, holistic, coordinated, and longer-term approach to prevent and respond to violence against women and girls.** Rather than operating separately and in silos, community mobilisation prevention interventions and prevention efforts more broadly must be integrated into a wider, highly-connected, coordinated, whole-of-government and whole-of-community approach to prevention. For Pacific Island nations in particular, a national coordinated and strategic approach to preventing and responding to VAWG should also account for the impacts of the climate crisis and other emergencies.
15. **Future IPV prevention initiatives should continue to also work on reducing social acceptance of child abuse.**
16. **Fund and conduct research to better understand the nexus between climate induced stress and VAWG in small island, big ocean states.** This is necessary, particularly in light of the growing recognition of the need to integrate preparedness and response for humanitarian crises and climate induced emergencies into strategies and approaches to address and prevent VAWG. In building the evidence around what works to prevent VAWG in the Pacific region, it is important to remember that, for communities that are highly exposed to severe impacts of the climate crisis, any assessment of the implementation (and effectiveness) of community mobilisation programmes must be considered in the light of the effects of climate crisis-related stresses.
17. **Strengthen reflection, practice-based knowledge generation and research on how the COVID-19 pandemic exacerbated and affected gender inequality and VAWG in Kiribati, in order to inform ongoing prevention priorities.** Further research is also needed on the impacts of the pandemic on gender norms in Kiribati and the Pacific more broadly, in particular in relation to the pandemic's effects on livelihoods, income, and employment.

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ANNEX 1: SAMPLE DESIGN

Impact evaluation of the Strengthening Peaceful Villages (SPV) programme in Kiribati

Endline* Survey

Quantitative Sample Design

April 24, 2023

*Now referred to as the follow-up study

Sample Size Power Calculations

Our proposed sample size has been chosen to ensure that there is (a) consistency between the prior (baseline) and current (baseline) surveys, (b) an adequate sample to identify changes over time in the prevalence of intimate partner violence in the community, and (c) reliable inference about the population from the observed sample.

Our sample size calculations for the follow-up Survey were based on the final sample being able to detect a population prevalence of physical and/or sexual intimate partner violence among women ages 15-49 in Kiribati of 36%. This figure was the same population prevalence used in the baseline Survey. The power calculations also accounted for a 20% non-response rate.

Given a baseline prevalence of 36% of intimate partner violence (IPV) and assuming an effect size of 20%, in order to detect a conservative 20% reduction between baseline and follow-up surveys at the 0.05 level of significance, with 0.8 power, the power calculations estimate a sample of approximately 800 women and 800 men at each time point. However, for a 25% reduction, the estimated sample size reduces to 500 women and men [see Table 22]. Based on the IPV prevalence rate of 38% estimated from the baseline survey, the same calculation has been made, which shows a slightly lower number of HHs to be drawn in the follow-up survey.

This reduced sample might be more appropriate given that while the 2019 baseline survey sample was implemented in village sites from all over South Tarawa, the follow-up survey will run in fewer (five) selected sites names Bikenibeu, Teaoraereke, Temakin, Temanoku and Takoranga located mainly in three large villages Bikenibeu, Teaoraereku and Betio East.

Table 22. Power calculations to estimate change in physical and/or sexual IPV perpetration and victimization among men and women in South Tarawa, Kiribati due to the Strengthening Peaceful Villages intervention

Baseline Prevalence (victimization or perpetration)	Follow-up Prevalence (victimization or perpetration)	Percent Reduction	Power	Sample Size	Non-response	N at each timepoint
0.36	0.288	0.20	0.801	663	0.2	795.6
0.36	0.270	0.25	0.801	417	0.2	500.4
0.38	0.304	0.20	0.801	613	0.2	735.6
0.38	0.285	0.25	0.801	387	0.2	464.4

Sampling Frame

We used the sampling frame supplied by the NSO on 14 April 2023. The list of households (HHs) is based on the 2020 Housing and Population Census. The HHs are provided for the three village locations: '705 – Bikenibeu', 713 – Teaoraereku' and '716 – Betio_East'.

The total number of listed HHs is 4999, with 2815 in Betio_East, 1154 in Bikenibeu, and 1029 in Teaoraereku, respectively. However, there are many households which are empty, unoccupied, or vacant. At the census, 352 of HHs were found to be vacant, while 4646 the remaining were determined to be occupied. Next, we identify eligible occupied HHs, since some of these were schools, hospitals, or hotels, for example. This process identifies 43 dwellings, which need to be removed from the eligible sample of HHs. Our final remaining eligible number of HHs was 4603.

Since different male and female surveys will be implemented, we next explored the distribution of the sex of HH head. We find that there are 37.3% of female headed HHs and 62.7% of male headed HHs. We however find that 16 HHs do not have any information about the sex of head of HH recorded, and therefore remove these (since this is important information), which leaves a final number of 4587 HHs. The majority (94%) are I-Kiribati, and the remaining 6% are from other ethnic groups (see Table 2). The distribution of HH size confirms that 4587 HHs all have the full information about household and family characteristics. The mean of HH size is about 7, and there were more females than males in each household – the average household has 4 female and 3 male members.

Since the enumeration areas (EAs) are coming from the three main villages, we consider them as the strata (in the sampling design) so that the survey can be representative at these three villages. We have a total of 56 EAs in the three village locations. Initially, we look at the distribution of the number HHs, total number of population by sex, proportion of female-headed HHs, and family structure by villages, to ensure that we are maintaining representativeness for the sample at these village characteristics.

For selection of EAs, we look at the distribution of various demographic and housing information by village. To confirm that the selected EAs for men and women surveys are representative at the village level, the same information is compared for the two surveys after selecting the EAs. Table 2 shows that "Betio East" is larger in terms of number of EAs (33), HHs (2619), and total population (18157), while "Teaoraereku" is the smallest (with 7 EAs, 900 HHs and 5723 people). In terms of the number of female-headed HHs, the proportion is slightly higher (about 39%) in "Betio East" and "Bikenibeu" compared to the smallest village in "Teaoraereku" (33%). Most of the HHs in "Teaoraereku" village are recorded as "Private" (96%), while one-quarter HHs in other two villages are recorded as "Government". As per the family structure, there are some differences among the villages: near about two-fifths of HHs are a married couple with male-headed in "Teaoraereku", while the percentage is higher at around 50% in the other two villages. These indicate some differences among the villages, particularly when considering the smallest village "Teaoraereku". Thus, it is necessary to understand whether the selected EAs can represent the target population of all the three villages.

Table 23: Distribution of the eligible households (HHs) according to various family and household characteristics by three villages, Census 2020

Village	Bikenibeu (705)	Teaoraereku (713)	Betio_East (716)	Total
EA	16	7	33	56
# of HHs	1068	900	2619	4587
Total # of Male	3486	2721	8736	14943
Total # Female	3837	3002	9421	16260
Total Population	7323	5723	18157	31203
% of Female headed HH	38.89	32.67	38.53	37.35
# of Female headed HH	410	294	1009	1713
% of Government HH	27.62	1.6	22.4	19.51
# of Government HH	295	14	586	895
% of Private HH	71.63	96.00	76.52	79.20
# of Private HH	765	864	2004	3633
% of Kiribati HH	92.42	95.33	93.81	93.79
# of Kiribati HH	987	858	2457	4302
% of Married Couple with Male Headed HH	49.35	57.78	52.35	52.71
# of Married Couple with Male Headed HH	527	520	1371	2418
% of Married Couple with Female Headed HH	15.73	9.44	17.11	15.28
# of Married Couple with Female Headed HH	168	85	448	701

Before selecting the EAs from the villages, we examine the EA-specific contextual variables to understand the differences between EAs. The above contextual variables are again calculated at the EA level. The summary statistics are shown in Table 3. We see that the number of HHs varies between 24 to 160 with a mean of 82 HHs, while the number of people (i.e, population size) varies from 164 to 1044 with a mean of about 560. The mean number of the female population (290.4) is found to be higher than that of the male population (266.8). The proportion of female headed HHs varies from 9.4% to 62.5% with an inter quartile range (IQR) of about 12%, which signifies substantial variation. In terms of HH

type, the proportions of private and government HHs vary significantly between 0.0-100.0%, while i-Kiribati HHs also vary between 66% and 100%. These variations in the different demographic and housing contextual variables indicate that the EAs should not be selected independently (i.e., using simple random sampling). Since the contextual variables by EA and village considerably vary, the sampling has to consider both village and EA characteristics.

Further, we need to have a balanced sample, and maintain that we have the same number of survey participants for the men and women survey. To obtain a balanced sample, a systematic sampling design has been applied by sorting the EAs according to the number of HHs (thereby sorting EAs from smallest to largest number of HHs). This sorting procedure is also conducted by stratum (i.e., village) so that the EAs can be selected a systematic sampling procedure. This has the effect of having the EAs being sorted by stratum first and then by the number of HHs (smallest to largest).

Table 24: Summary statistics of several EA-specific contextual variables

Variable	Min.	1st Qu.	Median	Mean	3rd Qu.	Max.
# of HH	24	60.5	81.5	81.9	96	160
# of Population	164	390.5	578.5	557.2	665.3	1044
# of Male	65	189.8	274.5	266.8	328.5	497
# of Female	99	207.8	297.5	290.4	335.3	547
% of Female_HH	9.4	30.8	36.3	37.4	42.3	62.5
% of Government_HH	0.0	0.9	11.3	22.2	36.1	98.7
% of Private_HH	1.4	59.9	85.4	76.5	98.1	100
% of Kiribati_HH	65.9	89.1	95.5	93.2	97.7	100
% of Married couple male-headed HHs	27.7	46.8	53.4	52.2	58.8	75.5
% of Married couple female-headed HHs	0	10.4	14.7	15.6	21.7	36.2

Since two surveys will be conducted from these 56 EAs, and we aim to first, have no duplication in the selected EAs, and second, need to be representative for each of the three villages, our approach is to order the EAs, and then categorise into two groups by the splitting them using the odd-even rule; i.e., the odd EAs will be selected for one survey and the even EAs for other survey. In this way, the selected EAs for each survey will be balanced (since the EAs are ordered by size). We select odd EAs for the men survey, while even EAs are considered for the women survey.

In the next step, HHs will be drawn from each of selected EAs randomly. Since the number of HHs is relatively small compared to the targeted sample size for each of the survey, selection of 25% HHs from each of the EAs may not produce an adequately large sample. So we propose selecting 30% of HHs to ensure that the targeted sample is achieved, considering an overall 20% non-response rate. To accomplish this target, a systematic sampling procedure is used to draw the HHs. Since 30% HHs are drawn from each of the selected EAs, an interval of 3 HHs is proposed in between the selection of two consecutive HHs. For selecting the HHs, EA-specific total number of HHs and sample size (as per 25%, 30% and 35%) are tabulated in Table 4 for the men survey and in Table 5 for the women survey.

After selecting the EAs for two surveys, the distribution of EA specific contextual variables are examined to explore whether the two surveys are substantively comparable. These comparison are conducted by village and overall level. Figures 1 to 4 confirm that the characteristics of sampled EAs of men and women surveys are representative to the overall population of three villages of South Tarawa.

Households from a selected EA are basically drawn randomly. To make the sampling balanced as per the HHs location as well as making the survey implementation convenient, households are ordered according to their building location first. Subsequently, a systematic sampling procedure has been used to draw 30% of HHs from each of selected EAs.

A schematic diagram of the steps for the sampling framework is shown in Figure 5.

Table 25: Selected enumeration areas (EAs) for Men Survey and the required number of HHs to be drawn for each selected EA

Village (Code - Name)	EA	HH (Ordered)	Total Male	Total Female	Total Population	Sampled HH		
						25%	30%	35%
705 - Bikenibeu	705018	24	65	99	164	6	7	8
	705024	40	145	162	307	10	12	14
	705026	47	190	195	385	12	14	16
	705021	56	171	203	374	14	17	20
	705028	74	272	282	554	18	22	26
	705030	76	230	282	512	19	23	27
	705031	80	239	255	494	20	24	28
	705019	92	270	283	553	23	28	32
713 - Teaoraereku	713055	101	283	310	593	25	30	35
	713057	118	320	390	710	30	35	41
	713059	136	435	475	910	34	41	48
	713058	160	497	547	1044	40	48	56
716 - Betio_East	716069	43	153	147	300	11	13	15
	716070	54	189	189	378	14	16	19
	716080	58	184	207	391	14	17	20
	716084	61	205	249	454	15	18	21
	716090	62	181	208	389	16	19	22
	716086	66	241	286	527	16	20	23
	716087	76	241	268	509	19	23	27
	716094	82	282	308	590	20	25	29

	716072	85	288	313	601	21	26	30
	716091	86	283	339	622	22	26	30
	716082	87	300	307	607	22	26	30
	716098	89	314	319	633	22	27	31
	716101	93	304	332	636	23	28	33
	716095	99	347	321	668	25	30	35
	716077	106	378	410	788	26	32	37
	716088	114	377	415	792	28	34	40
Total		**2265**	7384	8101	15485	**565**	**681**	**793**

Table 26: Selected enumeration areas (EAs) for Women Survey and the required number of HHs to be drawn for each selected EA

Village (Code - Name)	EA	HH (Ordered)	Total Male	Total Female	Total Population	Sampled HH		
						25%	30%	35%
705 - Bikenibeu	705027	37	103	126	229	9	11	13
	705020	44	131	149	280	11	13	15
	705032	53	175	189	364	13	16	19
	705023	65	209	212	421	16	20	23
	705025	76	266	314	580	19	23	27
	705029	80	256	277	533	20	24	28
	705017	88	285	314	599	22	26	31
	705022	136	479	495	974	34	41	48
713 - Teaoraereku	713060	107	347	375	722	27	32	37
	713056	124	367	407	774	31	37	43
	713054	154	472	498	970	38	46	54
716 - Betio_East	716078	42	133	156	289	10	13	15
	716074	43	159	166	325	11	13	15
	716083	54	157	187	344	14	16	19
	716075	59	178	181	359	15	18	21
	716093	61	195	218	413	15	18	21
	716089	64	240	261	501	16	19	22
	716096	74	201	242	443	18	22	26
	716076	81	282	297	579	20	24	28
	716100	83	280	298	578	21	25	29
	716073	86	330	327	657	22	26	30
	716081	87	293	308	601	22	26	30
	716071	88	277	302	579	22	26	31
	716085	92	330	336	666	23	28	32
	716092	95	330	335	665	24	28	33
	716099	103	328	345	673	26	31	36
	716079	109	380	436	816	27	33	38
	716097	137	376	408	784	34	41	48
Total		**2322**	7559	8159	15718	**580**	**696**	**812**

Figure 14: Distribution of the number of households (HH), population, male and female in Mean Survey, Women Survey and overall. This indicates both surveys are representative to whole population.

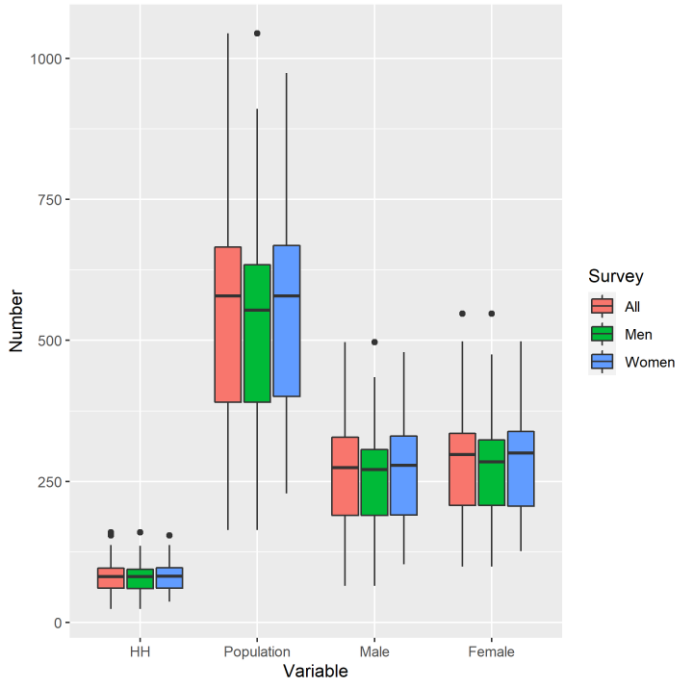
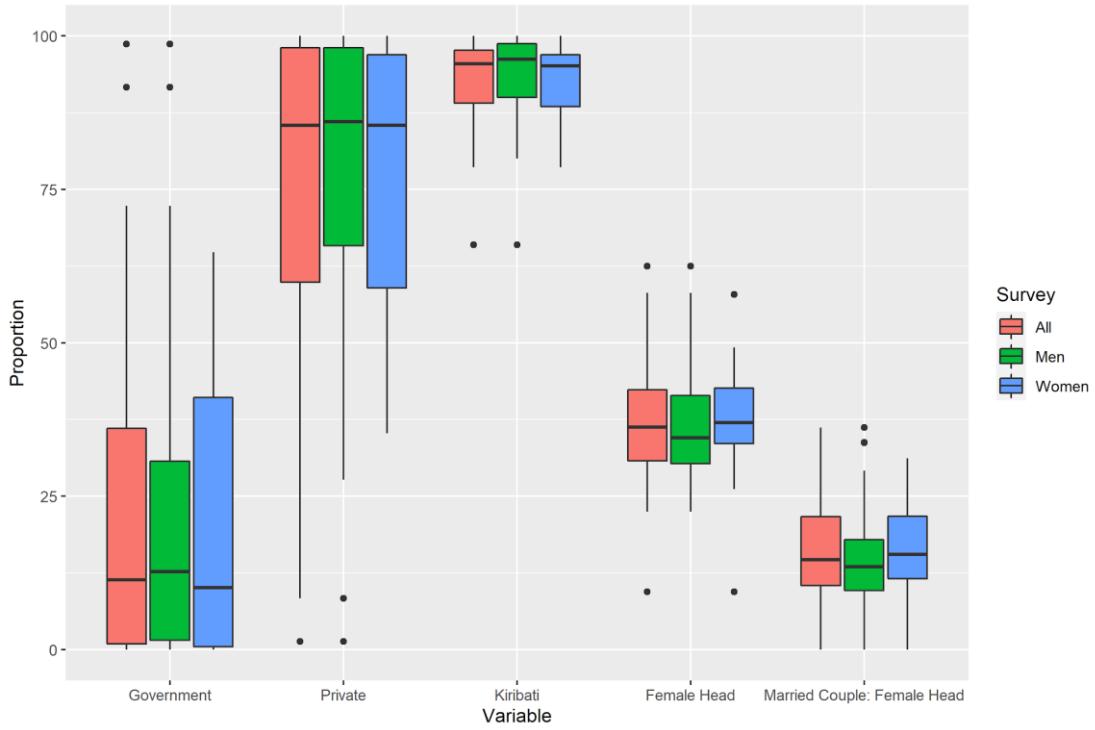
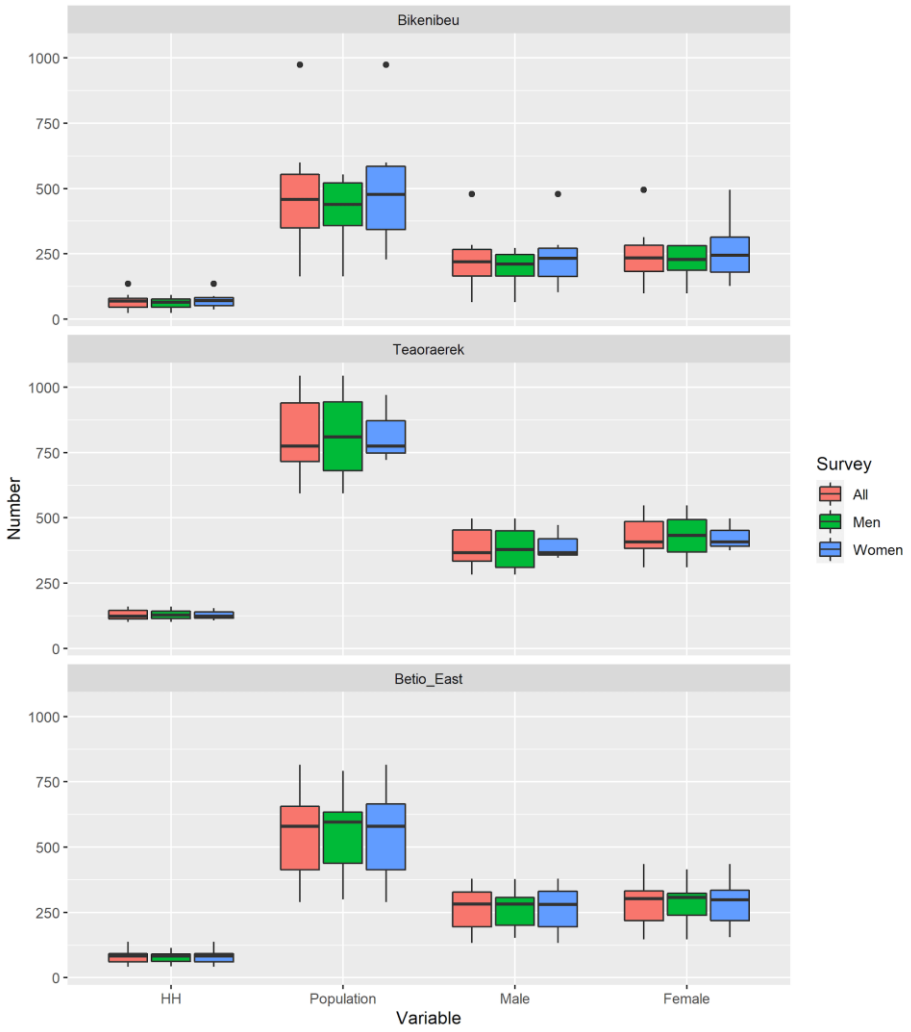


Figure 15: Distribution of the proportions of government houses (Government), private houses (Private), i-Kiribati households (Kiribati), female-headed households (Female Head), and married couple female-headed households (Married Couple: Female Head).



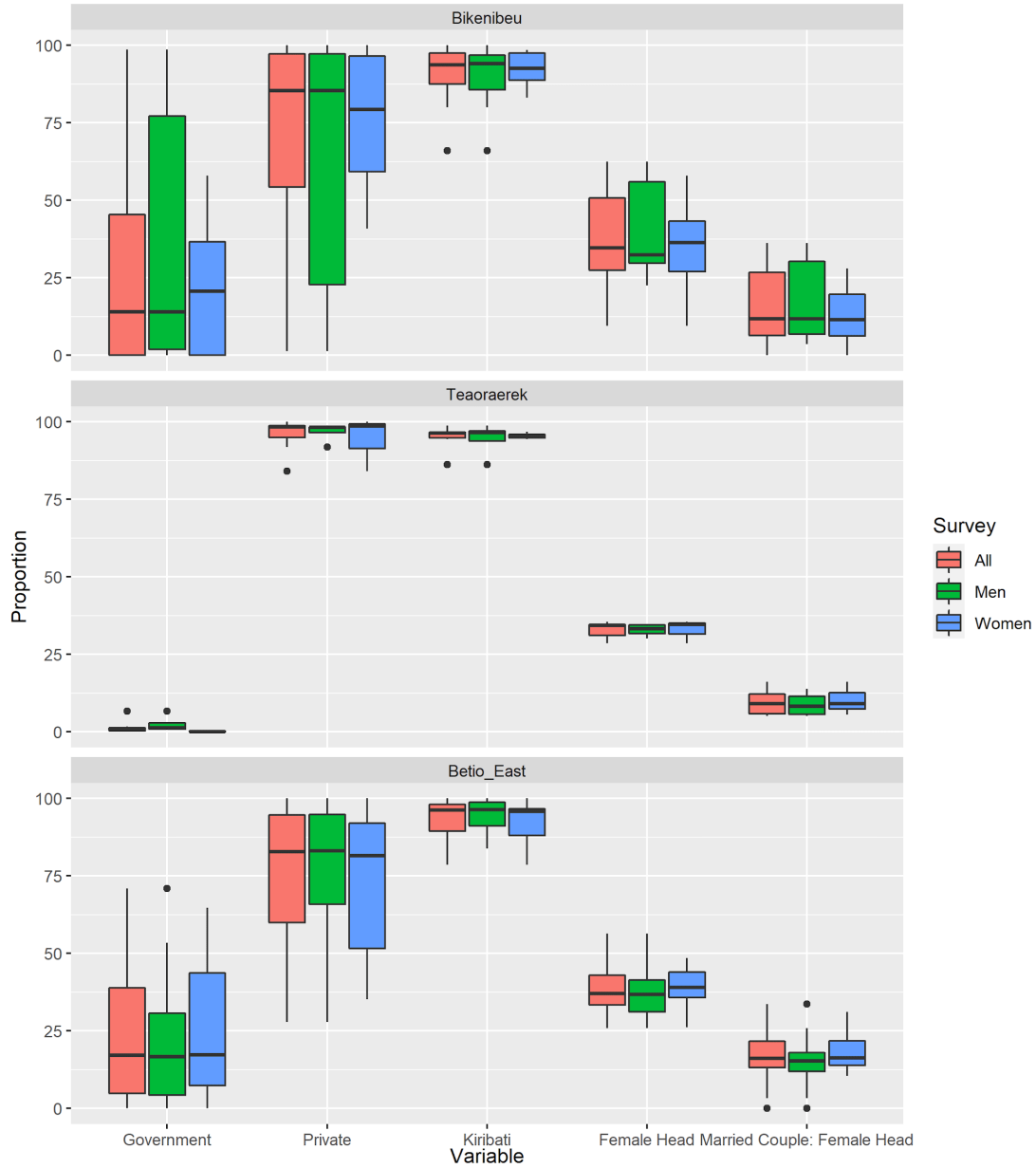
All the box-plots indicate both surveys are representative to whole population for the considered EA-specific contextual variables.

Figure 16: Distribution of the number of households (HH), population, male and female in Mean Survey, Women Survey and overall by the villages.



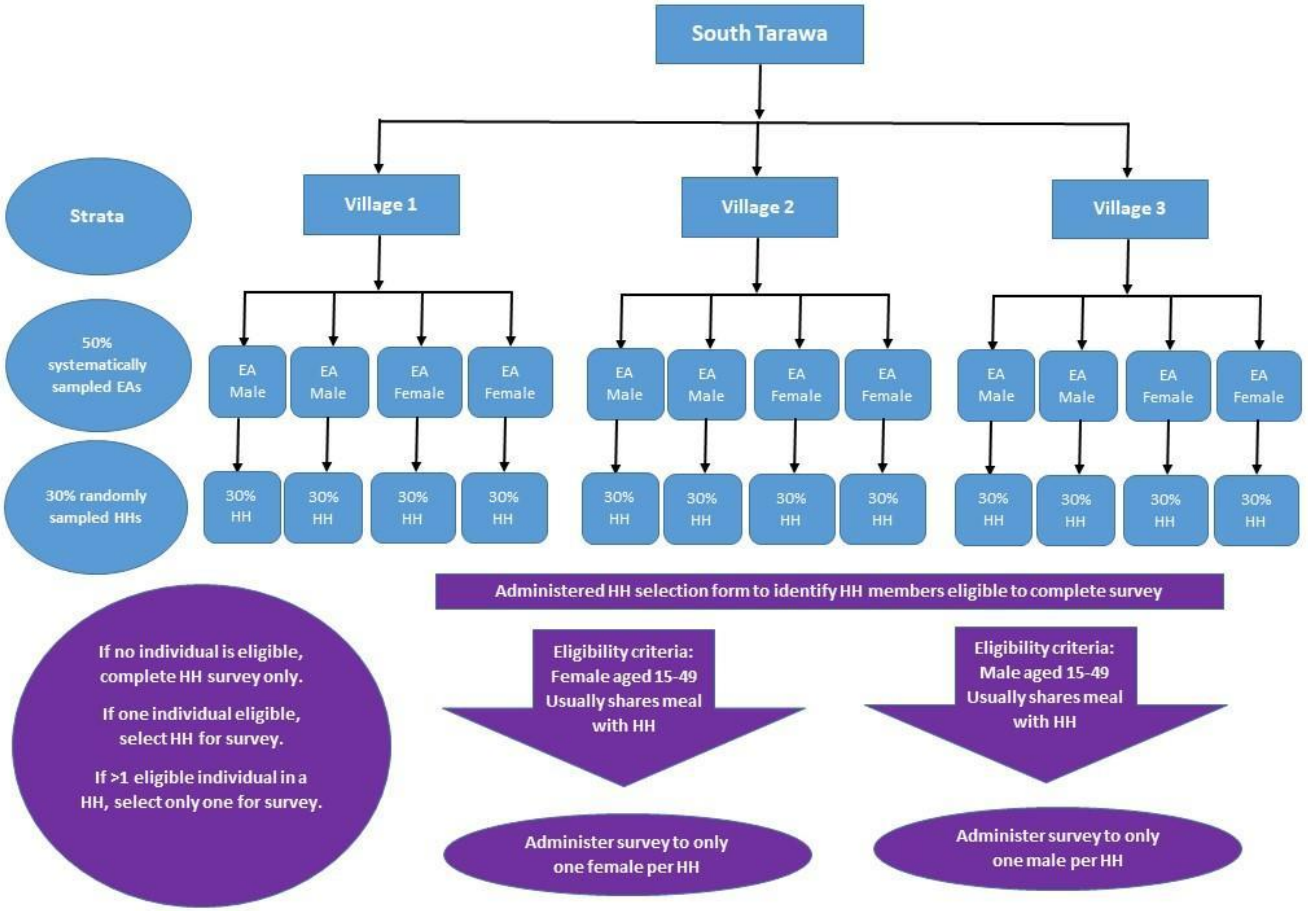
This indicates both surveys are representative to whole population.

Figure 17: Distribution of the proportions of government houses (Government), private houses (Private), i-Kiribati households (Kiribati), female-headed households (Female Head), and married couple female-headed households (Married Couple: Female Head) by the village.



All the box-plots indicate both surveys are representative to whole population for the considered EA-specific contextual variables.

Figure 18: Sample Framework for follow-up surveys with women and men in South Tarawa, Kiribati



ANNEX 2: Sampling weights

The surveys for both men and women employed a two-stage sampling design to gather the data – based on an effective sample size of 800[66] surveys. For this reason, we applied statistical weights to account for varying probabilities of selection and adjusted for instances of non-response. These adjustments aim to reduce any potential bias between the sample and the population under study, ensuring more accurate inferences.

We followed a similar two stage sampling design as for the baseline study. The first stage involved the selection of households within the designated enumeration areas (EAs). This involved initially choosing the EAs from the five village locations, and then sampling male and female households, respectively for the men and women surveys.

To account for the varying probabilities of selection, we computed the probability of selecting an EA, referred to as p1. Subsequently, p2 is the probability of selecting a household, given an EA is chosen. Finally, the probability of selecting an eligible individual within the household, denoted as p3. The probability of an individual being chosen in a given household is determined by the product of these three probabilities, resulting in p1 * p2 * p3.

To establish the base weight for each selected individual, we took the reciprocal of this product. This base weight was used to appropriately adjust for the unequal probabilities of selection and ensure representative sampling.

Next, we calculated the response rate for both women's and men's surveys. This response rate was used to compute the non-response adjustment (calculated as the reciprocal of the response rate for each survey), p4. Taking the reciprocal gives the non-response weight (i.e., The final weight which accounts for unequal sampling selection and differential non-response is found by multiplying the base weight by the non-response weight for each individual respondent, resulting in 1/(p1 * p2 * p3 * p4).

After collecting the data for both women and men, rigorous data cleaning procedures were applied to ensure the accuracy and reliability of the datasets. Additionally, survey weights were calculated to address any variations in the likelihood of respondents being included in the study, leading to a fair representation of the target population.

Consequently, separate analyses were performed on the datasets of women and men. To provide a comprehensive overview, descriptive statistics were generated for the key variables of interest. Both weighted and unweighted figures were calculated, though only the weighted estimates are reported, since the examination of weighted and unweighted results did not identify any substantial differences.

To examine the relationship between the primary outcome and the identified key variables, bivariate associations were estimated. This analysis took into account the survey weights and cluster sampling methodology to produce valid and meaningful results.

[66] After running a series of sample size calculations using a range of values for the baseline prevalence of IPV, effect size, type I error rate, power, and attrition, we estimated an effective sample size of 800 surveys for both the men's and women's surveys.

ANNEX 3: Administration Form (Women)

<table>
<tr><td colspan="5">IDENTIFICATION</td></tr>
<tr><td colspan="4">VILLAGE CODE .....
VILLAGE ACTIVIST NUMBER .....
HOUSEHOLD NUMBER .....</td><td>[ ][ ]
[ ][ ][ ]
[ ][ ][ ]</td></tr>
<tr><td colspan="5">INTERVIEWER VISITS</td></tr>
<tr><td></td><td>1</td><td>2</td><td>3</td><td>FINAL VISIT</td></tr>
<tr><td>DATE

INTERVIEWERS NAME

RESULT***</td><td>_____

_____

_____</td><td>_____

_____

_____</td><td>_____

_____

_____</td><td>DAY [ ][ ]
MONTH [ ][ ]
YEAR [ ][ ][ ][ ]
INTERVIEWER [ ][ ]
RESULT *** [ ][ ]</td></tr>
<tr><td colspan="3">QUALITY CONTROL PROCEDURE CONDUCTED (1 = YES, 2 = NO)</td><td>[ ]</td><td>TOTAL NUMBER
OF VISITS [ ]</td></tr>
<tr><td>QUESTIONNAIRES COMPLETED?

[ ] 1. None completed ⇒</td><td colspan="3">*** RESULT CODES

Refused (specify): _____.....1
Dwelling vacant or address not a dwelling.....2
Dwelling destroyed……..……3
Dwelling not found, not accessible……4
Entire hh absent for extended period…….5
No hh member at home at time of visit……...6
Hh respondent postponed interview……..7
Entire hh speaking only incomprehensible language….....8</td><td>⇒Need to return
⇒Need to return</td></tr>
</table>

[ ] 2. HH selection form (and in most cases HH questionnaire) only ⇒	Selected woman refused (specify): _____……..9 No eligible woman in household……..10 Selected woman not at home……..…**11** Selected woman postponed interview……....**12** Selected woman incapacitated……..13 Selected woman speaks incomprehensible language…...14	**⇒Need to return** **⇒Need to return**
[ ] 3. Woman's questionnaire partly ⇒	Does not want to continue (specify) : _____....15 Rest of interview postponed to next visit……..…**16**	**⇒Need to return**
[ ] 4. Woman's questionnaire completed ⇒	……..……. 17	

ANNEX 4: Household Selection Form (Women)

HOUSEHOLD SELECTION FORM				
	Hello, my name is _____ . I am visiting your household on behalf of the Kiribati Ministry of Women, Youth and Social Affairs (MWYSA), UN Women and a non-governmental organization called The Equality Institute.. We are conducting a survey in Kiribati to learn about women's health and safety.			
1	Please can you tell me how many people live here, and share food? PROBE: Does this include children (including infants) living here? Does it include any other people who may not be members of your family, such as domestic servants, lodgers or friends who live here and share food? MAKE SURE THESE PEOPLE ARE INCLUDED IN THE TOTAL		TOTAL NUMBER OF PEOPLE IN HOUSEHOLD [ ][ ]	
2	Is the head of the household male or female?		MALE 1 FEMALE 2 SHARED 3	
	FEMALE HOUSEHOLD MEMBERS	RESIDENCE	AGE	ELIGIBLE
3 LINE NUM.	Today we would like to talk to one woman or girl from your household. To enable me to identify whom I should talk to, would you please give me the first names of all girls or women who usually live in your household (and share food).	Does NAME usually live here? SPECIAL CASES: SEE (A) BELOW. YES NO	How old is NAME? (YEARS, more or less)	SEE CRITERIA BELOW (A +B) YES NO
1		1 2		1 2
2		1 2		1 2
3		1 2		1 2
4		1 2		1 2
5		1 2		1 2
6		1 2		1 2
7		1 2		1 2
8		1 2		1 2
9		1 2		1 2
10		1 2		1 2

(A) SPECIAL CASES TO BE CONSIDERED MEMBER OF HOUSEHOLD:
- DOMESTIC SERVANTS IF THEY SLEEP 5 NIGHTS A WEEK OR MORE IN THE HOUSEHOLD.
- VISITORS IF THEY HAVE SLEPT IN THE HOUSEHOLD FOR THE PAST 4 WEEKS.

(B) ELIGIBLE: ANY WOMAN BETWEEN 15 AND 49 YEARS LIVING IN HOUSEHOLD.

MORE THAN ONE ELIGIBLE WOMEN IN HH:
- **RANDOMLY SELECT** ONE ELIGIBLE WOMAN FOR INTERVIEW. TO DO THIS, WRITE THE LINE NUMBERS OF ELIGIBLE WOMEN ON PIECES OF PAPER, AND PUT IN A BAG. ASK A HOUSEHOLD MEMBER TO PICK OUT A NUMBER – SO SELECTING THE PERSON TO BE INTERVIEWED.
- **PUT CIRCLE AROUND LINE NUMBER OF WOMAN SELECTED.** ASK IF YOU CAN TALK WITH THE SELECTED WOMAN. IF SHE IS NOT AT HOME, AGREE ON DATE FOR RETURN VISIT.
- **CONTINUE WITH HOUSEHOLD QUESTIONNAIRE**

NO ELIGIBLE WOMAN IN HH:
- **SAY "I cannot continue because I can only interview women 15–49 years old. Thank you for your assistance." FINISH HERE.**

ANNEX 5: TRAINING AGENDA

Mon 24th Apr	Tue 25th Apr	Wed 26th Apr	Thur 27th Apr	Fri 28th Apr	Sat 29th Apr
TRAINING: QUAL & QUANT COMBINED ***MORNING:*** *Signing contracts and forms* 1. Introduction to SPV programme – **SPV Team** 2. Introduction to impact evaluation 3. Review of main themes: **SPV Team** ● Gender/sex ● Power over, power with 4. Self-awareness on gender	***TRAINING: QUAL & QUANT COMBINED*** 1. Continuation on gender foundation 2. Gender-based violence – **KWCSC & EQI** • Prevalence • Types • Consequences • Causes • Women's responses • Social responses	***QUAL TRAINING*** 1. Employment expectations 2. Intro to interviews, IDIs 3. Interview guide: male and female 4. Recording devices 5. Ethics & safety ***QUANT TRAINING*** 1. Interviewing techniques 2. Employment expectations, payment and working conditions 3. Selection of respondent	***QUAL TRAINING*** 1. Conducting an interview 2. Interview guide: community leaders 3. Interview guide: SPV team 4. Practice using audio recorders ***QUANT TRAINING*** Review of questionnaire – *[Separate female and male teams]* • Male questionnaire sections xxx • Female questionnaire sections xxx • Explanation and practice	***QUAL TRAINING*** 1. Interview guide final questions 2. Practice 3. Consent 4. Fieldwork logistics ***QUANT TRAINING*** Review of questionnaire - *[Separate female and male teams]* • Male questionnaire sections xxx • Female questionnaire sections xxx • Explanation and practice	***QUAL TRAINING*** ***QUANT*** Tablet reprogramming based on questionnaire discussions
Mon 1st May	**Tue 2nd May**	**Wed 3rd May**	**Thur 4th May**	**Fri 5th May**	**Sat 6th May**
QUAL TRAINING	***QUAL TRAINING***	***QUAL DATA COLLECTION***	***QUAL DATA COLLECTION***	***QUAL DATA COLLECTION***	***QUAL DATA COLLECTION***
QUANT TRAINING Review of questionnaire *[Separate female and male teams]* • Male questionnaire • Female questionnaire • Explanation and practice	***QUANT TRAINING*** Ethics/ safety measures and quality control	***QUANT TRAINING*** ● Training on using PDAs ● Supervisor training Others practice	***QUANT TRAINING*** ● Practice ● Final prep for supervisors ● Preparations for pilot	***QUANT PILOT*** ● Pilot ● Debrief	***QUANT PREP*** ● Debrief (if not done day before) ● Final changes to tablets and fixing any issues found during pilot ● Fieldwork prep

ANNEX 6: Additional statistical tables and figures

Statistical Table 1: Unweighted sample demographic characteristics

Demographic characteristic	WOMEN		MEN	
	Percent (%) or Mean (m)		Percent (%) or Mean (m)	
	Baseline (n=629)	Follow-up (n=502)	Baseline (n=556)	Follow-up (n=415)
Age, mean	29.72 (m)	30.16 (m)	29.90 (m)	27.37 (m)
Ever any education, percent (Have you ever attended school?)	93%	91%	95%	89.0%
Highest level of schooling attainment, percent				
Primary school incomplete	5%	4%	8%	6.7
Primary school complete	6%	6%	6%	6.6
Junior secondary school incomplete	7%	8%	21%	10.5
Junior secondary school complete	8%	6%	13%	12.3
Secondary school incomplete	32%	30%	18%	19.5
Secondary school complete	17%	21%	14%	18.1
University/college incomplete	8%	5%	2%	4.0
University/college complete	5%	7%	5%	8.0
Vocational education incomplete	2%	1%	1%	1.1
Vocational education complete	2%	3%	6%	2.6
Relationship status, percent				

Currently married/cohabiting with a man/woman	71%	72%	66%	53.1%
Ever married/cohabiting with a man/woman	76%	74%	69%	54.2%
Ever married/cohabiting/partnered with a man/woman	91%	82%	84%	61.1%
Number of total births, mean	1.90 (m)	1.97 (m)	N/A	NA
Number of children <18 years living at home, mean	1.85 (m)	1.83 (m)	2.27 (m)	NA
Owns property** jointly or alone	79%	81.2%	86%	80.2%
Worked or earned money in past 12 months	43%	43.62%	61%	46.26%
Earnings per month (among women and men who worked/earned in past 12 months)				
Less than AUD $30	5%	4%	1%	0.4%
AUD $31-100	24%	24%	15%	15%
AUD $101-500	55%	44%	55%	59%
AUD $501-1000	10%	17%	19%	15%
AUD $1001-3000	2%	4%	5%	7%
AUD $3001 or more	1%	-	2%	2%

**Weighted descriptive estimates take into account sampling probability weights and clusters*

***Property includes land, house, company, animals, produce/crops, canoe, boat or car*

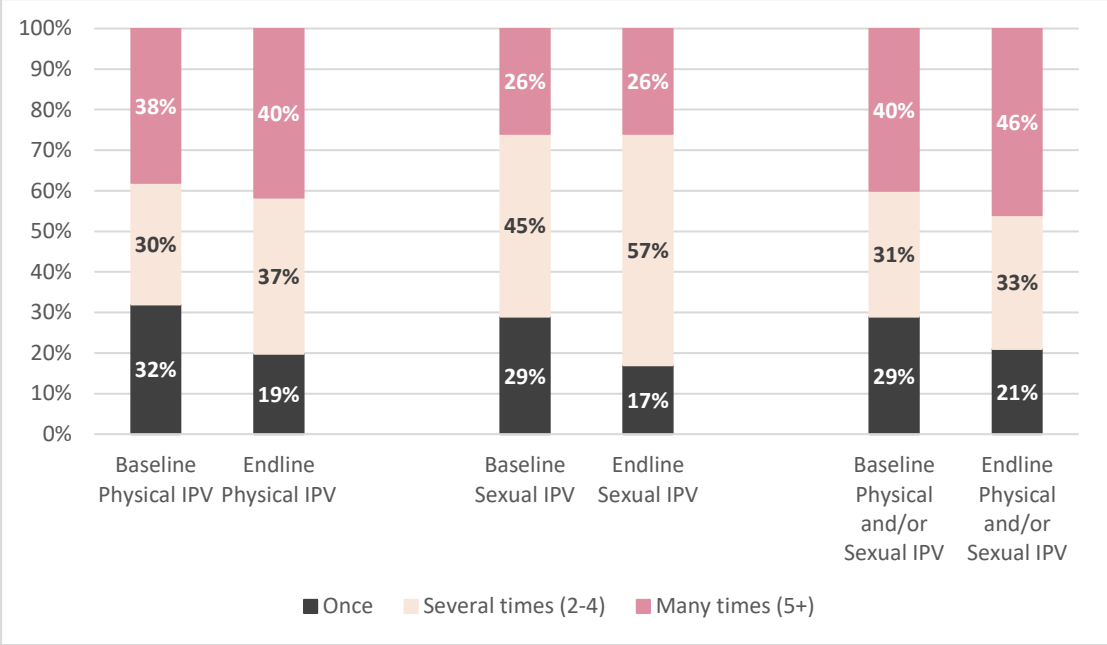
† *Study conducted in SPV programme villages only.*

Statistical Table 2: Relationship communication about sex and condom-use, among ever-partnered women

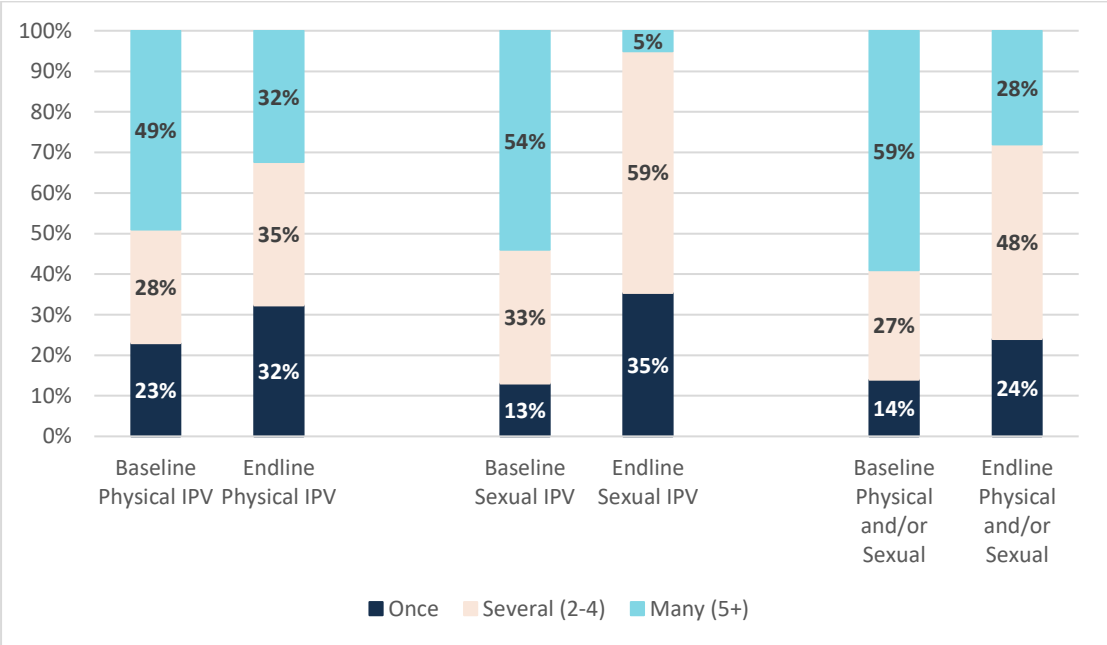
SURVEY QUESTIONS	All ever partnered women n=417	Women who not report experiencing physical and/or sexual IPV n =231	Women who report experiencing physical and/or sexual IPV^ n=156
Have you openly asked your (husband/partner or most recent husband/partner) about what he likes during sex?	23%	23%	29%
Have you openly told your (husband/partner or most recent husband/partner) about what you like during sex?	22%	18%	33%**
Have you felt you could refuse to have sex with your (husband/partner or most recent husband/partner) if you do not feel like it?	65%	62%	84%****
Have you initiated a discussion about condom use with your (husband/partner or most recent husband/partner)?	10%	7%	15%***
Has your (husband/partner or most recent husband/partner) initiated a conversation about condom use with you?	10%	7%	16%**

**Somewhat significant (p<0.1); **Significant (p <0.05); ***Very significant (p<0.01), ****Highly significant (p<0.001); ^Note: Proportion tests are based on unweighted cases*

Statistical figure 1: Frequency of women's experiences of intimate partner violence, among ever-partnered women who had experienced physical, sexual violence or both in the past year, at baseline and follow-up



Statistical figure 2: Frequency of men's perpetration of intimate partner violence, among men who have ever perpetrated physical, sexual violence or both in the past year, at baseline and follow-up



Statistical table 3: COVID impact scale, by women's and men's symptoms of depression, at follow-up

COVID impact scale associations with depressive symptoms	All women (n=502)	Women NOT experiencing symptoms of depression (n=167)	Women experiencing symptoms of depression (n=335)	All men (n=415)	Men NOT experiencing symptoms of depression (n=125)	Men experiencing symptoms of depression (n=290)
I lost job-related income due to the pandemic	**40%**	32%	44%**	**70%**	74%	69%
I had a hard time getting needed resources for the household (food, toilet paper, water) due to the pandemic	**56%**	59%	54%	**76%**	78%*	75%
I was often sad, stressed, or afraid due to the pandemic	**69%**	71%	68%	**79%**	81%	78%

** Somewhat significant (p<0.1); **Significant (p <0.05)*

ANNEX 7: Research Team Members – Follow-up Study

Principal Investigators: Xian Warner (EQI) and Loksee Leung (EQI)

In-Country Research Coordinator: Maata Yetzes

QUALITATIVE COMPONENT

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Transcribers/Translators (interview audio): Teaote Davies, Alyss Pine, Tiein Taebo, Rosa Muller Norman, and Maata Yetzes

QUANTITATIVE COMPONENT

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Nnaua Borere
Rereiti Kaikai
Sandy Teata Tamakai
Teerita Kaweru
Teretia Tioniti
Tewannang Tiaon
B'arao Biita
Kabure Riribwe
Katarake Eken
Mweretaka Mareko
Namai Rikita
Taera Eebati
Taraa Maere
Taratau Nabwebwe
Tinio Beemi
Rabanaki Teuea
Reo Tebukreewa
Rouba Tatoa