

#### **BACKGROUND**

Evidence shows that the consequences of the COVID-19 crisis <u>span well beyond its direct health effects</u>, impacting access to health care, employment and income, as well as unpaid care responsibilities, among other outcomes, and women are often at a disadvantage.¹ To measure these concerns and design effective responses to the crisis, UN Women partnered with the Asian Development Bank (ADB) and the Government of Tonga to implement a Rapid Gender Assessment Survey (RGA) utilizing Computer Assisted Telephone Interviewing (CATI). This lasted eight weeks and be-

gan in September 2021. The sample was large and balanced, including 2,267 adults (ages 18 and over).<sup>2</sup> Of these, 52 per cent were women and 48 per cent were men (annex I).

At the time of data collection, the COVID-19 caseload in Tonga was low. At the beginning (30 September 2021), there were zero reported cases, and by the end of fieldwork (8 December 2021), there was one reported case. Mobility restrictions were introduced for a short period soon after the first case was detected.

For further references on the gendered effects of COVID-19, see <a href="https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters">https://data.unwomen.org/resources/covid-19-emerging-gender-data-and-why-it-matters</a>.

<sup>2.</sup> Methodological details are provided in the regional report, available at https://data.unwomen.org.

#### **KEY FINDINGS**

## COVID-19 VACCINATION RATES IN TONGA ARE HIGH BUT GENDER GAPS EXIST, WITH WOMEN AT A DISADVANTAGE

The Government-led vaccination programme in Tonga was first rolled out on 15 April 2021. An estimated 88 per cent of women and 90 per cent of men self-reported having received two doses of COVID-19 inoculation as of November 2021 (figure 1). The data show women at a disadvantage, especially in urban settings (figure 2).

Figure 1: Proportion of people who completed two doses of COVID-19 inoculation as of November 2021, by sex and age group (percentage) (n=2,267)

Total
60 years and above
Total
60 years and above
Total
99
99
90
90
Note: Respondents who indicated they did not know if they had been vaccinated or who refused to answer have been considered as non-receivers of two-dose inoculation.

Figure 2: Proportion of people who completed two doses of COVID-19 inoculation as of November 2021, by sex and location (percentage) (n=2,265)

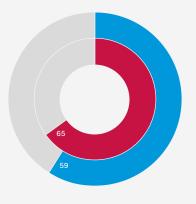
Urban Rural Urban Rural Women Men

Note: Respondents who indicated they did not know if they had been vaccinated or who refused to answer have been considered as non-receivers of two-dose inoculation.

The majority of respondents who had not received two doses of COVID-19 inoculation cited "waiting to be called for receiving the second jab" as the main reason. This was more the case among men than women (59 per cent women and 65 per cent men) (figure 3). Fears about the side effects of vaccines were cited as the main reason by 20 per cent

of women and men who had not completed two doses. Concerns about contagion and overwhelmed health care facilities affected access to health, globally. In Tonga, about 9 per cent of people noted difficulties accessing medical supplies and hygiene products, but women experienced more barriers than men (figures 4 and 5).

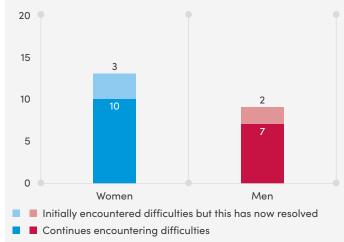
Figure 3: Proportion of people who cited "waiting to be called" as the main reason for not having received two doses of COVID-19 inoculation as of November 2021, by sex (percentage) (n=249)



■ Women ■ Men

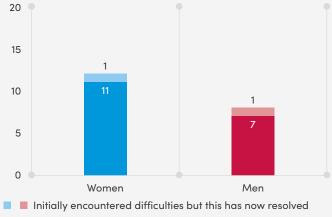
Note: The responses "Other", "I do not know" and "Refuse to answer" have not been depicted in the analysis.

**Figure 4:** Proportion of people who encountered difficulties accessing medical supplies, by sex (percentage) (n=2,267)



Note: Estimates for men in Tonga for "Initially encountered difficulties but this has now resolved" should be interpreted with caution as the number of respondents that chose this response category is less than 25. Respondents who indicated they did not know or refused to answer have been considered as not having encountered difficulties accessing medical supplies. Gender differences are statistically significant (p<0.05) for "Initially encountered difficulties but has now resolved" (p=0.03).

**Figure 5**: Proportion of people who encountered difficulties accessing hygiene products, by sex (percentage) (n=2,267)



■ Continues encountering difficulties

(p<0.05) for "Continues encountering difficulties" (p=0.01).

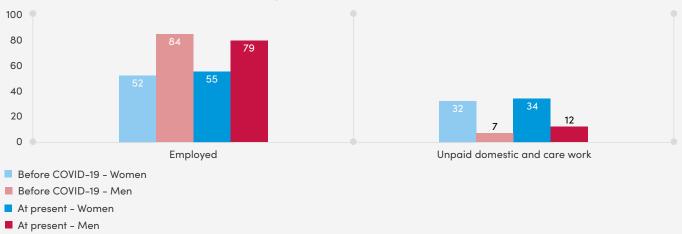
Note: Estimates for women and men in Tonga for "Initially encountered difficulties but this has now resolved" should be interpreted with caution as the number of respondents that chose this response category is less than 25. Respondents who indicated they did not know or who refused to answer have been considered as not having encountered difficulties accessing hygiene products. Gender differences are statistically significant

## THE EFFECTS OF COVID-19 ON THE WORLD OF WORK ARE LESS VISIBLE IN TONGA, YET WOMEN ARE SHIFTING TO INFORMAL EMPLOYMENT

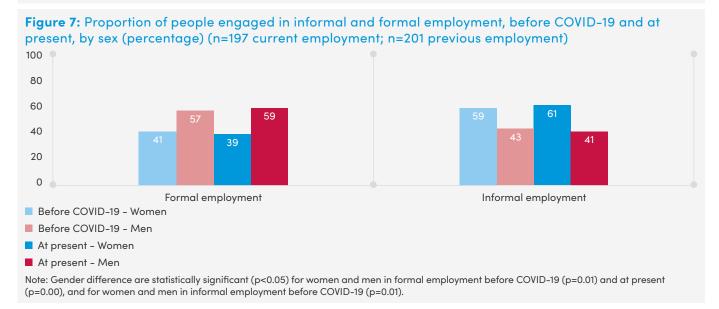
Only one case of COVID-19 was confirmed in Tonga during the data collection period. Thus, data do not show major effects on the world of work. Women continue to be less engaged in paid work and remain the key providers of unpaid domestic and care work at home (figure 6). Nevertheless, the global economic downturn

may have pushed workers into informal jobs, with more women than men having shifted from formal to informal employment. The shift towards informal employment among women has widened the gender gap as women, overall, were already more likely than men to engage in informal employment before the pandemic (figure 7).4

**Figure 6:** Proportion of people in employment and performing unpaid domestic and care work, before COVID-19 and at present, by sex (percentage) (n=305 current employment; n=305 previous employment)



Note: Estimates for men who perform unpaid domestic and care work at present and before COVID-19 in Tonga should be interpreted with caution as the number of respondents that chose this response category is less than 25. Gender differences are statistically significant (p<0.05) in Tonga (p=0.00).

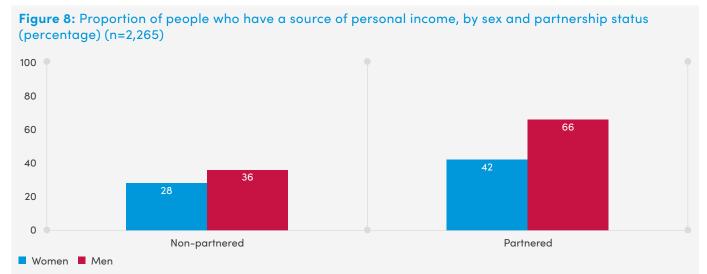


<sup>3.</sup> According to the International Labour Organization, labour force participation rates (ages 25 and over) in 2018 were 51 per cent for women and 80 per cent for men (ILOSTAT database, accessed 16 May 2022).

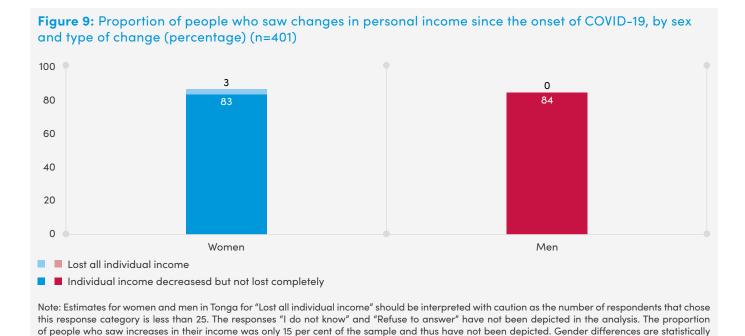
<sup>4.</sup> Although no data was collected on the reasons behind uptake of new employment, various factors may be contributing. For instance, women may have taken up additional income generating activities to support the cost of living of the household, particularly in households where income decreased since the onset of the pandemic. Overall, women are overrepresented among contributing family workers and own account workers, and some of the uptake appears to have taken place in this sector. Between March 2020 and April 2021, the Tongan Government announced an economic and social stimulus package targeting affected businesses. Women made up 70 per cent of applicants seeking this support.

### THE PANDEMIC IS WORSENING GENDER POVERTY GAPS, AS WOMEN ARE LESS LIKELY TO HAVE AN INCOME

In Tonga, 36 per cent of women and 53 per cent of men noted having a source of personal income at the time of the survey. Gender gaps in this regard are large, with both non-partnered and partnered women at a disadvantage (figure 8).<sup>5</sup> As a result of the economic recession triggered by the pandemic, 83 per cent of women and 84 per cent of men saw their income fall (figure 9).



Note: Partnership status has been classified as partnered if respondents were married and non-partnered if respondents were separated, widowed, divorced or single (never married). The responses "I do not know" and "Refuse to answer" have not been depicted in the figure. Gender differences are statistically significant (p<0.05) for those that are partnered.



Non-partnered women and men tend to be younger and are less likely to earn an income.

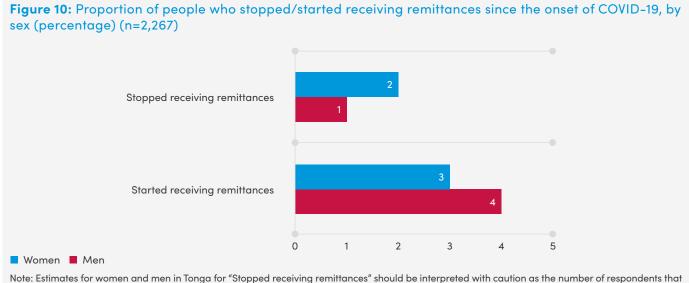
significant (p<0.05) for "Lost all individual income" (p=0.04).

5.

### REMITTANCES ARE A LIFELINE FOR MANY, BUT THE PANDEMIC HAS SHIFTED THESE FLOWS TOWARDS MEN

In Tonga, 53 per cent of women and 50 per cent of men currently receive remittances. However, women are more likely to note they have stopped receiving remittances since the onset of COVID-19, while men are slightly more

likely to have started receiving remittances (figure 10). Among those who continue receiving them, 92 per cent of women and 94 per cent of men noted a decrease in the amount.

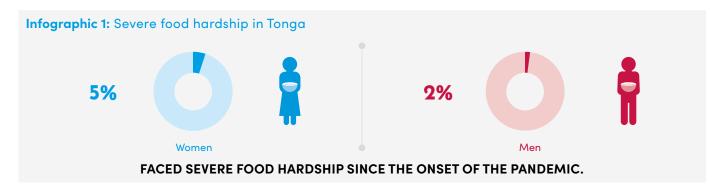


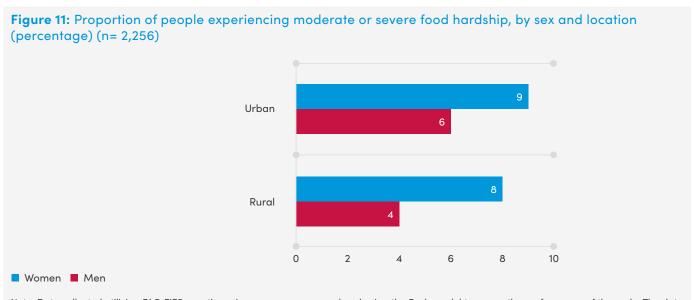
Note: Estimates for women and men in Tonga for "Stopped receiving remittances" should be interpreted with caution as the number of respondents that chose this response category is less than 25. The analysis has excluded the response category "Refused to answer". All gender differences are statistically significant (p<0.05).

# CHANGES IN HOUSEHOLD INCOME AND OTHER FACTORS ARE RENDERING WOMEN MORE VULNERABLE TO FOOD HARDSHIP

Most people who experienced a change in household income (32 per cent of people) saw it fall since the onset of the pandemic (92 per cent of women and 96 per cent of men). Of those whose income fell, 51 per cent of women had no personal income, compared to 29 per cent of men. Drops in household income, in

many cases, were accompanied by food hardship, or the lack of access to food in enough quantity or quality. In Tonga, 9 per cent of women and 4 per cent of men are experiencing moderate or severe food hardship, with more women than men in both urban and rural areas experiencing this challenge (figure 11).



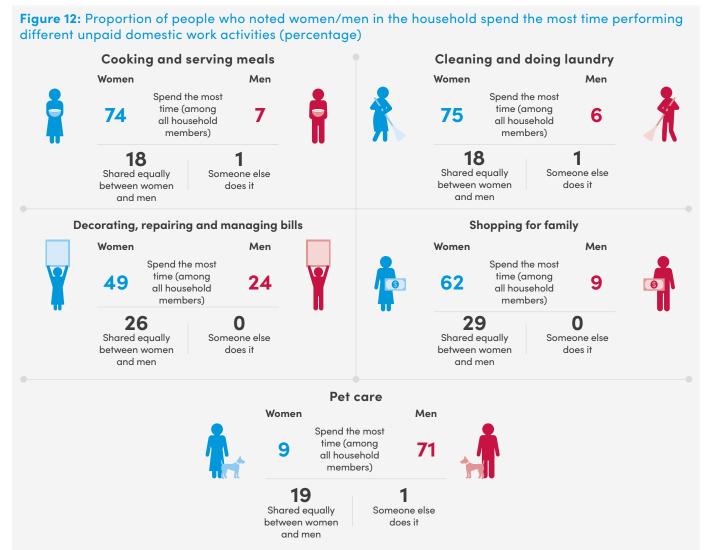


Note: Data collected utilizing FAO FIES questionnaire sequence were analysed using the Rash model to assess the performance of the scale. The data passed the statistical validation tests, and the raw score (the number of affirmative answers to the eight questions) can be considered as an ordinal measure of food security. Therefore, an individual is considered as experiencing food hardship if the raw score is five or higher. At this raw score the probability of experiencing food hardship is higher than 50 per cent.

# COVID-19 MULTIPLIED UNPAID CARE AND DOMESTIC WORKLOADS, BUT REDISTRIBUTION OF TASKS DID NOT TAKE PLACE

Women, overall, are more likely to take on domestic and care chores (figures 12 and 13). In Tonga, women take on most of the cooking, cleaning, shopping and unpaid care work. The onset of the pandemic multiplied these responsibilities, with 12 per cent of women and 6 per cent of men noting an increase in time spent on

feeding, washing and providing physical and medical care for children. An estimated 7 per cent of people with childcare responsibilities noted that children missed school because they lacked access to remote learning technologies or they were unable to pay for schooling (figure 14).



Note: "Women in the household" refers to a clustered category of women respondents who reported being primarily in charge of the activity and respondents of any sex who reported a female household member was primarily in charge of the activity. "Men in the household" refers to a clustered category of men respondents who reported being primarily in charge of the activity and respondents of any sex who reported a male household member was primarily in charge of the activity. "Shared equally between women and men" refers to respondents who reported an activity is equally undertaken by women and men in the household. Respondents who reported that the activity does not take place in the household, indicated they did not know or refused to answer were excluded from the analysis.

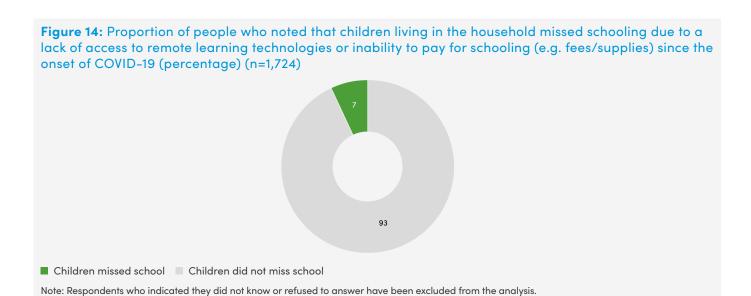
Estimates should be interpreted with caution when the number of respondents that chose the response category is less than 25, including respondents in Tonga who indicated "Someone else does it" in the analysis of decorating, repairing and managing bills and shopping for family. Gender differences are statistically significant (p<0.05) for all unpaid domestic work activities.

different unpaid care work activities (percentage) Supervising and minding children Playing with children Women Men Women Men Spend the most Spend the most time (among time (among 62 all household all household members) members) 1 26 1 Shared equally Someone else Shared equally Someone else between women does it between women does it and men and men Teaching children and taking care of Feeding, cleaning, physical care and arrangements with schools medical care for children Women Women Men Men Spend the most Spend the most time (among time (among 52 66 all household all household members) members) 1 35 1 28 Shared equally Someone else Shared equally Someone else between women does it between women does it and men and men Taking care of or helping adults/elderly in the household/ Feeding, cleaning, physical care and medical care for other adults family (e.g. dressing, minding sick adults, helping with banking, insurance, pension) Women Men Women Men Spend the most Spend the most time (among time (among all household all household members) members) Shared equally Shared equally Someone else Someone else between women does it between women does it and men and men

Figure 13: Proportion of people who noted women/men in the household spend the most time performing

Note: "Women in the household" refers to a clustered category of women respondents who reported being primarily in charge of the activity and respondents of any sex who reported a female household member was primarily in charge of the activity. "Men in the household" refers to a clustered category of men respondents who reported being primarily in charge of the activity and respondents of any sex who reported a male household member was primarily in charge of the activity. "Shared equally between women and men" refers to respondents who reported an activity is equally undertaken by women and men in the household. Respondents who reported that the activity does not take place in the household, indicated they did not know or refused to answer were excluded from the analysis.

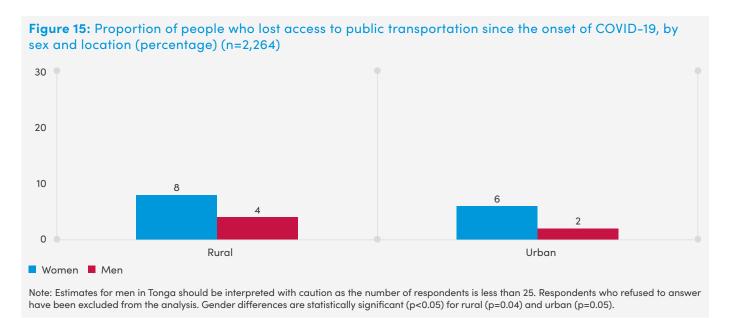
Estimates should be interpreted with caution when the number of respondents that chose the response category is less than 25, including respondents in Tonga who indicated 'Someone else does it" in the analyses of supervising and minding children, playing with children, taking care of or helping adults/ elderly in the household/family, teaching children and taking care of arrangements with schools and feeding, cleaning, physical care and medical care for other adults and children. Gender differences are statistically significant (p<0.05) for all unpaid care work activities.

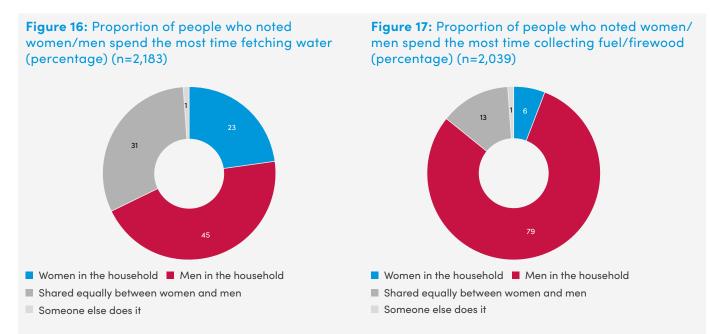


## THE PANDEMIC HAS OVERLAPPED WITH ENVIRONMENTAL CHALLENGES, MAKING IT HARDER FOR WOMEN TO COPE

Natural hazards, such as typhoons, droughts and other extreme weather events have overlapped with the pandemic. This, coupled with changes in the availability of public transportation (figure 15), affected access to natural resources for women and men. In most house-

holds in Tonga, water and fuel collection chores are predominantly men's tasks, although water collection responsibilities are more equally shared (figures 16 and 17). In addition, 2 per cent of people noted losing access to power since the onset of COVID-19.





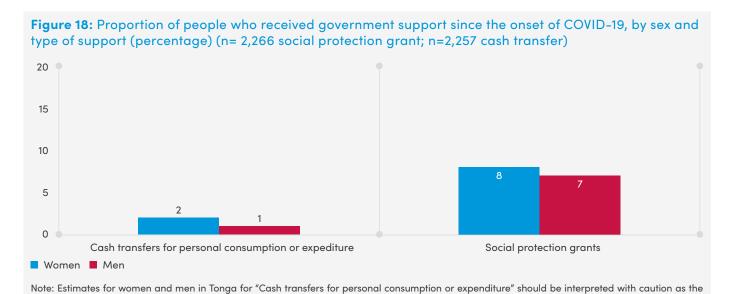
Note: "Women in the household" refers to a clustered category of women respondents who reported being primarily in charge of the activity and respondents of any sex who reported a female household member was primarily in charge of the activity. "Men in the household" refers to a clustered category of men respondents who reported being primarily in charge of the activity and respondents of any sex who reported a male household member was primarily in charge of the activity. "Shared equally between women and men" refers to respondents who reported an activity is equally undertaken by women and men in the household. Respondents who reported that the activity does not take place in the household, indicated they did not know or refused to answer were excluded from the analysis. Gender differences are statistically significant (p<0.05) for both activities.

### GOVERNMENT SUBSIDIES AND OTHER SUPPORT ARE INACCESSIBLE TO MANY

The COVID-19 pandemic affected the livelihoods of people around the world, including in countries where the virus did not spread substantially. In response to the pandemic, the Government of Tonga set up subsidies but access to these benefits has been limited, with some gender differences.

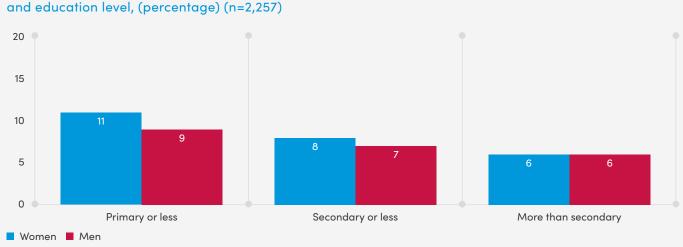
Among all forms of government support, social protection grants had the furthest reach, whereas cash

transfers were not widely disbursed (figure 18). In the absence of wealth data, analysis by educational attainment has been used as a proxy to show how people in different groups accessed these resources. Women with lower levels of education benefitted slightly more than men (figure 19). Other measures, such as the distribution of food or agricultural inputs and supplies of personal protective equipment, reached less than 5 per cent of people in Tonga at the time of the survey (figure 20).

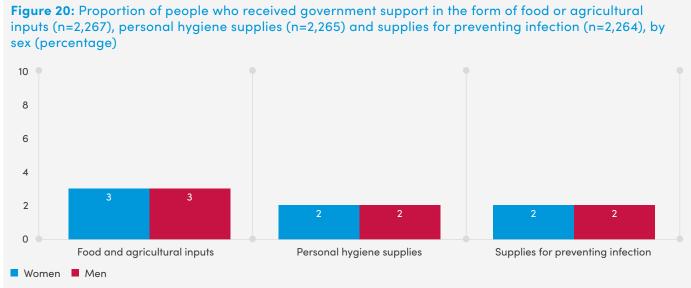


number of respondents is less than 25. Respondents who indicated they did not know or refused to answer have been excluded from the analysis.

Figure 19: Proportion of people who received social protection grants since the onset of COVID-19, by sex



Note: Estimates for women and men in Tonga who reported "Primary or less" and estimates for men in Tonga who reported "More than secondary", should be interpreted with caution as the number of respondents that chose this response category is less than 25. Education levels have been classified into three categories. "Primary or less" includes all respondents who received no formal education, some primary education, and those who completed primary school. "Secondary or less" includes all respondents who received some secondary education and those who completed secondary school. "More than secondary" includes all individuals who received technical and vocational training, some university/college education, some post-graduate education and those who completed university/college education and post graduate education. Respondents who indicated they did not know or refused to respond to the question have been excluded from the analysis.



Note: Estimates for men in Tonga who reported having received personal hygiene supplies as government support should be interpreted with caution as the number of respondents that chose this response category is less than 25. Respondents who indicated they did not know or refused to answer have been excluded from the analysis.

#### ANNEX I: UNWEIGHTED SAMPLE DISTRIBUTION (PERCENTAGE) (N=2,267)

	Women	Men
Total	52	48
Location <sup>6</sup>		
Urban	55	47
Rural	45	53
Age group		
18–28	28	30
29–39	24	24
40-50	20	21
51–61	14	14
62+	14	11
Marital status <sup>7</sup>		
Married	57	61
Married but separated	1	0
Widowed	10	4
Divorced	1	0
Single (never married)	32	35
Education <sup>8</sup>		
Some primary education	9	10
Primary education	4	5
Secondary education	61	56
Vocational/college	19	23
Tertiary education	7	7
Disability		
Self-reported disability	16	11

<sup>6.</sup> Urban/rural location is self-declared. Population who noted they reside in cities have been considered urban dwellers for the purpose of this analysis. This classification may differ from that used in official statistics in Tonga.









<sup>7.</sup> Due to rounding, percentages may not total 100.

<sup>8.</sup> Due to rounding, percentages may not total 100.