Understanding Attitudes towards Sexual and Reproductive Health in the Kingdom of Tonga

RESEARCH REPORT

Final Report
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Contents

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Executive Summary

This report presents findings from qualitative research conducted across Tongatapu, Ha'apai, and Vava'u in October and November 2025, commissioned by Sexual Wellbeing Aotearoa as part of the 'Amanaki Lelei project. The research was designed to fill a recognised gap in the evidence base around what young people in Tonga - ages 16 to 28 - know about SRH, including safe sex, contraception, sexually transmitted infections (STIs), and the barriers they face in accessing SRH services and information.

A total of 57 participants took part across eight gender-segregated youth focus groups and seven key informant interviews with health professionals, church leaders, and community practitioners, spanning all three island groups. The research was conducted using the Tongan-led *Kakala* Research Framework and the *talanoa* (dialogue) approach, reflecting a commitment to culturally grounded, community-centred methods.

Key Findings

Across all three island groups, five cross-cutting themes emerged from a complex and evolving SRH landscape shaped by the intersection of faith, culture, family authority, peer influence, and digital exposure.

1. A Fragmented SRH Information Ecosystem

SRH knowledge among Tongan youth is fragmented, uneven, and socially mediated. Young people draw understanding from multiple sources: school, peers, family, the internet, church, and health services. No single source provides comprehensive or consistent guidance. Schools are the most widely accepted entry point for SRH education but are often limited to basic, ad hoc content; young people consistently called for deeper, more sustained, and practical learning.

Digital platforms are valued for privacy and accessibility yet expose young people - including primary school children - to pornography and misinformation. The internet functions as a popular source of SRH information. Knowledge gaps are most pronounced around STIs and contraception, with misinformation - such as beliefs that oil protects against STIs – common across all island groups.

2. A Culture of Shame, Silence and Judgement

Discussing SRH is widely regarded as *tapu* (sacred or forbidden), particularly within family and church settings. Fear of gossip and judgement pushes young people towards peers and digital sources that are more accessible but far less reliable. This creates a critical disconnect between knowledge and action; young people may understand SRH concepts but feel unable to discuss or act on them. Same-gender, facilitated environments were consistently described as enabling more open dialogue, a clear signal for programme design.

3. Unequal Consequences: Gender, Power, and the Gap Between Public Norms and Private Realities

A persistent gendered double standard shapes young people's SRH experiences. Young men's sexual activity is normalised often from mid-adolescence while young women's sexuality is closely monitored and tied to family honour. The consequences of sexual activity fall disproportionately on young women, including severe reputational, educational, and social consequences. In Ha'apai, participants raised concerns about suicide and severe mental health impacts on young women who are left without support following pregnancy. Sex before marriage is publicly condemned but privately common across all island groups. Consent is acknowledged as important and its meaning is articulated thoughtfully. However, cultural and relational pressures mean that consent is not consistently applied in practice.

4. Trusted Sources of Information, Significant Barriers

Health providers – including TFHA and MOH clinics, and community-based organisations – are among the most trusted sources of SRH information, valued for their confidentiality and non-judgemental approach. Yet they are significantly underused; young people typically engage with health services only when a problem has arisen. The barrier is not distrust of services but stigma and fear of being seen accessing services. Expanding access alone is insufficient — the conditions under which information is delivered matter as much as the information itself.

5. Island-Level Differences, Shared Structural Barriers

All three island groups share the core themes above but face distinct challenges. Tongatapu has the highest concentration of SRH services and non-governmental organisation (NGO) presence, but also greater exposure to pornography and urban risk environments. Ha'apai has the most limited services and the most severe social consequences for SRH risky behaviour. Vava'u has active church leader engagement and existing community structures that could facilitate SRH sessions, but relies on visiting outreach services and faces strong traditional expectations that constrain open dialogue.

Recommendations

Recommendations are aligned to the research objectives and organised by timeframe intended to support TFHA, Sexual Wellbeing Aotearoa, MOH, NGOs, and other stakeholders working across Tonga's SRH landscape.

Short-Term (0–18 months):

1 Clarify and standardise core SRH messages across TFHA, MOH, and other partners, with clear Tongan and English explanations of SRH, consent, contraception, STIs, and how to access help.

2 Strengthen youth-friendly, gender-segregated SRH education sessions in schools and communities across all island groups, co-facilitated by TFHA and trusted local partners.

3 Develop parent and caregiver SRH conversation guides in Tongan, with practical language, metaphors, and examples to support intergenerational dialogue about puberty, consent, relationships, and contraception.

Medium-Term (18–36 months):

4 Strengthen referral systems to youth-friendly SRH service pathways, including discreet referral cards, clear signage, and youth-only clinic hours across all island groups.

5 Co-design SRH resources with church leaders and scholars, centring on healthy relationships, love, mutual respect, and gender equality rather than shame and punishment.

Long-Term (36+ months):

6 Develop a youth-centred SRH learning framework operating across formal and informal settings, with content tailored by ages and for diverse groups including LGBTQIA+ youth, youth with disabilities, and out-of-school youth.

7 Advocate for a renewed national SRH strategy centring adolescents and youth, integrating sexual and reproductive health and rights (SRHR) and gender-based violence (GBV), and which formalises the role of NGOs in service delivery.

8 Invest in safe, culturally grounded, Tongan-led digital SRH ecosystems, including moderated information sites, youth-co-created social media content, and digital tools in Tongan.

9 Advocate for institutional policies that eliminate discriminatory practices affecting girls, particularly those related to pregnancy, and emphasise shared responsibility.

10 Invest in long-term workforce development through career pathways, scholarships, and continuous training for SRH educators and clinical staff.

Purpose

This research report was commissioned as part of the 'Amanaki Lelei project, an SRH initiative delivered by TFHA and Sexual Wellbeing Aotearoa and co-funded by MFAT and Sexual Wellbeing Aotearoa.

There is a recognised gap in the evidence base around the extent of SRH knowledge and access in Tonga. This research was designed to help fill that gap by focusing on what young people in Tonga - defined for the purposes of this research as those aged 16 to 28 - know about SRH, including safe sex, contraception and STIs.

The aim was also to understand attitudes towards SRH among young people in Tonga, how accessible SRH services are - particularly for young women and girls - and the barriers to access experienced by young people across Tongatapu, Ha'apai and Vava'u. To achieve this, the research sought to:

- Identify levels of SRH knowledge and awareness among young people
- Explore prevailing attitudes and beliefs about SRH
- Examine behaviours and practices associated with SRH
- Identify practical ways to improve young people's access to reliable SRH information and services.

The findings are intended to inform the ongoing delivery of the 'Amanaki Lelei project, enabling project activities to be tailored to address identified gaps in knowledge and barriers to access. Beyond the project, the report will be shared with TFHA, the Tonga MOH, other NGOs, and regional organisations including the International Planned Parenthood Federation and the United Nations Population Fund. The intent is that the research implications extend beyond 'Amanaki Lelei, contributing to broader SRHR education and service delivery in Tonga and adding to the existing literature to support future research.

Background

The Kingdom of Tonga is home to over 100,000 people, spread across 170 islands, of which 36 are inhabited.[1] Most people reside in rural areas, and the population is dispersed across 700,000 square kilometres of the Pacific Ocean, a geographic reality that presents significant challenges for access to health services, including those related to SRH and GBV.[1]

A unique feature of Tonga's cultural context is the *Fahu* system, embedded within structures of hierarchy and respect, in which sisters hold elevated social status, symbolising women's traditional cultural authority.[2] Yet this symbolic elevation sits in tension with everyday realities: discussions about sex and relationships remain *tapu*, constrained by silence and stigma, and persistent inequalities continue to shape women's and girls' lived experiences despite their culturally elevated position.[2]

SRHR Policy Environment

Tonga's policy environment contains gender-differentiated provisions that directly shape young people's rights, protections, and access to SRH information and services. The legal age of consent is set at 15 for girls, while no equivalent minimum age exists for boys.[2] Till very recently, girls could legally marry at 15 with parental consent, with no equivalent provision for boys; this law was updated in the Civil Registration & Digital Identification Act 2025, which changed the legal age of marriage for everyone to 18.[3] These varying provisions undermine policy clarity around consent, protection, and service eligibility, and shape how young people understand and trust SRH information and services.[4]

Tonga previously had the National Integrated Sexual and Reproductive Health Strategic Plan (2014–2018), which outlined a comprehensive vision for SRH including monitoring and evaluation frameworks.[4] Since its expiration, a significant policy vacuum has emerged. This gap has been repeatedly highlighted in regional assessments, with calls for a funded, and comprehensive Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) policy with a specific emphasis on youth, people with disabilities, and diverse gender identities.[4] At the time of this report, Tonga does not have an updated national SRH strategy.

Tonga's Health System

Despite lacking an RMNCAH strategy, Tonga's health system is considered to be among the stronger systems in the Pacific.[4] The strength of the system is due to decentralisation across major island groups. This is anchored by Vaiola Hospital, three other district hospitals, 14 health centres, and more than 30 reproductive and child health clinics.[4] This is also supported by free access to health services, providing an important structural foundation for the provision of healthcare.[4] However, this network does not guarantee youth-friendly services, nor does it overcome cultural barriers that limit young people's desire or ability to seek help.

Tonga's Legislative Environment

The Public Health Act, Health Services Act, and newer legislation governing health professionals guide the implementation strategies for health in general.[5] While the national STI surveillance system has improved through reporting, challenges remain for all SRH health reporting, including:

- Underreporting from outer islands and private providers
- Limited youth-specific data, especially regarding behaviour and attitudes
- Criminalisation of same-sex sexual activity, which restricts safe access to SRH services for LGBTQIA+ youth.[5]

Tonga's Cultural Context and its Influence on SRH Knowledge

Silence and stigma surround sexuality in Tonga, which remains *tapu*; there is cultural stigma and shame surrounding sex. Stigma inhibits communication around all topics connected to sex and sexuality.[2] Silence and stigma are closely related yet distinct dynamics that shape young people's access to SRH knowledge. The culture of silence means that there is little open dialogue about sexuality and discussions are avoided, minimised, or considered inappropriate within families, schools, and communities. In contrast, stigma relates to the negative social judgement and shame attached to discussions about sex and sexuality.

These dynamics disproportionately affect adolescents, whose developmental stage, limited autonomy, and reliance on others to acquire knowledge about sex and sexuality make them vulnerable.[2] They also affect women and people with disabilities who are limited in their access to SRH services and knowledge.[2] These cultural factors strongly influence how information is sought, shared, and who has a right to receive education and access to services.

Methodology

The Tongan-led *Kakala* Research Framework, created by Tongan academic Professor Konai Helu-Thaman, was used for this research.[6] The selection of this framework was both a methodological and ethical decision, reflecting a commitment to centring Tongan ways of knowing, being, and relating throughout the research process. By working within the *Kakala* framework, the research was conducted in a manner that honours the lived realities, values, and cultural protocols of Tongan communities - ensuring that the design, data collection, and analysis were shaped by Tongan knowledge systems rather than imposed from outside influences.

The term *Kakala* means fragrant flowers and leaves which is represented by a garland worn around the neck or the waist, symbolising appreciation and respect.[7] The *Kakala* Research Framework consists of six components which are detailed below.

1. *Teu* stage (preparation). *Teu* means to prepare before the work begins.[8] Relationships are revisited; knowledge integration takes place for planning and design. The ethics approval process is part of *Teu* stage.

2. *Toli* stage (collection). *Toli* means to pick a flower or choose an object.[8] This stage is about selecting flowers for a garland purposely depending on the design. The *talanoa* with the participants during data collection occurs in the *Toli* stage.

3. *Tui* stage (analysis). *Tui* has several meanings which includes 'belief', 'knee' and to 'string a garland'.[8] It is the next process of making and weaving the *Kakala* itself. The themes identified in the report emerged in the *Tui* stage.

4. *Luva* stage (gifting). *Luva* means a gift from the heart. It describes the handing over or giving away of the *Kakala* with heartfelt sincerity, humility and honour to the weaver. The *Luva* stage is to honour those people who have given their knowledge.[8] This report, as a product offered back to participants, communities and stakeholders, is part of the *Luva* stage.

5. *Mālie* stage (evaluation). *Mālie* has several meanings, including 'good', 'pleasing' and 'fortunate'.[9] *Mālie* is a process that produces meaningful connections.[9] The degree to which this research strengthens connections between the participants, the research team and Sexual Wellbeing Aotearoa are meaningful, reflecting *mālie*.

6. *Māfana* stage (transformation). *Māfana* has several meanings, which include 'warm', 'heart-felt' and 'enthusiastic'.[9] *Māfana* is a movement of warm currents that energise the process of *mālie*. *Māfana* can enable people to transform their psyche (subconscious and inner self) and thinking.[9] The actions following this report reflect *māfana*.

Research Design

All focus group discussions and key informant interviews took place in both Tongan and English. The engagements were conducted using survey questions in Tongan as part of the *talanoa* approach.[7] Tongan was used in recognition of the participants' first language. English was used sporadically, when preferred.

The all-Tongan research team included two men and two women. This composition enabled the research team to promote the research opportunity to different networks, build trust and rapport, and facilitate open and frank conversations with all the participants.

The research was primarily qualitative in focus, designed to generate rich, contextual insights into young people's SRH knowledge, attitudes, behaviours, and experiences. Demographic information – including age, gender, and geographic location – was also collected to provide context for the qualitative findings.

The focus group questions and interviews were focused on the following research objectives:

1. Identifying levels of SRH knowledge and awareness
2. Identifying attitudes and beliefs about SRH
3. Identifying behaviour and practices associated with SRH
4. Identifying ways to improve access to SRH information.

Ethics Approval

The research team engaged with Tonga's MOH and led the ethics approval process with support from TFHA, culminating in the provision of ethics letter 20251008. The ethics approval process required the full disclosure of the research design, survey questions, information sheets (given to participants) and consent forms used for the research.

Data Collection

The research team undertook data collection in Tongatapu, Vava'u and Ha'apai between 27 October 2025 and 5 November 2025.

The research team utilised a purposeful sampling strategy for participant selection of Tongan youth, drawing from a range of youth. The selection criteria used was identifying youth participants who were single, unmarried Tongans aged over 16 years from Tongatapu, Ha'apai, and Vava'u. Recruitment drew on youth, school, tertiary, and community networks to include young people beyond those already connected to SRH services. The sample aimed for geographic representation, gender balance, and inclusion of LGBTQIA+ youth and youth with disabilities. By recruiting across multiple settings rather than solely through formal SRH services or programmes, the study captured a broader mix of views and experiences and reduced the risk that findings were unduly weighted toward those already connected to SRH programmes or initiatives.

The research team made concerted efforts to ensure diversity across several key dimensions relevant to the research objectives. This included:

- Geographic representation across Tongatapu, Ha'apai, and Vava'u
- Gender balance between young females and males
- Inclusion of LGBTQIA+ youth and youth with disabilities.

As a result of this sampling criteria, the research team engaged youth who were single, unmarried and between the ages of 16 and 28.

Table A outlines information about the 57 participants involved in the research.

Table A: Research Participants

Location	No. of Focus Groups for Females (No. of Females)	No. of Focus Groups for Males (No. of Males)	No. of Key Informant Interviews
Ha'apai	1 (5 females)	1 (4 males)	1 (female)
Tongatapu	2 (17 females, includes 1 LGBTQIA+)	2 (16 males)	4 (3 females, 1 male)
Vava'u	1 (4 females, includes 1 LGBTQIA+)	1 (4 males, includes 1 disabled)	2 (1 female, 1 male)
Total	4 (26 females)	4 (24 males)	7 (5 females, 2 males)

The key informant interview participants were purposefully selected in consultation with Sexual Wellbeing Aotearoa and TFHA based on their demonstrated expertise, professional roles, and influence within Tonga's SRH ecosystem.

The research team made direct contact with the key informants via email and individual phone calls. The key informants interviewed included a:

- Medical Doctor
- Nurse and Advocate
- Church Minister/Adult Caregiver
- Church Minister's Wife/Adult Caregiver
- Chief Executive Officer of Youth-led Charity/ Adult Caregiver
- Nurse Practitioner/Adult Caregiver
- Community Outreach Nurse/Adult Caregiver.

Data Analysis

The research team undertook a series of sense-making workshops, both in-person and online, in December 2025. The data analysis included the translation of responses from Tongan to English.

Thematic analysis was conducted using Braun and Clarke's six-phase framework - familiarisation, coding, generating themes, reviewing themes, defining and naming themes, and reporting.[10] The research team adopted an inductive approach, analysing each research question systematically and synthesising the resulting codes into cross-cutting themes aligned with the research objectives.

Limitations

TFHA could not guarantee that invitations to participate in the research had been sent to all their community and youth contacts in time for the research. This may have affected the breadth of the research recruitment.

There are other outer islands in Tonga, but they were out of scope of the research. Thus, the findings from this study should not be assumed to represent the experiences of youth across all Tongan islands.

Finally, as a qualitative study, the findings reflect the depth of participants' experiences and perspectives rather than statistical transferability across the wider population.

Findings

Findings from this qualitative research are presented by theme to provide analytical depth and a cohesive narrative. The findings are organised into six *vahenga* (divisions), each exploring a distinct theme drawn from the research objectives and insights, while reflecting the Tongan cultural context in which the research was conducted.

Vahenga 1: Knowledge and Understanding

This vahenga draws on findings which provide information about young people's understanding of SRH- including what they know about their bodies, relationships, contraception, and STIs - and how they interpret and communicate these concepts. The focus is on the depth, accuracy, and meaning of knowledge, rather than where that knowledge is obtained (explored in Vahenga 4).

Key Theme: A Fragmented SRH Information Ecosystem

1. What SRH means to young Tongans

Across all island groups, young Tongans commonly interpret SRH through a narrow and often behaviour-focused lens, most frequently associating it with sexual intercourse, pregnancy, and marriage. For many participants, SRH is understood as *fe'auaki* (sex) or the act of reproduction.[11]

Euphemistic terms such as *konga tapu* (sacred/forbidden part) and slang such as *'little junior'* (penis) demonstrate indirect ways of talking about SRH.[11] Gendered language also reinforces social expectations, including labels such as '*Koe ki'i pato ena ia*' (little duck) for sexually active girls.

While some participants demonstrated emerging awareness that SRH encompasses knowledge about one's body, protection from unintended pregnancy, and relationships, this broader understanding was not consistently articulated. SRH remains deeply shaped by cultural norms of *tapu*, which constrain open discussion - particularly across generations. One key informant observed:

> *"Our cultural values are good but sometimes they can also create barriers - respect can limit children from sharing things with their parents."*

A participant captured this tension directly:

> *"I feel when we hear the word sex as Tongan it's like it's a bad word. But when we learn more, it's about relationships."*
>
> Female, 24, Tongatapu

Fear of judgement further restricts communication. As a participant explained:

> *"Sometimes it's hard to show how much you know... you risk being teased or humiliated."*
>
> Female, 23, Tongatapu

This dynamic reinforces silence and limits help-seeking behaviour, highlighting a critical gap between exposure to SRH experiences and meaningful understanding of them. There is a clear need for culturally grounded explanations that resonate with young people's lived realities and create space for honest dialogue.

2. What youth know and don't know about SRH

Across all island groups, young people demonstrated uneven and incomplete knowledge of SRH. While many participants could identify basic concepts such as pregnancy, contraception and STIs, this understanding was often fragmented and shaped by misinformation or lived experience rather than structured learning.

Knowledge was frequently described as reactive rather than preventive where young people tended to seek out or encounter SRH information only after a problem had already arisen, rather than as a means of avoiding harm in the first place. One participant illustrates this pattern by describing a peer who had hidden her pregnancy until it was confirmed through testing, noting:

> *"She was hiding it [pregnancy] but the testing revealed it. Misinformation to youth happens because this young person wanted it but not safely."*
>
> Female, 21, Tongatapu

This account points to a situation in which a young person engaged in sexual activity without adequate knowledge of contraception or safe sex practices — not out of indifference, but because the information needed to make safer choices was either unavailable or inaccessible to her. The pregnancy was not the result of informed decision-making but of a gap in knowledge that left her without the tools to protect herself.

Similarly, another participant made this link between limited knowledge and harmful outcomes explicit, stating:

> *"Teenage pregnancies and young people not valuing their bodies is because youth don't know well about the topic."*
>
> Female, 21, Tongatapu

Taken together, these accounts suggest that the consequences of inadequate SRH education are not abstract — they manifest in real and disproportionate ways in young people's lives. When young people lack access to accurate, timely information, they are not equipped to make informed decisions about their bodies and relationships, increasing their vulnerability to unintended pregnancy and other harmful outcomes.

Misinformation and partial knowledge were consistently identified across all groups, and knowledge was inconsistent in quality and reliability. While some information was accurate, other forms - particularly informal or peer-driven learning - contribute to misinformation or incomplete understanding. Young people often rely on informal or experiential learning, contributing to gaps in understanding and the persistence of myths, particularly in relation to contraception, STI prevention, and safe practices.

Understanding of STIs was notably limited, with some participants openly stating they had no knowledge of them at all. Even where some awareness existed, misinformation was common - shaping not only understanding but behaviour and help-seeking. As one participant explained:

> *"Topics that are often difficult - STIs. Many young people don't understand about it and don't get help because peer pressure says that you can be naturally healed till it's too late to get medication."*
>
> Female, 25, Tongatapu

This illustrates how peer-driven misinformation can delay treatment and increase health risks.

Clear gender differences also emerged in how young people frame SRH. Young women more often associated SRH with responsibility, protection from unintended pregnancy, and social consequence. For example:

> *"Having sex before marriage is a no-no. We are princesses."*
>
> Female, 21, Tongatapu

Young men, by contrast, were more likely to associate SRH primarily with sexual behaviour. These gendered framings reflect broader cultural expectations around purity and masculinity, and have implications for how SRH education should be designed and delivered.

3. Demand for Practical and Skills-based Knowledge

There was strong demand for practical, skills-based SRH education. Participants consistently expressed the need for guidance on how to navigate relationships and protect themselves in multiple dimensions; protecting physical health by using contraception (particularly condoms); protecting bodily autonomy by understanding rights over one's own body; protecting oneself through consent.

Participants consistently highlighted that knowledge improves in safe, facilitated environments. Youth-led and gender-segregated approaches were particularly effective. One participant expressed a preference for peer-led education, noting that young people are more likely to open up and engage when discussions are facilitated by other youth rather than adults alone, provided that peer facilitators have adequate training and support. She emphasised that separating boys and girls creates a safer space for honest conversation:

> *"Some of us need youth to lead youth with support who can facilitate discussions and I believe sharing information with boys (with boys), girls with girls. It would really help."*
>
> Female, 19, Vava'u

This reflects a widely shared view across the groups — that SRH education is most effective when it is youth-led, gender-responsive, and backed by trained facilitation rather than delivered top-down by adults or authority figures alone.

Across all island groups, young people expressed a strong preference for SRH information that is practical, confidential, and culturally appropriate. There is a clear demand for:

- Ongoing, age-appropriate education (particularly in schools)
- Safe and confidential access to information and services
- Gender-segregated peer to peer spaces for open discussion
- Information delivered in accessible Tongan language and culturally relevant framing.

4. SRH Learning is Not Consistently Reinforced Over Time

While young people across all three island groups could identify at least one source of SRH information, what emerged clearly from the data was a significant gap between initial exposure to SRH content and sustained, internalised understanding. A key informant in Ha'apai stated that:

> *"The issue is to have more programmes and to follow up... we need to do it more frequently."*

This view was strongly reinforced by a Tongatapu-based key informant who described a markedly different outcome when SRH education is sustained over time rather than delivered in isolation:

> *"I invest in people, not one-off things. For example, our young girls programme, we have girls who started when they were 10 years, they are now going into their 20s, we are still connected."*

Youth participants reflected this experience from their own perspective. Several described their SRH learning as reactive — triggered by a specific event or health concern rather than built through ongoing dialogue. As one participant stated:

> *"Our youth are not very well informed, and only when something happens like pregnancy do they do some research about it."*
>
> Female, 22, Ha'apai

This pattern of knowledge sought after the fact rather than accumulated in advance reflects the absence of sustained education over time.

Participants across all island groups converged on the same vision: programmes that are frequent, interactive, youth-friendly, and followed up over time. Calls included workshops delivered across all villages on a regular basis, SRH integrated into the school curriculum from primary level, and programmes made more engaging and accessible. The consistent demand was not for more information sources, but for repeated, supported opportunities to engage with SRH in environments where young people feel safe to ask questions and to learn.

Summary of Key Themes for Knowledge and Understanding: A Fragmented SRH Information Ecosystem

Young people navigate a fragmented SRH information ecosystem: Knowledge is accessible through multiple channels - including schools, digital media, peers, and services - but remains unreliable in quality, inconsistent in delivery, and shaped by cultural silence.

SRH learning is not consistently reinforced over time: Participants highlighted that understanding improves through ongoing, supported dialogue, particularly in youth-friendly and culturally safe environments, rather than isolated awareness activities.

Language and communication further shape knowledge access: SRH terminology in Tonga is highly contextual, gendered, and influenced by cultural norms, with respectful language coexisting alongside slang and stigma. This inconsistency can create barriers to open discussions, accurate understanding, and help-seeking behaviour.

Overall, SRH is commonly understood through a moral and behavioural lens: There is a focus on sex, relationships, and social expectations, rather than as a holistic approach that encompasses health, wellbeing, rights, and informed decision-making.

Vahenga 2: Attitudes and Beliefs

Vahenga 2 captures what young people think and feel about: dating, relationships, and sex before marriage; the influence of cultural, religious, and family expectations on their views; and their beliefs around gender roles, consent, and responsibility. Understanding these perspectives is critical because attitudes and beliefs strongly shape behaviour and decision-making - and because they reveal the gendered double standards that underpin SRH experiences in Tonga.

Where Vahenga 1 explored what young people know about SRH, Vahenga 2 examines the values and norms that shape how that knowledge is held, expressed, and acted upon.

Key Theme: A Culture of Shame, Silence and Judgement

1. Sexual Norms and Lived Realities

Across all island groups, attitudes towards dating, relationships, and sex before marriage reflect a clear tension between publicly upheld cultural and religious values and privately experienced behaviours.

Church and family messaging consistently reinforces abstinence and moral restraint. One participant stated:

> *"Sex before marriage is not acceptable... You can't date at a park, nor at a school."*
>
> Male, 22, Vava'u

These strong social expectations regulate where and how relationships can be expressed, particularly in visible public spaces.

Yet participants also described that relationships and sexual activity do occur, often in discreet or private ways. A key informant noted that:

> *"'Oku ngāue anga maheni 'aki 'e he To'utupu... (this is something that youth do) they may continue having sex before marriage... some couples use video calls during dating."*

This reflects how digital technology is reshaping relationship practices, enabling intimacy to occur beyond the reach of traditional family or community oversight.

Together, these insights reveal a dual reality: cultural norms continue to define what is publicly acceptable, while young people actively adapt and navigate those norms in practice - particularly in more urban and digitally-connected contexts. This gap between public expectation and private reality is a thread that runs throughout the findings and has important implications for how SRH programmes are designed and communicated.

2. Reputation and Stigma

Across all island groups, SRH remains difficult to talk about openly, due to strong cultural norms of *tapu*, stigma, and fear of judgement. Participants consistently described how fear of gossip and reputational damage shapes communication. One participant explained:

> *"It is easy to talk only with boys. Hard to discuss with family. Sometimes this is considered tapu."*
>
> Male, 19, Tongatapu

Similarly, another participant highlighted the barriers within intergenerational communication, stating:

> *"Our parents are not open based on our culture."*
>
> Female, 22, Vava'u

This reinforces the idea that family environments are not always safe spaces for SRH discussion. This lack of open communication pushes young people towards peers or private sources of information.

Fear of judgement also affects how knowledge is expressed. As noted earlier, the silence of young people around SRH is not simply a matter of personal discomfort; it is shaped by a wider social environment in which speaking about these issues can invite judgement, gossip, and assumptions about personal behaviour. Participants consistently described family and community contexts as spaces where SRH remains difficult to discuss, where youth may avoid demonstrating understanding to prevent assumptions about their behaviour. This creates a disconnect between knowledge and communication, where young people may know something about SRH but feel unable to discuss it openly.

At the same time, participants emphasised that same-gender environments enable more open discussion. One participant shared,

> *"It's just difficult to talk about it at community level, as its too sensitive and communities are composed of our families. It's better to address it by having sessions only with girls and boys separately to talk about it at community level."*
>
> Female, 21, Tongatapu

This highlights the importance of safe, culturally appropriate spaces for dialogue.

3. Consent and Cultural Complexity

Across all focus groups, consent was widely recognised as important - but its practical application is shaped by cultural, relational, and gendered factors that complicate understanding.

Participants described consent not as a purely individual right, but as something embedded in family reputation, relationship dynamics, and community expectations. This broader framing influences how young people navigate relationships and make decisions. The complexity of discussing and demonstrating understanding of consent was also evident. One participant explained:

> *"Consent is important and key for any relationship because it sets boundaries to your choices... some girls don't give consent but just do it to save their relationship... abuse happens because you don't give consent and you have to look out for the red flags."*
>
> Female, 18, Tongatapu

Another participant shared:

> *"For me it's important to understand the meaning of consent – if you are in agreement to something and you are forced to do something you are not comfortable with, that is not right."*
>
> Female, 23, Tongatapu

These responses demonstrate that young people can articulate consent when given the space to do so. These findings also suggest that while consent is acknowledged conceptually, there is a need for more practical, context- based understanding that reflects real-life relationship dynamics and addresses power imbalances.

4. Gender and Power

Across all island groups, gender and power dynamics emerged as a consistent and influential theme shaping young people's SRH experiences. While some participants believed that young men and women should have equal rights over their bodies and sexual health, deeper discussion revealed that these ideals are not consistently reflected in practice.

Gender dynamics further complicate consent. Young women are often expected to manage boundaries and consequences, while young men face fewer social risks. This imbalance limits the ability of young women to fully exercise their agency and reinforces unequal power dynamics within relationships. One key informant observed:

> *"Men are usually more dominant, which often leads to situations where girls feel regret afterward because they don't have an equal say during sexual activity."*

Across all focus groups, participants described stronger social control over female sexuality, with expectations around purity, virginity, and family honour continuing to define how young women are viewed and judged. These norms reinforce a pattern in which the consequences of sexual activity are disproportionately borne by young women. Pregnancy out of marriage for young women is a visible and socially consequential outcome, and intensifies this imbalance, often resulting in greater scrutiny, stigma, and long-term impact for females, while young men are less likely to experience comparable reputational damage. As one key informant observed:

> *"When it comes to pregnancy, there's also signs of inequality."*

This highlights how responsibility and social consequence are unevenly distributed.

This imbalance is further reflected in patterns of service engagement and accountability. A key informant noted that:

> *"Mothers normally come in [to the clinic]. When the father comes in, the father already knows what's happening."*

The key informant was describing a pattern in which mothers are the ones who proactive, seek care, navigate health services, and bear the immediate physical and emotional weight of reproductive health outcomes. When fathers do present at the clinic, it is typically because they have already been told what is happening by the mother, and not because they have independently sought involvement. Women are more directly burdened with both the physical and social responsibilities of reproductive health, while men are less visibly engaged in care-seeking processes.

As previously mentioned, fear of judgement and gossip further reinforces these inequalities. Young female participants described heightened concern about community perceptions, which influences what they are willing to disclose and whether they seek health services or support. One participant captured this directly:

> *"That's something I keep hearing — if you get pregnant not married yet, you will be cut off... I get scared. "*
>
> Female, 23, Tongatapu

At the same time, young women demonstrated a strong sense of responsibility for protecting their bodies and future reproductive roles, often internalising these expectations. One participant explained:

> *"It's important for women to protect our bodies as well as our sexual organs... we have to keep our reproductive organs healthy to have children or conceive."*
>
> Female, 16, Tongatapu

This reflects both agency and pressure, where personal health is closely tied to social expectations around fertility, motherhood, and respectability.

Summary of Key Themes for Attitudes and Beliefs: A Culture of Shame, Silence and Judgement

Sexual Norms and Lived Realities: Youth navigate a dual landscape where abstinence-based cultural and social expectations coexist with evolving, digitally mediated relationship practices.

Reputation, Stigma, and Social Control: Fear of judgement, gossip, and reputational harm shapes disclosure, behaviour, and access to SRH information and services - with young women bearing the greatest burden.

Consent in Context: Consent is recognised as important but interpreted through cultural, gendered, and relational lenses, limiting consistent application.

Gendered Norms and Unequal Power: Young women face disproportionate social risk and consequences in relation to sexual behaviour, reflecting persistent gender inequalities in SRH expectations and outcomes.

Communication Barriers and Need for Safe Spaces: SRH discussions remain *tapu* and constrained by social norms, highlighting the need for culturally safe, youth-friendly, and gender-responsive dialogue spaces.

Vahenga 3: Behaviour and Practices

Where Vahenga 2 explored how values and norms are understood and internalised, Vahenga 3 examines how these norms are applied in practice.

Vahenga 3 draws on what young people do – their actual practices and behaviours related to navigating risk, protection and access to services. This provides information about the real-life application of SRH knowledge within social and cultural constraints, and examines divergences between reported knowledge and actual behaviour, highlighting gaps between awareness and practice.

Key Theme: Unequal Consequences - Gender, Behaviour and the Gap Between Public Norms and Private Realities

1. Dating Practices

Across all island groups, what counts as acceptable behaviour in relationships is not fixed - it is negotiated through a combination of family expectations, church teachings, peer influence, and the realities of a social world increasingly mediated by technology.

Less intimate behaviours such as handholding, talking, and dating were often described as acceptable, but only within socially recognised boundaries. One participant stated:

> *"I think holding hands is ok, I recall one nurse told [me] it's bad though."*
>
> Male, 22, Tongatapu

Reflecting the mixed and sometimes contradictory messages young people receive about what is permissible even within non-sexual physical intimacy. Another participant stated:

> *"Kissing is ok like a couple, they will kiss, it's normal but they should know their limitation... communication should remain respectful, no force of intimidation and should lead to a relationship built on trust and consensus."*
>
> Female, 24, Tongatapu

What is notable with the second participant's response is that she is not simply describing what is socially acceptable; she is articulating the foundations of a healthy relationship: mutual respect, clear communication, the absence of coercion, and shared agreement.

Technology was consistently identified as a major driver of change. Participants described phones and social media as reshaping how relationships begin, how intimacy is expressed, and how traditional controls are bypassed. A participant said:

> *"In the past, we only knew people who had relationships, who knew of our girlfriends. Nowadays, we use phones to message. Technology has taken over traditional practice."*
>
> Male, 21, Tongatapu

Youth from Tongatapu and Ha'apai described texting, video calls, Facebook stories, and even naked video calls as part of contemporary dating practices.

Young women (Tongatapu and Ha'apai, ages 20-26) noted that technology can devalue girls, create drama in families, and expose youth to manipulation, including image-based harm. One participant said bluntly:

> *"AI is scary because you can send an image to your boyfriend and he can manipulate it."*
>
> Female, 22, Tongatapu

The data also shows that young people continue to distinguish between what is acceptable when dating, and behaviour considered too risky or too public. Several participants described the ideal relationship as one conducted in safe or supervised places. One participant said that if a couple goes on a date:

> *"The guy should go and ask the girl's parents and go to her home like how it was back then."*
>
> Female, 23, Tongatapu

Another participant added that if home is not safe:

> *"Go to a place that is safe like restaurant or public place."*
>
> Female, 25, Tongatapu

One participant agreed that dating was acceptable:

> *"If they are dating and seen in acceptable places i.e. home, church, restaurant. Not a park, not at school."*
>
> Female, 20, Vava'u

This suggests that acceptability is tied not only to the act itself, but to whether it occurs within socially accepted and respectable settings.

Importantly, the findings do not suggest that youth are simply abandoning Tongan values. Rather, they are attempting to manage competing expectations: respecting family, faith, and culture while participating in a modern social world that moves faster than traditional forms of guidance. This tension leaves many young people without clear pathways for navigating relationships safely and respectfully.

2. Public Norms and Private Realities

Participants repeatedly described a gap between what is publicly affirmed and what is privately practiced. Although sex before marriage was often described as culturally wrong or unacceptable, young people also recognised that premarital intimacy does occur. One participant captured this contradiction directly:

> *"Dating, handholding and some physical intimacies are widely accepted; sex before marriage is publicly condemned but privately common."*
>
> Female, 25, Tongatapu

In Ha'apai, premarital sex was described as *nonofo kovi* (something bad), yet participants also acknowledged that some young people begin sexual relationships while still underage. These accounts suggest that youth behaviour is shaped by secrecy and social surveillance, where outward conformity to moral expectations coexists with a more complex private reality.

Across all sites, participants described a sharp tension between traditional expectations and modern life. Traditional courtship was repeatedly associated with parental knowledge, supervision, modesty, and respect. Modern youth practice, by contrast, was described as more individualized, less supervised, and increasingly mediated by phones and social media. One participant explained that in the past:

"Parents think dating should be at home, boys should come to the girl's home."

Female, 24, Tongatapu

Another participant reflected that fewer parents are teaching youth to value their bodies or respect elders in the same way.

Participants also linked this shift to the weakening of intergenerational teaching structures. A key informant explained:

"Once upon a time we would celebrate a young female getting her period. This has stopped! When a young female gets her period, her mother and aunts would get together and inform her about what to expect with her body."

The same informant added that:

"Boys once had clearer guidance through fathers and cultural roles, but these processes have weakened, leaving families [like] a tamai mate/father-less families."

This suggests that behavioural confusion is not simply about youth rejecting culture, but about the erosion of clear and trusted ways for traditional knowledge to be passed down.

3. Protection, Relational Responsibility and Trusted Support

Young people did not describe safe sex practices only in clinical terms. Condoms and contraception were frequently mentioned as important forms of protection, but safety was also framed as relational, emotional, and practical. A participant stated plainly that:

"Contraception is key to protecting you and your body."

Female, 25, Tongatapu

Another participant said:

"Condoms are used commonly for protection."

Female, 21, Tongatapu

One participant similarly described:

"Use condoms to stop pregnancy."

Male, 19, Tongatapu

These comments show that at a basic level, protection against unintended pregnancy and STIs is recognised as central to safer sexual behaviour.

However, participants also emphasized that safety depends on communication, trust, accountability, and self-awareness. One participant explained:

"For me communication is important, as well as when they know what relationship is about."

Male, 20, Tongatapu

Similarly, several female participants (Tongatapu and Ha'apai, ages 22-26) included 'good communication and using protection', 'trust', and 'accountability – being true to yourself' as safe practices. Another female stated that:

"Everything comes with responsibility."

Female, 24, Tongatapu

These responses indicate that young people understand safety not simply as avoiding harm, but as being in relationships where expectations, limits, and intentions are openly understood.

There was also a strong view that safety depends on avoiding settings that increase vulnerability. Participants spoke about not going to dark or isolated places, not hiding relationships, and being careful with alcohol. One participant warned that:

"Alcohol during dating can lead to danger."

Female, 23, Ha'apai

Another participant associated safer practice with openness:

"It is safer not to hide their relationships; being open about them is safer."

Female, 19, Vava'u

Key informants extended this further by linking safety to guidance and service navigation. They emphasized the need for youth to know where to go, how to access help confidentially, and how to interpret SRH information in ways that are practical and culturally meaningful. This suggests that youth understand safe practice in three connected ways: as protection, as healthy relational conduct, and as access to trusted support.

4. Response to Pregnancies

The most consistently reported fears across all island groups were STIs, unintended pregnancies, and judgement from family and community. Participants frequently described STIs and pregnancies not only as health concerns, but as events that carry stigma, shame, and reputational consequences.

One participant said:

"Fears can be getting pregnant when not married yet, it will be hard to tell my parents as I know I'll be judged and cut off by my family."

Female, 23, Tongatapu

Other participants (Ha'apai, ages 20–24) similarly identified 'pregnancy', 'STIs,' and 'the judgements made by the families and communities' as their biggest concerns.

For girls and young women, pregnancy was described as especially serious because of the visible and social consequences it carries. A participant noted that if a girl is not a virgin at marriage:

"Purity is being judged harshly by the families."

Female, 24, Tongatapu

Girls were judged not only sexually but also against broader cultural expectations around marriage and womanhood. Young women across all island groups, aged 20–26 described fears of being forced into marriage, being disowned, or suffering abuse at home due to unintended pregnancies.

Participants (Ha'apai, ages 19–23) raised concerns about suicide, stigma, and the impact of pregnancy on mental health and wellbeing when young people are not supported. By contrast, key informants suggested that boys are less likely to carry the same long-term social burden.

One key informant observed that:

"For boys, pregnancy and STIs often do not produce the same degree of worry... male clients frequently come for treatment without much concern about social consequences."

This points to a clear gender imbalance in how behavioural risk is experienced and judged.

The data also shows that some fears are shaped by misinformation and uneven understanding. One participant, reflecting inaccurate knowledge about prevention, said:

"Hinalolo (oil), is a way to protect from STIs."

Male, 20, Ha'apai

At the same time, a key informant challenged the idea that fear itself is always a deterrent, stating:

> *"These days, the youth are fearless! From what I have seen, youth do not care. Youth are not fazed by disease, stigma or an unwanted pregnancy."*

This contrast highlights an important distinction between internal anxiety and outward behaviour. While some adults interpret youth behaviour as evidence of indifference or fearlessness, young people themselves often describe significant anxiety about pregnancy, stigma, disclosure, and reputational harm. Youth do articulate fear but still act in ways that appear risky, particularly within contexts where information is patchy, peer influence is strong, and the consequences of disclosure can be as threatening as the risk itself.

Summary of Key Themes for Behaviour and Practices: Unequal Consequences - Gender, Behaviour and the Gap Between Public Norms and Private Realities

Socially Regulated Intimacy: Youth relationship behaviours are shaped by strong cultural expectations of respectability and discretion, with a clear divide between publicly acceptable behaviours and private realities.

Transitional Cultural Landscape: Young people are navigating a shift between traditional values and modern influences, with weakened intergenerational guidance and increasing exposure to peer-driven norms.

Normalisation of Risk Behaviours: While premarital sex is culturally discouraged, it is widely acknowledged as occurring, with contraception accepted in principle but inconsistently accessed and used.

Awareness–Behaviour Gap: Although STIs and unintended pregnancy are recognised risks, behaviour is shaped by secrecy, peer influence, and social pressures, resulting in inconsistent protective action.

Gendered Consequences of Risk: The social and personal consequences of sexual behaviour are disproportionately borne by young women, particularly in relation to pregnancy.

Vahenga 4: Information Services

Vahenga 4 describes the information sources that shape how young people in Tonga access, interpret, and trust SRH information.

Understanding information sources is not simply a question of mapping who young people turn to. It is about understanding the conditions under which information is sought, shared, and acted upon - and why, for many young people, the most accurate sources remain the hardest to reach.

Key Theme: Trusted Sources and Barriers to Access

1. Navigating An Ecosystem of Information Sources

Across Tongatapu, Ha'apai and Vava'u, young people access SRH information through a layered ecosystem of schools, digital platforms, peers, family, churches, and health services. No single source provides comprehensive or consistent knowledge; instead, youth piece together their understanding from different channels depending on accessibility, privacy, and perceived safety.

When reflecting how information is accumulated across settings, one participant described:

> *"From home. Internet and school, too."*
>
> Female, 23, Vava'u

This reflects that information is accessed through more than a single trusted pathway. While some sources provide medically accurate information, others contribute to misinformation or incomplete understanding, particularly when learning is informal or peer driven.

2. Schools-Based Education

School-based education emerged as the most consistent and socially accepted source of SRH information across all island groups. Subjects such as Biology, Science, and Social Sciences provide foundational knowledge about body parts, reproduction, and relationships, often representing young people's first formal exposure to SRH. As one participant explained:

> *"Primary school I learn about body parts from science and that is expanded in high school... I also learn about sex from talking with my friends."*
>
> Female, 23, Tongatapu

Another participant shared:

> *"Young people learn it from school, in class, and through social media such as Facebook."*
>
> Male, 19, Vava'u

These quotes highlight the central role of school alongside other sources. Participants valued schools as structured environments where SRH can be discussed in a legitimate and normalised way; however, SRH education was often limited to basic concepts or one-off sessions. This gap is reflected in calls from youth for stronger delivery:

> *"We want better learning at school, not just a one-pager about sex and that's it."*
>
> Female, 16, Tongatapu

Overall, while schools are highly valued, there is a clear need for more comprehensive, sustained, and practical SRH education.

3. Digital Platforms

Digital platforms - including the internet and social media - are highly accessible and widely used. Many participants valued these digital platforms for their privacy, immediacy and convenience, particularly when seeking information on sensitive topics.

However, participants also highlighted risks, including exposure to pornography and misinformation.

> *"Here in Tonga, everyone can access the internet – it's dangerous. Young primary school students can access porn..."*
>
> Female, 22, Vava'u

Digital platforms therefore function as both an important information resource and a source of potential harm, shaping both knowledge and behaviour.

4. Family and Parents

Family is recognised as an important potential source of SRH knowledge, particularly for topics such as menstruation, relationships, and values. However, cultural norms of *tapu* significantly limit open discussions within households.

> *"Learned it from home, my mother explained about all these things for me to be aware. I was 18 when my mum explained about my body, sex and relationships."*
>
> Female, 21, Tongatapu

This reflects widespread barriers to intergenerational communication. Even when parents are knowledgeable, time constraints or discomfort can limit engagement. As one key informant noted:

> *"As a mother, I don't always have time to explain things."*

As a result, many young people rely more heavily on peers and digital platforms, even when these sources are less reliable.

5. Peers and Friends

Peer groups play a significant role in sharing SRH information, particularly in environments where family discussions are limited. One participant shared:

> *"Apart from NGOs, we get it from friends which often isn't the right information."*
>
> Female, 20, Tongatapu

Peer networks are a key informal source of SRH information and provide immediate and relatable sources of information, often based on lived experience and not always accurate.

Among young men especially, informal spaces such as bars, coastal areas and huts were described as places where conversations about sex and relationships occur. One participant shared:

> *"Small huts where boys usually stay; they often share information about sex and relationships."*
>
> Male, 22, Tongatapu

Information shared within peer groups can reinforce myths, normalise risky behaviours, or lack practical guidance on protection and health services. This reinforces the need for trusted, youth-friendly sources that can compliment peer learning with accurate information.

6. Trust is relational

Trust in SRH information is strongly relational. One participant shared:

> *"Due to TFHA privacy, some youth want to go there when no one knows they are coming in for treatment or testing. MOH is the same."*
>
> Female, 20, Tongatapu

Another participant also shared:

> *"TFHA because this is their area... and they are about confidentiality and [you] feel safe."*
>
> Female, 23, Tongatapu

Young people are more likely to engage with sources that provide confidentiality, cultural alignment, and emotional safety. Schools are trusted for legitimacy, while digital platforms and peers are valued for privacy and accessibility.

Health providers and organisations such as TFHA, MOH, and community-based initiatives were consistently described as trusted and credible sources of SRH information. These services provide medically accurate guidance, confidential support, and practical resources.

Despite multiple information sources, cultural silence, stigma, and fear of judgement continue to limit open discussion. Young people identified topics they want to learn more about - such as relationships, STI prevention, and contraception - but find difficult to ask due to embarrassment or social expectations.

7. Information Gaps and Barriers

Across all island groups, participants highlighted a clear preference for SRH information that is practical and easy to understand, confidential and safe to access, and are youth-focused, noting safe spaces for learning and engagement. This is highlighted from one participant who said:

> *"Start with confidentiality."*
>
> Female, 19, Tongatapu

Access to these services is uneven and often reactive rather than preventative. Many young people only engage with health services when a specific need arises, rather than as a regular source of information. One participant said:

> *"Our youth are not very well informed and [its] only when something happens like pregnancy and then they do some research about it."*
>
> Male, 23, Tongatapu

Barriers such as stigma, fear of judgement, and concerns about confidentiality further limit utilisation.

These findings highlight that access to information alone is not sufficient. The way information is delivered, the context in which it is shared, and the level of trust associated with each source all play critical roles in shaping young people's engagement with SRH knowledge.

Summary of Key Themes for Information Sources: Trusted Sources and Barriers to Access

Multi-source ecosystem: Youth draw SRH information from schools, digital platforms, peers, family, and services, with no single consistent or comprehensive source.

Schools as primary entry point (but limited): Formal education provides the most common and legitimate introduction to SRH, yet is often brief, inconsistent, and lacking practical application.

Family influence constrained by silence: Parents and caregivers are important but underutilised sources due to cultural norms of *tapu*, shame, and discomfort discussing SRH.

Peer networks as accessible but unreliable: Friends and informal youth spaces enable open discussion yet often circulate partial or inaccurate information.

Health services highly trusted but underused: TFHA, MOH and NGOs are seen as credible and confidential, but are typically accessed only when needed rather than for ongoing learning.

Vahenga 5: Cross-Island Comparable Insights

This section synthesises findings across Tongatapu, Ha'apai, and Vava'u, drawing on all survey questions to identify similarities and differences in knowledge, attitudes, behaviours, and information access across the three islands.

While Tongatapu, Ha'apai and Vava'u share cultural foundations, they operate within distinct geographic, social, service delivery and exposure contexts. Developing cross-island comparable insights is therefore critical to ensuring that this research meaningfully informs both policy and programme design in Tonga, while capturing:

- Shared structural barriers affecting all youth in Tonga
- Island-specific dynamics requiring tailored responses
- Service delivery gaps linked to geography and infrastructure
- Cultural variations influencing SRH knowledge, attitudes and practices.

Similarities Across Islands:

Taboo and shame: Across all three island groups, sexual activity is treated as *tapu*, and fear of gossip and judgement is strong.

Digital influence: Youth everywhere are using phones, social media, and the internet to fill information gaps.

Gendered norms: Double standards around boys' and girls' sexuality are consistently reported.

Limited SRH vocabulary: While key Tongan terms are known, there are gaps in language for modern SRH concepts, such as abortion.

Fragmented knowledge and limited understanding: SRH knowledge is uneven and often incomplete. While basic awareness exists (e.g. pregnancy, condoms), deeper understanding – particularly around STIs, contraception options, and safe sex practices – is limited.

Reliance on informal learning environments: Peers, social spaces, and informal settings play a significant role in shaping SRH knowledge and behaviours.

Tongatapu

Strengths

- Highest concentration of SRH services (e.g., TFHA, MOH clinics, NGOs) and school-based programmes.
- More exposure to diverse viewpoints and NGO-led conversations on SRH, consent and gender.

Challenges

- Higher exposure to pornography driven by greater digital access, urban social environments, nightlife, and peer pressure.
- Urban anonymity acts as a double-edged sword, as it can reduce the protective fabric of community oversight/care while simultaneously enabling young people to increase hidden risk behaviours.
- Normalisation of hidden risk behaviours, while public norms remain conservative, increases private sexual activity, experimentation.

Ha'apai

Strengths

- Strong community cohesion and church involvement.
- High concern for youth wellbeing and desire for more programmes.

Challenges

- Limited in-person services and outreach; NGO presence is lighter.
- High sensitivity to gossip, and stories of severe stigma, including suicide and extreme responses to pregnancy, are reported.
- Severe social consequences and extreme stigma associated with pregnancy and sexual activity, including social isolation and emotional distress.

Vava'u

Strengths

- Active engagement of church leaders and mothers in reflecting on youth issues.
- Existing youth groups and church structures that can host SRH sessions.

Challenges

- Strong traditional expectations and norms; cultural expectations strongly regulate behaviour; respecting norms can make open discussion difficult.
- Reliance on visiting mobile outreach services and programmes, with gaps between visits.

Table B: Cross-Island Comparative Summary

Domain	Tongatapu	Ha'apai	Vava'u
Knowledge sources	Diverse; heavier online exposure	Limited; school and family and some NGOS	Mixed: moderate digital exposure
Service access	Better but uneven	Most constrained; staffing shortages	Moderate but inconsistent
Cultural pressure	Strong but varies	Extremely strong; high gossip risk	Strong but more contested than norms in Tongatapu
Dating norms	Most accepted, normalised	Most restricted	Moderately accepted; emotional dynamics highlighted
Digital risks	High exposure due to greater connectivity	Lower exposure, but misinformation persists	Moderate exposure, shaped by digital access and strong traditional norms
Gender norms	Double-standards evident between genders	Strongest reinforcement of double-standards between genders	Double standards between genders are strong but increasingly questioned
Stakeholder capacity	Highest overall but stretched	Lowest capacity	Moderate; co-ordination gaps

Vahenga 6: Gender Comparable Insights

This section synthesises all gender-related findings across Tongatapu, Ha'apai, and Vava'u, drawing on findings across Vahenga 1–4. It integrates insights on knowledge, attitudes, behaviours, and information sources to identify both similarities and differences between young women and men. Rows are organised around five cross-cutting themes.

Developing gender comparable insights is critical to ensuring that this research meaningfully informs both policy and programme design in Tonga. Analysing the data comparatively enables SRH stakeholders to distinguish between:

- Shared structural barriers affecting young females and males in Tonga
- Gender-specific dynamics requiring tailored responses
- Service delivery gaps linked to gender
- Gendered variations influencing SRH knowledge, attitudes and practices.

Table C: Summary of Gender Comparable Insights

Vahenga	Young Women	Young Men	Comparative Insight across islands
1. Knowledge and Understanding (Depth, Accuracy, Gaps)	Young women demonstrate broader exposure to SRH concepts through schooling and health messaging. They are more likely to frame SRH in terms of responsibility, protection, and consequences. However, they also carry a heavier burden of misinformation (particularly around contraception) and social pressure to "know correctly".	Young men tend to have narrower SRH knowledge, often focused on sexual behaviour rather than holistic health. Awareness of contraception diversity and STIs is more limited, particularly in outer islands. Knowledge is often shaped through informal learning rather than structured education.	Across all islands, youth in Tongatapu show higher exposure but not necessarily deeper understanding, while Ha'apai and Vava'u youth show more limited but similarly fragmented knowledge and shaped by cultural norms. Gender differences are consistent across islands: females have wider exposure but greater pressure and misinformation burden; males have narrower but less scrutinised understanding.
2. Attitudes, Beliefs and Social Norms	Young women's sexuality is strongly tied to purity, respectability, and family honour. They experience high sensitivity to stigma, gossip, and moral judgement.	Young men's sexual activity is more socially tolerated across all island groups, particularly after puberty. While church and cultural norms still discourage premarital sex; enforcement is less strict for males.	A consistent gendered double standard exists. While norms and expectations are strongest in Ha'apai and Vava'u where church and community influence is more pronounced, the pattern holds in Tongatapu as well. Cultural and religious expectations regulate female sexuality more tightly while normalising male behaviour.
3. Behaviour, Practices and Risk	Young women are expected to manage risk, including pregnancy prevention and maintaining boundaries. The consequences of risky behaviour, especially pregnancy, are highly visible and disproportionately affect their education, reputation, and future opportunities.	Young men experience greater freedom in sexual decision-making, with fewer visible or long-term consequences. Responsibility for risky behaviour is often less emphasised, and accountability may be diffused.	Risk is experienced asymmetrically across all islands. In all contexts, young women bear the majority of social and physical consequences, reinforcing unequal power dynamics. While Tongatapu presents more SRH information and health services (including digital influence), Ha'apai and Vava'u show stronger social consequences including judgement and isolation from family, and peers, gossip, reputational damage and social cohesion intensifies stigma.
4. Communication, Confidence and Agency	Young women report lower confidence in openly discussing SRH due to stigma and fear of judgement, particularly within families and mixed-gender settings. They are more likely to engage in safe, gender-segregated environments where trust is established.	Young men demonstrate greater outward confidence in peer discussions, particularly in male-only spaces. However, depth of understanding and ability to engage critically is often limited.	Cultural silence constrains both genders, though in different ways. While males appear more confident, this does not equate to deeper understanding. Both genders benefit from safe, youth-led and gender-segregated spaces, particularly in Ha'apai and Vava'u where cultural constraints are stronger.
5. Information Access, Sources and Trust	Young women are more likely to engage with formal and relational sources such as schools, health services, and (where possible) family members. They place strong emphasis on trust, confidentiality, and cultural appropriateness when seeking information.	Young men are more likely to rely on informal and peer-based sources, as well as digital platforms. Information access is often shaped by convenience, social environments, and peer influence.	Both genders navigate a layered information ecosystem. Tongatapu shows greater access to services and digital exposure, while outer islands rely more on schools and community structures. Gender differences are consistent: females prioritise trusted and safe channels, while males more frequently rely on informal or peer-driven pathways.

Recommendations

The following recommendations have been aligned to the objectives of the research project, with suggested timelines to support the various SRH stakeholders, programmes and policy initiatives in Tonga.

Short-Term (0–18 months)

1. **Clarify and standardise core SRH messages** across TFHA, MOH and other SRH partners, with simple Tongan and English explanations of SRH, consent, contraception, STIs and where to get help.
    - Benefits: Consistent, rights-based messaging; adaptable for schools and churches.
    - Risks: Perception of promoting "Western" norms if not co-designed.
    - Enablers: Existing SRH initiatives; TFHA's legitimacy; NGO networks.
    - Dependencies: A proposed technical working group to develop content with MOH and TFHA endorsement.

2. **Strengthen youth-friendly, gender-segregated SRH sessions in schools and communities** in each island group, co-facilitated by TFHA and trusted local partners.
    - Benefits: Safer discussion spaces; improved knowledge; early linkage to services.
    - Risks: Local pushback, potentially mitigated through strong communication with school boards, parents and church.
    - Enablers: Prior community outreach experience; demand from existing curriculum links.
    - Dependencies: Given school context, a commitment would be expected from MOH and Ministry of Education (MOE).

3. **Develop parent and caregiver SRH conversation guides** in Tongan, with practical language, metaphors and examples to support "talking at home" about puberty, consent, relationships and contraception.
    - Benefits: Strengthens intergenerational trust; reduces reliance on the internet alone.
    - Risks: Parents' own beliefs and lack of understanding.
    - Enablers: Church women's groups; mothers' and fathers' fellowships.
    - Dependencies: Contextualisation workshops and cooperation from with elders and church leaders.

Medium-Term (18–36 months)

4. **Strengthen youth-friendly service pathways** from schools, churches and NGOs to support improved SRHR in Tonga, including discreet referral cards, clear signage, and youth-only clinic hours in each island group.
    - Benefits: Translates knowledge into service accessibility and use.
    - Risks: Resource constraints; privacy concerns in small communities.
    - Enablers: TFHA's existing service footprint; MOH commitment to RMNCAH.
    - Dependencies: Clinic staffing; coordination across agencies.

5. **Co-design SRH and cultural resources with church leaders and scholars,** centring on protection, love, mutual respect and social justice rather than punishment and shame.

    - Benefits: Reduces perceived conflict between faith and SRHR; opens doors for pulpit and youth fellowship messaging.
    - Risks: Theological interpretations can fragment consensus, constrain content, and undermine sustainability; leadership turnover.
    - Enablers: Existing relationships with church partners; faith-based NGOs.
    - Dependencies: Time for dialogue; inclusive representation of denominations.

Long-Term (36+ months)

6. **Institutionalise a youth-centred SRH curriculum** (formal and non-formal) using the four vahenga structure across all of Tonga, with content tailored for age bands (upper primary/intermediate levels through to early teens, older teens, young adults) and for diverse groups (youth with disabilities, LGBTQIA+ youth, out-of-school youth). This recommendation is informed by perspectives from key informants, who identified Family Life Education (FLE) and structured curriculum-based approaches as critical entry points for strengthening SRH knowledge. Notably, FLE was not explicitly raised by youth participants themselves.

    - Benefits: Systematic coverage; reduced information gaps; supports goal of youth-friendly SRH services.
    - Risks: Curriculum fatigue; teacher discomfort.
    - Enablers: Existing MOH and TFHA resources; other existing SRH material and literature.
    - Dependencies: MOE policy alignment, approval and support; teacher training and supervision.

7. **Advocate for and support a renewed national SRH strategy** that centres adolescents and youth, integrates SRHR that may include GBV, and formalises the role of NGOs and community organisations in service delivery across all island groups. This strategy serves to recognise the link between SRHR and GBV in Tonga, where gendered power imbalances, stigma, and norms of silence limit young people's—particularly young women's—ability to negotiate consent, access contraception, and seek care safely. Addressing SRHR therefore requires a whole-of-system approach that strengthens protection, agency, and respectful relationships alongside service access.

    - Benefits: Policy coherence; sustainable funding; stronger accountability.
    - Risks: Competing national priorities; political change.
    - Enablers: Existing SRH literature and materials; United Nations and regional SRH partners.
    - Dependencies: MOH leadership; multi-stakeholder steering group.

8. **Invest in digital SRH ecosystems that are safe, culturally grounded and Tongan-led** – e.g., moderated SRH information sites, chatbots, and social media campaigns co-created with youth, featuring Tongan language, metaphors and role models.

    - Benefits: Meets youth where they are; counters harmful content; expands reach to outer islands and diaspora.
    - Risks: Online backlash; misinformation; data privacy concerns.
    - Enablers: Youth digital literacy; partnerships with mobile providers and influencers.
    - Dependencies: Safeguarding protocols; content moderation and monitoring.

9. **Advocate for school and institutional policies to ensure gender equity.** Advocate for policies that eliminate discriminatory practices affecting girls, including those related to pregnancy, SRH and emphasise shared responsibility.

    - Benefits: Strengthens gender equity; reduces dropout rates.
    - Risks: Resistance from conservative decision-makers.
    - Enablers: Global adolescent rights frameworks; qualitative and administrative data (e.g. school retention, pregnancy-related dropout).
    - Dependencies: MOE/MOH multi-sectoral agreement.

10. **Invest in long-term workforce development for SRH delivery.** Create career pathways, scholarships, and continuous training for SRH educators and clinic staff.

    - Benefits: Sustainable service quality; reduced burnout.
    - Risks: Staff attrition due to overseas opportunities.
    - Enablers: Supportive MOH and MOE leadership.
    - Dependencies: Budget commitments; partnerships with training institutions.

Conclusion

This research set out to understand what young people in Tonga know about SRH, how they experience and interpret SRH within their social and cultural contexts, and what barriers shape their access to accurate information and services.

Across Tongatapu, Ha'apai and Vava'u, the findings reveal a complex and evolving SRH landscape - one shaped by the intersection of faith, culture, family authority, peer influence and digital exposure. While youth are not disengaged from SRH issues, they are navigating them in environments where safe, trusted and confidential spaces for open dialogue remain limited.

At its core, the research confirms that SRH knowledge among Tongan youth is neither absent nor uniform. Rather, it is fragmented, uneven and socially mediated. Young people learn about their bodies, relationships and sexuality through multiple pathways: schools, TFHA outreach, health providers, peers, family members, church messaging, and increasingly the internet and social media.

Digital access has become a defining feature of the contemporary SRH environment. Mobile phones, social media platforms and online search engines function as informal curricula, providing rapid access to information but also exposing youth to pornography, misinformation and distorted representations of relationships and consent. While digital platforms offer privacy and accessibility, they also amplify risk where critical literacy skills are limited. In this context, exposure does not equate to understanding. Instead, it often reinforces curiosity without guidance.

A dominant cross-cutting theme is the persistence of shame, silence and fear of judgement surrounding sexuality. SRH remains widely regarded as *tapu*, particularly within family and church settings. While moral teachings about purity, respect and abstinence are strong, practical discussions about contraception, consent, and STI prevention are frequently avoided. Young people are expected to uphold cultural and religious values yet are left to navigate intimate relationships with limited open guidance.

The research also highlights persistent gendered double standards and unequal power dynamics. Young men's sexual activity is often normalised or trivialised, whereas young women's sexuality is closely scrutinised and tied to family honour. Although participants broadly endorsed the principle of consent, their understanding of consent in practice was inconsistent and often blurred. Young women described experiences of pressure, coercion and boundary testing, suggesting that awareness of consent does not automatically translate into safety or agency.

Across all island groups, there is evidence that risky behaviours are both acknowledged and normalised. Dating and early relationships are common; sex before marriage is publicly condemned but privately occurring. Contraception is increasingly recognised, yet correct usage and consistent access remain limited. Knowledge of STIs is particularly narrow and frequently confined to HIV, with limited understanding of broader STI transmission, prevention and treatment.

While Tongatapu benefits from greater service availability and NGO presence, urban exposure brings both opportunity with expanded access to information and services and increased risk through urban anonymity, peer-driven behaviours. Ha'apai and Vava'u, while more conservative in social norms and more strongly influenced by church structures, are experiencing growing pressures shaped by outward migration exposing youth to new norms and experiences, increased access to technology and social media, and shifting generational expectations.

Ultimately, this report affirms that Tongan youth are thoughtful, reflective and acutely aware of the tensions they navigate. What is missing is not willingness, but safe spaces, consistent messaging and equitable support systems. By centring youth voices, strengthening culturally grounded and gender-responsive approaches, and addressing systemic barriers to confidentiality and access, Tonga has an opportunity to shift from fragmented responses toward integrated, youth-centred SRH action. When young people are equipped with accurate knowledge, supported by trusted adults, and can access confidential services without fear, SRH becomes not a source of shame, but a foundation for wellbeing, resilience and national development.

Acronyms

FLE	Family Life Education
GBV	Gender Based Violence
HIV	Human Immunodeficiency Virus
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer or Questioning, Intersex, and Asexual, with the plus representing other identities.
NGO	Non-Government Organisation
MFAT	New Zealand Ministry of Foreign Affairs and Trade
MOE	Ministry of Education
MOH	Ministry of Health
RMNCAH	Reproductive, Maternal, Newborn, Child and Adolescent Health
SRH	Sexual and Reproductive Health
SRHR	Sexual and Reproductive Health and Rights
STI	Sexually Transmitted Infections
TFHA	Tonga Family Health Association

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