



The situation of **children** and their vulnerabilities to COVID-19 in Tonga

Coronavirus (COVID-19) has put the world on a crisis footing and children could be the hidden victims of the pandemic. In this new reality marked by uncertainty, children may be more vulnerable due to school closures, lockdowns and other stressors. Timely, disaggregated, and quality data on the situation of children can help identify where the most vulnerable live so that interventions to counteract the potential adverse effects of COVID-19 can be implemented to reach those most in need.

Along with the Fact Sheet, Tonga Statistics Department and UNICEF MICS Team are releasing additional information on the situation of children and their vulnerabilities to COVID-19 based on data collected in Tonga MICS conducted in 2019.

The Survey Findings Report and Thematic Snapshots will be released soon. All results presented in this document as in the fact sheet are preliminary. Technical support for the survey was provided by the United Nations Children's Fund (UNICEF), United Nations Population Fund (UNFPA) and Pacific Community (SPC).

Some key facts:

42 per cent of households in Tonga have access to both internet and computer, allowing children to continue learning outside of classrooms.

1 out of 4 households in Tonga lack access to basic handwashing facilities.

9 per cent of children in Tonga who show symptoms of pneumonia are not taken for care to a health provider.

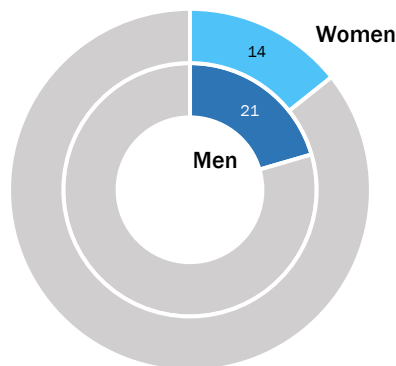
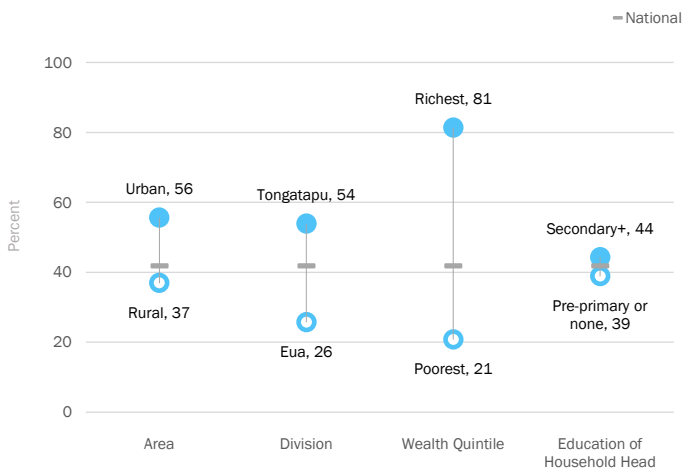
In Tonga, more than **4 in 5** children are subjected to violent discipline by caregivers.



COVID19 highlighted vulnerabilities of education systems and the need for preparedness for school closures, now and in the future. [Access to internet and computers at home](#), and information for parents, can be critical to ensure learning continues outside the classroom.

Inequalities in access to computer and internet

Exposure to Mass Media



Percentage of households with access to both computer and internet at home

Percentage of women & men age 15-49 years who are exposed to all three media (newspaper, radio, television) on a weekly basis



[Access to soap and running water](#) may make the difference between whether children get sick or not.

Handwashing facilities in urban and rural areas

Inequalities in access to handwashing facilities



85.4%



75.6%

Division	Percentage of household members with handwashing facility where water and soap are present	Handwashing facility observed	
		Fixed facility observed	Mobile object observed
National	77.8	87	9.6
Tongatapu	80.1	88.2	7.0
Vava'u	85.7	89.4	9.1
Ha'apai	56.6	64.9	33.1
Eua	56.5	86.5	12.0
Ongo Niua	67.1	73.1	20.8



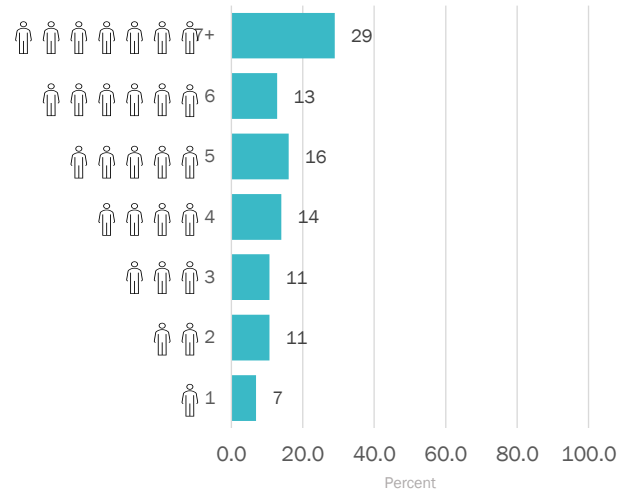
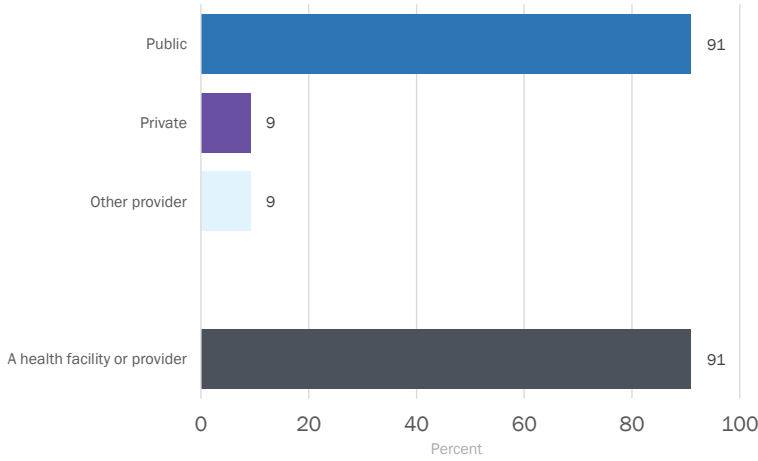
Percentage of household members with handwashing facility where water and soap are present



Access to healthcare accessible for children with acute respiratory symptoms, so that children with symptoms of pneumonia are taken for care to a health provider.

Care-seeking for Symptoms of ARI

Average Household Size



Percentage of children age 0-59 months with symptoms of ARI in the last two weeks for whom advice or treatment was sought, by source of advice or treatment

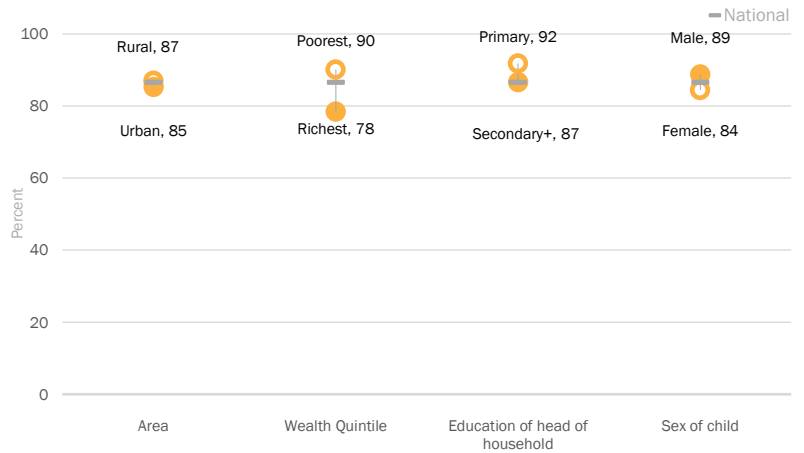
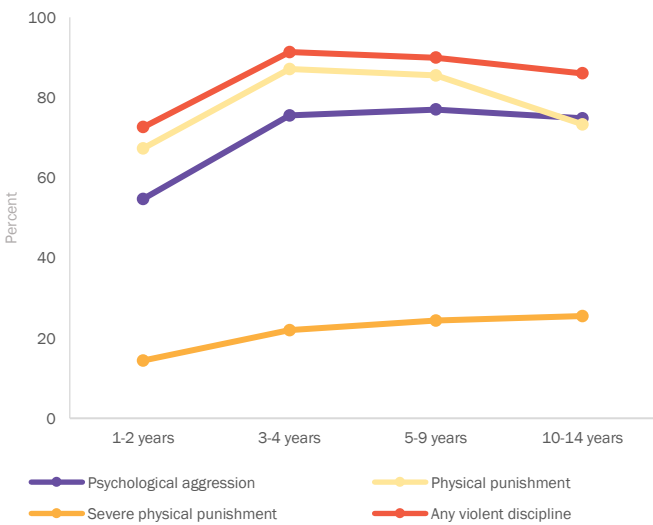
Percentage of households with average number of household members



In the face of this unprecedented crisis, children are especially vulnerable to physical punishment.

Violent Discipline: Age Patterns

Violent Discipline: Inequalities



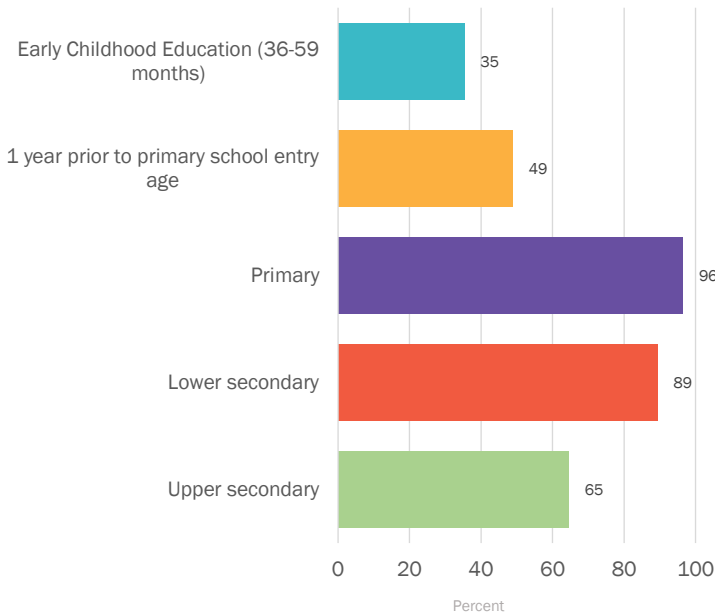
Percentage of children age 1 to 14 years who experienced any violent discipline in the past month, by type and by age

Percentage of children aged 1 to 14 years who experienced any violent discipline in the past month, by background characteristics

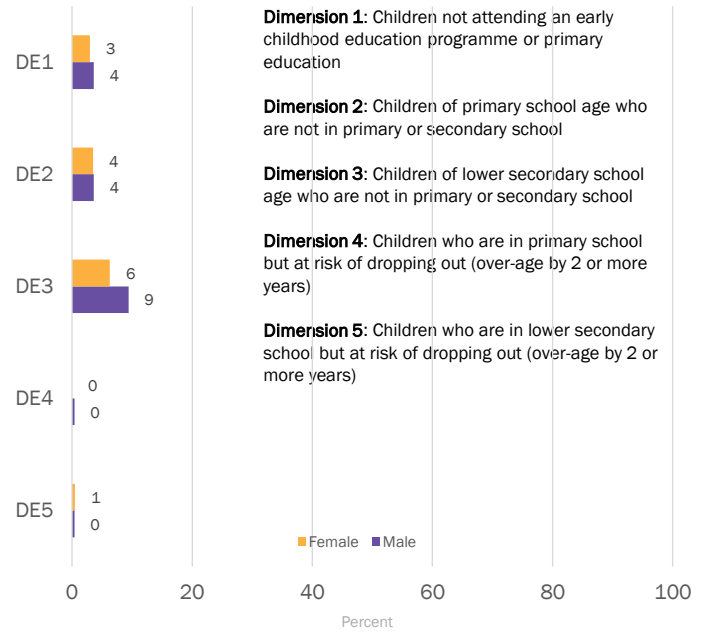


Never before have so many children faced school closures, **disrupting learning and upending lives**, especially for the most vulnerable who are most at risk of falling behind or dropping out.

School Net Attendance Rates (adjusted)



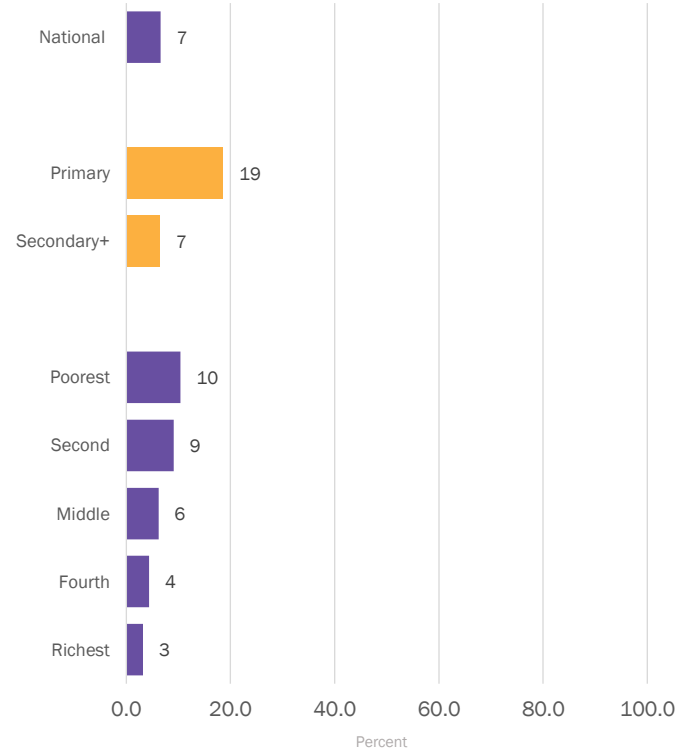
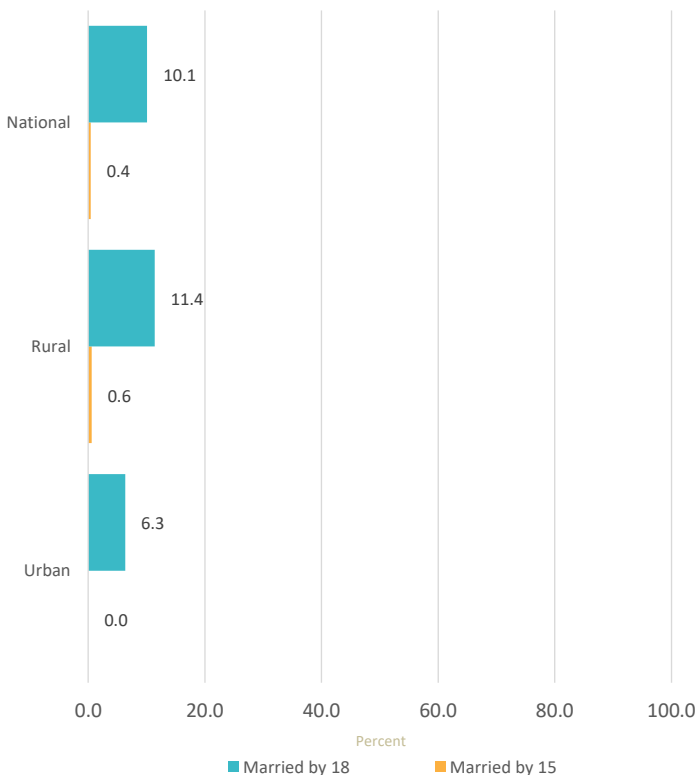
Out of School Dimensions for Levels of Education



Girls who marry before they turn 18 are less likely to remain in school and more likely to experience domestic violence. **Child marriage** impacts a girl's health, future and family.

Marriage before Age 15 & Age 18: SDG 5.3.1

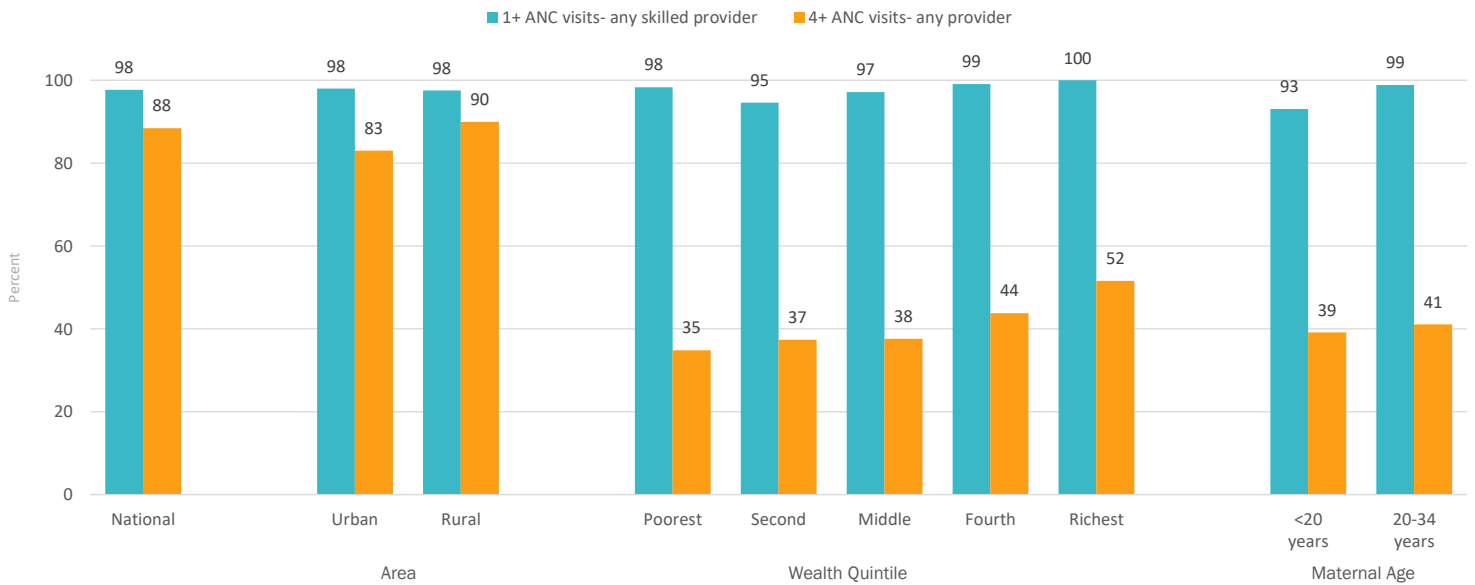
Disaggregates in Marriage before Age 18





Expectant mothers are fearful of going to appointments while they are taking precautions, such as staying home and practicing physical distancing when outside.

Coverage of Antenatal Care by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years who were attended during their last pregnancy that led to a live birth at least once by skilled health personnel or at least four times by any provider

Caesarian Section by Various Characteristics



Percentage of women age 15-49 years with a live birth in the last 2 years whose most recent live birth was delivered by caesarian section by various characteristics

Coverage of Skilled Attendance at Birth

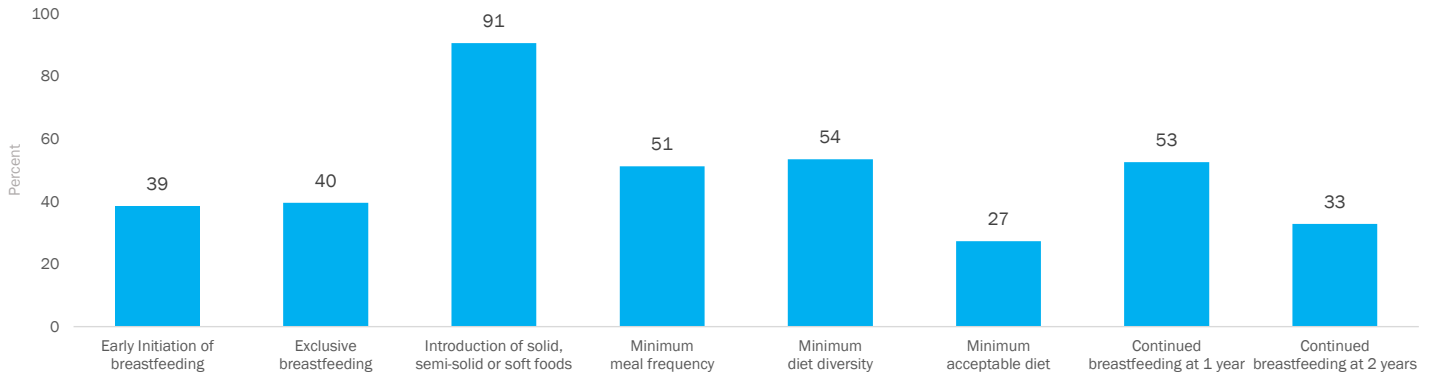


Percentage of women age 15-49 years with a live birth in the last 2 years who were attended by skilled health personnel during their most recent live birth



Rising food insecurity can tip some over the edge with more children suffering from **malnutrition** and fewer children surviving. Children are in **danger of missing life-saving vaccines** against measles, diphtheria and polio due to disruptions in immunization service.

Infant & Young Child Feeding

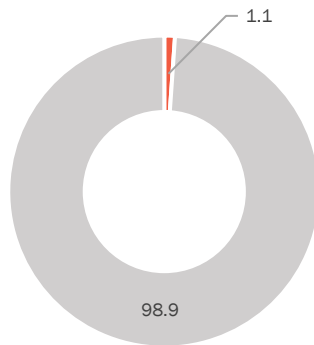


Early initiation: percentage of newborns put to breast within 1 hour of birth; **Exclusive breastfeeding:** percentage of infants aged 0-5 months receiving only breastmilk; **Introduction to solids:** percentage of infants aged 6-8 months receiving solid or semi-solid food; **Minimum diet diversity:** percentage of children aged 6-23 months receiving 5 of the 8 recommended food groups; **Minimum meal frequency:** percentage of children aged 6-23 months receiving the recommended minimum number of solid/liquid feeds as per the age of child; **Minimum acceptable diet:** percentage of children aged 6-23 months receiving the minimum diversity of foods and minimum number of feeds; **Continued breastfeeding at 1 year:** percentage of children aged 12-15 months who continue to receive breastmilk; **Continued breastfeeding at 2 years:** percentage of children aged 20-23 months who continue to receive breastmilk.

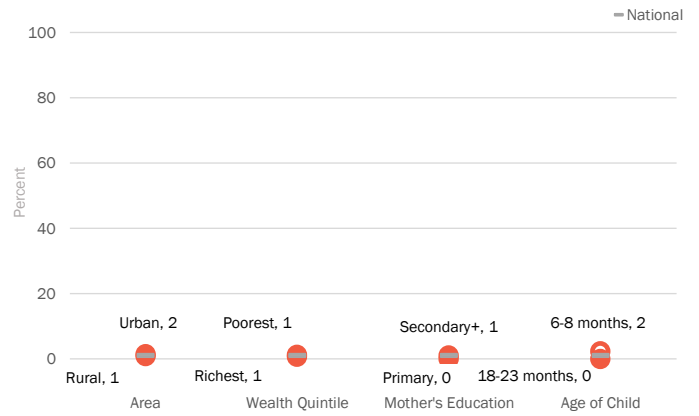
Wasting: SDG 2.2.2



Wasting refers to a child who is too thin for his or her height. Wasting, or acute malnutrition, is the result of recent rapid weight loss or the failure to gain weight. A child who is moderately or severely wasted has an increased risk of death, but treatment is possible.



Percentage children under-5 who are wasted



Percentage of under 5 children who are wasted, by background characteristics

Vaccinations in the first years of life

	Children age 12-23 months:				Children age 24-35 months:			
	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age	Vaccinated at any time before the survey according to:			Vaccinated by 12 months of age (Measles by 24 months)
	Vaccination records	Mother's report	Either Crude coverage		Vaccination records	Mother's report	Either Crude coverage	
Antigen								
BCG	95.2	2.8	98.0	97.0	89.0	4.2	93.1	93.1
Polio								
OPV1	95.4	3.1	98.4	97.0	88.5	4.9	93.4	93.2
OPV2	94.1	0.2	94.3	92.9	88.3	3.6	91.9	91.5
OPV3	93.4	0.2	93.5	92.1	88.0	2.9	90.9	90.5
Polio (OPV3 and IPV)	90.4	0.3	90.7	78.2	86.9	2.9	89.8	83.9
HepB at birth	95.4	1.8	97.2	96.2	88.1	4.8	93.0	92.8
Within 1 day	89.3	1.8	91.1	90.1	82.6	4.4	87.0	87.0
Later	3.1	0.0	3.1	3.1	0.0	0.5	0.5	0.5
DTP-HepB-Hib								
1	94.1	2.3	96.4	95.0	88.5	4.8	93.3	92.6
2	94.1	0.2	94.3	92.9	88.0	2.6	90.6	90.4
3	93.4	0.2	93.5	90.7	86.7	1.4	88.1	87.4
Measles-Rubella								
1	81.1	6.8	88.0	na	83.7	4.8	88.6	88.1
2	41.2	2.2	43.4	na	76.9	3.9	80.8	80.5
Fully vaccinated								
Basic antigens	93.4	0.2	93.5	90.6	84.0	1.6	85.6	83.9
All antigens	42.0	0.0	42.0	na	76.0	1.4	77.4	70.5
No vaccinations	0.0	0.4	0.4	0.4	0.3	4.6	4.9	4.9