WOMEN'S LIVES AROUND THE WORLD

A Global Encyclopedia

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Micronesia

Overview of Country

Micronesia is one of three main territories (along with Polynesia and Melanesia) that cover much of the Pacific Ocean. Micronesia crosses five time zones and straddles the international date line, mostly north of the equator. The total area of these scattered islands is about 1,000 square miles sprinkled over an expanse of ocean of about 2.9 million square miles (a land area equivalent to the size of Rhode Island spread over a sea the size of Australia). Micronesia includes a series of island groups, including both above-water volcanic mountain summits and low-lying islands or atolls (a ring of coral reefs enclosing a central lagoon).

Political boundaries cross geographical borders. The Commonwealth of the Northern Mariana Islands (CNMI) and the island of Guam are U.S. territories. The Republic of Palau includes part of the Caroline Islands. The Federated States of Micronesia (FSM) includes the remainder of the Carolines and is subdivided into the Yap, Chuuk, Pohnpei, and Kosrae states. The Republic of the Marshall Islands (RMI) includes the two Marshall Island chains; the Republic of Nauru is a single island; and the Republic of Kiribati (pronounced "kiribas") includes the three island groups of Tungaru (formerly the Gilberts), the Line Islands, and the Phoenix Islands.

The original inhabitants of Micronesia settled there about 2000 BCE. As they crossed the expanse of ocean between islands, each group developed a culture unique to their particular situation; however, they had certain characteristics in common. For example, they lived mostly in extended matrilineal groups (land was occupied by the female side of the family, and inheritance was passed down through this line) headed by male chieftains. This gave women a certain level of status. Islanders tended to be respectful to elders, generous with their resources, and reserved about sharing strong feelings in public (Salem Health n.d., 3–4). Their most important values were the "three pillars"—the land, women, and children—as these were the things that ensured survival (Government of the Republic of the Marshall Islands and UNICEF 2003, 10).

Micronesian economies were subsistence-based, meaning they produced food and other products primarily for their own use, including fishing, exploitation of other marine resources, and cultivation of native plants, such as coconut, taro (a tuber), and pandanus (a type of palm). Labor was divided along gender lines, with men and women performing different but equally important tasks. As local economies became larger and trade increased, they developed into regional economic and religious systems. This way of life endured for over 3,000 years, until about 1500 CE.

Around this time, European contact began. From the 16th through the 19th centuries, waves of explorers, traders, and missionaries (both Catholic and Protestant) came from Portugal, Spain, and Germany. They brought knowledge about the wider world and created changes in indigenous religions, economy, family life, and social practices—in short, every aspect of island culture. In the 1900s, the islands also saw war, occupations, and dislocations by various military forces and environmental devastation caused by nuclear bomb testing.

Today, Micronesians are overwhelmingly Christian, split between Catholicism and various Protestant denominations, with a small percentage of other faiths, such as Baha'i. Many modern Micronesians have some percentage of European ancestry, and some have Japanese, Filipino, Chinese, or Australian heritage, but most island groups remain primarily of their original ethnicity (for example, over 90 percent of the residents of the RMI are ethnic Marshallese), with small concentrations of foreign workers or expatriates (citizens of other countries living in the islands). English is the official language or one of several official languages in most of the states; however, many local languages, such as Marshallese and Nauruan, are also used, especially in the outlying areas.

Contemporary influences include a continued U.S. presence (the military base and community on Kwajalein Atoll in the Marshall Islands); dependence on U.S. economic assistance; dissemination of Western cultural values (notably, an emphasis on the individual over the family or community); changes in economy (emphasis on wage employment); population growth; changes in land use; diet changes; increases in certain communicable and noncommunicable diseases; effects of climate change; and increases in social challenges such as domestic violence, teen pregnancy, and substance abuse.

The UN Development Programme (UNDP) uses several measures to rank various countries on issues such as gender equality. The Gender Inequality Index (GII), a measure based

on women's reproductive health, empowerment, and labor market participation (UNDP 2014, 157), is not available for the Micronesian nations due to difficulties collecting data. However, the following two related measures may provide some perspective: In 2012, infant mortality data (number of infant deaths per 1,000 births) across Micronesia was as follows: Palau, 15; Nauru, 30; FSM, 31; RMI, 31; and Kiribati, 46 (for comparison, the U.S. infant mortality rate is about 6 per 1,000) (184–187). And in 2014, the Human Development Index (HDI) ranked the Micronesian nations for which data was available as follows: Palau 60th, the FSM 124th, and the Republic of Kiribati 133rd out of 187 nations (for comparison, the United States ranked 5th) (160–163). The above all indicate that women in these countries face significant challenges. Micronesian women and girls have responded to these challenges in different ways in different areas.

Girls and Teens

The experiences of girls and teens across Micronesia differ widely, but a common theme in their lives is the effect of ongoing change. The massive changes in the region have affected every aspect of traditional life. There have been advantages as well as disadvantages, but societal change, whether positive or negative, causes stress. To compound the issue, "in societies undergoing rapid social and economic transformation . . . the pressures facing adolescents are even greater because they have to cope with their own transition to adulthood at the same time their society undergoes immense change" (Government of the Republic of the Marshall Islands and UNICEF 2003, 66). If the differences between traditional and modern values are great enough, young people can feel like they are "between two worlds" (Government of Palau and UNICEF 2008, v). This stress can lead to greater risk of behavioral and emotional problems, such as family conflict, unsafe and early sex, shame, depression, dropping out of school, substance abuse, and violence.

Conflicts between young women and their families in Micronesia often arise when they feel pulled between the various aspects of their lives, including family obligations, chances to engage with friends or social groups, expectations to participate in church activities, and the pressures of school. Church activities, which may include work projects, sports, cultural activities such as dancing, and fund-raisers (Government of Kiribati and UNICEF 2005, 20), are opportunities for girls and teens to express religious beliefs, to be involved in their communities, and also to "build status" and bring respect to themselves and their families (Lowe 2003, 201). Girls may have an advantage over boys in this regard; because these activities are socially appropriate for girls, they may have extra family and peer support in this area.

Along with many other social changes, sexual attitudes and behaviors are also changing. Sexual information has traditionally been kept very secret, and females were expected to be virgins until marriage. Today, young people are becoming sexually active much earlier (13–14 years of age). Sexual content is available online and in other media, exposing young people to information (or misinformation) at younger ages.

With less reliable information and less life experience, teens are more vulnerable to unplanned pregnancies and

Darlene Keju-Johnson: A Voice for Health

As a young person who left the Marshall Islands in the 1960s to attend school and then college in Hawaii, Darlene Keju was already somewhat nontraditional. She put her talents to work, first as an activist against the ongoing effects caused by U.S. nuclear testing in the Marshall Islands, and later as an advocate for youth in these islands.

In 1983, she addressed the World Council of Churches to raise public awareness about the Marshall Islanders' situation. She described the prevalence of cancers, miscarriages, and birth defects caused by the radiation; the contamination of fish and other foods in the region; and the communicable diseases caused by relocation and overcrowding.

In 1986, Keju-Johnson founded Youth to Youth in Health, which targets out-of-school young people using a peer-educator model to teach about health issues (such as substance abuse and sexual and reproductive issues); to teach counseling skills, and to work to eliminate youth suicide. Youth to Youth in Health operates a health clinic on Majuro (Majro) Atoll and reaches out to the outer islands with their programs.

Keju-Johnson herself was affected by radiation; she died of breast cancer at the age of 45 in 1996. You can view the video of her address to the World Council of Churches here: https://www.youtube.com/watch?v=1hxCGlA5oJQ.

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to sexually transmitted diseases (STDs) such as syphilis and HIV/AIDS, both of which are very high in the region. Babies born to teenage girls are more likely to suffer from low birth weight, a high health risk, and may have other challenges, such as their mothers' lack of knowledge about infant nutrition. There are some supports in place to provide information and guidance.

Education

In most of Micronesia, elementary and some secondary education is public, compulsory, and at least nominally free (although families are often responsible for certain costs, such as school uniforms). In Palau and the RMI, church schools also play an important role. Early childhood education (preschool) is somewhat rare, although it is available in Nauru and in the capital cities of the FSM, and the RMI at one time had a Head Start program for five-year-olds (Government of Nauru and UNICEF 2005, 30; Government of the Federated States of Micronesia and UNICEF 2004, 32; Government of the Republic of the Marshall Islands and UNICEF 2003, 54).

The availability of special education services varies widely. Palau offers comprehensive special education for children ages 3–21 (Government of Palau and UNICEF 2008, v), whereas in the Marshall Islands, the Ministry of Education has struggled to build the capacity of schools to accommodate special needs children (Government of the Republic of the Marshall Islands and UNICEF 2003, 57). The attitude toward disability also differs; although each of the Micronesian states has an official policy of quality service to special needs children, there can still be shame, frustration, and stigma around such issues.

Although attendance to primary school seems to be relatively high or improving, a high number of females and males drop out during the teen years. Girls' attendance and completion levels vary across the region: in Palau, with its focus on youth development, 83% of females (and 72% of males) earn a high school diploma (Government of Palau and UNICEF 2008, 41). In Nauru, only about a quarter of female teens attend high school (Government of Nauru and UNICEF 2005, 51), and in the RMI, about half finish high school (Government of the Republic of the Marshall Islands and UNICEF 2003, 50). In most of the region, although secondary school attendance is low overall, girls slightly outnumber boys.

Throughout Micronesia, education faces a number of challenges. Conflicts between families' needs and the education system lead to females dropping out. Some families may not value education that does not lead to paid work. Teachers are often not highly qualified and may not be held in high regard (Government of the Republic of the Marshall Islands and UNICEF 2003, 53). Infrastructure may be inadequate: school buildings may be old or unsafe, and they lack adequate sanitation or safe drinking water (Government of Kiribati and UNICEF 2005, 39). Transportation and communication problems are common, especially in the outer islands. Also, there may be differences in the young people's home language and the language of instruction at school (often English), introducing an additional barrier (Government of the Federated States of Micronesia and UNICEF 2004, 35; Government of Kiribati and UNICEF 2005, 38). Finally, funding for education may rely heavily on U.S. grants or other aid, which may be subject to cuts. Across the region, many students do not meet the minimum achievement levels necessary to move on to tertiary education (Government of the Federated States of Micronesia and UNICEF 2004, 41).

High school graduates may compete for limited financial resources and access to higher education at regional community colleges, universities such as the University of Guam or the College of the Marshall Islands, or colleges in the United States. Some areas are also introducing vocational or alternative educational programs, such as the Tungaru Nurse Training School in Kiribati (Government of Kiribati and UNICEF 2005, 48), to increase youth participation and prepare them for scarce wage-earning jobs.

Health
Access to Health Care

Women face a variety of challenges regarding health care access. In general, it can be said that health care services are more available in the main cities of each island group and much less so in the outer islands. Throughout Micronesia, resources tend to be needed to treat health issues after a problem has developed and are less available for preventive measures.

Prenatal care, hospital births, and child immunizations are widely available in some places, such as Palau, but much less consistently in the RMI and Kiribati. Relatively few specialists practice in the islands—for example, there is only one women's health care clinic in Nauru—so women may need to see a general practitioner for their obstetric and gynecological needs or wait until a visiting gynecologist comes to their area (Government of Nauru

and UNICEF, 2005, 24). In Kiribati, a shortage of qualified medical personnel has led to a program to increase the knowledge and skill levels of traditional birth attendants (Government of Kiribati and UNICEF, 2005, 63). In most parts of the region, patients must go off-island for specialized treatments or surgeries; there are also few diagnostic laboratories, so samples must be sent overseas for testing (Government of the Republic of the Marshall Islands and UNICEF, 2003, 31).

Maternal Health

In some parts of the region, maternal and infant life expectancy have gone up, but in other places, they have declined. Women may or may not have access to contraception, due both to lack of availability and to religious practices that discourage the use of family planning methods (Government of the Federated States of Micronesia and UNICEF 2004, 7), so women may have frequent pregnancies at short intervals. Obstetric problems such as low birth weight in babies and gestational diabetes in mothers are common.

The practice of breastfeeding, which protects infants against disease, is nearly universal in the RMI, but less so in Palau and Kiribati. In some places, vitamin A capsules are routinely distributed to pregnant women and infants to protect against the effects of vitamin A deficiency, which can lead to blindness and diminish the ability to fight infections such as measles, a serious issue in the region (Government of the Republic of the Marshall Islands and UNICEF, 2003, 37).

Diseases and Disorders

A variety of communicable and noncommunicable diseases are common. In addition, girls and women face a variety of health challenges related to changes in lifestyle, such as the nutrition value of available foods. In general, the islands have seen a decrease in fresh native foods and an increase in imported foods, which are often expensive, packaged or preserved, and high in fat, sugar, and salt. Diseases related to poor nutrition and lack of exercise, such as diabetes, are affecting Micronesian women at younger ages. Cardiovascular diseases, cancers of the cervix and breast, and obstetric complications are leading causes of death in Micronesian women.

In addition, the strategic marketing of commercially produced cigarettes to women in developing countries has contributed to an increase in tobacco use, which varies greatly among women, from less than 6 percent in the

Federated States of Micronesia (Marshall 2005, 377) to the women of the Republic of Kiribati having one of the highest rates of tobacco use in the world (Government of Kiribati and UNICEF 2005, 62). In addition to cancers and lung disease, tobacco smoking is linked to other health-threatening conditions, such as hypertension (high blood pressure).

Mental Health Issues

Females and males are affected differently by certain mental health issues. For example, male teens in Palau develop schizophrenia at about twice the rate of females, 2.8% and 1.2%, respectively (Sullivan et al. 2007, 191), but traditional practices are more supportive of Palauan females (for example, allowing them to continue to live at home and avoid the social stigma of the disease) than males, who may still be expected to find paid work and fulfill reciprocal family obligations (Bower 2007, 8).

Similarly, in some areas, females are less likely to acquire an illness such as alcoholism; for example, strong church pressures in Chuuk State, in the FSM, tend to keep adolescent girls from experimenting as early as boys do, which may protect them from developing dependency. However, all females and males are affected by the serious upswing of alcohol-related male suicides across the region, which traumatize individuals, families, and communities.

Employment

Traditionally, women were responsible for family and household care, and that commonly continues today. Many Micronesian women still work in the home, and now often outside the home as well. Especially in the outlying areas, women continue to produce food through subsistence gardening and fishing or generate cash to buy imported food and pay for education and church-related expenses, among others. Many women work for small amounts of cash by selling items such as handicrafts or vegetables in shops (Government of Kiribati and UNICEF 2005, 66), or they take out microloans to start small businesses. In general, the lack of infrastructure makes such income generation difficult. Also, many women remain unaware of their rights, may not know what to ask for or where to go for help, or face barriers to economic participation due to the traditional dominance of men in these matters.

Since the 1960s, women have had more access to education, especially in urban areas, and this has provided many

Table 1 Micronesian nations that have ratified treaties protecting the rights of women, children, and disabled people

Treaty	Palau	Federated States of Micronesia	Republic of the Marshall Islands	Kiribati	Nauru
CEDAW*	—	2004	2006	2004	2011
CRC**	1995	1993	1993	1995	1994
CRPD***	2013	—	—	—	2012

*CEDAW: Convention on the Elimination of All Forms of Discrimination against Women

**CRC: Convention on the Rights of the Child

***CRPD: Convention on the Rights of Persons with Disabilities

Source: UNWomen, 2013. "The Convention on the Elimination of All Forms of Discrimination against Women: CEDAW Pacific: Frequently Asked Questions."

with access to better wage-earning professional jobs. This gives them the ability to make more money outside the home, to engage in nontraditional female activities, and to make family decisions (Marshall and Marshall 1990, 45). In many places, such as Nauru, women are beginning to fill middle- and higher-level professional jobs (many as teachers or nurses). However, there are still gender differences in employment opportunities and, thus, differences in pay and other benefits: for example, women are more likely to work as clerks or in service industries, while men are more likely to work in public administration or communications. An interesting exception to the trend is Palau, where women in the salaried workforce typically earn more than men (Government of Palau and UNICEF 2008, 50).

As the prevalence of both nuclear and single-parent families increase, women are increasingly the sole wage earners in a household, and those with salaried jobs may need to keep working beyond a typical "retirement" age (Government of Nauru and UNICEF 2005, 13). Some states, such as Palau, have legislation providing for equal economic opportunity or against workplace harassment, but others have no such protections (Government of the Republic of the Marshall Islands and UNICEF 2003, 74; Government of Kiribati and UNICEF 2005, 67).

Besides salaried professional jobs, Micronesian women also increasingly hold influential positions in local and national governments. In Kiribati, women have held the offices of vice president, secretary to the cabinet, and one of the permanent secretary positions (Government of Kiribati and UNICEF 2005, 68). In Nauru, the post of chief secretary was held by a woman (Government of Nauru and UNICEF 2005, 14). In the RMI, women have served as senators, mayors, and permanent secretaries (Government of the Republic of the Marshall Islands and UNICEF 2003,

74). And in Palau, women have been ambassadors, senators, and Supreme Court justices (Government of Palau and UNICEF 2008, 50). (See the "Politics" section for more information about women in government.) Women continue to be the minority in these and most other high-level positions, however, and continue to network with each other through governmental agencies, nongovernmental organizations (NGOs), and church groups to promote gender equality, gain experience, and give women a greater voice in the decisions that affect their lives.

Family Life
Marriage and Childbearing

Traditionally, young women were strongly expected to marry and bear children to demonstrate their "worth and maturity" (Brewis 1996, 34). Unmarried women were pitied or ridiculed and used for their labor. Arranged marriages were common in some parts of Micronesia, and in other areas, "love matches" were allowed. A good marriage would benefit the couple's families as well as the young couple themselves. The newlywed couple moved in with the extended family of one of the spouses. These practices are becoming less common these days, especially as more young people go overseas for school or work.

Young women are still generally expected to be virgins when they marry and to be monogamous after marriage. They may also be expected not to initiate sex and to respond to their husband's initiations even during times when sex is supposed to be restricted (e.g., during menstruation or late pregnancy) or when they are not in the mood. Married Micronesian women are often expected to obey their husbands, work hard, be humble, and not complain. Nevertheless, love and respect between spouses are ideals to many Micronesian women and men.

Domestic Violence

Women report that domestic violence was not a part of traditional cultures (Dugwen et al. 2013, 320). Nevertheless, as economic and social conditions have changed throughout the region (an example is the high rate of male misuse of alcohol, which is almost universally implicated in domestic violence incidents in Micronesia; Government of the Republic of the Marshall Islands and UNICEF 2003, 13), traditional protections for women and children have been strained. Domestic violence, child abuse, and child neglect are now serious concerns in the region.

All the Micronesian nations have ratified the Convention on the Rights of the Child (CRC), and all except Palau have ratified the Convention to End All Forms of Discrimination against Women (CEDAW). However, Oceania in general (all regions of the Pacific) has an average domestic violence rate of about 35 percent (WHO 2013, 47). (For comparison, the United States falls at about 25 percent, which is "average" worldwide.) Governments, churches, and NGOs struggle to put new protections in place in ways that are "culturally sensitive yet effective" (Dugwen et al. 2013, 321), but they may lack resources, such as counseling or women's shelters.

Efforts are also limited by islanders' belief that domestic violence is a private issue rather than a social or criminal issue. Women may be afraid to speak of it, and they may delay or avoid getting help. Understanding of the word *abuse* also varies. Police may categorize reports of domestic violence as *assault and battery* for lack of a more accurate term. The phrase *child abuse* is not widely used because many Micronesians continue to equate *abuse* with *sexual abuse* only, not with *verbal* or *physical abuse*, and this subject is still not often spoken about openly.

The effects of domestic violence—which can be verbal, physical, sexual, or economic—include physical injuries, transmission of sexually transmitted diseases (STDs), depression, posttraumatic stress disorder (PTSD), and loss of ability to work, to function in the family, or to engage in school or social activities. As Dugwen et al. puts it, "Domestic violence is not healthy in any relationship, regardless of culture or traditions" (2013, 321).

Variations on Compulsory Heterosexuality

In Micronesia, as in many parts of the world, there is an unspoken assumption that everyone is heterosexual (known as normative, or compulsory, heterosexuality). This can severely limit the life options of people who are lesbian, gay, bisexual, or transgender (LGBT), who may marry opposite-sex partners when they would not choose to do so because they are not safe to live their orientation openly. Same-sex activity is illegal in certain Micronesian nations, same-sex marriage is not legal in any of the nations, and the social stigma of being lesbian, gay, or bisexual has been described as "the horror of having a secret … that you are afraid to tell anyone for fear that they will not love or respect you anymore" (Nicloy 2006, 18).

In some places in the Pacific, variations on compulsory heterosexuality may be accepted. In Kiribati (as well as in many Polynesian societies), some people fall into

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Nikiranroro: An Ambiguous Status

In parts of Kiribati, a small number of women, called *nikiranroro*, live outside of typical marriage and motherhood. A *nikiranroro* can be a woman who has not married when her age peers have done so, or she can be an "unmarried nonvirgin" who is perceived as being sexually available whether or not she is in fact active. A woman may become a *nikiranroro* in a number of ways: She was divorced, widowed, or separated. She "flaunted community norms" in some way (MacDonald 1998, 14). She had premarital sex. She was raped. Or she was persuaded by her family to leave a violent husband.

The connotation of *nikiranroro* depends on the situation and who uses it. Married women may use it disdainfully to describe an unmarried woman and segregate her from her "categorically chaste" peers (Brewis 1992, 202) if they perceive her status to be her "fault" in some way. Married men may have community approval to seek sexual satisfaction from a *nikiranroro*, as long as they do not fall in love with her (which is reserved for wives). Some *nikiranroro* choose the status for themselves to find greater social and sexual freedom. As one woman put it, "Because I am a *nikiranroro* I can go where I want and do what I want. That is better than being a wife" (Brewis 1996, 32).

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Macdonald, Barrie. 1998. *Pacific Islands Stakeholder Participation in Development: Kiribati.* Pacific Islands discussion paper series no. 5. Washington, D.C.: The World Bank. http://documents.worldbank.org/curated /en/314371468753367994/Pacific-Islands-stakeholder -participation-in-development-Kiribati.

a "third gender" category (what Westerners would call *transgender*): sometimes, men live outwardly as women, wearing women's clothing, taking women's names, and doing women's work of child care and housekeeping; some women live, dress, and behave as men. Such people may be ridiculed or teased, but they are at least nominally tolerated (Brewis 1996, 34). Also, in Kiribati, there is a class of women known as *nikiranroro* ("remnant of their generation"), unmarried nonvirgins who are seen as dishonored or sexually "loose." Some women choose this status for their own reasons.

Politics

Micronesian women have always engaged informally with "politics," which takes place in every aspect of their lives. Within their extended families, women have wielded influence as lineage heads, household managers, and landholders. In these roles, they cooperate with chiefs, organize household and food procurement work, and oversee child care.

At a community level, women may use existing structures, such as women's church groups, to influence political issues affecting themselves and their children. In some areas of the FSM, women use these established gender- and age-related discussion groups to explore the appropriateness of certain behaviors for women, men, and adolescents (such as domestic violence, substance use, and local conflict or gang activity). In situations where their voices may not typically be heard, they can express their concerns and be supported (Flinn 2013, 22).

To succeed in politics, whether formal or informal, certain characteristics are needed. Good problem-solving skills, a level of education, and a polite but firm public speaking persona are essential. In general, and especially in areas where "kin politics" are strong (that is, where family relationships decide who runs for office and earns votes and where single women may be at a disadvantage), it is important for women to embody traditional gender-associated traits, such as gentleness, the willingness to put the needs of others over their own, and an acceptable public demeanor (Marshall and Marshall 1990, 56). Women's experiences of informal politics within the traditional and religious arenas help them cultivate these valuable skills for working within the formal political arena.

In formal politics, whether at a local, national, or international level, Micronesian women advocate around issues such as climate change; human rights issues (including

LGBT rights, labor violations, and sex trafficking); and building peace in the Pacific. Women exert political influence through their increasing presence in law- and policy-shaping positions (such as senators and permanent secretaries) in many local and national Micronesian governments. They engage in activism that is both top-down, in which aid or intervention is solicited from outside the region, and bottom up, in which local groups band together to address regional and international concerns (George 2011, 59). Their activism takes a variety of forms, from marches and rallies, to letter-writing campaigns, attendance at international conferences, political lobbying, and even theater presentations (George 2011, 44–45).

At the Micronesian Chief Executives Summit in December 2013, Guam's governor, Eddie B. Calvo, compared the region's efforts for self-determination to Nelson Mandela's fight against apartheid (a system of racial discrimination and segregation) in South Africa. He reminded the audience that Micronesian nations are some of the "youngest democracies in the world . . . fighting for the same cause of individual liberty" as Mandela (Eugenio 2014). Micronesian women are instrumental in that struggle.

Religious Roles

Religion, specifically Christianity, is pervasive in Micronesia. Churches wield great influence on public attitudes, provide many services—schools, sports and training programs, community groups—and shape women's lives. Women in various parts of Micronesia have integrated its influence in various ways.

In most of Micronesia, church attendance is very high, and in some places, membership in age- and gender-related church groups is mandatory. Churches are important centers for exploring faith, receiving guidance, and promoting social and community development. As such, they can be a source for both stability and social change (Government of Kiribati and UNICEF 2005, 21).

Churches can also either limit or promote women's and girls' ability to deal with issues of concern to them. For example, in the case of domestic violence, tradition might dictate that a woman may leave or divorce her husband for her own well-being and that her extended family would protect her and perhaps help her find a better husband later. In contrast, the Catholic Church may press for the nuclear family to remain intact, limiting the woman's ability to avoid the abusive relationship and remain safe (Flinn 2013, 24).

On the other hand, women are not just passive respondents to hierarchical church dictates. Some Catholic women have incorporated the food-based imagery of the Feast of the Immaculate Conception with the bountiful imagery of similar indigenous feasts so that women's roles as procurers of food are emphasized and respected (Ames 2013, 190). Women in Pollap use church discussion groups to reinforce connections between Christian and traditional values. Christian concepts such as showing compassion and refraining from violence help them draw what they see as essential lines of continuity between their indigenous past and their modern religious convictions. As Flinn puts it, "it is as though they use Catholicism as a way to be perceived as being better Pollapese" (20).

Church influence extends to the realms of women's physical and mental as well as spiritual health. In some parts of the FSM, church doctrine that "good Christian women are not supposed to smoke or drink" is widely adhered to, and this belief may be to girls' and women's health benefit, as it means they are much less likely than males to use or abuse these substances (Marshall 2005, 374).

Women's experiences of the huge social issues of sexuality and STDs such as HIV/AIDS are also affected by church attitudes and dictates. Because of the traditional reluctance to speak of sexual matters and the stigma around the sexual nature of these infections, there is opportunity for shame and silence as well as acceptance and information. In terms of STDs, some churches may focus on promoting prevention, such as use of condoms (Government of Nauru and UNICEF 2005, 26), while others may condemn the sexual behaviors that are, or that are assumed to be, the cause of the disease (for example, many church counselors may still blame same-sex activity for the rapid spread of HIV/AIDS, when currently heterosexual activity is often the source of the spread). In terms of sexual orientation and sexual behavior, many may encourage empathy for the societal oppression of LBGTQ people and at the same time advocate promotion of "traditional concepts regarding marriage and family" (Nicloy 2006, 18)—which usually include only heterosexual monogamy—without acknowledging that this constitutes compulsory heterosexuality. The sexual and mental health of teens, women, and men are affected by these influences.

Issues

The issues described here cannot be unraveled from their effects in the lives of girls and women as described in the previous sections. These are chosen because of their uniqueness, severity, or relevance to girls and women in other parts of the world.

Environmental and Health Damage in the Marshall Islands

During the 1940s and 1950s, many Marshall Islanders were forcibly dislocated from their home islands to make way for U.S. military activity. The immediate consequences were social and psychological trauma resulting from the dislocations, physical hardships from being relocated to islands without adequate food or water, and the environmental and health effects of radioactive fallout from the nuclear bombs tested on Bikini and other Marshall Islands. As is common in many parts of the world, women and girls were also affected by acts of physical and sexual violence committed against them by personnel of the various military forces in the region (George 2011, 61).

Long-term effects of the bombing include radiation poisoning in the land and sea, making many foods no longer edible, and some islands being uninhabitable for thousands of years. Direct health effects of the radiation include high numbers of miscarriages and birth defects, including what Darlene Keju-Johnson described as "jellyfish babies" (Johnson 2013), and various cancers, thyroid problems, and immune deficiency disorders. Long-term effects include noncommunicable disease, such as diabetes, related to food supply issues, and the rampant spread of communicable diseases such as tuberculosis (TB), which occurs on Ebeye, for example, at 23 times the rate in the United States (California Newsreel 2008); cholera; respiratory infections; and waterborne illnesses. All of these conditions are due to overcrowding on small islands that still may not have electricity or running water. The effects of waiting for promised compensation payments for nuclear-affected victims, and of heavy dependence on U.S. aid, also take a psychological toll.

Climate Change

In 2014, the Republic of Kiribati bought land in Fiji, anticipating the need for their residents to migrate when increasing sea levels inundate their own islands about 30 years from now (Dizard 2014). Because many Pacific islands lie only a few feet above sea level, Kiribati is not the only nation looking ahead in this fashion. Other nations, such as Tuvalu and the Maldives, are also considering the possibility of buying some higher ground (Dizard 2014). Climate change is bringing both drought and floods, the

inundation of freshwater wells and taro patches with sea-water, and ocean water acidification that is killing off the life-sustaining coral reefs. Changes in their ability to access freshwater and procure food and shelter for their children will disproportionately affect women, who are more likely to live in poverty and lack access to needed resources that will help them move to safer ground.

Labor Violations

Saipan, the capital of the CNMI, was the center of a decades-long controversy about the use of foreign workers in inhumane conditions in garment factories. Part of the CNMI's commonwealth agreement with the United States exempted the territory from the Immigration and Nationality Act and from minimum wage requirements. Foreign-owned garment companies brought in guest workers from poor Asian countries to cheaply produce clothing that could be imported to the U.S. mainland labeled "Made in the U.S.A." The workers—mostly women, many of whom were working for money to support children in their home countries—had few protections. The conditions of their "recruitment" meant they often had to work for years to pay off debt to their recruiters, and other abuses—such as rapes, forced abortions, and summary deportation of pregnant workers—occurred as well (Clarren 2006).

After years of lobbying in the U.S. Congress, a protracted influence-peddling scandal, an investigation by then representative George Miller (Vorderbrueggen 2008), and two class-action lawsuits, some improvements were made. Lawsuit monies were allocated, and some were disbursed. An ombudsman's office was created in Saipan. In 2007, Congress declared the islands subject to minimum wage standards.

However, as of 2012, there were still pressures in Congress to curtail the minimum wage (Moyers 2012). Factory inspections are rare, the ombudsman's office has no authority to prosecute violations (Vorderbrueggen 2008), and many factories have closed and moved to regions with even fewer worker protections.

Concern remains that garment workers still will not be able to pay off their "recruiting" debts, afford to return to their home countries, or find other paid work in Saipan. They may be forced to move into scarce jobs in the legitimate tourist industry or into sex tourism (e.g., prostitution, strip clubs, and massage parlors). A continued lack of government intervention makes the islands a "breeding ground for slavery" (Clarren 2006).

Sex Trafficking

In Micronesia, trafficking in human beings is common. The RMI, Guam, the CNMI, and the FSM have all been implicated as both source and destination countries for women and girls subjected to sex trafficking. Palau, the FSM, and the RMI were all on the Tier 2 Watch List for 2013 (U.S. Department of State 2013), indicating they are among countries where the "absolute number of victims of severe forms of trafficking is very significant or is significantly increasing" (Eugenio 2014). In places where women or girls are vulnerable due to poverty, poor education, or a lack of family support or other resources, they are more likely to become victims of trafficking.

Some protections are in place. The FSM, Kiribati, and Nauru have ratified or acceded to the 2003 United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children (United Nations 2003, 319), and two states of the FSM have laws against sexual servitude of children and involuntary servitude of adults (but not sexual servitude of adults) (U.S. Department of State 2013). However, all Tier 2 nations continue to face challenges with raising public awareness, developing effective action plans, and prosecuting identified cases of trafficking.

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Mongolia

Overview of Country

Mongolia, the 19th-largest country and the 2nd-largest landlocked country in the world, is located in North Asia and borders China and Russia. It is approximately 603,905 square miles (1,564,116 sq. km). As of 2015, Mongolia had a population of 3 million. Approximately, 72 percent of the population lives in urban areas, and 1.37 million live in Ulaanbaatar (or Ulan Batar), the capital city (CIA 2016).

The officially reported literacy rate is above 97 percent, and the poverty rate is 21.6 percent. The country's gross domestic product (GDP) growth is 7.8 percent. In 2014, the UN Development Programme (UNDP) ranked Mongolia 103rd out of 187 nations based on the Gender Inequality Index (GII; 0.320). The World Economic Forum (WEF) ranked Mongolia 58th out of 144 countries based on the Gender Gap Index (0.705) in 2016 (WEF 2016).

The overall sex ratio at birth is 1.05 male(s)/female, and a 2014 estimate of the sex ratio of the total population is 1 male(s)/female. Close to 44.5 percent of the population is under 24 years old, and 50.48 percent of the population is