

Kava Consumption and Family Violence Fake News by Men no Longer Hidden

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ABSTRACT

Kava drinking has become an intrinsic part of Tongan culture. It involves regular participation and high consumption of kava drink in kava clubs and other kava venues in Tonga and New Zealand. However, mounting evidence has indicated that the reasons for, and perceived effects of kava consumption are yet to be fully understood (Nosa and Ofanoa, 2009, Ofanoa, 2010). A qualitative study to explore the issues related with Tongan men abusing kava consumption was conducted in Tonga and Auckland, New Zealand (Ofanoa, 2010). The study used culturally safe, Pacific qualitative research approaches of Kakala (Thaman, 1997) and Talanga (Ofanoa, 2010) to obtain information related to the issue. There were focus group interviews conducted with a convenience sample of 104 Tongan men across 5 kava clubs each in Tonga and Auckland, New Zealand. The analysis of the focus group interviews in both places involved a general inductive approach. The findings reported that kava use is socially sanctioned and easily accessible in both countries. Further, kava presents concerning health and social issues. It increases poor family relationships that leads to family violence. Usually the family violence happens after kava sessions. The Kava men sleep long hours; they spent a lot of their family income in Kava sessions and makes many excuses. Moreover, kava men are usually very lazy to work, and slow to recover in the next day. Hence, the poor wives usually shoulder everything in the family. In many instances, some of them behave violently and aggressively. When such practices happen consistently, family violence starts, and many husbands physically abuse their wives. Evidently, one end up in the hospital with serious injuries or both husband and wife appear in court. The study concludes that Tongan men in both countries cannot continue to hide the truth that their abusive consumption of kava contributes to family violence. Hence, there is a tremendous need for urgent actions to prevent and minimize this practice. Further, since addressing the issue is sensitive and complex, a call for multi-sectoral and multi-disciplinary effort with the Tongan society in both Tonga and New Zealand is required to minimize the risks and optimize the benefits of kava use.

Key Words: Kava, Tou'a, Ipu kava, Kumete.

INTRODUCTION

Kava is a Tongan name given to the plant "Piper Methysticum". This plant is used widely as a traditional beverage across the Pacific by Polynesian, Melanesian and Micronesian countries. The Kava traditional drink is produced by grinding the dry pepper plant into a powdery

substance, then mixing it with water to produce a brownish milky substance that can be consumed for social, cultural, medicinal and traditional purposes.

Evidence has indicated that within the Tongan community in New Zealand, older men are generally the main consumers of Kava (Ofanoa, 2010). However, the younger men are becoming more involved in Kava drinking. In contrast, Tongan men in Tonga (young and old) consume and abuse Kava in Kava Clubs and in other Kava outlets in the country. Despite several reasons for consuming Kava, little is known about the lived experiences of Kava abuses, and its impacts on family violence, as well as its social, cultural, economic, and health impacts on the Tongan families.

The primary purpose of this paper is present the findings of a study on the perceptions of Tongan men in Kava Clubs of Kava use and consumption (Ofanoa, 2017) in both New Zealand and Tonga. The findings indicated that Tongan men in both countries cannot continue to hide the fake news that kava abuse is fine because domestic violence affects many families. It is hoped that the findings will support efforts to address the knowledge gaps in the excessive drink and abuse of Kava in New Zealand and Tonga. It is also hoped that the findings would help to support interventions by health-service improvements in Tonga and New Zealand.

METHODOLOGY

The study applied an innovative, qualitative research approach that undertook Pasifika research methodologies including the Talanga and the Kakala research methodologies. The 104 study participants included Tongan men aged 15-75 years from five Kava Clubs in Auckland (n=42) and five Kava Clubs in Tonga (n=62). The study time frame was 3 years from 2014 to 2017. Ten focus groups were conducted over a period of 6 months from January to June 2017. Data was analysed using the general inductive approach.

FINDINGS

The key themes that emerged from the study includes the following:

Kava and its effects on gender

The study found that the excessive consumption and abuse of Kava have effects on husband and wife relationship. There were four kava clubs (2 to 5) in Auckland and five kava Clubs in Tonga reported that kava use is a male phenomenon, and there are inequity issues around it. According to them, the issue goes back to the history and origin of the Kava in Tonga. The legend of Kava revealed that Kava was first known and used by men and is still used by men in all formal and informal functions today. Group (2) in Tonga reported that:

"Men and women have separate roles in using Kava". "The Tongan men drink the Kava and the woman prepare and serve the Kava to them".

Further, in the Tongan culture, it is unusual for men to prepare and serve the Kava and for women to consume it. The study also found from all Kava clubs in Tonga and New Zealand that there is always a requirement to have a female presence in a Kava session. Participants (1, 2 and 4) in Group 2 and participants (3 and 5) in Group 4 explained that:

"Having a woman (or a Tou'a) in a Kava session is like having some cream on top of a cake. It makes it more tasty, attractive and satisfying".

The study also found in Tonga (Group 1 and 2), that having a woman present to serve kava in kava sessions has changed over time in Tonga. This cultural service is no longer free. Women nowadays only participate in kava sessions because they are paid for their service. Most Tou'a (woman serving kava) are paid \$100 maximum in Tonga. However, all kava groups in Auckland (groups 1-5) stated that:

"A tou'a (or young girl service) is paid \$200 or more per kava session from 9.00pm to 1.00am. Those who can stay longer or spend the whole night are paid \$300-\$500 or more." This cultural service is currently an income service for many women".

Further, two kava groups (2 and 4) in Auckland and three kava groups (3, 4 and 5) in Tonga reported that they have noted some changes in the ages of women serving the Kava. Many men talked about how young and beautiful girls were serving kava in the olden days. They noticed today that many Tou'as are older women who were married but are now separated from their husbands. Since Tou'as are seeking new husbands, the behavioural relationship between Tou'as and kava members has also changed. Participants in Groups (2 to 5) in Auckland and Groups (3 and 4) in Tonga reported that relationships between single Tou'as and Kava club members in such situations tend to be less respectful.

However, all groups in Auckland and Tonga reported that many wives have negative responses to their husbands consuming too much Kava. They reported that kava men are affected physically, socially, mentally and spiritually but Kava men never admit that they have problems. Men were divided in their views of the issue. The younger ones and the middle-aged group reported that Kava consumption does not affect them, even with their sexual drive because they are still young, fit, strong and sexually active.

Further, the Kava clubs (Groups 1, 2 and 4) in Auckland and all Groups (1-5) in Tonga reported that Kava does affect relationships between husbands and their wives. There is evidence of an increase in the divorce rate between Kava consumers and their wives. For example, when husbands attend Kava sessions frequently, some of them established love affairs with some Tou'as. The longer they take, the worse things become, and men tend to leave their wives. Many wives object strongly to their husband's attending kava sessions. Group 5 in Auckland reported that the wives' objection goes beyond economic reasons. Their husbands lie to them particularly about money. Family conflict, including violence, results.

Kava and Family violence

All Kava Clubs (Groups 1-5) in Tonga and Auckland reported that conflicts between parents occur at home due to Kava consumption. This led to family violence which usually happens after kava. All groups in both countries reported that most Kava men sleep long hours, spent and waste a lot of their family income in Kava sessions, very lazy to work, slow to recover and help the family at home. Further, some Kava men behave violently and aggressively. The poor wives' shoulder everything in the family. However, when such practice happens consistently in families, family violence starts and many husbands physically abuse their wives. Some either end up in the hospital with serious injuries or both husband and wife appear in court.

In contrast, three Kava clubs (Groups 2, 3 and 4) in Tonga reported that women usually have no voice at home. Hence, most Kava men take control over everything including their Kava consumption. Usually, family violence occurs because many wives are tired of being left and

neglected with the children. Further, the groups were divided in their views of Kava and domestic violence.

Groups (2-4) reported that domestic violence does occur especially between husbands and their wives. Some husbands who consumed a lot of Kava frequently, are usually bad tempered, aggressive and very dominant. Many times, they do not want their wives to interfere in family affairs. Second, they tend to sleep the entire day and as a result, wives are furious which creates arguments. Some husbands fight with their wives and sometimes the wives are fed up of such relationships and leave. Hence, many families break up and the children are neglected. The same group also reported that family violence also occurred before and after men attending Kava sessions because men spend a lot of their family income in the Kava donation. The main reasons why men do that is because most men have the kind of Tongan attitudes called “fieha or “fie ma’u pa’anga” (boasting or showing off). This shows that they have money or resources to use on anything.

However, groups (1 and 5) reported that domestic violence does not happen. Everything depends on individuals. For example, when they go home after the Kava they are really intoxicated. Hence, if there is an argument, they usually ignore them and address it the next day when they have recovered.

Kava abuse leads to family breakdown

In Auckland, Groups 3 and 4 reported that extended family members influence individual kava consumers in their families. For example, if they see any of them consuming too much Kava, they advise them to stop or reduce it drastically. All Kava Clubs in Tonga (Groups 1-5) reported the same view that extended families view Kava consumption as positive, but when it is too much, they advise their family members to reduce or stop it altogether.

Kava consumption: Home verses Kava Clubs

All Kava clubs in Auckland reported that a significant difference between drinking Kava at home and in their Kava Clubs. Group 4 in Auckland reported that males are more independent when gathering with other men and are free to discuss masculine issues in Kava Clubs. Kava drinking is not generally permitted in some homes. It was also reported by Groups 1, 4 and 5 that some wives at home hated the smell of kava. Further, some kava consumers usually vomit due to excessive consumption of Kava during kava sessions. This practice is seen as unhygienic and unacceptable by many wives. All Kava Clubs in Tonga shared the same views as in Auckland. However, they reported that many Tongan parents supported their children consuming Kava more than beer or alcohol. There is a general view that Kava is better, does no harm to the body and is far more acceptable than alcohol.

Further, all participants in group 2 in Tonga reported that in Tonga, one rarely finds a Kava session held in the homes. It is hard to organise and obtain the resources for Kava sessions. In a Kava club or church hall, everything is available at any time. Open dialogue between men is much better and the seating with chairs can help to meet the needs of all age groups.

“I can easily drink Kava in any village in Tonga today. This was a big problem before because no one can move freely from one village to another especially in the evening due to traditional rivalries”.

DISCUSSION

Men from both countries talked about how Kava sessions today can have negative economic impacts on men and the community. Men from various Kava Clubs understood that their active involvement in fundraising activities created an economic strain on their families. In New Zealand, there were 3 to 4 fundraising activities each week. In Tonga, there were about one or two fundraisers in their Kava Clubs per week. A review of research on the health and social effects of Kava supports this and highlighted that money spent on Kava was taken at the cost of family or community income (Rychetnik & Madronio, 2011). Nosa and Ofanoa (2009) found that some Tongan men broke the law to gain more money to support their Kava activities. However, for some Kava clubs, 19% of the money raised is used on Kava and may not reach the communities which is disappointing (Rychetnik & Madronio, 2011). Although a majority of the participants viewed this finding as negative, some participants disagreed, commenting on how they valued their contribution as being done in the spirit of *fetokoni'aki* (reciprocity) and *'ofa* (love) as noted in other New Zealand work (Fehoko, 2014).

Participants from both countries commented on how their jobs are greatly affected by the low motivation and laziness caused by Kava. Key outcomes included being late and missing work, having no energy and motivation, and taking a lot of sick leave. Hence, men have less income to support their families and communities. This finding aligns with previous research showing that drinking Kava tends to inhibit aggressive impulses and create a warm, happy but lazy feeling (Aporosa, 2015; Lemert, 1967). Nosa and Ofanoa (2009) found that Tongan men tend to sleep for long periods during the day to recover, affecting their productivity.

Further, a number of possible responses and implications have been discussed including the effect of Kava on the breakdown of family and community within modern Tongan society, the implication of Tongan cultural values being community rather than individualistic, the impact of the social, economic, educational and government support for families and children. Beliefs such as the acceptance of child maltreatment as common and culturally acceptable practises such as the consumption of kava need to be sensitively aligned with international best practise using mediation methods that adhere to local traditions (Whitehead & Roffee, 2015b). Parenting interventions were raised as a possible mechanism for change as well as ongoing advocacy for children's rights within the legal and justice sectors (Cutland, 2012; McLean, 2014; Reading et al., 2009). Consideration of early intervention to prevent progression to antisocial and violent behaviours would be helpful for the legal and justice system. It is known that teachers have the most interaction with children apart from their parents (Gilbert et al., 2009) and therefore educating and empowering teachers to recognise and report worrisome observations is essential. Nurse-Family partnerships and home visiting programmes have shown some encouraging result in regards to reduced rates of injuries and emergency department visits (MacMillan et al., 2009). The main approach to preventing sexual abuse has been education programmes for children (MacMillan et al., 2009) which the Women and Children Crisis Centre (NGO) are running of their own volition. Recent meta analyses have indicated there is a link between 'spanking' and 13 out of 17 adverse child health outcomes and these associations are similar to associations seen between physical abuse and child health outcomes (Gershoff & Grogan-Kaylor, 2016) and therefore advocating the enforcement of legislation in Tonga around corporal punishment is imperative in order to decrease the prevalence of violent discipline methods.

Although this study that unfolds negative behaviours like family violence in Tonga, there is need for much more work to be done. Furthermore, in depth and specific investigation into Kava and violence could be made using both quantitative and qualitative methods. A qualitative study including interviews could provide more information on the community's perception of this issue. The development of an appropriate parenting program for the Tongan context and evaluation of its effectiveness would be useful. This study has highlighted the concerns of parents and teachers in regards to child maltreatment in Tonga and its consequences. This should be enough of an incentive to invest in preventative and therapeutic interventions from early in life. As one caregiver said *"I think we need to protect and care for our children as they will be the future of our family and our country"*

CONCLUSION

This study describes issues related to the social, cultural, and economic and health impacts of Kava use and consumption by Tongan men in both Auckland and Tonga. This report outlines the following recommendations for improvement:

In New Zealand,

- That the public health interventions to address issues related to Kava should focus primarily on minimising Kava consumption in New Zealand. Such approaches should not victimise the cultural and traditional uses and users of Kava.
- That male-specific health care services be established in New Zealand to cater for the specific health needs of men that are culturally sensitive.
- That further research is conducted on clinical issues relating to the toxicity of Kava, its relationship with liver abscess and appropriate public health interventions.
- That the Kava clubs be empowered to lead and control activities to minimise Kava consumption in New Zealand.
- That financial resources be made available specifically for men's health programs, as well as for the development of health promotion resources to improve Kava health literacy in New Zealand.

In Tonga,

- That the Ministry of Health considers integrating Kava consumption issues in its priority public health strategies, plans and programs.
- That male-specific health care services be established within the Ministry of Health to cater for the specific health needs of men that are culturally sensitive.
- That the public health interventions addressing issues related to Kava should focus on minimising Kava consumption. Such approaches should not victimise the cultural and traditional uses and users of Kava.
- That since Kava consumption affects workplaces especially churches, appropriate strategies are developed by the churches to address issues related to Kava abuse.
- That Kava clubs be empowered and resource to lead and control activities to minimise Kava consumption and abuse.
- That since traumas related to Kava abuse starts early in the life for Tongan men, a multi-sectoral approach is required to start early and include young Tongan men.
- That further research is conducted to identify innovative approaches to address inequity issues related to Kava abuse and family violence (women, wives, and children) in Tonga.

- That the Ministry of Health supports further research on clinical issues relating to the toxicity of Kava, its relationship with liver abscess and public health interventions to minimise Kava consumption in Tonga.
- That financial resources be made available specifically for men's health programs, as well as for the development of health promotion resources to improve Kava health literacy in Tonga.

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