

Snapshot Report

Gender insights in the Solomon Islands

Findings from a two-province study using
the Individual Deprivation Measure

June 2020



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1. Introduction

Study overview

The Individual Deprivation Measure (IDM) study in the Solomon Islands was implemented between January and April 2020 in order to gain insights into the economic, social, political, and environmental dimensions of the lives of the people of Central and Guadalcanal Provinces. Researchers from the International Women’s Development Agency (IWDA) worked with Dignity Pasifik, a women-led research company based in Honiara, to collect individual-level data from all adults in selected dwellings. A total of 1862 respondents from 849 households were included in the study.

In accordance with the Research Act 1982, a research permit was obtained from the Solomon Islands Government Ministry of Education and Human Resource Development (MEHRD) and the project was supported by the Australian Government through the Department of Foreign Affairs and Trade (DFAT), and the United Nations World Food Programme (WFP).

A Research Steering Committee comprised of representatives from the Solomon Islands Government Ministry for Women, Youth, Children and Family Affairs (MWYCFA), the National Statistics Office (NSO), and the Women’s Rights Action Movement (WRAM) provided invaluable support and technical advice to guide project design, implementation, and focal analyses presented in this report.

What is the IDM

The Individual Deprivation Measure (IDM) is a new, gender-sensitive measure of multidimensional poverty. The IDM is populated by primary data, collected via a multi-topic survey. The survey tool itself consists of three components. The first is a dwelling survey asked of only one adult respondent to ascertain information about the number of households in each sampled dwelling. The second, a household survey, is asked of only one adult to ascertain conditions shared by the household, such as water source and experience of natural disasters. The third, an individual survey, is asked of every adult in a household, covering 15 dimensions¹ – food, water, shelter, health, education, energy/fuel, sanitation, relationships, clothing, violence, family planning, environment, voice, time-use and work – to ascertain information on the circumstances of individuals against these multidimensional aspects of poverty and inequality.

How was the IDM developed?

The foundational research that developed the IDM was a four-year, international research collaboration, led by the Australian National University in partnership with International Women’s Development Agency (IWDA) and the Philippine Health and Social Science Association, University of Colorado at Boulder, and Oxfam Great Britain (Southern Africa) with additional support from Oxfam America and Oslo University. It was funded by the Australian Research Council and partner organisations. Motivated by a desire to improve existing measures of poverty to make it possible to assess the relationship between gender and poverty, an interdisciplinary team set out to answer the question: what is a just

¹ The IDM dimension on measuring violence is currently under review and was not enumerated in the Solomon Islands IDM study. For general explanation purposes this report refers to 15 dimensions of the IDM. For specific references to Solomon Islands data the report refers to 14 dimensions.

and justifiable measure of poverty that is sensitive to gender and capable of revealing gender disparities where they exist? Alongside the scholarly literature, the IDM's development benefitted from participatory research, involving nearly 3000 men and women experiencing poverty in six countries and across age cohorts in determining what they said mattered most in their experience of poverty.

The first IDM study beyond a proof-of-concept research trial was undertaken in Fiji (2014–17) by IWDA working with the Fiji Bureau of Statistics and funded by the Department of Foreign Affairs and Trade in Fiji. The study confirmed the IDM as a tool that extends available insights into multidimensional poverty. It also identified aspects of the measure and survey that would benefit from further testing and refinement. In 2016, as part of a wider focus on closing gender data gaps, the Australian Government made a further investment in the ANU and IWDA to ready the IDM for global use.

Why develop a new tool for measuring poverty?

Two key assumptions underpin the measure of global poverty most commonly in use today. The first, that all members of a household can reasonably be assumed to share the same economic circumstances. The second, that money—average daily expenditure or income—is a reliable and meaningful lens through which to measure progress towards alleviating poverty. At their foundation, these assumptions mean both that poverty and inequality are likely to be underestimated globally² and particularly that the circumstances of women, the elderly, or people with disabilities are less likely to be accounted for in measurement.

This is because measures of global poverty most commonly in use today tend to be estimated by collecting data about households, typically the head of the household, and assume that all individuals in that household can be considered to experience the same circumstance. This is an assumption that feminist economists have challenged for decades³ for ignoring intrahousehold dynamics, including considerations of who controls money in a household and the potentially different circumstances of household members. The notion that there is a 'head of the household' is itself grounded in patriarchal norms about nuclear family dynamics.

Moreover, focusing heavily on money estimates consistently excludes the range of social, environmental and material factors that act together to produce vulnerability. Expanding an understanding of poverty beyond money provides more comprehensive and nuanced understandings of what factors contribute to a person's marginalisation. The limitations of looking at poverty through only a monetary lens have been well explored through global initiatives such as the Human Development Index and the Multidimensional Poverty Index, which advance concepts of poverty consisting of more factors than money alone, such as education and health.⁴

The Individual Deprivation Measure (IDM) is a measurement approach and survey tool developed to improve poverty measurement by challenging similar assumptions. To address the problem of individual circumstances being hidden in most measures of poverty, the IDM surveys all adults in a household, individually, so that the data can pick up and show differences of circumstances of individuals, including between those residing in the same household. To address the problem of a narrow focus on money, the IDM

2 Kanbur, R., 2016. 2016. *Intra-Household Inequality and Overall Inequality*. Working Paper 2016-11. Charles H. Dyson School of Applied Economics and Management Cornell University, Ithaca, New York. (<http://publications.dyson.cornell.edu/research/researchpdf/wp/2016/Cornell-Dyson-wp1611.pdf>)

3 Kabeer, N., 2002. 'Women, Wages and Intra-Household Power Relations in Urban Bangladesh.' *Development and Change*. Volume 28, Issue 2, pp. 261-302. (<https://onlinelibrary.wiley.com/doi/abs/10.1111/1467-7660.00043>)

4 HDI and MPI (<http://hdr.undp.org/en/content/human-development-index-hdi> <https://ophi.org.uk/multidimensional-poverty-index/>)

survey covers 15 dimensions of poverty—social, environmental, material—assessed simultaneously so that the data can show the profiles of deprivation for different population groups.

For stakeholders, policy makers, and humanitarian and development actors, the IDM enables unique analyses that meet multiple needs. The data it generates can provide insights to:

1. Understand the extent of deprivation and inequality and the circumstances of individuals inside households;
2. Enable disaggregation beyond sex for insights at the nexus of gender, age, disability and urban/rural location;⁵
3. Grasp which deprivations are commonly associated with each other, and;
4. Undertake targeted analysis of priority thematic areas, such as barriers to healthcare, or the gendered aspects of food insecurity.

The power of better data is an evidence base for integrated responses that address poverty and inequality. This means insights into individual circumstances that are based on measurement rather than assumptions about what's inside the 'black box'⁶ of the household, and the possibility of more sensitive metrics for measuring progress (or otherwise) over time.

The context for IDM Solomon Islands

The data provided by the IDM study is relevant and contributes to six priority policy focus areas/policy focus areas relevant to the Solomon Island Government:

1. Solomon Islands Government's Gender Equality and Women's Development Policy (2016-2020);
2. National Strategy for the Economic Empowerment of Women and Girls (2015);
3. The National Development Strategy (NDS) and associated indicators for monitoring implementation call for disaggregation by gender, age, and urban/rural;
4. 2019 Country Gender Assessment of Agriculture and the Rural Sector in Solomon Islands⁷ recommendation of strengthening gender-sensitive data
5. National women's machineries and women's rights organisations, globally and locally seek better sex and age disaggregated data, and data relevant to the lives of women and girls, as enshrined in the Beijing Declaration and Platform for Action; and
6. The 2030 Agenda for Sustainable Development calls for disaggregated data across all relevant indicators to measure progress and provide the detailed information needed to 'leave no one behind', and the Solomon Islands Government presents its first Voluntary National Review (VNR) towards the Global Goals at the High Level Political Forum (HLPF) in July 2020.

5 Drawing meaningful and statistically significant conclusions at multiple layers of disaggregation is conditional on sample size. In this report, we focus on single disaggregation, focusing on gender, but provide additional disaggregation where possible. See Section 17 for a discussion and example of intersectional insights.

6 Masamha, B., Thebe, V., Uzokwe, V.N.E., 2017, 'Unlocking the Household 'Black Box': A Gendered Analysis of Smallholder Farmers' Participation in the Cassava (*Manihot esculenta* crantz) Value Chain in Tanzania.' *Journal of International Development*, Volume 30, Issue 1, pp.20-41. <https://onlinelibrary.wiley.com/doi/abs/10.1002/jid.3317> <https://www.jstor.org/stable/10.1086/649563?seq=1>

7 FAO and SPC 2019. Country gender assessment of agriculture and the rural sector in Solomon Islands. Honiara. <http://www.fao.org/3/ca6858en/CA6858EN.pdf>

About this report

The initial findings from the IDM survey are offered as a contribution to filling gaps identified at the global and national level. Whether as a tool for insight or accountability, the intention is to provide policy makers and people, particularly vulnerable communities and the organisations who advocate for them, with information that overcomes the limitations of existing data.

The study sample was representative in the two provinces sampled and so inferences presented here are limited to men and women in Guadalcanal and Central Provinces. This report presents exploratory analyses only and is intended to be an accessible document that highlights key emerging findings for stakeholders. Additional publications and results are also anticipated through the second half of 2020.

The report follows in three sections. In the first, we present 14 'Insights' sections, which highlight the dimension scores across the 14 enumerated dimensions of the IDM.

In the second, we showcase analyses uniquely enabled by the IDM methodology. These 'In Focus' sections speak to four such types of analysis:

- a. *Intersectional deprivation* (for example, deprivation experienced by older women, or men with disabilities);
- b. *Joint deprivations* (for example, people deprived in work, health, and household voice simultaneously);
- c. *Intrahousehold disparity* (for example, the extent to which all adults in a household vary in their access to adequate drinking water, or participation in local decision making); and
- d. *Dimension ranking* (the IDM survey enables respondents to rank IDM dimensions according to how important they are in their life).

Finally, the third section highlights three thematic analyses presenting findings across priority areas identified by Solomon Islands stakeholders: a) food security, gender, and resilience; b) women's economic empowerment; and c) COVID-19 preparedness.

In doing so we contribute to and expand on existing data and evidence from the Solomon Islands regarding gender dynamics as they relate to poverty and resilience, and understanding barriers and enablers for men and women in fulfilling their human capabilities in a changing environment.

Key initial findings at a glance



Food

Food variety is a pressing concern in the Solomon Islands. 48 percent of women and 62 percent of men reported having only eaten a few kinds of food in the last month due to lack of resources.

38 percent of women in Guadalcanal and 37 percent of women in Central experienced no food insecurity in the previous month using the Food Insecurity Experience Scale (FIES).

Men were more deprived in food than women overall, but this gap narrows within older age groups and with more severe food insecurity.



Water

Approximately 22 percent of the sample experienced unreliable water sources, and most respondents used UNICEF-defined inadequate sources of water (e.g., untreated spring water/rainwater).

Few respondents faced threats while collecting water: nine percent of men and five percent of women.



Shelter

Unsafe housing structures were a prominent issue, with 24.7 percent of urban respondents and 20.7 percent of rural respondents living in dwellings that were categorised by enumerators as being unsafe based on visual inspection. More participants in Guadalcanal (24.1%) lived in unsafe structures than in Central (15%).

87.5 percent of men said they had adequate bedding, such as blankets, mats, and mattresses, to sleep comfortably, compared to 74.1 percent of women.

42 percent of respondents nominated shelter as their highest priority dimension, meaning it ranked the highest of 14 dimensions in terms of priority. This may have reflected concerns salient during data collection in February/March 2020, with Cyclone Harold making landfall in the Solomon Islands mid-fieldwork.



Health

71 percent of rural respondents experienced health problems from smoke, compared to 60.9 percent of urban participants, an extremely high result in both areas (note that this item specifically measures health problems from exposure, not exposure itself). These findings point to smoke exposure as a priority public health issue in both provinces.

Both men and women reported quality issues when accessing healthcare, including wait time, location, drug availability, and provider knowledge. The extent to which gender differences in quality (i.e., men reporting more issues) reflected actual differences in experiences or different expectations cannot be determined from the data.

The vast majority of the sample – 89 percent, both men and women – report being treated with respect when accessing healthcare.

Psychosocial health followed a gendered pattern across two indicators: more men reported experiencing anxiety and depression overall, but of men and women who experienced either, men reported higher frequency of symptoms and women higher severity of symptoms.



Education

41 percent of women were most deprived in educational attainment compared to 23 percent of men. However, 8 percent of men were most deprived in functional skills compared to 3 percent of women.

Uncoupling educational attainment from functional literacy and numeracy skills showed different effects of gender and age for each theme. This suggests formal schooling is not a strong predictor of literacy and numeracy, and therefore that education attainment is not an appropriate proxy for literacy and numeracy. Beyond the Solomon Islands context, this holds implications for monitoring of the Sustainable Development Goals, given the target of literacy and numeracy for “all youth and a substantial proportion of adults, both men and women...”.



Energy/Fuel

72.8 percent of urban participants and 86.4 percent of rural participants used solar energy for lighting. Continued improvements in access would put Central and Guadalcanal on track to meet the NDS performance target of 90 percent of households with solar power by 2025.

Women were more deprived than men in energy/fuel by a slight margin, overall and across every theme. The gender difference was larger in Central than in Guadalcanal.

85 percent of men said they were responsible for collecting fuel for the household compared to 71.8 percent of women. That both these figures were high indicates that multiple household members either are, or feel they are, primary holders of responsibility for fuel collection. This could also indicate that meeting household energy demands is a significant time demand on both men and women, and points to the productivity gains that could be achieved if reliance on unclean fuel sources was reduced.



Sanitation

Open toileting was a substantial issue, with 72 percent of respondents in Central and 37 percent in Guadalcanal practicing open toileting. This is a serious public health challenge, especially in Central Province, that will need improvements to meet the NDS indicator of no open defecation in rural areas.



Relationships

Approximately one-quarter of those surveyed depended on people not living with them for basic survival necessities because they could not provide these for themselves.

It is culturally important to be able to contribute to social and community events in Solomon Islands. 93 percent of participants who attended a community event contributed food, cash, or labour to it.



Clothing

Clothing is a readily socially identifiable marker of poverty, and a source of stigma and shame for people living in poverty. Approximately 20 percent of respondents rarely or never had basic clothing that was acceptable to their community, with more women than men experiencing this deprivation, as well as deficiencies in protective clothing and footwear.

93.4 percent of men and 90.9 percent of women had at least two changes of clothing, including underwear, they could wear outside the home.

Only 53.7 percent of men and 28.8 percent of women had at least two pairs of footwear.

Only 36.1 percent of women had enough sanitary products, such as sanitary pads, tampons or cloth, during menstruation. 10.4 percent had enough most of the time, 13.2 percent some of the time, and 2.8 percent never.



Family Planning

42 percent of those surveyed were using modern forms of birth control.

Women often cited the fear of side effects from birth control as a reason for not using modern contraception.



Environment

Women were more deprived of safety in their environment; men were more deprived in natural resource utilization.

Respondents were able to nominate environmental problems they experienced, in addition to those listed on the IDM survey. The most common issues were environmental degradation, particularly in water sources, caused by logging, followed by waste and environmental damage caused by pigs, and finally, sea level rise. Disturbances caused by people drinking, and resulting feelings of unsafety, were also frequently cited by participants as deprivations in the environment around their dwelling.



Voice

The voice dimension revealed some of the largest gender differences in the sample with women more deprived than men in voice in the household and in public spaces.

This likely reflects gender norms regarding decision making in the home and in public spaces.

More men than women have sole decision making power over household finances, large purchases, duration of their work, duration of their study, and social commitments. More women than men make sole decisions on everyday purchase, and child-rearing.



Time-Use

Differences were found in time-use for men and women. After sleep, the primary activities undertaken by women were unpaid work, followed by care work. For men, unpaid work was the 7th-ranked time use activity and care work the 10th. After sleep, the primary activities undertaken by men were paid work, followed by socialising and self-care.

Significantly more women than men engaged in child care simultaneously with other time use activities, illustrating the double labour burden faced by women.



Work

Fewer women spent time on paid work than men, but those who did averaged more daily hours of paid work than men. Fewer women spent time on study, but those who did spent twice as many hours studying as men who studied. This illustrates the importance of considering different facets of time-use data simultaneously.

A significant gendered finding was the proportion of men (33.7%) compared to women (11.9%) who were eligible for work-related contributions to social security, or benefited from paid annual or sick leave, reflecting gender disparity in work patterns and differences in the protections offered in the formal sector, compared with the informal sector.

Intersectional inequalities

- Educational attainment varied by gender, with 41 percent of women being most deprived, meaning they have no schooling or incomplete primary schooling. 23 percent of men were most deprived.
- Age also strongly effected results: older people had higher levels of deprivation overall than younger people.
- For women the number of respondents in the most deprived category increased substantially with every increase in age category, which demonstrated an interaction effect in the data: the intersection of being a woman and being older produced greater deprivation than either factor alone.

Joint deprivations

- When the two lowest deprivation categories of the IDM (most deprived and deprived) were grouped together, seven percent of all respondents were deprived or worse in both energy and water, and more than half (56%) of those deprived in water were also deprived in energy.
- Geography appeared to be strongly associated with the likelihood of being in this particularly vulnerable group. Almost half (44%) of the population sampled in Sandfly-Buenavista Ward were deprived in both water and energy.
- People who experienced deprivation in food also tended to experience deprivation in health and shelter.
- People who experienced deprivation in water also tended to experience deprivation in sanitation and environment.

Inside the household

A case study of a middle-aged husband and wife (with three children under 18, so below the qualifying age for the IDM) in Central province demonstrated how deprivation scores can vary within the same household. The husband and wife showed similar scores in some areas: both experienced relatively little food insecurity; neither had access to improved toilet facilities, and practiced open toileting; both had similarly high scores on health, and both had similar levels of education deprivation.

- There were also some important differences. The wife was more deprived than her husband regarding access to handwashing facilities. The husband worked for pay, whereas the wife was too busy with domestic work to seek paid employment. There was a substantial difference in voice within the household. Both the husband and wife said most decisions within the household were made solely by the husband. Regarding personal autonomy, the husband said there were no constraints on his autonomy, while the wife did not consent to be asked questions on her autonomy. Neither used any form of contraception, however their justifications were different. The wife said she wouldn't mind having more children, so was least deprived, whereas the husband says he would like one of them to be using contraception but they can't or don't due to side-effects or health concerns, so he was most deprived.
- Intraclass Correlation Coefficients were calculated to assess how much data varied within households compared to between households. Across the fourteen dimension, scores varied in strength, with some being relatively high (e.g., shelter), showing that results on this dimension were driven by factors shared by a household (such as how crowded the dwelling was) or a result of household-level measurement (e.g., dwelling condition).⁸ Others

⁸ Where household level measurement is used in the IDM survey, it is used to measure constructs that are not expected to vary much within households.

were close to zero (e.g., voice) indicating scores within households varied as much as they do within the entire population.

- The analysis underlines that assuming the circumstances of a single individual in the household (typically the 'household head') is a suitable proxy for the circumstances of everyone in the household is flawed, and is consistent with Kanbur's analysis that ignoring within-household differences results in significant under-estimation of poverty and inequality.

Respondent dimension ranking

- At the end of survey administration, respondents were given the opportunity to rank the IDM dimensions. Women were more likely to nominate multiple first priorities, potentially reflecting more priority concerns for women, or a gendered social difference in the number of options women and men were willing to prioritise. Ranking did not necessarily reflect gender differences in the distribution of deprivation by dimension. For example, women were more deprived than men in voice and health, but also ranked them lower in importance.
- There were minor differences in the ranking of dimensions between provinces. Where there were differences, they were also not always reflective of underlying differences in deprivation.
- Future analysis will further unpack these priority ranking results to explore the differences between objective conditions and subjective perceptions.

Food security, gender and resilience

- Food insecurity is strongly associated with anxiety, and this relationship is stronger for women
- Food insecurity is associated with several dimensions of poverty. In terms of physical health, the data indicated a relationship between having a short-term health problem and experiencing food insecurity, and this relationship was stronger for women. People with less voice in their community also reported experiencing more severe food insecurity, and this relationship varied by gender.
- Data also revealed a relationship between food security and resilience. Across Central and Guadalcanal Provinces, those people who had experienced a shock in the previous year were more likely to have experienced food insecurity than individuals who had not recorded such an event. The difference was particularly striking in Central Province, where 47 percent of the persons who experienced a major problem or shock also experienced the most severe food insecurity.
- Women who had experienced a shock were more likely to also experience severe food insecurity (32%) than women who had not (23%). The difference was smaller for men, with 33 percent of those who had experienced a shock also experiencing severe food insecurity, compared to 27 percent of those who had not experienced a shock.

Gender, health and COVID-19 in two provinces

At the time of writing, the Solomon Islands was one of only twelve countries to have no confirmed COVID-19 cases.⁹

- IDM data shows that men and women will have a different ability to act on the steps required to prevent virus spread in Solomon Islands, such as handwashing, and maintaining access to information. Likewise, the impact of other preventative measures, such as quarantining at home, will also be gendered.

⁹ <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

Even if COVID-19 cases remain at zero:

- Gender gaps in literacy and access to information mean specific efforts are required to ensure equal access to public health information, especially at the intersection of gender, age, and geography.
- Significant investment is needed to strengthen Solomon Islands health systems and ease reliance on overseas treatment for medical emergencies or complex illnesses.
- Women are disproportionately experiencing deprivations in basic sanitation, and have additional sanitation and hygiene requirements during menstruation, and in caring for small children, which require acknowledgement and accommodation.
- Shelter was the most commonly cited priority across all respondents in the two provinces sampled, for both men and women. This suggests a significant need for investment in more habitable shelter, particularly given health vulnerabilities associated with inadequate shelter.
- Food security will still be impacted in Solomon Islands because of wider global trade impacts, including potential long-term supply chain interruptions.
- Women will be further distanced from decision-making processes through preventative measures aimed at centralising decision making during and after the SoE, unless specific steps are taken to hear from diverse women, to support informed provincial and national policies and responses.
- The economic impacts will reverberate through the country for an extended period of time, and strategic investments in economic stimulus and social protection is needed to mitigate and alleviate the impact on the most vulnerable.

Women's economic empowerment

- The IDM collects information relevant to assessing both economic advancement and power and agency. Economic advancement can be measured by opportunities to engage in paid work, and asset ownership. Power and agency can be measured by voice in the household and public domain. Both variables are also related to time use, as insufficient time for economic activities is a barrier to women's economic advancement and lower economic contributions to the household can further constrain voice within the household.
- Only 25 percent of women owned the dwelling in which the interview took place alone, compared to 74 percent of men.
- Men were more likely to solely own assets tied to productive activities, such as small livestock, fish, and poultry. Although ownership rates were low overall, men were more likely to own transport-related assets, with implications for time use and the asset value that could be realised.
- Although overall ownership rates were low, men were more likely to own assets relevant to participating in business activities, such as a cellphone, computer, internet connection, and general business equipment. Men were also more likely to own a radio, an important asset for accessing public community information. The only asset owned by more women than men was a sewing machine.
- Initial evidence suggests that the relationship between dwelling ownership and bargaining power in the household is stronger for women than for men.
- Dwelling ownership was associated with increased household finance decision-making power for both men and women – but especially for women.

- Roughly equal proportions of women reported their partner primarily making decisions about household finances, regardless of ownership status.
- Regardless of their financial decision-making status within the household, women more commonly reported not participating in local decision-making.¹⁰ For men, financial decision-making status did not have a large impact on participation in local decision-making, except for where the financial decision-making was reported to be with other household members.
- Women overall spent more time on unpaid work and care than men, regardless of paid work status.
- There was a large impact of paid work on perceived ease of raising concerns at the local level. For women, engaging in paid work did not make it more likely that they perceived raising concerns with local leaders as very easy. Women who did not engage in paid work were more likely to have said raising concerns was very difficult. This finding potentially points to the continuing influence of other factors, such as gender norms, on women's perceived ability to raise concerns with local decision makers, for women engaging in paid work.
- There was an impact of paid work on women's control over financial decisions, as there was for men. However, a higher percentage of women who did not engage in paid work reported financial decisions being their partner's decision, compared to women who did paid work. For men, paid work was also associated with increased financial decision-making; but there was little impact of paid work on rates of partners' making decisions, and no paid work was associated with higher reporting of coordinated decisions.

¹⁰ Measured by the question, "In the last 12 months, have you participated in any local decision-making process?"

Method

From January to April 2020, the IDM study in the Solomon Islands aimed to gain insights into economic, social, political and environmental dimensions of the lives of the people of Central and Guadalcanal Provinces. A total of 1862 respondents from 849 households participated in the IDM Solomon Islands study, including 927 women and 924 men between the ages of 18 and 93.

Sample design

The target population of the study was all adult members of a sampled household in the Central or Guadalcanal province. The sample frame was provided by the Solomon Islands National Statistics Office (NSO), and consisted of a listing of all households and populations within each Enumeration Area (EA) of the Solomon Islands. This was updated in late 2019 when the Population and Housing Census was completed.

EAs were the primary sampling unit (PSU) for the IDM study and were randomly selected using implicit stratification. This method aims to spread the sample among the important sub-groups of the target population using geographic ordering. All EAs within Central (71 EAs) and Guadalcanal (256 EAs) were ordered by province, ward, and then urban/rural status. EAs were selected using probability proportional to size, where the size was determined by the number of households in each EA. Lastly, 18 households (HH) were selected from each EA using systematic random sampling, and every adult member (18 years or older) within each household was eligible for inclusion in the study. Response rates were generally high, however a number of challenges experienced during fieldwork, such as Cyclone Harold and a COVID-19 State of Emergency (SoE), resulted in the final sample size falling just short of the intended minimum of 2000 individuals.

Further, inaccessibility of particular wards due to Cyclone Harold, followed by the SoE restrictions, meant that the final fortnight of fieldwork could only be conducted in EAs around Honiara (i.e., EAs around Honiara were *oversampled* to attempt to meet the intended sample size). This led to a slight urban skew which deviated from the sample frame, in which the last Census classified 20 percent of the population as urban, whereas urban respondents comprise 28.8 percent of the sample here. Sample weights were not applied to adjust for the slight urban skew, and this should be considered where urban/rural comparisons are provided.



Figure 1 Wards within the Guadalcanal and Central Provinces randomly selected for inclusion in the IDM Solomon Islands study, 2020.

Data collection

Study implementation commenced upon the receipt of MEHRD research approvals at the end of January 2020 and the field work period ran from February - 30 April 2020 encompassing contextualising the survey tool, recruitment and training of enumerators, a short pilot study, and data collection.

The IDM survey tool administered in the Solomon Islands comprised three surveys: a brief dwelling survey (taking approximately 5-10 minutes to complete), administered to an individual identified as being knowledgeable about those living in the dwelling, to identify households and individuals in the dwelling;¹¹ a household survey, administered to an individual nominated as the most knowledgeable of each household to complete a full household listing and assess dimensions shared by a household, such as shelter material (enumerator observation) or water source; and an individual survey, administered to every adult member of the household. The individual survey aimed to measure the individual experience of deprivation for 14 dimensions¹² of life. Informed consent was gained from all individuals before participation in the IDM survey.

The household survey was used to establish a list of all members of a household and some basic demographic information, including age, sex, and relationship to the primary respondent. It took on average 18 minutes to administer, and consisted of questions common to a household, such as access to amenities, environmental hazards around the dwelling, and building materials and quality (via enumerator observation).

The individual survey took on average one hour and 15 minutes to administer and consisted of further demographic questions and questions corresponding to each dimension of the IDM, as well as questions around assets. The IDM survey questions are based on existing validated questions where possible, and aim to be as objective as possible. Small adjustments are made for local context where necessary, but the IDM is intended to be a standardised survey.

Enumerators conducted surveys with participants individually at the household, preferably away from other household members, with men interviewing male participants and women interviewing female participants.

¹¹ The IDM lists individuals at the dwelling level rather than the household level to be more inclusive; for example, within a dwelling may be the main household plus domestic workers who would not otherwise be included in individual surveys.

¹² The survey module aimed at measuring violence was not enumerated in the Solomon Islands as findings from prior IDM studies indicated measurement error. At the time of publishing the violence module was under review.

Field supervisors, enumerators, and two employees each from the Ministry of Women, Youth, Children and Family Affairs and the NSO attended two weeks of training in the IDM survey and methodology. The training was delivered in a mix of English and Pijin by IWDA and Dignity Pasifik researchers and a training specialist with deep contextual knowledge of the Solomon Islands. Gender diversity and disability inclusion training was provided to all enumerators by Gender Alert and People With Disabilities Solomon Islands, respectively. As part of the training, a short pilot study was conducted in areas surrounding Honiara, with conditions emulating that of field work as closely as possible. This was followed by a review and feedback session with researchers before field work began on 26 February 2020.

Table 1. Demographics of study participants separated by gender

	# Total	Gender	
		Women	Men
Age			
18-34	48.8	53.2	44.3
35-64	45.0	41.6	48.3
65+	6.2	5.2	7.3
# Total cases	1857	925	929
Province			
Central	25.8	25.9	25.6
Guadalcanal	74.2	74.1	74.4
# Total cases	1862	929	930
Ethnicity			
Central Province	23.0	22.0	23.9
Guadalcanal Province	51.5	50.7	52.4
Malaita Province	16.2	16.0	16.3
Other (please specify)	9.4	11.3	7.4
# Total cases	1862	929	930
Disability			
With disabilities	8.3	11.6	5.1
Without disabilities	91.7	88.4	94.9
# Total cases	1862	929	930

The Individual Deprivation Measure

The IDM aims to quantify the deprivation experienced by an individual through 15 dimensions of life.¹³ The IDM is hierarchical; dimensions are constructed from themes, themes are constructed from indicators, and indicators are defined using responses to one or more survey questions (Table 1). Indicators seek to capture information about access, use and/or achievement, and numerical scores are allocated at the indicator level, typically by manually aggregating answers to survey responses. Scoring of responses is intended to represent tiers of deprivation, from most to least deprived, with the 'least deprived' category being a ceiling, above which the IDM is not designed to measure. An arithmetic mean is used to aggregate indicators within a theme and themes within dimensions. More information about how each indicator is scored based on responses to survey questions can be found in The Individual Deprivation Measure South Africa Country Study (2020) Appendix A.1.

¹³ For further information about the rationale underpinning this approach, see Wisor et al. (2014), pp 31-32.

Table 2. Dimensions, themes and indicators that make up the Individual Deprivation Measure, Solomon Islands 2020

Dimension	Theme	Indicator
01 Food	Food Insecurity	Food insecurity
02 Water	Drinking water	Drinking water source, reliability and treatment
	Domestic water	Domestic water source and reliability
	Water collection threats	Water collection threats
03 Shelter	Habitability	Flooring material
		Roofing material
		Exterior wall material
		Housing condition
	Crowdedness	
	Ownership of essential household items	Ownership of essential household items
	Security of tenure	Eviction concern
		Recognition of ownership
		Mortgage/rent stress
04 Health	Health status	Physical health status
		Psycho-social health status
	Health care access and quality	General health care access and quality
		Pre-natal health care access and quality
05 Education	Education level	Educational completion
	Functional literacy and numeracy	Functional literacy
		Functional numeracy
06 Energy	Cooking energy	Cooking energy source and reliability
	Lighting energy	Lighting energy source and reliability
	Heating energy	Heating energy source and reliability
	Energy collection threats	Energy collection threats
07 Sanitation	Toilet facilities	Toilet type
		Toilet ownership
	Washing facilities	Handwashing facilities
		Access to toiletries
	Private changing place (during menstruation)	Private changing place (during menstruation)
08 Relationships	Dependence and support	Dependence and support
	Participation in community events	Community event participation

Dimension	Theme	Indicator
09 Clothing	Basic clothing and footwear	Basic clothing and footwear ownership Basic acceptability and protection
	Other clothing and footwear	School or work clothing Formal clothing
	Sanitary product use	Sanitary product use
11 Family planning	Unmet need for contraception	Unmet need for contraception
12 Environment	Exposure to environmental problems	Exposure to environmental problems
	Natural resource utilisation	Wild resource utilisation Biomass fuel utilisation
	Safe environment	Safe environment
13 Voice	Voice in the public domain	Voting Participation in local decision making Perception of raising concerns
	Personal control over decision making	Personal control over decision making
14 Time use	Time burden	Time burden and on-call time
15 Work	Work for pay, profit and production	Employment status Job security Hazards in work for pay, profit and production Autonomy and harassment in work for pay, profit and production
	Unpaid domestic and care work	Hazards in unpaid domestic and care work Respect in unpaid domestic and care work
	Double labour burden	Double labour burden

IDM scores have been analysed at both the theme and dimension level. For the purposes of interpretation, scores are grouped into four categories of deprivation based on the following intervals:

- $s \in [1,2)$ = Most deprived
- $s \in [2,3)$ = Deprived
- $s \in [3,4)$ = Somewhat deprived
- $s \in 4$ = Least deprived.

Limitations

This report presents initial findings and analyses from the Solomon Islands IDM data. The report is aimed at providing highly accessible findings that are relevant to a broad range of stakeholders, and tests of statistical significance have not been performed. In some cases, this means that findings are indicative trends, rather than representing confidence that the group differences observed in the sample were not occurring by chance and represent a real difference in the population. Further limitations include a non-nationally representative study, meaning these data should not be assumed to hold across all provinces in the Solomon Islands, or represent all women and men across the nation. The relatively small sample size prohibits multiple disaggregation beyond one or two layers, and where these findings have been presented in the report, this limitation is noted.



2. Dimensions



Food Dimension



The module of the IDM individual survey used to measure food deprivation is based on the Food Insecurity Experience Scale (FIES) developed by the UN Food and Agriculture Organisation (FAO) Voices of the Hungry program.



Gender spotlight

Men are more deprived in food than women overall, but this gap narrows within older age groups and with more severe food insecurity.

Within the sample, food deprivation was reasonably high, with 29 percent of respondents being most deprived. Men were, on average, more food deprived than women; that is, they were more like to experience food insecurity. This pattern held across the 8 items of the FIES scale.

However, the gender difference effectively disappeared when severe food insecurity was experienced by women and men. The 12 percentage-point difference between women (38%) and men (26%) in the least (food) deprived category, reduced to 2 percent for the women (28%) and men (30%) who were most food deprived.

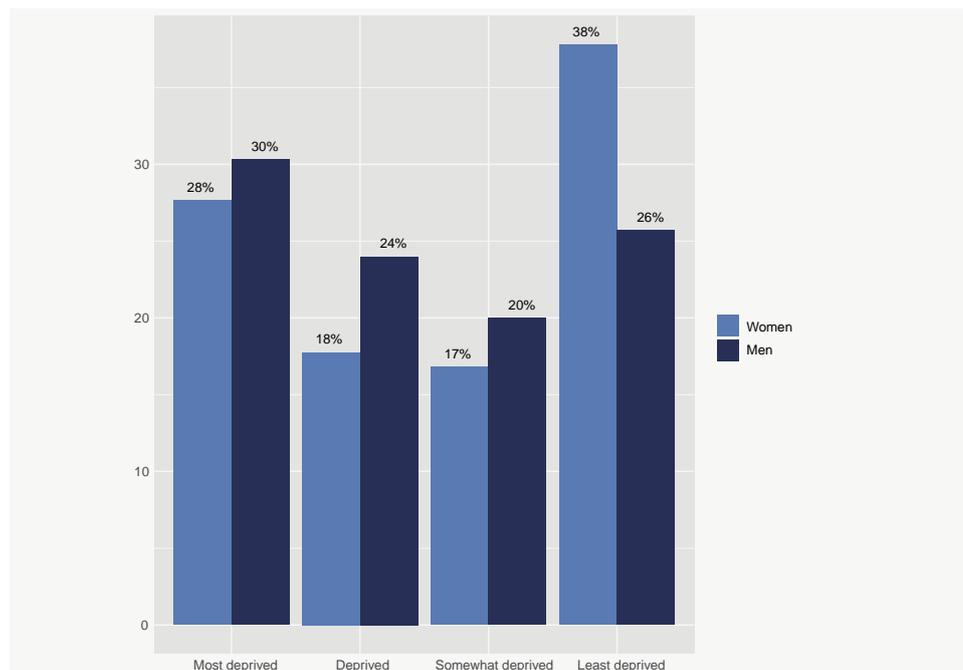


Figure 2. Food deprivation by gender



Policy notes

SDG 2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round.

NDS Indicator

Proportion of population below minimum level of dietary energy consumption (MDG Indicator).



Priority ranking

373 people nominated food as their highest priority issue, meaning it ranked third of 14 dimensions overall in terms of priority.

Next, men and women experience less food deprivation in older age groups, although there is sharp increase in food deprivation after 75. This might be because older people find it more difficult to provide for their material needs and so are more likely to experience food insecurity.

Of course, neither men nor women are homogenous groups. Analysis of the data only by gender hides a different pattern of food insecurity by gender and age. Until the seventh decade, men report experiencing food insecurity, more than women do. When women and men are older than 60 years, the gender difference in food insecurity switches, with older women more likely to be food insecure than older men. Across gender and age, younger men are the group most vulnerable to food insecurity.

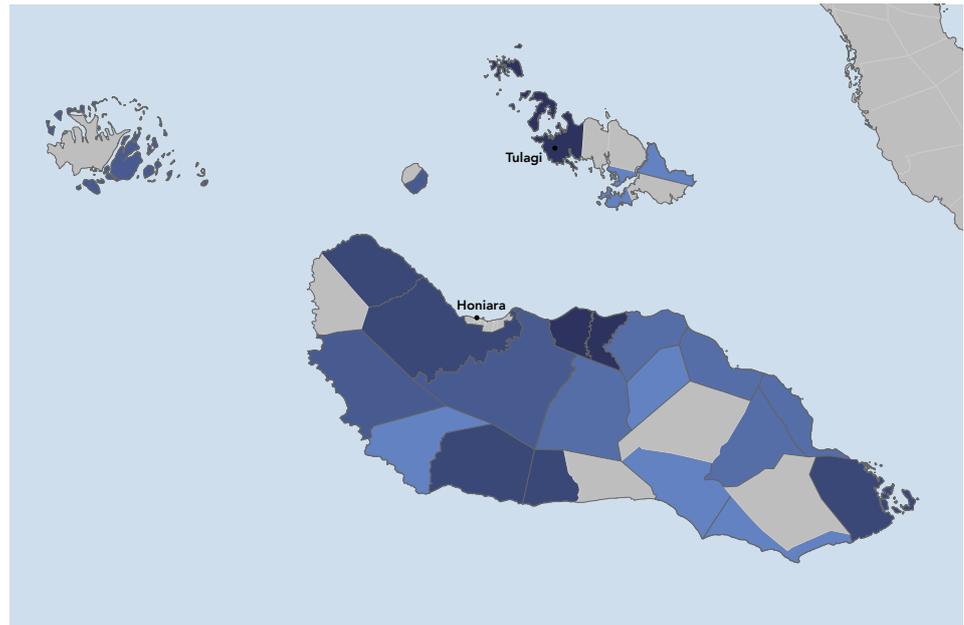


Figure 3. Mean food dimension scores by ward. Different colours are used to separate aggregate ward-level results by quintiles; darker colours represent relatively more food deprivation. Grey shows wards where data was not collected.





Emerging strength
38 percent of women in Guadalcanal experienced no food insecurity in the previous month.

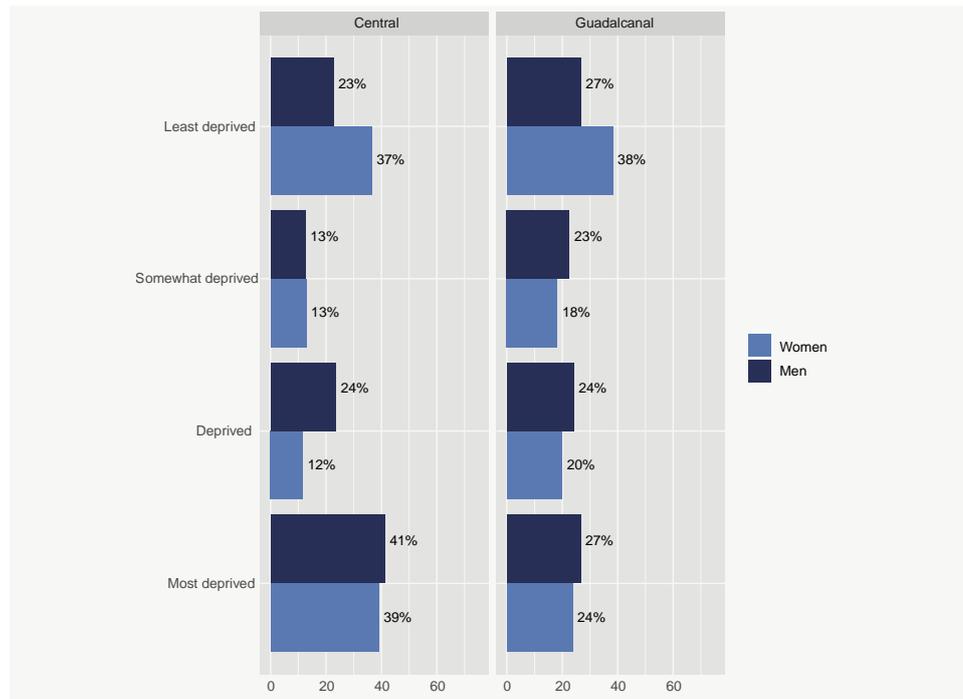


Figure 4. Percentage of men and women in each province at each level of food deprivation

Overall patterns also held by province, with women in both Central and Guadalcanal being more likely to experience no food insecurity (37% of women in Central and 38% of women in Guadalcanal).



Emerging challenge
Food variety is a pressing concern in the Solomon Islands. 48 percent of women and 62 percent of men reported having only eaten a few kinds of food in the last month due to lack of resources.

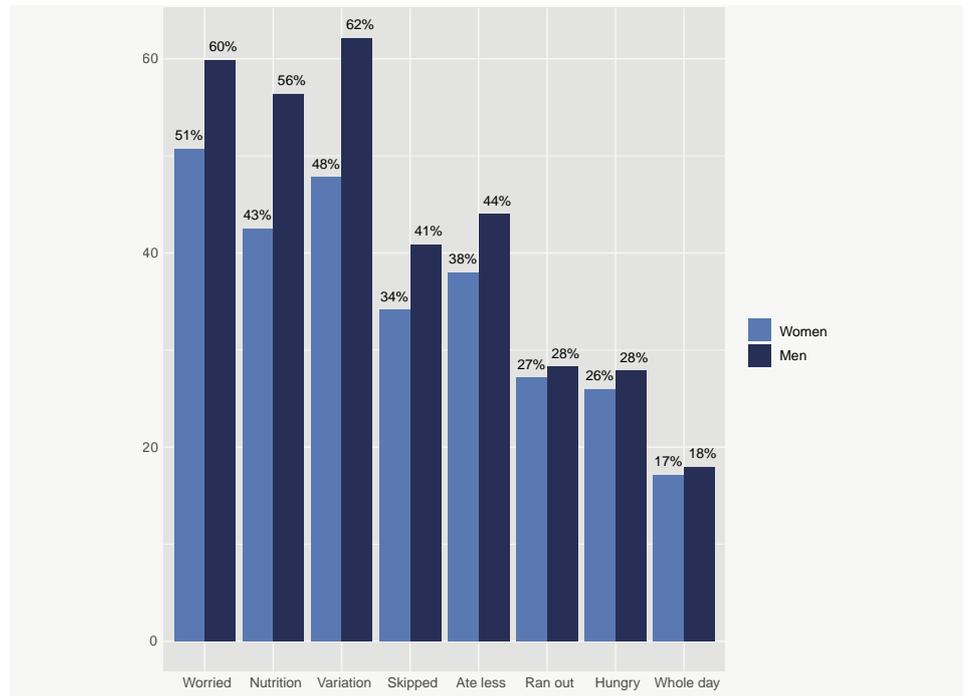
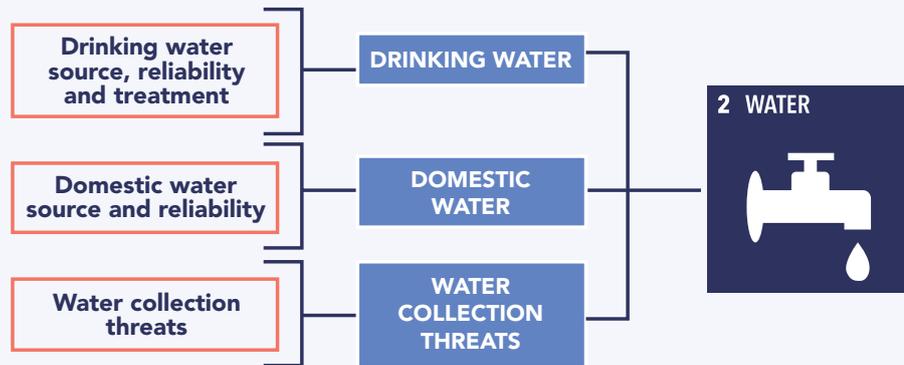


Figure 5. Percentage of men and women in each category of food deprivation

This figure illustrates each item of the FIES scale, split by gender. Bars towards the left represent less severe types of food insecurity (being worried about having no food; eating less healthy foods). Bars towards the right represent more severe food insecurity, such as being hungry due to lack of resources, or going a whole day and night without eating. In this sample, 17 percent of women and 18 percent of men had gone a whole day and night without eating in the previous month.



Water Dimension



The water dimension comprises three themes with a single indicator each. The first indicator is drinking water source, sufficiency and treatment; the second domestic water source and sufficiency; and the third threats faced while collecting water.

Overall, the water dimension showed little variation by gender, age, or province. In the distribution of the dimension on aggregate, most respondents fell into the somewhat deprived category, indicating moderate levels of water deprivation.¹⁴ However, unpacking these results at the theme and indicators level revealed significant differences between urban and rural areas, particularly around water source.



Emerging strength

Few respondents faced threats while collecting water: 9 percent of men and 5 percent of women.

In urban wards, 12 percent of the sample had treated water piped to their dwelling compared to 2.3 percent in rural areas, and a further 13 percent had treated water piped to their yard, neighbour, or public tap compared to 2.5 percent of those in rural wards. In rural wards piped water was much more likely to be untreated (6.3% to dwelling and 17.3% to yard/neighbour/public tap) compared to urban wards (0% to dwelling and 1.1% to yard/neighbour/public).

¹⁴ The findings presented in this section were scored for deprivation according to a standard IDM method. As pointed out during the review process, the assumptions underpinning this scoring may not be appropriate for all respondents in the two provinces. For example, access to treated piped water is only available a certain number of hours a day through Solomon Water - whereas rainwater tanks and adequate water harvesting would enable round the clock access to uncontaminated water at home. On the other hand, many respondents report issues with contaminated creek water caused by upstream logging. Future analysis will closely examine assumptions underpinning scoring decisions such as these.



Policy notes

RWASH Strategic Plan 2015-2020

By 2030, achieve universal and equitable access to improved and affordable drinking water sources for all.

NDS indicator

Percentage of population using basic water services, by urban/rural (access to improved drinking water).

MHMS Core indicators

Percentage of population with access to improved drinking water sources by rural/urban. Target: By 2019, communities with improved drinking water supplies increases from 35 percent (2014) to 52 percent and by 2024 increases to 97 percent.



Emerging challenge

Approximately 20 percent of the sample experienced unreliable water sources, and most participants used inadequate sources of water (e.g. untreated spring water/rainwater).

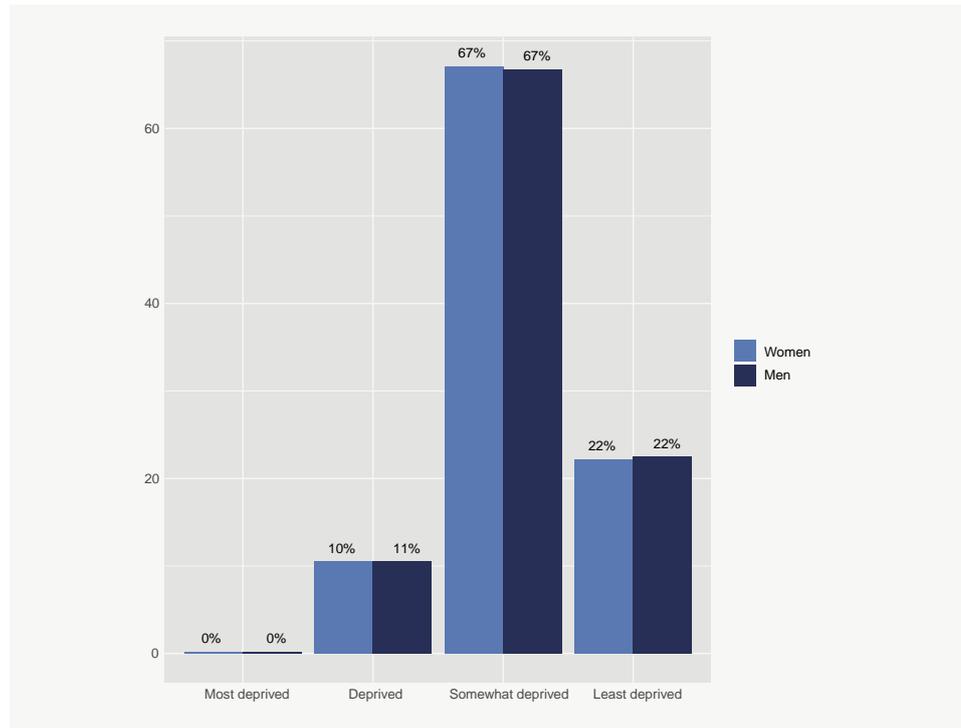


Figure 6. Percentage of men and women in each category of water deprivation

One reason for a lack of variation between genders may be that, as a number of the variables used to measure water deprivation were measured at the household level, men and women share similar levels of deprivation in themes, such as water source.

Few respondents experienced threats while collecting water, though most people were not travelling to collect water in the first place, with water sources largely close to home. The most common threat faced while collecting water was from people (reported by 4% of men and 2.6% of women), followed by environmental hazards (1.5% of women and 3.7% of men). Only four individuals experienced threats from animals (noting the urban skew of the sampling in the selected provinces).

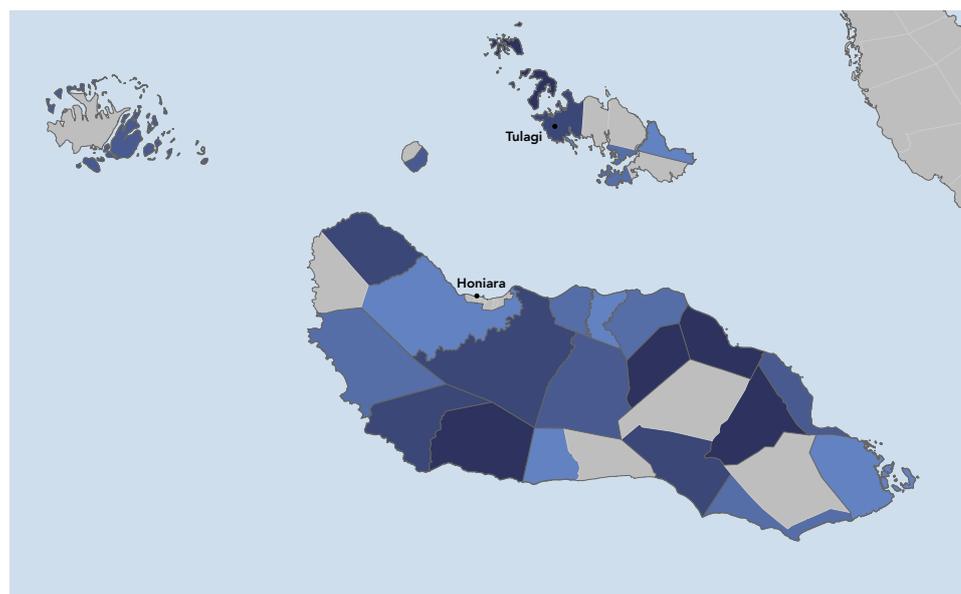
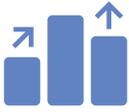


Figure 7. Mean water dimension scores by ward. Different colours are used to separate aggregate ward-level results by quintiles; darker colours represent relatively more water deprivation. Grey shows wards where data was not collected.



Priority ranking

494 people (approximately 26% of the sample) nominated water as their highest priority dimension, meaning it ranked 2nd of 14 dimensions overall in terms of priority.



Gender spotlight

Despite sharing a household water source, more women (21%) than men (17%) reported only sometimes or never having sufficient domestic water for their needs. This likely reflects gendered roles and responsibilities inside the household.

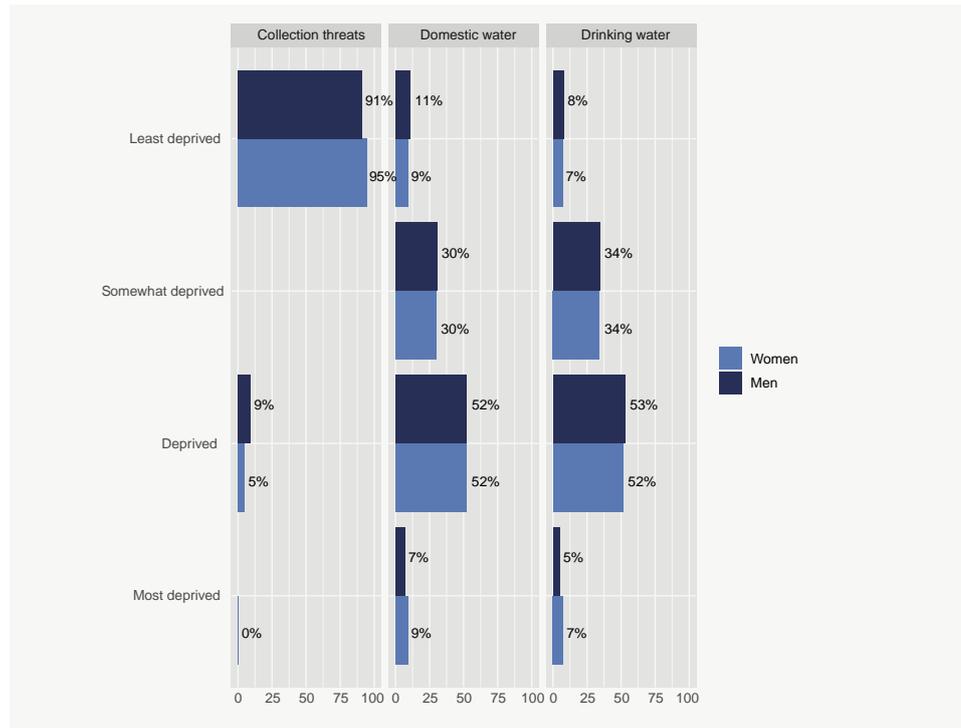


Figure 8. Percentage of men and women in each category of water theme deprivation (collection threats, domestic water, drinking water)

Deprivation in the water dimensions was driven by inadequate sources of drinking and domestic water. While 79 percent of respondents said their drinking water source was always or usually reliable and 81 percent said the same for their domestic water source, these water sources were low quality.

Just five percent of respondents had treated water pumped to their dwelling, with a further 6 percent having it pumped to a tap nearby their dwelling. The remaining respondents relied on sources that were harder to access, more unreliable, or more unsafe. These issues with water source were the main drivers of deprivation in the water dimension among the sample.

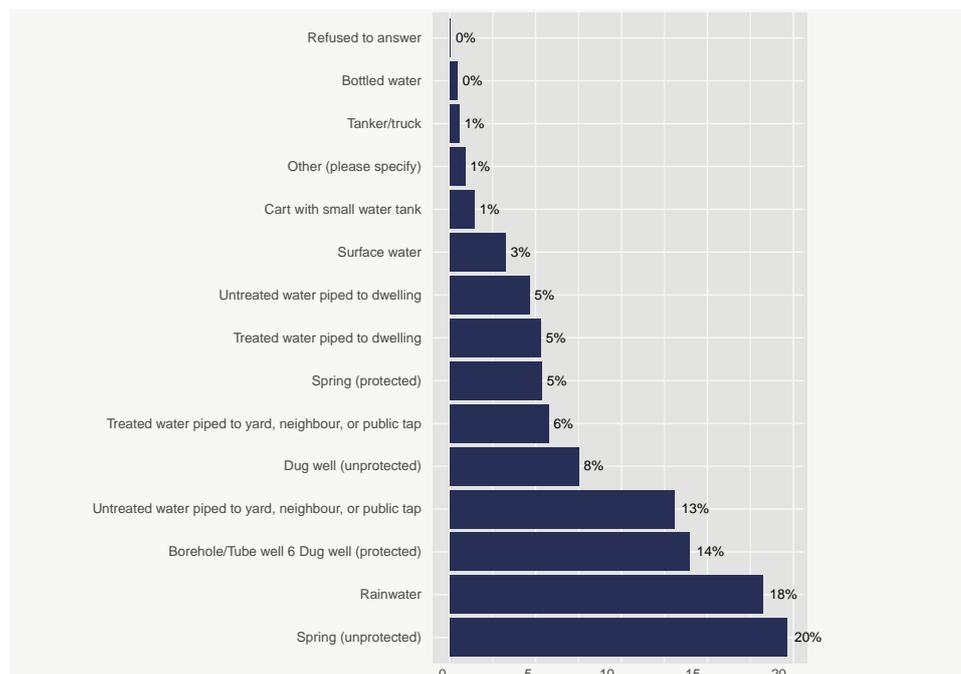
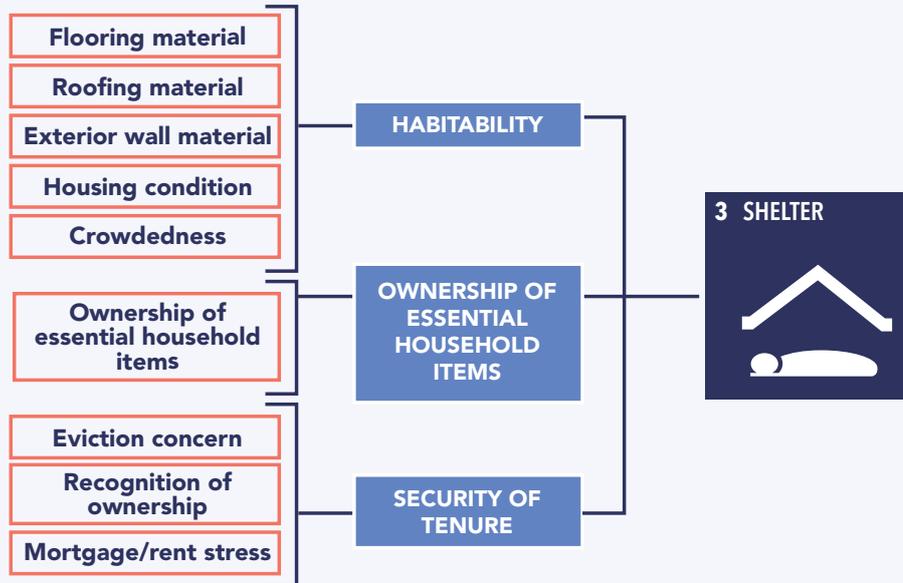


Figure 9. Percentage of respondents using each type of water source



Shelter Dimension



The shelter dimension comprises three themes. First, habitability which has five indicators: floor material, roof material, exterior wall material, housing condition, and crowdedness. Second, ownership of essential household items, which contains one indicator: item ownership. Third, security of tenure related to housing security, which contains three indicators: security of tenure, recognition of ownership, and mortgage/rent stress.



Gender spotlight

87.5 percent of men said they had adequate bedding, such as blankets, mats, and mattresses, to sleep comfortably, compared to 74.1 percent of women.

Aggregating the three themes into a single dimension of deprivation in shelter revealed relatively little variation by gender or age, which is unsurprising as shelter indicators were largely shared by individuals living inside the same dwelling. However, individual items did reveal some gender differences in the two provinces.

While there were differences between the three themes' distributions, most respondents were either least deprived or somewhat deprived across all themes.



Policy notes

NDS Medium Term Strategy 5 Continue with the constituency housing programme to all rural dwellers and ensure quality housing standards.

NDS Indicator Ease of registering property in the “Doing Business” ranking improved from 173 to less than 140.

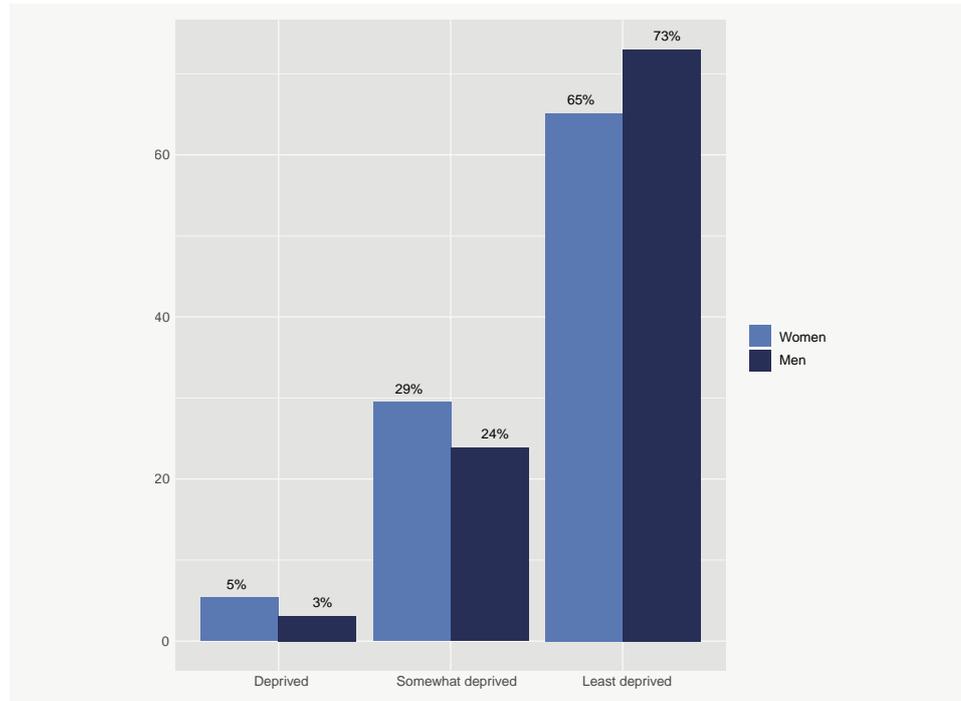


Figure 10. Percentage of men and women in each category of shelter deprivation



Emerging challenge

Unsafe housing structure was a prominent issue, with 24.7 percent of urban respondents and 20.7 percent of rural respondents living in dwellings that were categorised by enumerators as being unsafe based on visual inspection. More participants in Guadalcanal (24.1%) lived in unsafe structures than in Central (15%).

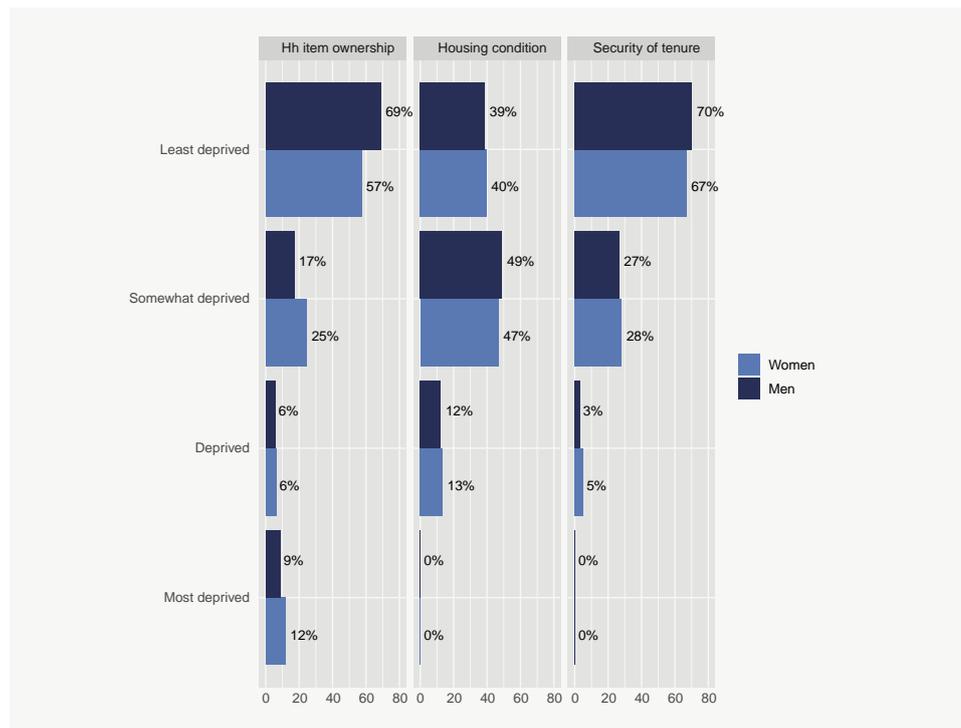


Figure 11. Percentage of men and women in each category of deprivation in shelter dimension themes (item ownership, housing condition, and security of tenure)

At the item level, over one in five of all participants (26.6% of women and 27.4% of men) said they felt there were too many people living in the dwelling. There was a small difference in perceived crowding between urban (29.2%) and rural (26.1%) areas.

Slightly more women (16.5%) than men (14.4%) had experienced anxiety over the possibility of eviction in the previous six months.



Priority ranking

778 people (approx. 42%) nominated shelter as their highest priority dimension, meaning it ranked first of 14 dimensions. This may have reflected concerns salient during data collection in February-March 2020, with Cyclone Harold making landfall in the Solomon Islands mid-fieldwork.

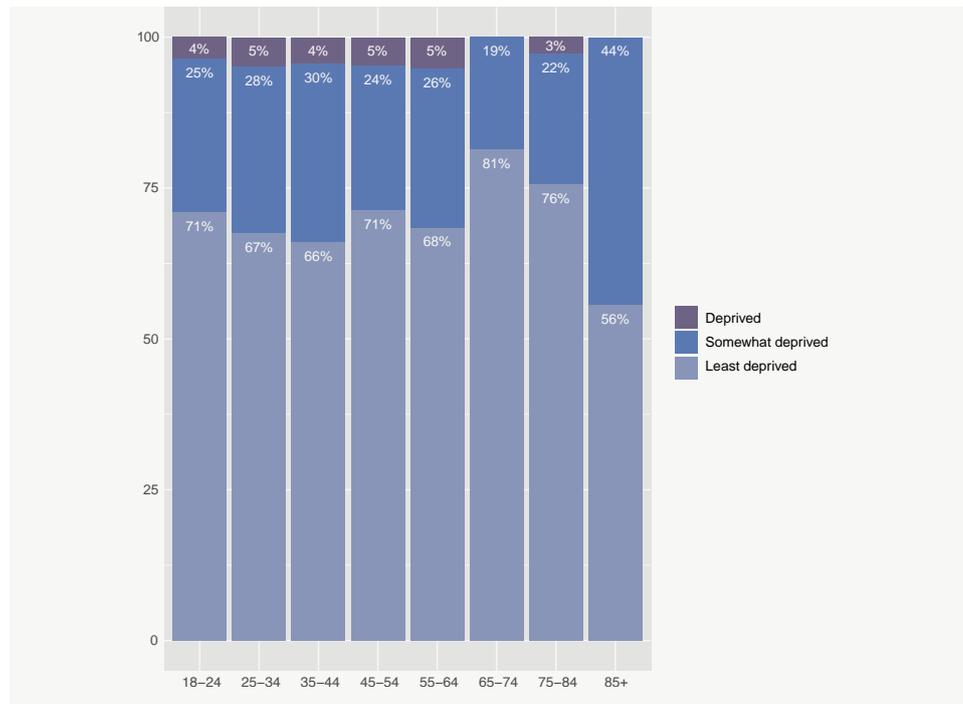


Figure 12. Percentage of respondents in different age groups in each category of shelter deprivation

47 percent of men and 40.2 percent of women said their dwelling ownership was recognised by either the government or customary land tenure (8.5% of women did not know). Rates of dwelling ownership recognition were similar for urban (40.2%) and rural (44.5%) areas, though more participants in rural areas were not sure (5.9% compared to 3%). There were small provincial difference in dwelling ownership recognition.

The shelter deprivation marginally decreased overall with age, potentially reflecting increased financial stability and gradual accumulation of household goods over time. Youth were far less likely to own dwellings with ownership recognised (34.4%) compared to middle aged (50.7%) and older (56.1%) participants, and a greater proportion of youth (5.1%) experienced rent or mortgage stress compared to 2.9 percent of middle age and 2.3 percent of older participants.

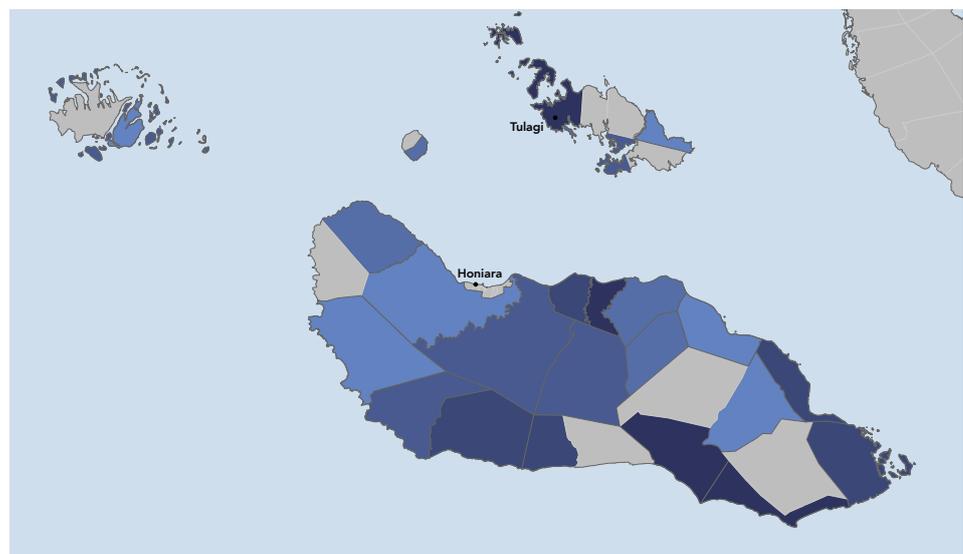
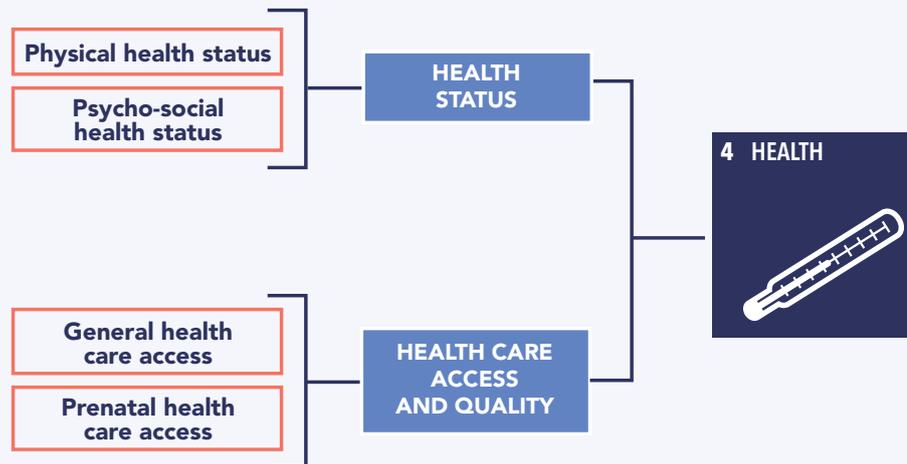


Figure 13. Mean shelter dimension scores by ward. Different colours are used to separate aggregate ward-level results by quintiles; darker colours represent relatively more shelter deprivation. Grey shows wards where data was not collected.





Health Dimension



The health dimension comprises two themes: the first, health status, representing two indicators of physical health status¹⁵ and psycho-social health status. The second theme is health care access and quality, which comprises two indicators related to general health care and prenatal health care.



Emerging strength

The vast majority of those who received health care - over 89 percent, both men and women - report being treated with respect when accessing health care.

Most respondents were somewhat deprived in the health dimension, however, a sizable number also showed up in the least deprived category. At the theme level, health status showed significantly more deprivation than health care. The relatively positive results for health care may reflect the specific way the IDM health dimension includes prenatal care in aggregation: only 6 percent of the sample was currently pregnant or had been in the past 12 months. The remaining 94 percent of respondents automatically received the maximum possible score for the prenatal care indicator. This meant that even if participants couldn't access medical treatment or received low quality care, they would still only be somewhat deprived in the health care theme overall. This limitation could be addressed by future revisions to scoring.

Interestingly, more rural (73.5%) than urban (65.4%) respondents said they had accessed general health care the last time they needed it. However, more rural respondents (40.3%) reported quality issues with health care compared with urban respondents (28.9%) across all domains (respect, cleanliness, drug availability, provider knowledge, and location). Wait time was the only health care quality item cited as an issue more frequently by urban (39.1%) than rural (38.5%) participants.

¹⁵ The health status indicator also includes health problems related to smoke exposure from unclean cooking fuels. This was identified as a significant gendered health disparity prioritised by women during participatory research to develop the IDM.



Policy note

SDG 3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.



Emerging challenge

71 percent of rural respondents experienced health problems from smoke related to use of unclean cooking fuel at the household, compared to 60.9 percent of urban participants, an extremely high result in both areas (note that this item specifically measures reported health problems from exposure, not exposure itself). These findings show that smoke exposure should be a priority public health issue in both provinces.

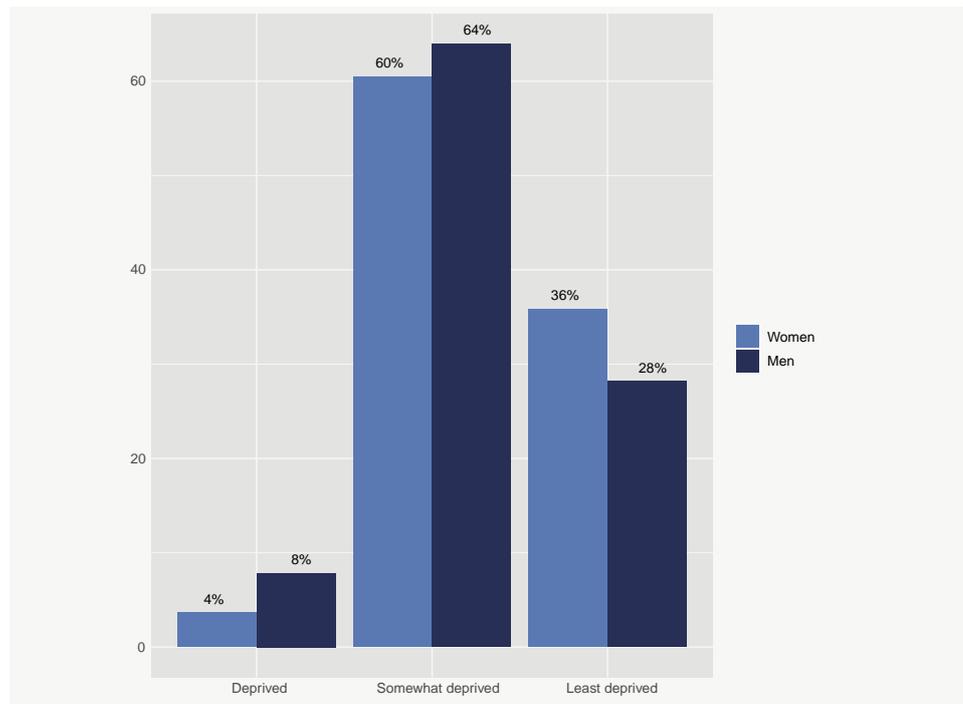


Figure 14. Percentage of men and women in each category of health deprivation

Generally, men were more deprived than women across both themes of the health dimension. Roughly equal proportions of men (18.9%) and women (19.5%) had experienced a health issue in the previous six months, and of those who needed health care, the same proportion of men (71.5%) and women (71.9%) had accessed health care. Few reported issues with respectful treatment while accessing health care (8.2% of men and 7% of women), but many reported issues with cleanliness of facilities (36% of men and 28% of women), drug availability (41.3% of men and 25.6% of women), provider knowledge (28.1% of men and 15.9% of women), wait times (39.6% of men and 38.2% of women), location (40.1% of men and 34.4% of women), and communication (17.2% of men and 9.5% of women). More men (40%) than women (33.9%) said that their health had improved over the last 12 months.

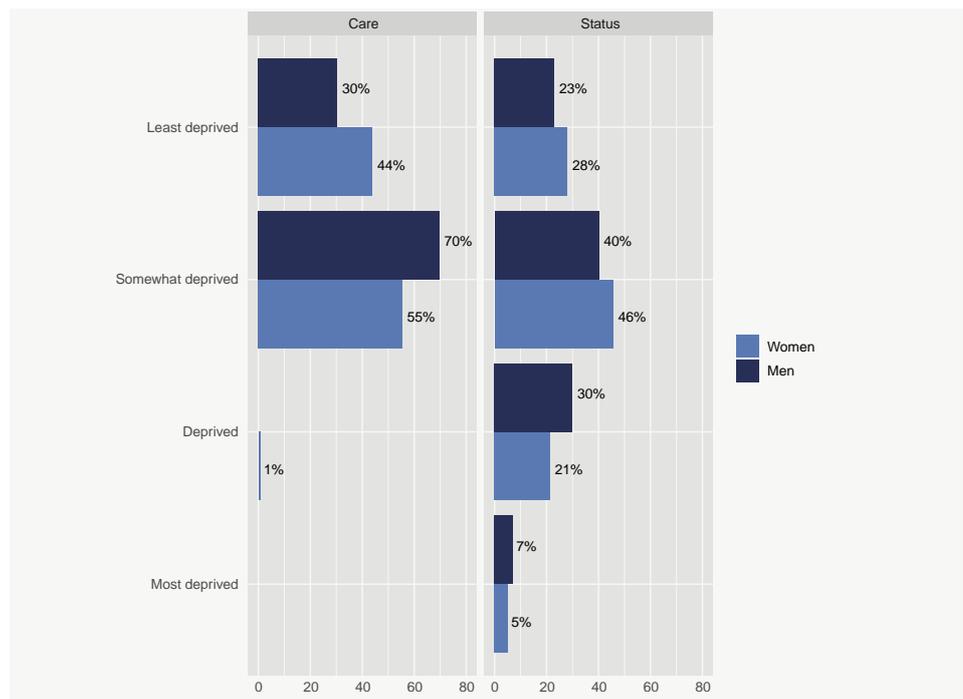


Figure 15. Percentage of men and women in each category of health theme deprivation (health care, and health status)



Emerging challenge

Both men and women reported quality issues when accessing health care, including wait time, location, drug availability, and provider knowledge. The extent to which gender differences in quality (i.e., men reporting more issues) reflects actual differences in experiences, rather than different expectations, remains unknown.

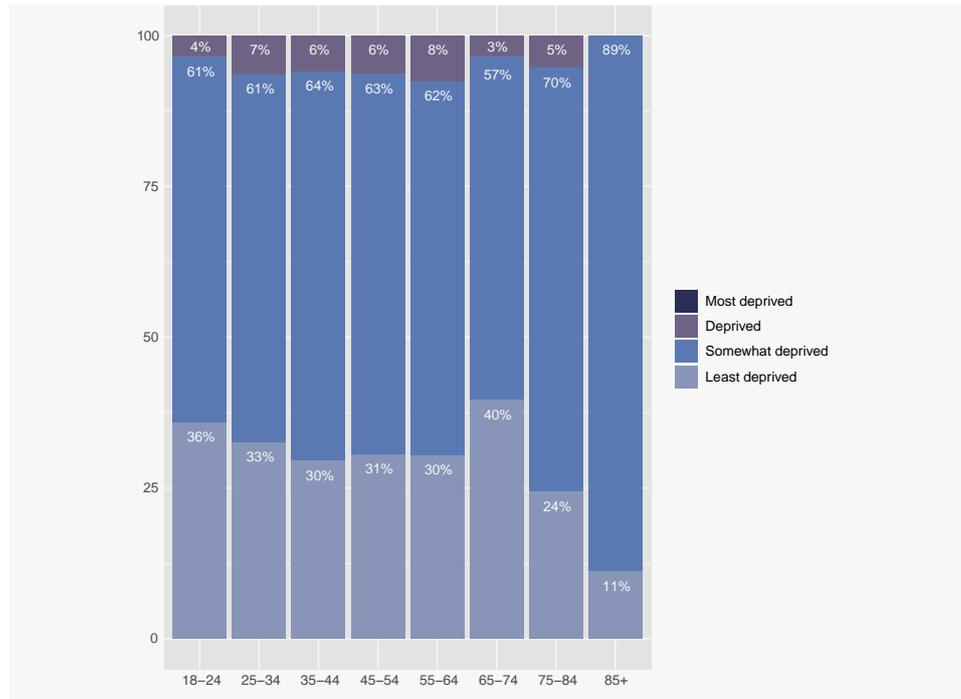


Figure 16. Percentage of respondents in each category of health deprivation by age group

Psycho-social health is an important component of health status. 17 percent of women and 21.5 percent of men said they never experienced anxiety; of those who did, 18.3 percent of men reported daily anxiety, compared to 11.8 percent of women. Women reported more severity – 21.1 percent of women say they experienced ‘a lot’ of anxiety the last time they experienced it, compared to 10.2 percent of men. This pattern was also replicated for depression, with 27.4 percent of women and 33.1 percent of men never experiencing symptoms of depression, more men (14.4%) than women (9.3%) reporting daily depression, but twice as many women (14.7%) as men (7.8%) reporting severe symptoms. A slightly higher proportion of urban (13.5%) than rural (11.1%) respondents reported daily anxiety, but there was little reported difference in severity.



Gender spotlight

Psycho-social health followed a gendered pattern across two indicators; more men reported experiencing anxiety and depression overall, but of men and women who experienced either, men reported higher frequency of symptoms and women higher severity of symptoms.

Surprisingly, there was little effect of age in the aggregate, which was particularly interesting in the health status theme, as older people’s health was expected to worsen with age. In terms of physical health, average health indicator scores decreased by age, but this was offset by increasing psycho-social health – one-third of the older age group reported never experiencing anxiety, and 40 percent reported never experiencing depression. However, older people were more likely to experience health issues from smoke (72%) than middle aged (69.5%) or younger (66.4%) respondents. On health care, scores for general care were almost identical over age groups, and outside reproductive age, scores for prenatal care were very high, as this type of care was not needed and so respondents were scored as not deprived on this item. However, older people had experienced more chronic illness or injury over the previous six months (28%) than middle aged people (21%) or youth (15.9%). There were few differences between older men and women, though small sample sizes in the older age groups prohibit more concrete conclusions.



Priority ranking

220 people (approximately 12%) nominated health as their highest priority dimension, meaning it ranked sixth of 14 dimensions overall in terms of priority.

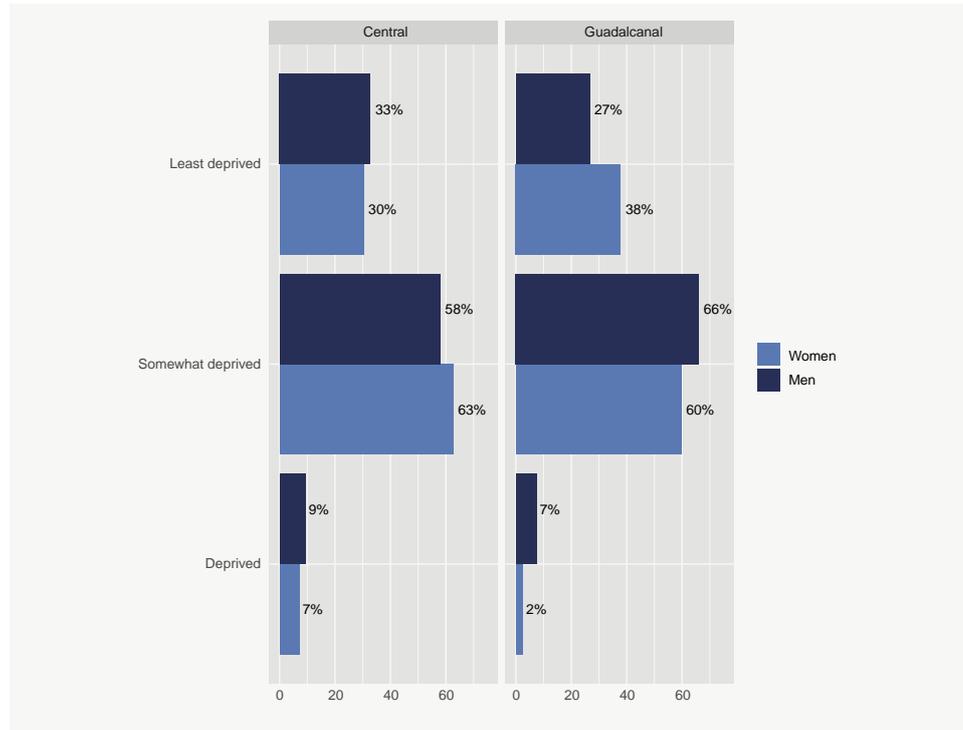


Figure 17. Percentage of men and women in each category of health deprivation, by province

When analysing the health dimension by province overall, deprivation was higher in Central, particularly for women. This is largely driven by a difference in health status. While Central demonstrated more deprived responses across all the variables that comprised health status, the most significant, and possibly sole, factor explaining the gendered difference in responses was that respondents in Central were more likely to report health problems related to smoke exposure from unclean cooking fuel.

This is in line with the higher use of dirty fuels in Central, with the burning of dirty fuels (particularly for cooking) more likely to impact women.

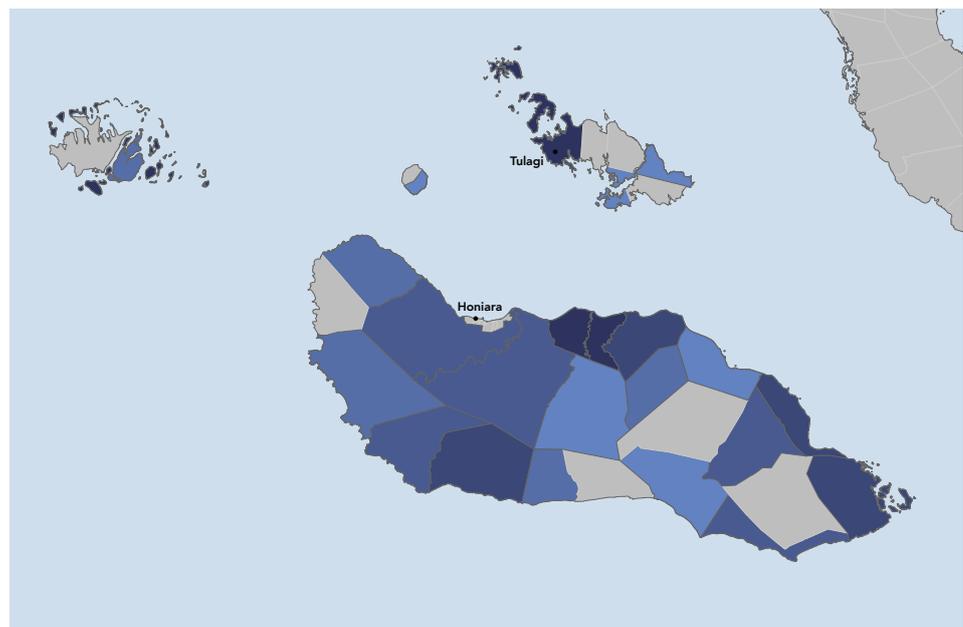
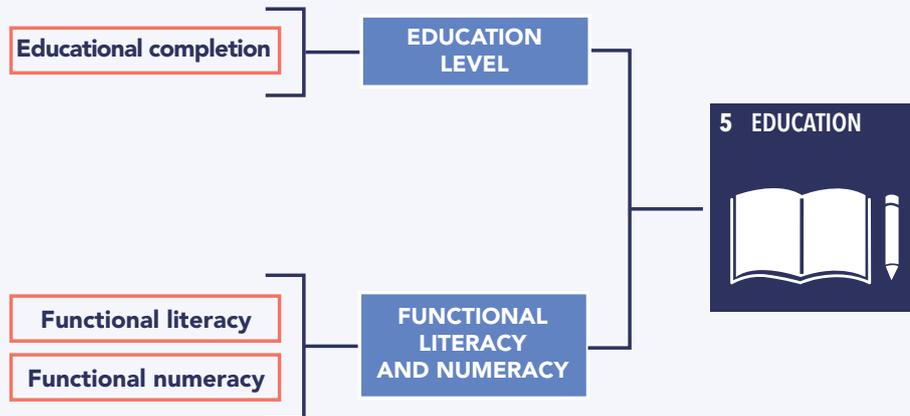


Figure 18. Mean health dimension scores by ward. Different colours are used to separate aggregate ward-level results by quintiles; darker colours represent relatively more health deprivation. Grey shows wards where data was not collected.



Education Dimension



The education dimension is comprised of two themes: education level, made up of one indicator measuring highest level of educational attainment; and functional literacy and numeracy, comprised of two indicators, functional literacy and functional numeracy, based on field tests of basic arithmetic, reading, and writing.



Gender spotlight

41 percent of women were most deprived in educational attainment compared to 23 percent of men. However, 8 percent of men were most deprived in functional skills compared to 3 percent of women.

There were very high levels of deprivation in education across the sample, and across both themes. Women were, for the most part, more deprived than men, although this was primarily driven by differences in educational attainment rather than functional literacy and numeracy.

There was also a strong age effect on education deprivation, with deprivation increasing with age. This was driven almost entirely by differences in educational attainment among older people. There was also an interaction effect of gender and age, whereby the gap between genders increased at each age group.¹⁶

¹⁶ This interaction is explored further in Section 17.



Policy note

NDS Indicator

By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, Indigenous peoples and children in vulnerable situations [SDG 4.5].

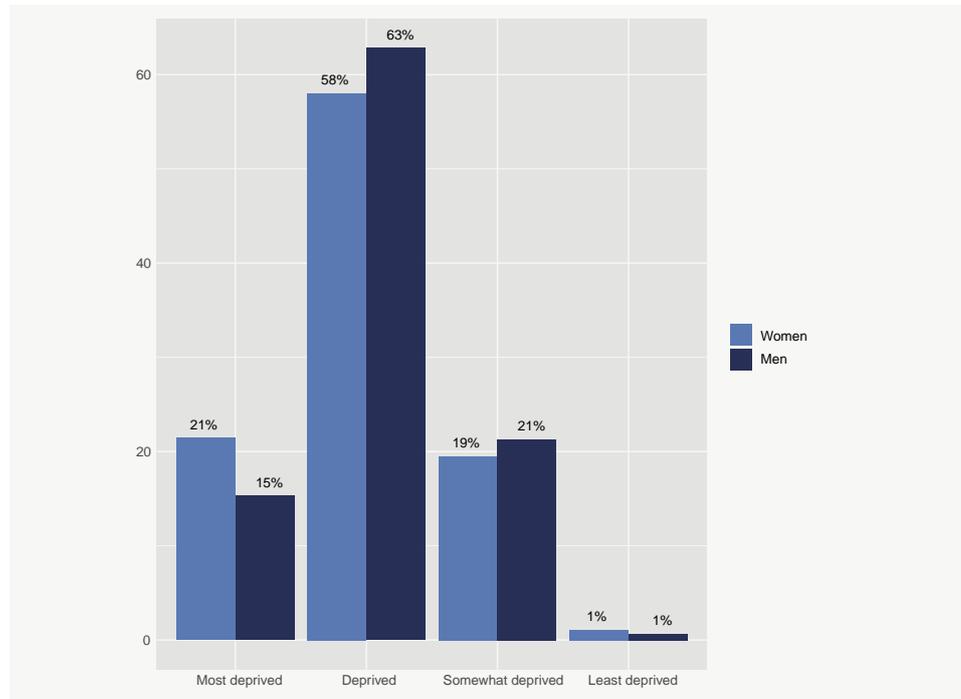


Figure 19. Percentage of men and women in each category of education deprivation



Emerging challenge

The uncoupling of educational attainment from functional literacy and numeracy skills, and different effects of gender and age for each theme, is an interesting finding. It suggests formal schooling is not a strong predictor of literacy and numeracy, and therefore that education attainment is not an appropriate proxy for literacy and numeracy.¹⁷ Beyond the Solomon Islands context, this holds implications for SDG monitoring, given the target of literacy and numeracy for “all youth and a substantial proportion of adults, both men and women...”.

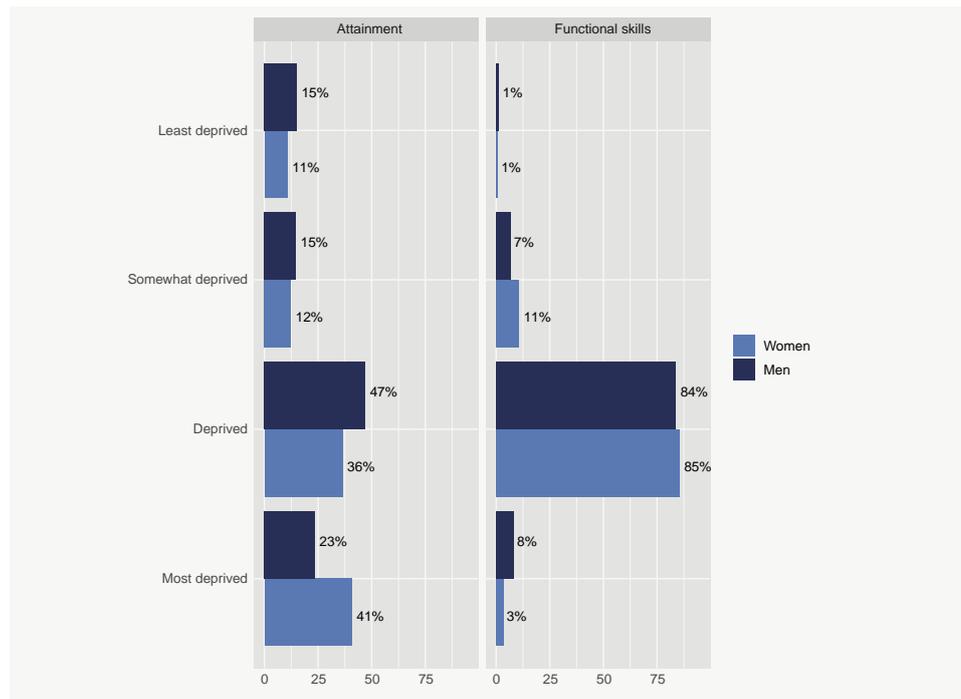


Figure 20. Percentage of men and women in each category of education theme deprivation (attainment, and functional skills)

¹⁷ This is consistent with findings from ASPBAE (2011) testing literacy and numeracy skills compared to self-declaration methods <http://www.aspbae.org/sites/default/files/pdf/Renbel%20&%20Isabel%20Literacy%20Survey.pdf>



Priority ranking

346 people nominated education as their highest priority dimension, meaning it ranked fourth of 14 dimensions overall in terms of priority.

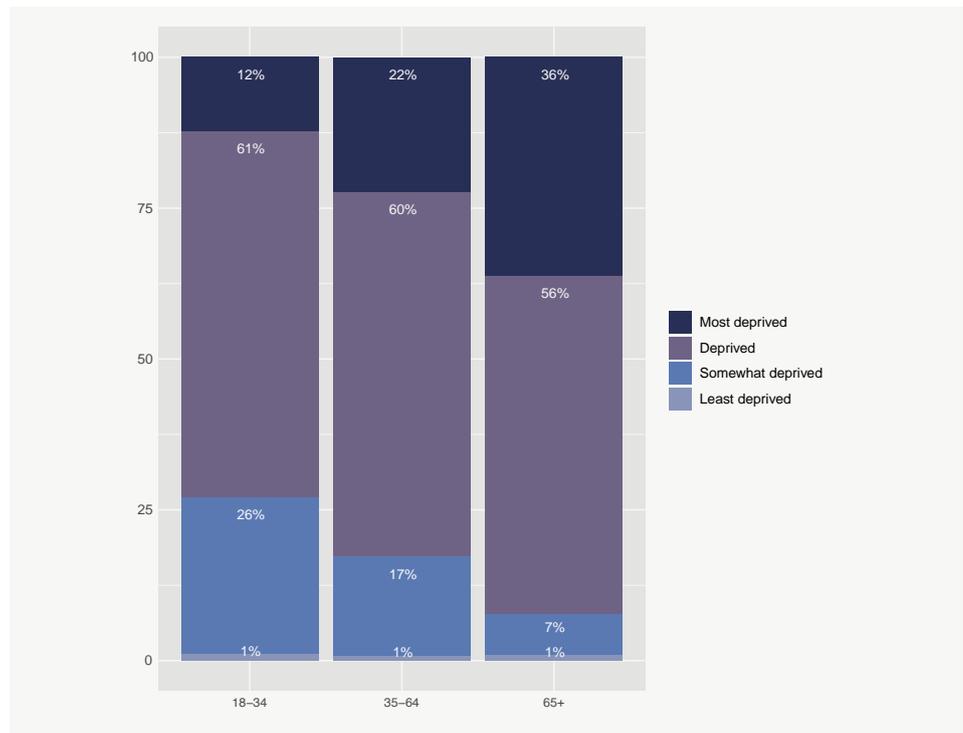


Figure 21. Percentage of respondents in each category of education deprivation (attainment, and functional skills) by age group

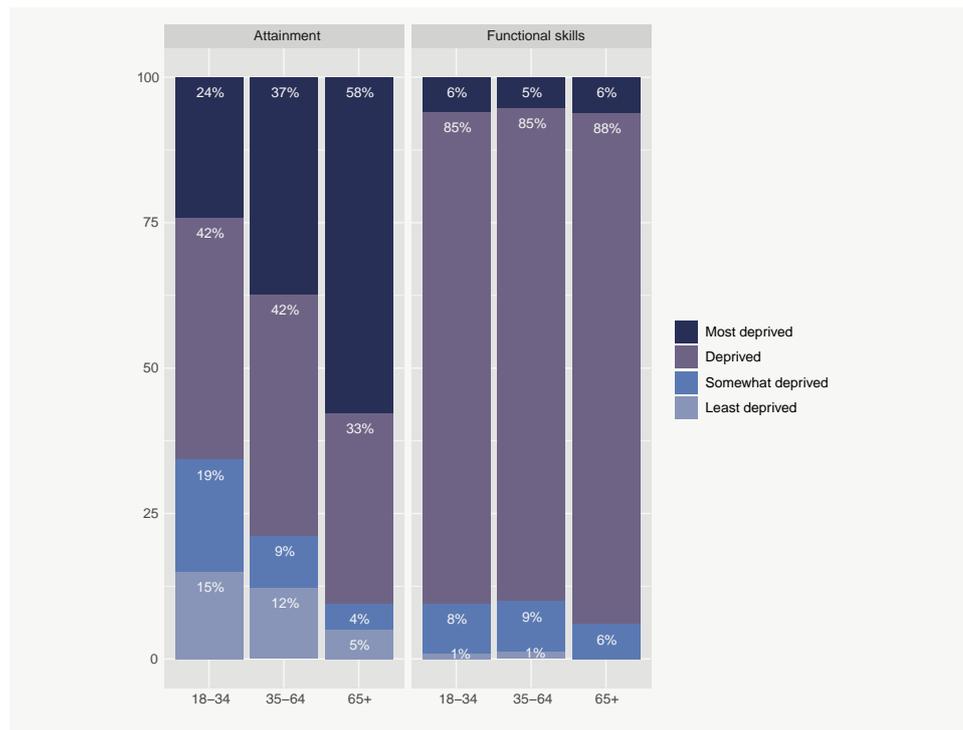


Figure 22. Percentage of respondents in each category of education theme deprivation (attainment, functional skills), by age group

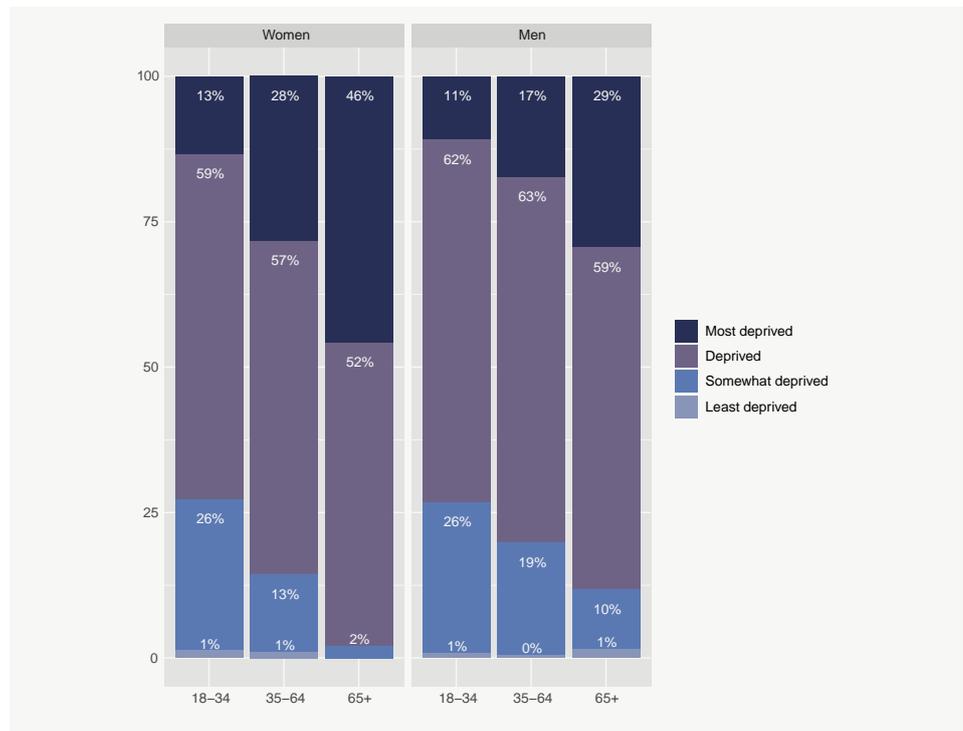


Figure 23. Percentage of men and women in each category of education deprivation by age

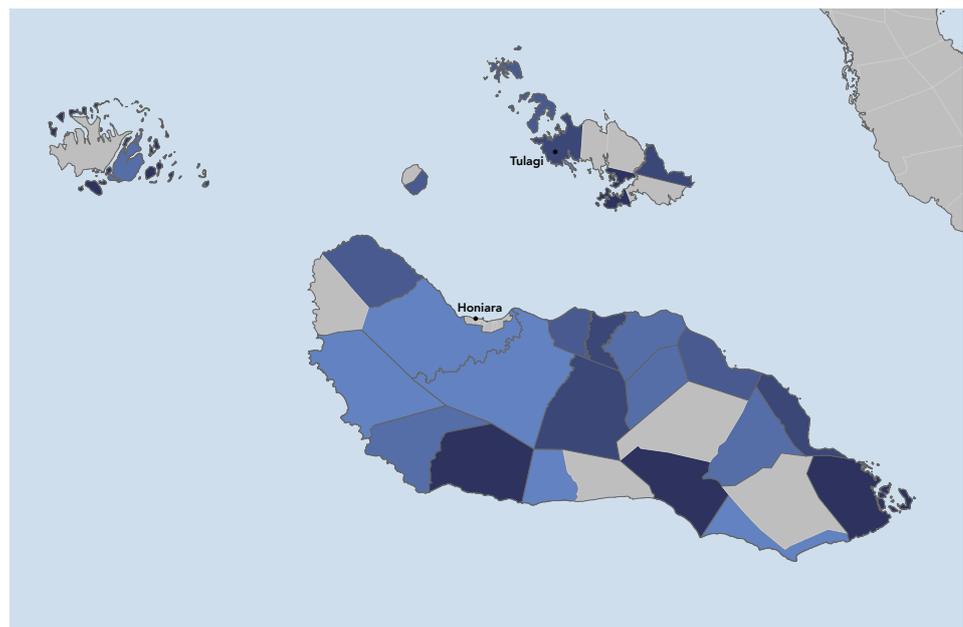
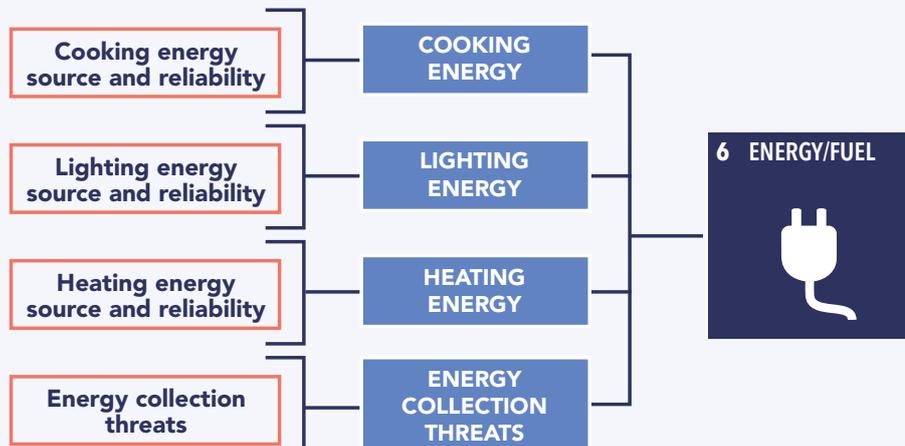


Figure 24. Mean education dimension scores by ward. Different colours are used to separate aggregate ward-level results by quintiles; darker colours represent relatively more education deprivation. Grey shows wards where data was not collected.



Energy Dimension



The energy and fuel dimension comprises four single-indicator themes. The first is cooking energy source and reliability, the second is lighting energy source and reliability, the third is heating source and reliability and the fourth is threats faced when collecting energy and fuel sources.



Gender spotlight

The energy dimension revealed women were more deprived than men by a slight margin, and consistently more deprived across every theme. The gender difference was larger in Central than in Guadalcanal.

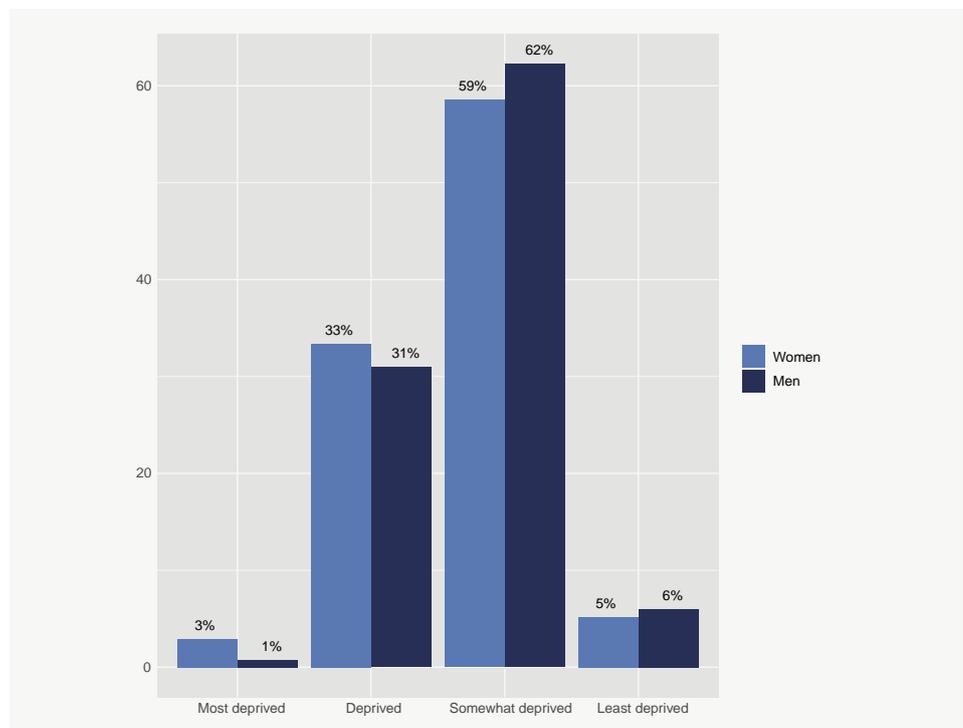


Figure 25. Percentage of men and women in each category of energy deprivation



Policy note

SDG 7.1 By 2030, ensure universal access to affordable, reliable and modern energy services.

NDS Performance Indicator Proportion of homes using solar power energy is increased from 10 percent to 50 percent in 2009 and from 50 percent to 90 percent by 2025.

NDS Performance Indicator Share of the population with access to reliable electricity by urban/rural.

NDS Performance Indicator Share of the population using modern cooking solutions, by urban/rural.

NDS Performance Target Proportion of homes with no electricity supply is reduced from 40 percent to 50 percent in 2009-2010 to less than 20 percent before 2020.

NDS Performance Target (Adapted From MDG 7) Proportion of population for whom solid fuel is the primary energy for cooking reduced overall from 92 percent in 2009 to 75 percent by 2020, in urban areas from 57 percent to 35 percent and in rural areas from 96.8 percent to 80 percent.

Overall, most respondents were somewhat deprived, with a significant number being deprived, and relatively few being least or most deprived.

There was a slight gender difference in overall energy dimension deprivation, with women on average more deprived than men. At the theme level, gender differences varied, though women were on average more deprived.

These differences were most obvious in the sufficiency variables of the cooking, heating, and lighting themes, rather than the energy/fuel source variables. This is because energy source was measured at the household level, whereas sufficiency was measured at the individual level, revealing more gender variation.

For example, 59 percent of men reported always having enough cooking fuel to meet their needs compared to 54 percent of women, and 39 percent of men reported always having sufficient lighting compared to 37 percent of women.

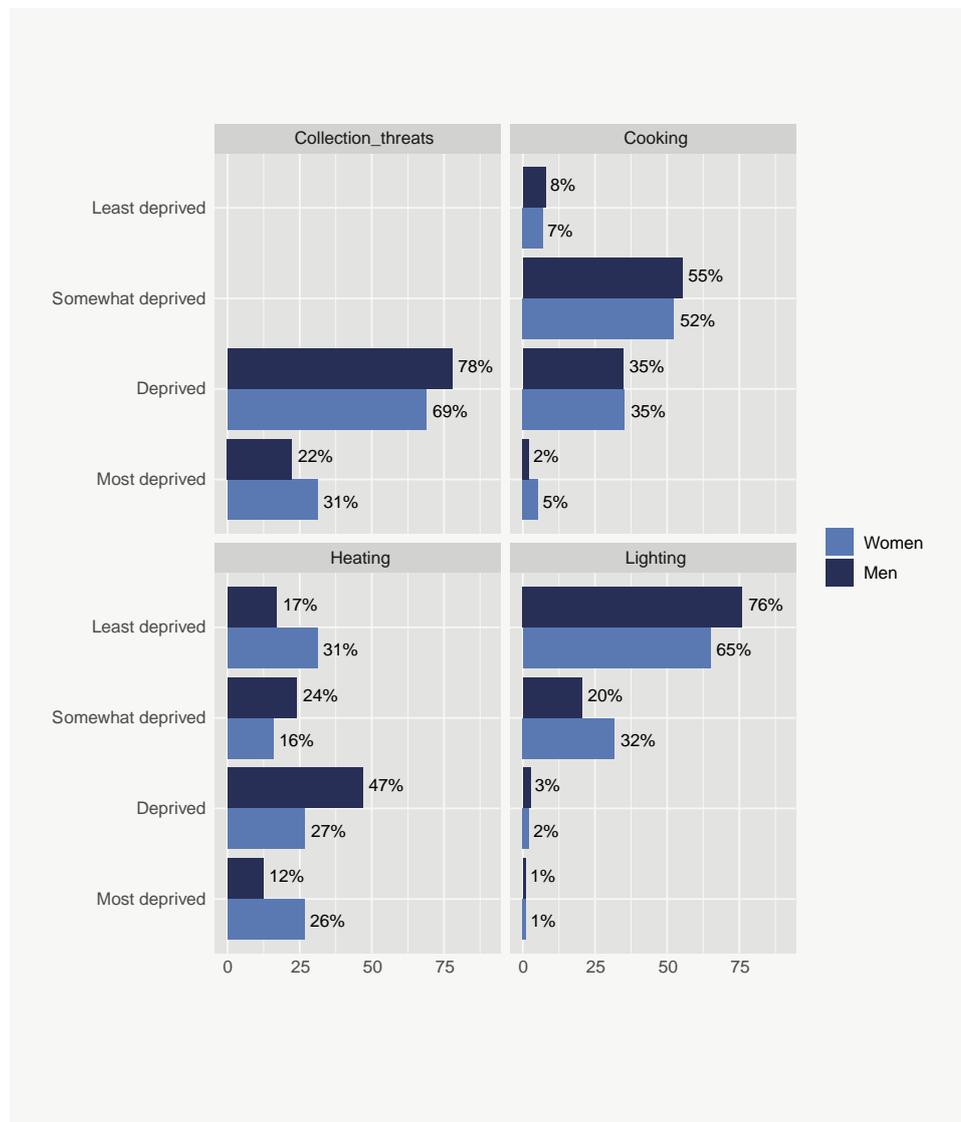


Figure 26. Percentage of men and women in each category of energy deprivation



Gender spotlight

85 percent of men were responsible for collecting fuel for the household compared to 71.8 percent of women. The fact that both these figures were high indicates that multiple household members either are, or feel they are, primary holders of responsibility for fuel collection. This could also indicate that meeting household energy demands is a significant time demand on both men and women, and points to the relatively high productivity gain that could be achieved if reliance on unclean fuel sources was reduced.

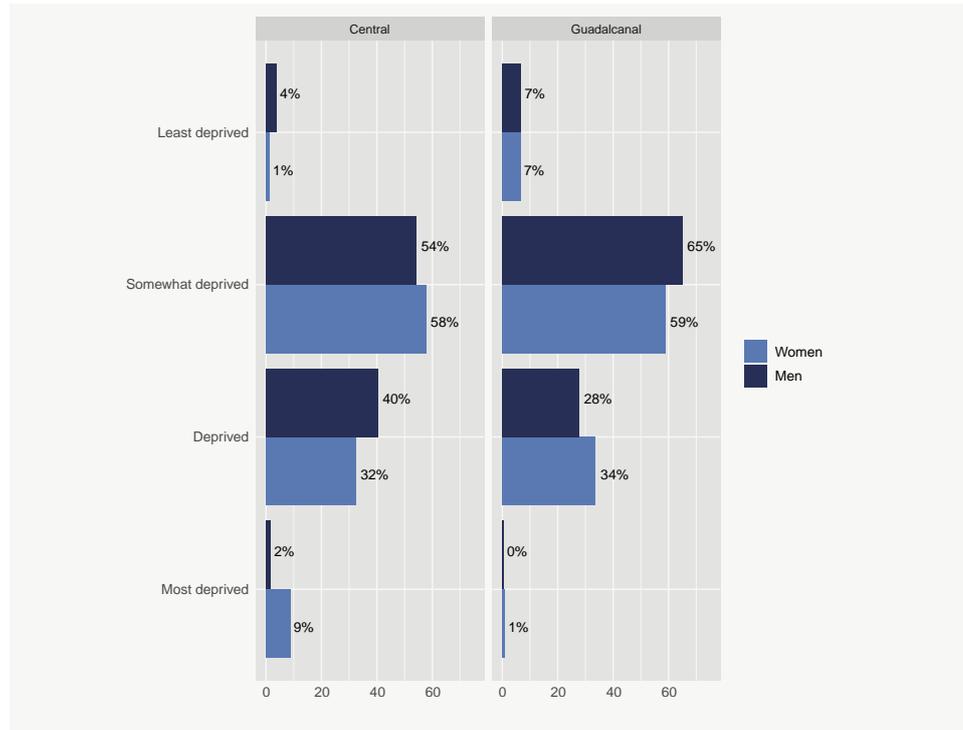


Figure 27. Percentage of men and women in each category of energy deprivation by province

There was a difference in overall scores between provinces, and a gender difference among the most deprived in Central, but not Guadalcanal Province. Almost no one was most deprived in this dimension in Guadalcanal, whereas two percent of Central men and nine percent of Central women were. Central Province showed relatively high numbers of most deprived across all themes, but the gender difference evident at the dimension level is largely due to women reporting less sufficient sources of energy for cooking.





Emerging strength

72.8 percent of urban participants and 86.4 percent of rural participants used solar energy for lighting. Continued improvements in access would put Central and Guadalcanal on track to meet the NDS performance target of 90 percent of households with solar power by 2025.



Emerging challenge

Central Province lagged behind Guadalcanal in fuel and energy source and sufficiency.



Priority ranking

70 people nominated energy as their highest priority dimension, meaning it ranked 11th of 14 dimensions overall in terms of priority.

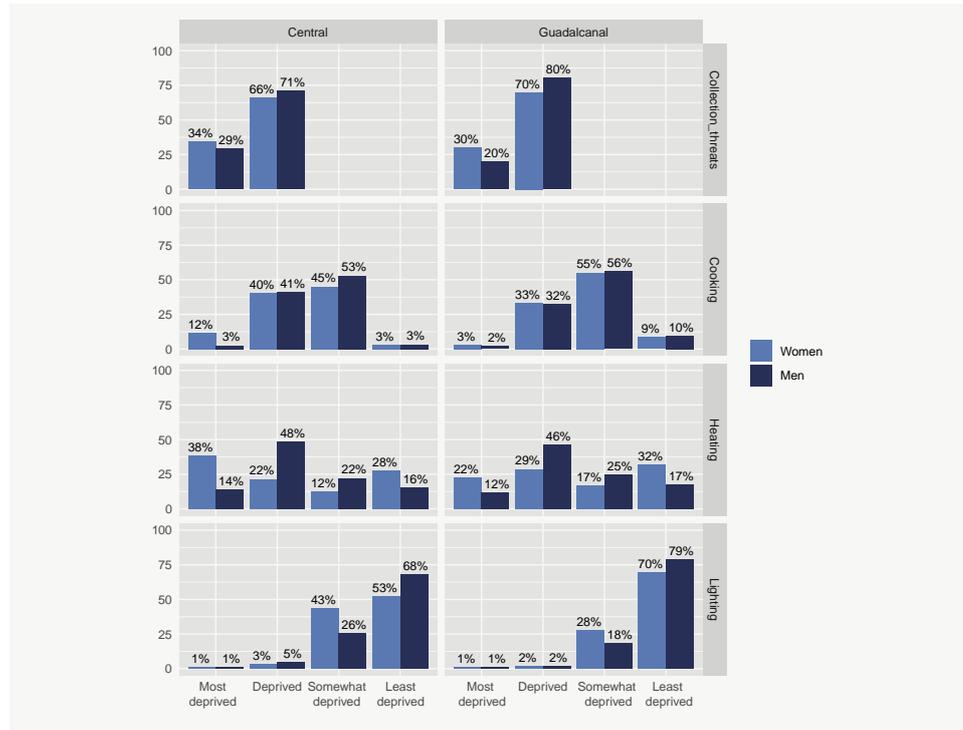


Figure 28. Percentage of men and women in each category of energy theme deprivation (collection threats, cooking fuel, heating fuel, lighting fuel), by province

The data revealed issues of reliability of energy for lighting, with only 42.8 percent of urban participants and 36.3 percent of rural participants always having sufficient energy to meet their needs. More rural (6.3%) than urban (2.4%) respondents faced threats while collecting fuel. In urban areas respondents reported a perception that the availability of their fuel source was decreasing over time at 20.9 percent with 14.9 percent of rural respondents reporting the same.

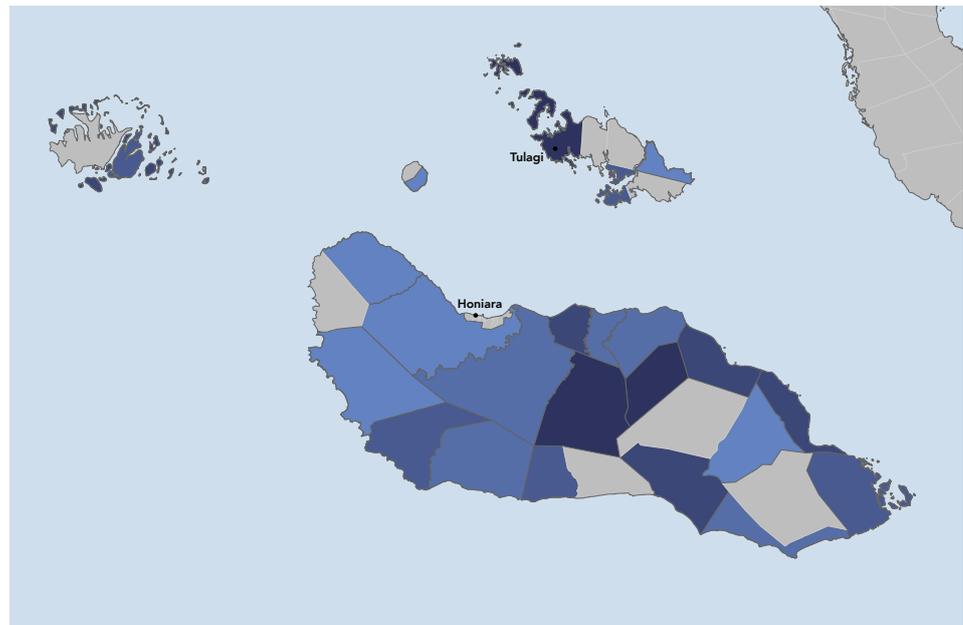
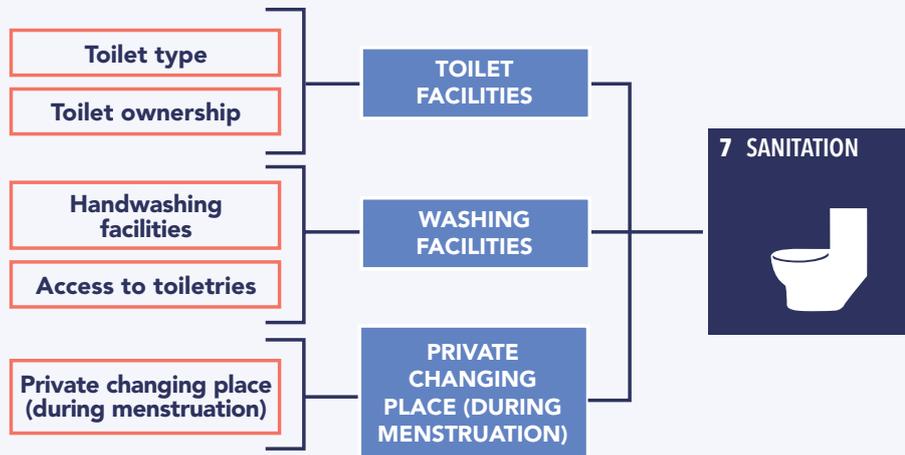


Figure 29. Mean energy dimension scores by ward. Different colours separate aggregate ward-level results by quintiles; darker colours represent relatively more energy and fuel deprivation. Grey shows wards where data was not collected.



Sanitation Dimension



The sanitation dimension is comprised of three themes. The first is toilet facilities, which consists of two indicators; toilet type and toilet ownership. The second theme is washing facilities, which consists of two indicators; handwashing facilities and access to toiletries. The third theme is access to a private changing place during menstruation, which has only one indicator.



Gender spotlight

More women (27.9%) than men (18%) did not have a place in their house or yard to wash their hands, and women (64.3%) were less likely than men (78.8%) to always have sufficient water for handwashing

Two insights are immediately revealed in the sanitation dimension. The first was that women were generally more deprived than men across all three themes. The second was that Central Province experienced significantly more deprivation than Guadalcanal in sanitation, driven by a high open toileting rate in Central.

The clear gender difference in scores held across each of the themes in the sanitation dimension, with women more deprived on average than men. One driver for this pattern was differences in the need for a private changing place during menstruation, for which men have no need and therefore are not deprived. However, women were also more deprived in the toilet facilities and handwashing themes.



Policy note

NDS Performance Indicator Percentage of population with access to improved sanitation facilities (measured in open-defecation-free communities for rural population) and the presence of hand-washing facilities with water and soap at the household.

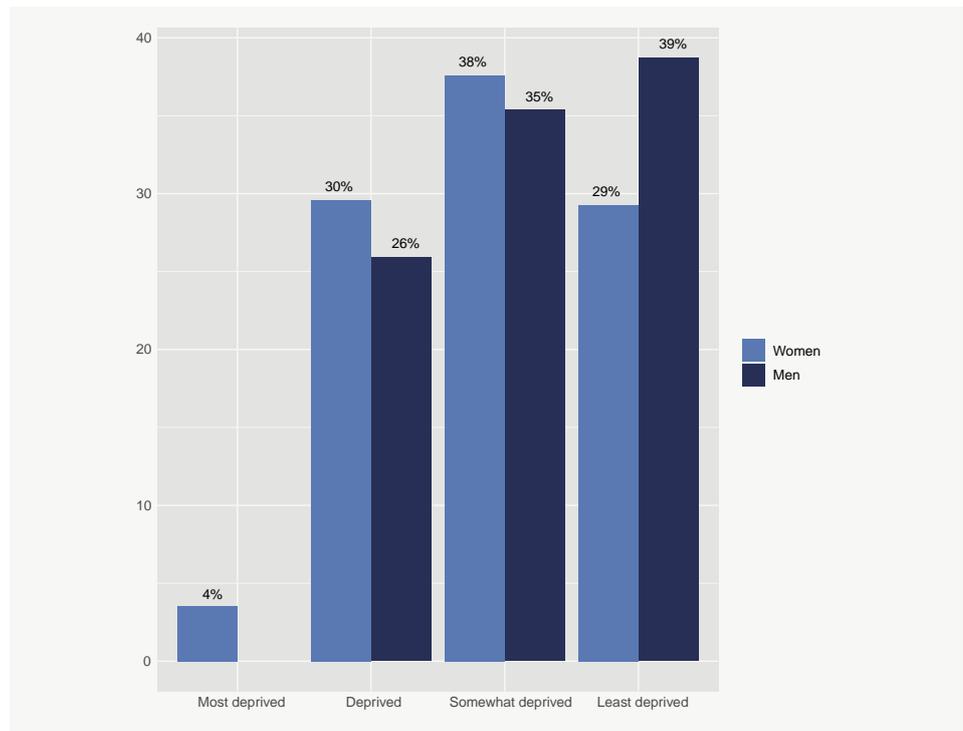


Figure 30. Percentage of men and women in each category of sanitation deprivation



Emerging challenge

Open toileting is a substantial issue, with 72 percent of respondents in Central and 37 percent in Guadalcanal practicing open defecation. This is a serious public health challenge, especially in Central Province, that will need improvements to meet the NDS indicator of no open defecation in rural areas.

Across the sample as a whole, 48.5 percent of women and 42.5 percent of men practiced open toileting when at home. In rural areas, more women (53.5%) than men (46.3%) had no toilet facilities at home (i.e., practiced open toileting). Furthermore, 18 percent of men, compared to 27.9 percent of women, did not have a place in their house or yard where they could wash their hands, and only 64.3 percent of women always had sufficient water for handwashing, compared to 78.8 percent of men. Taken together, these indicate a gendered public health risk due to lack of sanitation facilities, despite men and women ostensibly having access to the same facilities.

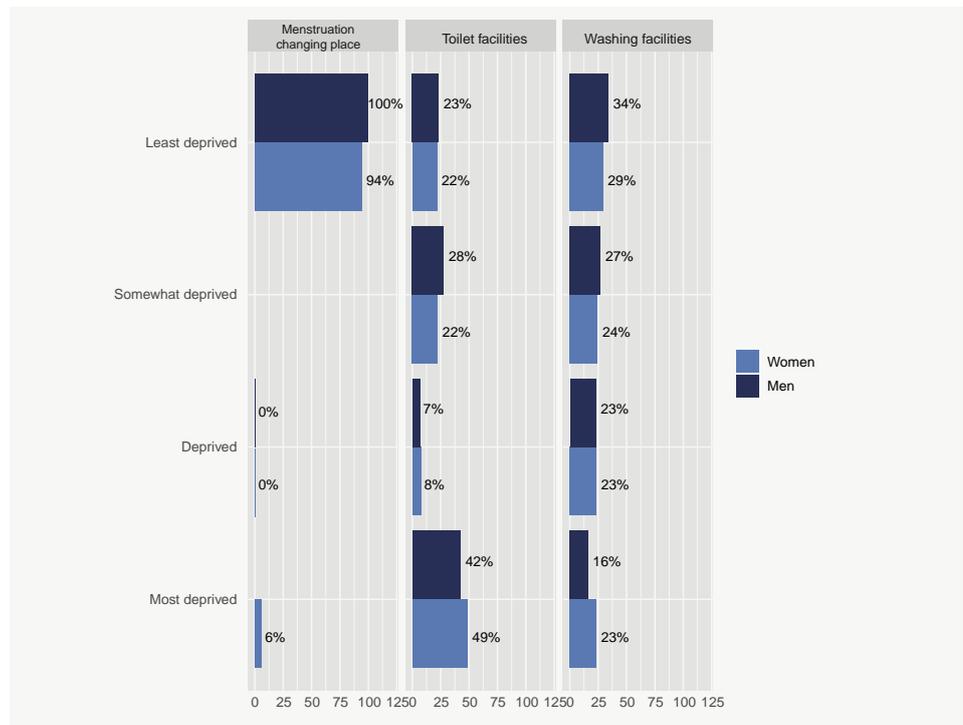
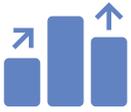


Figure 31. Percentage of men and women in each category of sanitation theme deprivation (menstruation changing place, toilet facilities, washing facilities)



Priority ranking
250 people nominated sanitation as their highest priority dimension, meaning it ranked 5th of 14 dimensions overall in terms of priority.

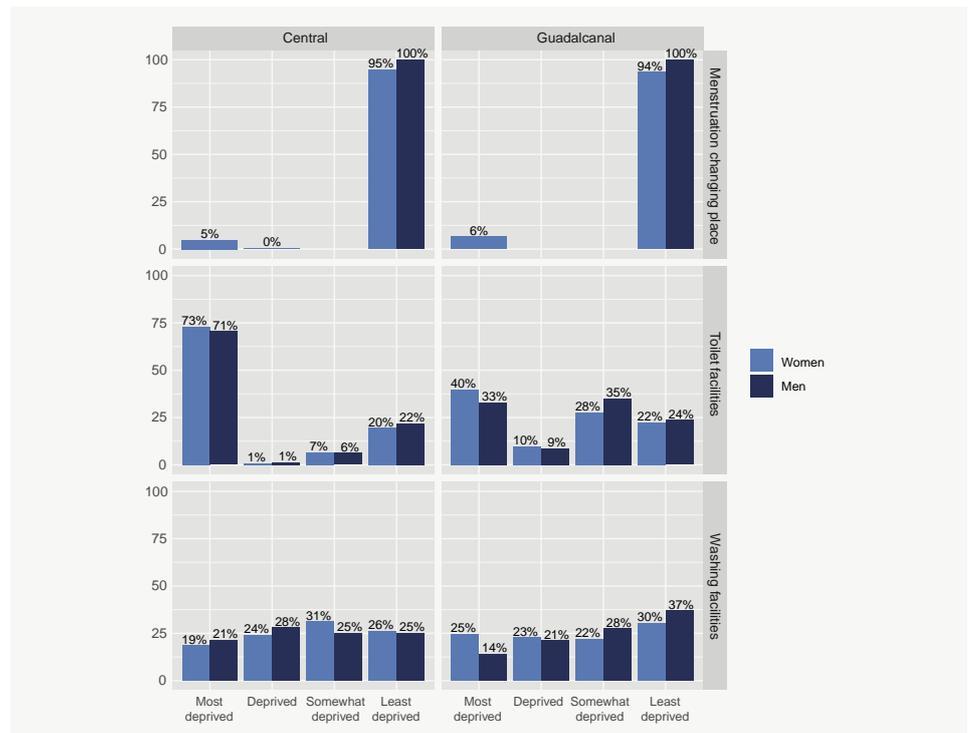


Figure 32. Percentage of men and women in each category of sanitation theme deprivation (menstruation changing place, toilet facilities, washing facilities), by province

When comparing provinces, there was a large difference in deprivation between Central and Guadalcanal, with Central experiencing noticeably higher levels of deprivation. The primary driver of this difference was the toilet facilities theme.

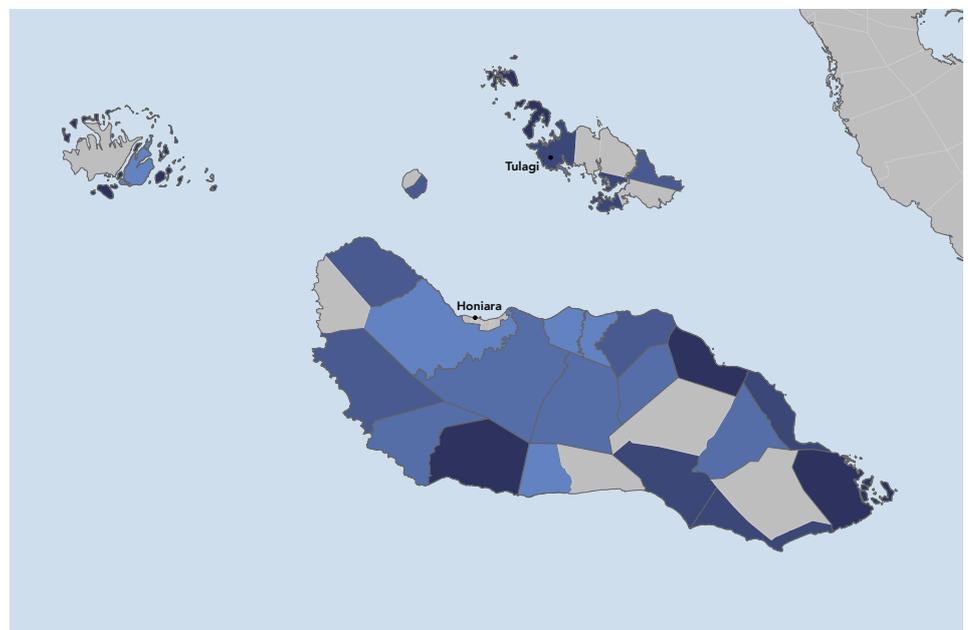
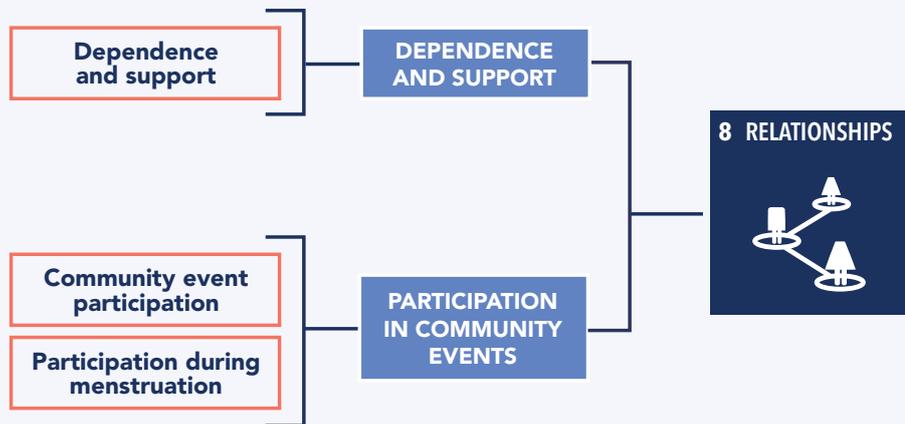


Figure 33. Mean sanitation dimension scores by ward. Different colours separate aggregate ward-level results by quintiles; darker colours represent areas with relatively more sanitation deprivation. Grey shows wards where data was not collected.



Relationships Dimension



The relationships dimension comprises two themes. The first theme is dependence and support, and consists of one indicator. The second theme is participation in community events, and consists of two indicators: participation in events and participation during menstruation.

There were substantial numbers of respondents across the deprived, somewhat deprived and least deprived categories.

Overall, men were more deprived than women in the relationships dimension. A high proportion of respondents (55.6% of men and 42.7% of women) relied on people not living with them for food, water, shelter, or money to buy these things, with 28.4 percent of men and 20.3 percent of women doing so because they were unable to provide these necessities for themselves. Note that this refers to 'people not living with you'; dependence inside households is not captured by this theme, and may reveal an even larger gender gap.

Only seven percent of men and four percent of women reported always having enough of their basic needs supported by others. However, 18.6 percent of men and 15.7 percent of women reported always being able to reciprocate this support. Depending on others was less common in middle age (46.5%) than in youth (50.8%) or older age (57.6%).

In relation to community event participation, more men (43.7%) than women (37.4%) reported always being able to attend the social and community events they wished to attend, and 85 percent of women and 88 percent of men reported contributing cash, goods, or labour to the event, reflecting communal social norms in the provinces.



Emerging challenge

Approximately one quarter of those surveyed depended on people not living with them for basic survival necessities because they could not provide these for themselves.



Emerging strength

It is culturally important to be able to contribute to social and community events. 86 percent of participants contributed food, money, or labour to the social and community events they attended.

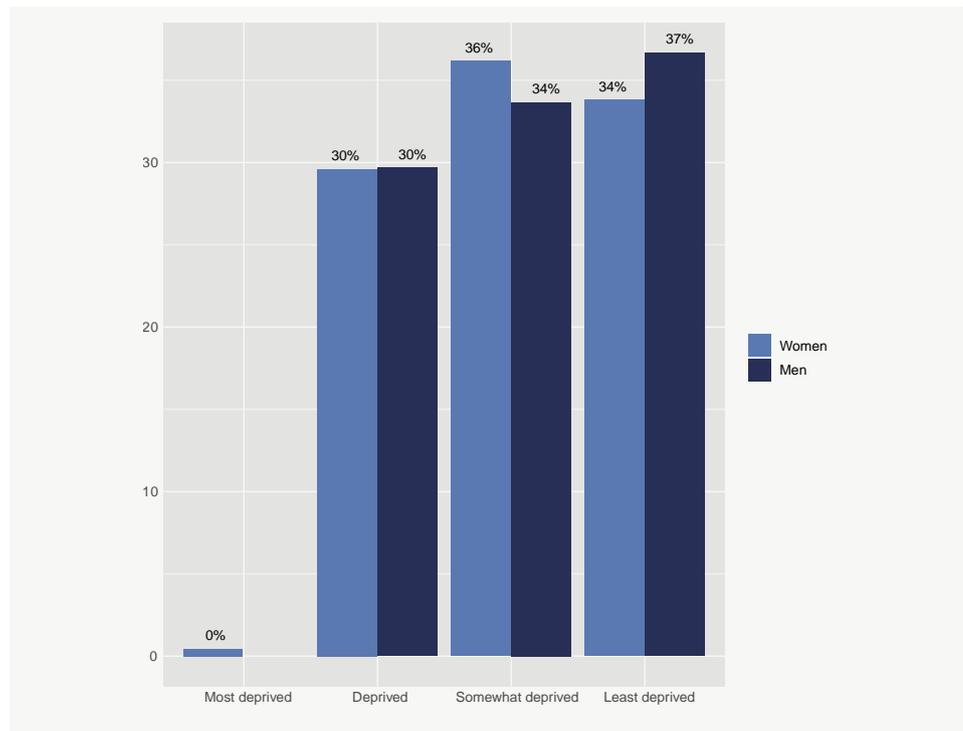


Figure 34. Percentage of men and women in each category of relationships deprivation

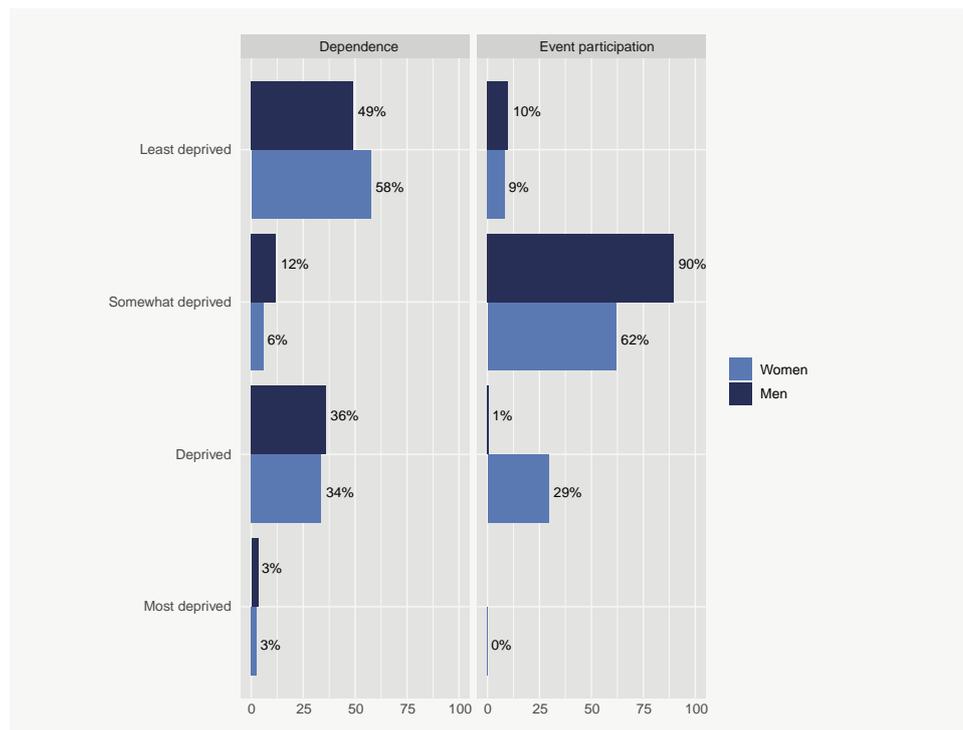


Figure 35. Percentage of men and women in each category of relationship theme deprivation (dependence, event participation)

Central Province demonstrated noticeably higher levels of deprivation than Guadalcanal Province. This was mostly driven by respondents in Central being somewhat more reliant on assistance from others than those in Guadalcanal.

Across the provinces, more respondents in urban areas (53.4%) than rural areas (47.5%) depended on others for survival needs, but more rural (88.8%) than urban (78.9%) respondents could contribute to social and community events. The vast majority of those in middle age (91.5%) could contribute, compared to 82.7 percent of youth and 78.8 percent of older participants.



Priority ranking

55 people nominated relationships as their highest priority issue, meaning it was ranked 13th of 14 dimensions overall in terms of priority.

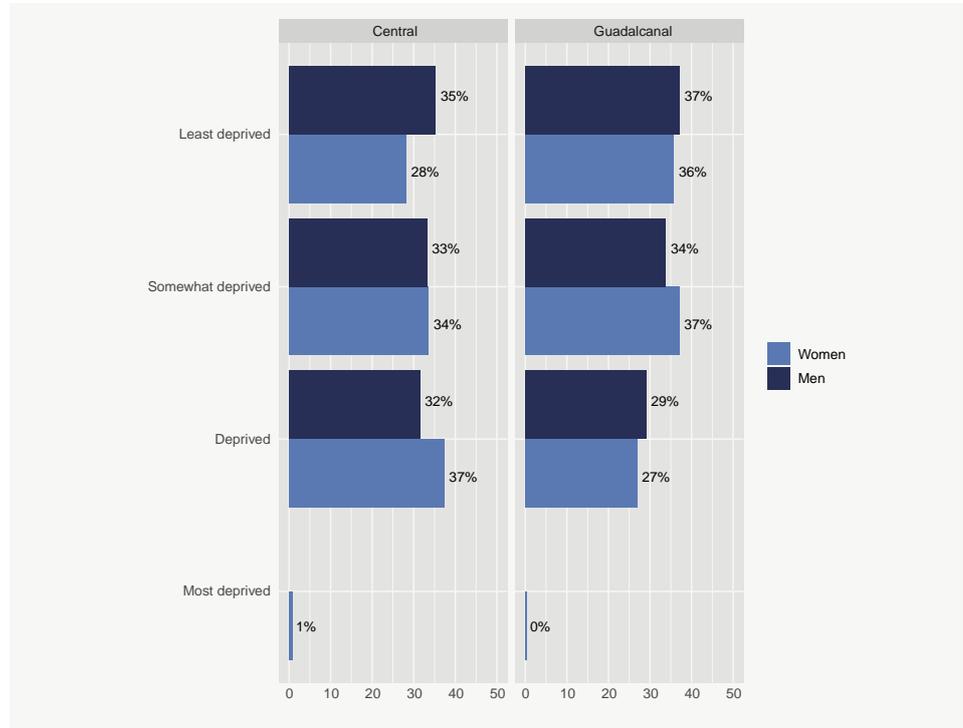


Figure 36. Percentage of men and women in each category of relationships deprivation, by province

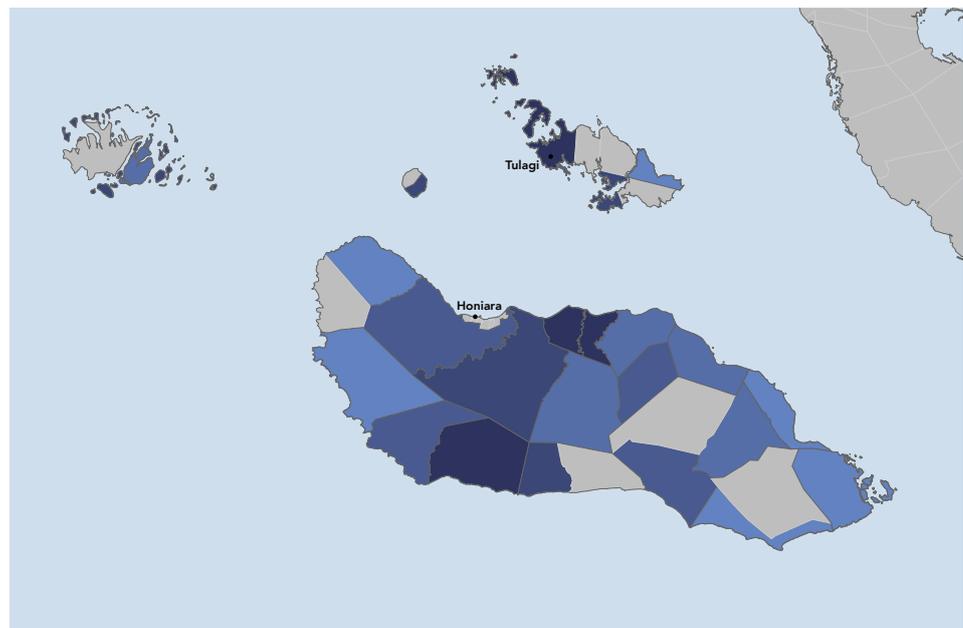
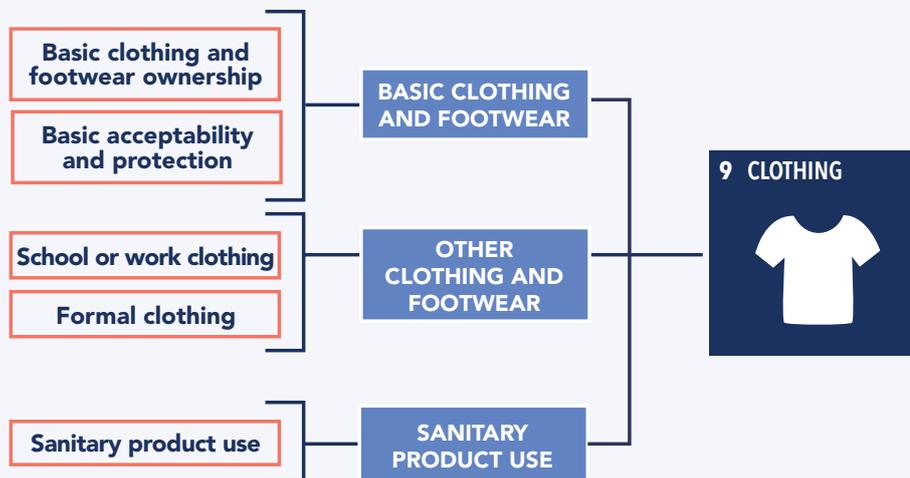


Figure 37. Mean relationships dimension scores by ward. Different colours separate aggregate ward-level results by quintiles; darker colours represent relatively more relationship deprivation. Grey shows wards where data was not collected.



Clothing Dimension



The clothing dimension comprises three themes. The first is basic clothing, and consists of two indicators: ownership of basic clothing, and acceptability and protection of basic clothing. The second theme is other clothing, and consists of two indicators; school and work clothing, and formal clothing. The third theme is sanitary product use, which consisted of one indicator.



Emerging strength

93.4 percent of men and 90.9 percent of women had at least two changes of clothing, including underwear, they could wear outside the home.

Most respondents were least deprived, but there were important differences by gender. Only women were eligible to be deprived in the sanitary products dimension because men were not asked these questions (and assumed least deprived). However, there was also a difference in the other clothing theme. Specifically, women lacked sufficient and acceptable formal clothing more frequently than men.

For basic clothing acceptability, 58.6 percent of men and 50.4 percent of women always had clothing that was acceptable in their community outside the home, with 24.8 percent of women rarely or never having acceptable clothing compared to 18.1 percent of men. Women also experienced more deprivation in clothing protection, with 8.7 percent always having clothing and footwear that protected them from all seasons and hazards compared with 22.7 percent of men.

These findings may reveal the gendered outcome of a forced choice between 'dignity' and basic needs.



Emerging challenge

Only 53.7 percent of men and 28.8 percent of women had at least two pairs of footwear.

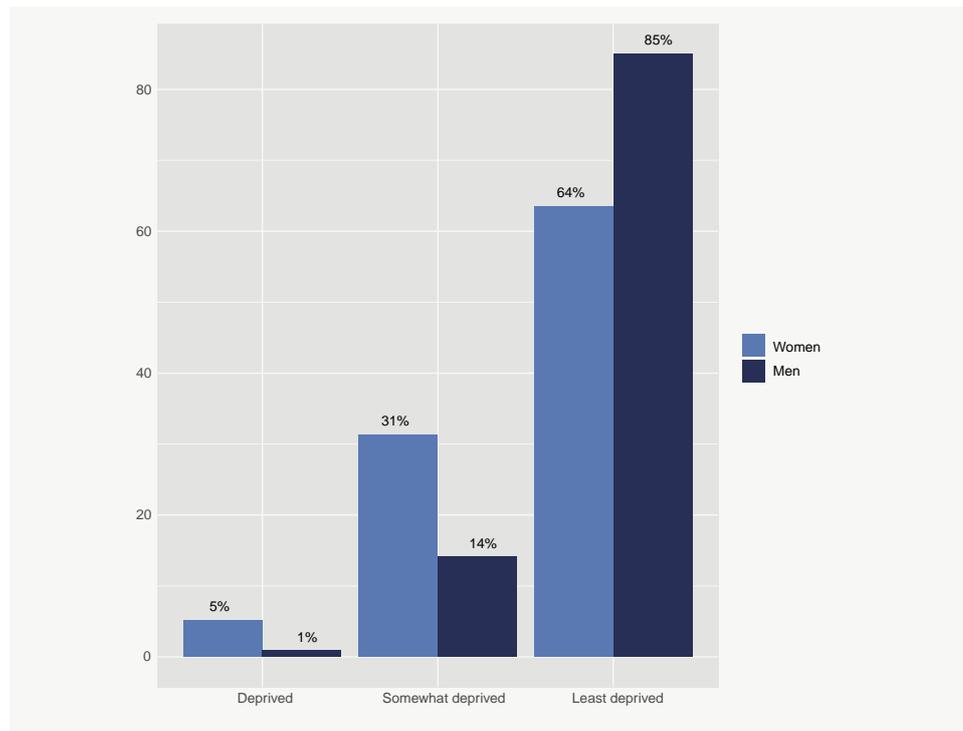


Figure 38. Percentage of men and women in each category of clothing deprivation



Gender spotlight

Only 36.1 percent of women always had enough sanitary products, such as sanitary pads, tampons or cloth, during menstruation. 10.4 percent had enough most of the time, 13.2 percent some of the time, and 2.8 percent never.

Deprivation in clothing appeared to decrease slightly with age. However, this was not indicative of a positive relationship between age and scores across all themes. Basic clothing deprivation increased with age, whereas deprivation in other clothing and sanitary products decreased with age.

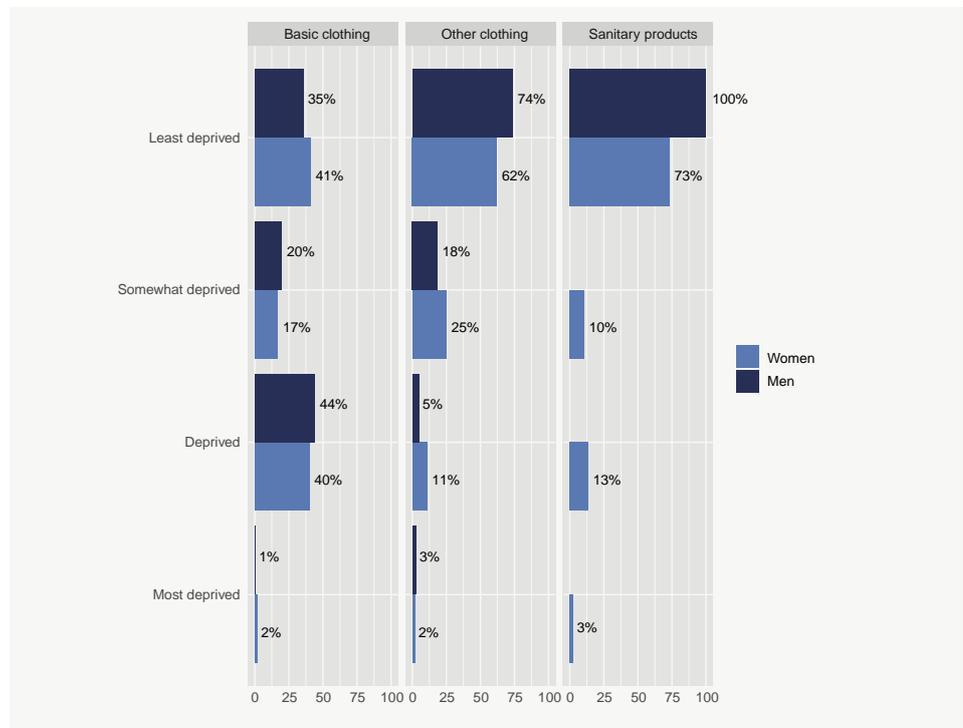


Figure 39. Percentage of men and women in each category of clothing theme deprivation (basic clothing, other clothing, sanitary products)



Emerging challenge

Clothing is a readily socially identifiable marker of poverty, and a source of stigma and shame for people living in poverty.

Approximately 20 percent of the participants rarely or never had basic clothing that was acceptable to their community, with more women than men experiencing this deprivation, as well as deficiencies in protective clothing and footwear.

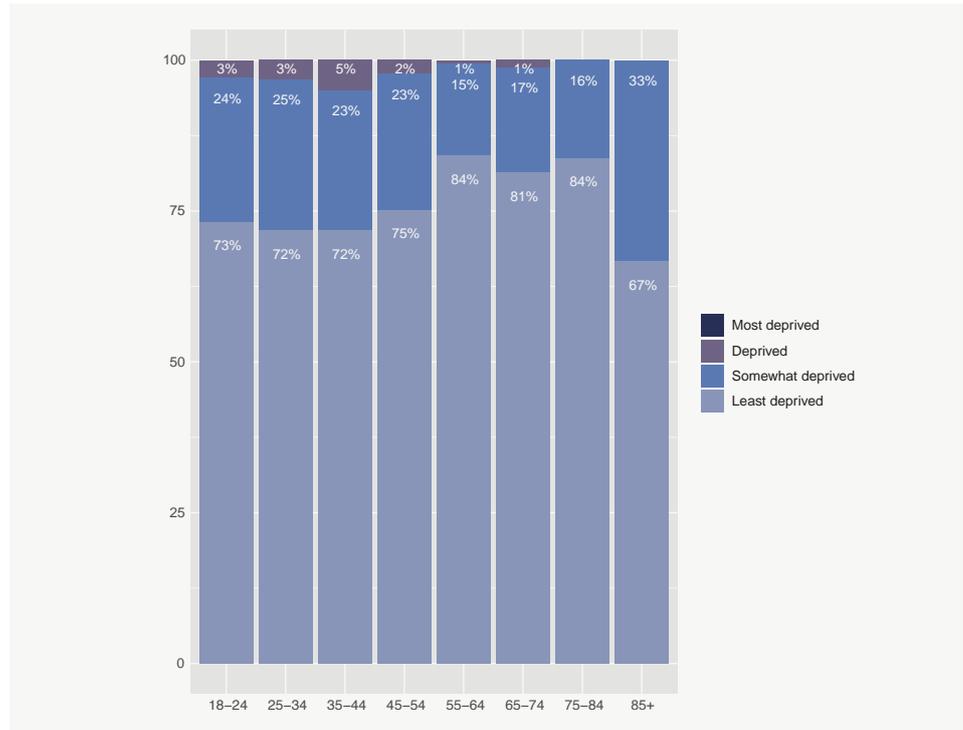


Figure 40. Percentage of respondents in each category of clothing deprivation by age group

There was very little variation between provinces, although Central was generally slightly more deprived than Guadalcanal. This is in line with levels of deprivation being generally higher in Central across many dimensions.

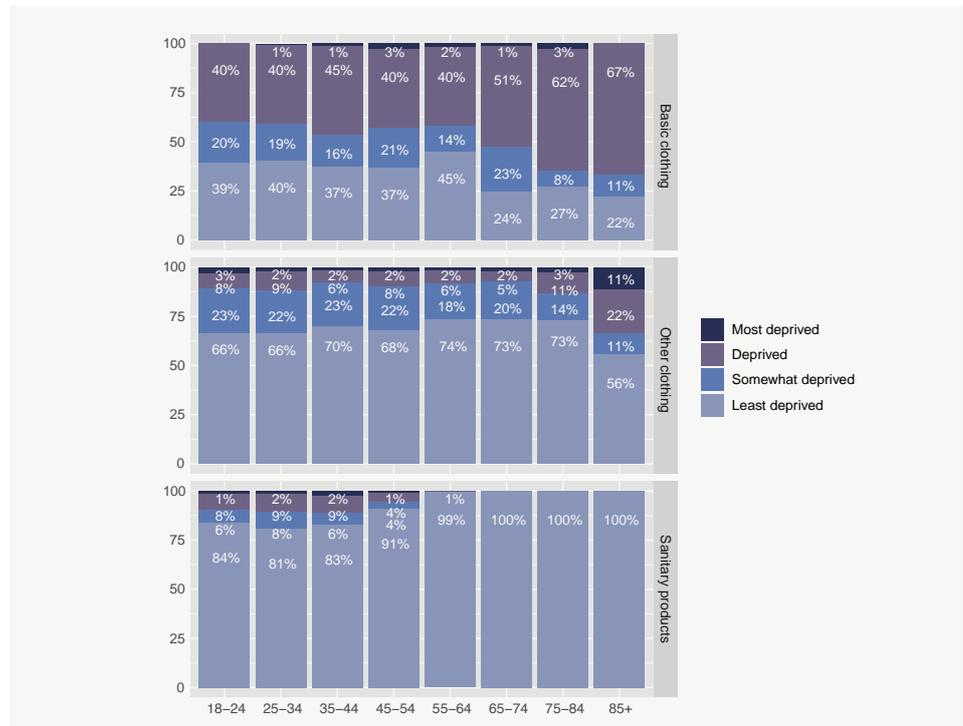


Figure 41. Percentage of respondents in each category of clothing theme deprivation (basic clothing, other clothing, sanitary products) by age group



Priority ranking

162 people nominated clothing as their highest priority dimension, meaning it ranked eighth of 14 dimensions overall in terms of priority.

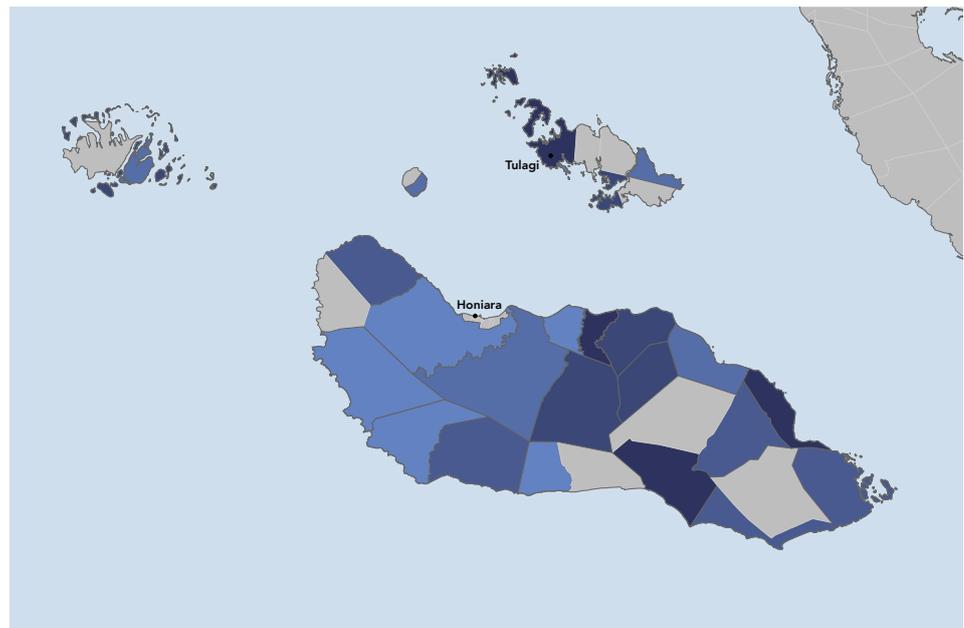


Figure 42. Mean clothing dimension scores by ward. Different colours separate aggregate ward-level results by quintiles; darker colours represent relatively more clothing deprivation. Grey shows wards where data was not collected.





Family Planning Dimension



The family planning dimension comprises just one theme, with one indicator. It measures unmet need for contraception for men and women.



Emerging strength
42 percent of those surveyed were using modern forms of birth control.

The family planning dimension found no large variations between genders, and scores were relatively higher than for most other dimensions. The majority of those surveyed either did not require birth control or were using modern methods*, and subsequently, most respondents were least deprived on average. As might be expected, respondents of reproductive age experienced more deprivation than those outside of reproductive age.

While most respondents were least deprived, across all age brackets, deprivation tended to increase during reproductive age, presumably due to greater need. The uptick in the older age brackets could be due to a number of factors: low sample size (only 47 respondents in the top two age brackets), survey error (i.e. respondents having selected a category indicating they could get pregnant even if they could not). Alternatively, there may have been legitimate factors driving this, such a fall-off in contraception use amongst older people (particularly older men with younger female partners who are still at risk of pregnancy and STIs), or lack of knowledge or distrust of modern forms of contraception.

Unpacking findings by the type of contraception being used (either personally or used by their partner), 42 percent were using modern effective forms of contraception, and a further 32 percent had no need for contraception (whether because they biologically could not become pregnant, were abstinent, or wanted to become pregnant). Only three percent of respondents were relying on traditional methods of contraception alone. A further 24 percent were using contraception in a way that was unreliable. Some of the reasons cited for not using birth control were a lack of access at health facilities, religious and traditional objections, and fear of the side effects of hormonal birth control.



Policy note

National Gender Equality and Women’s Development Policy 2016 to 2020. Policy Priority Outcome 7
Improved access for women’s right to sexual and reproductive health.

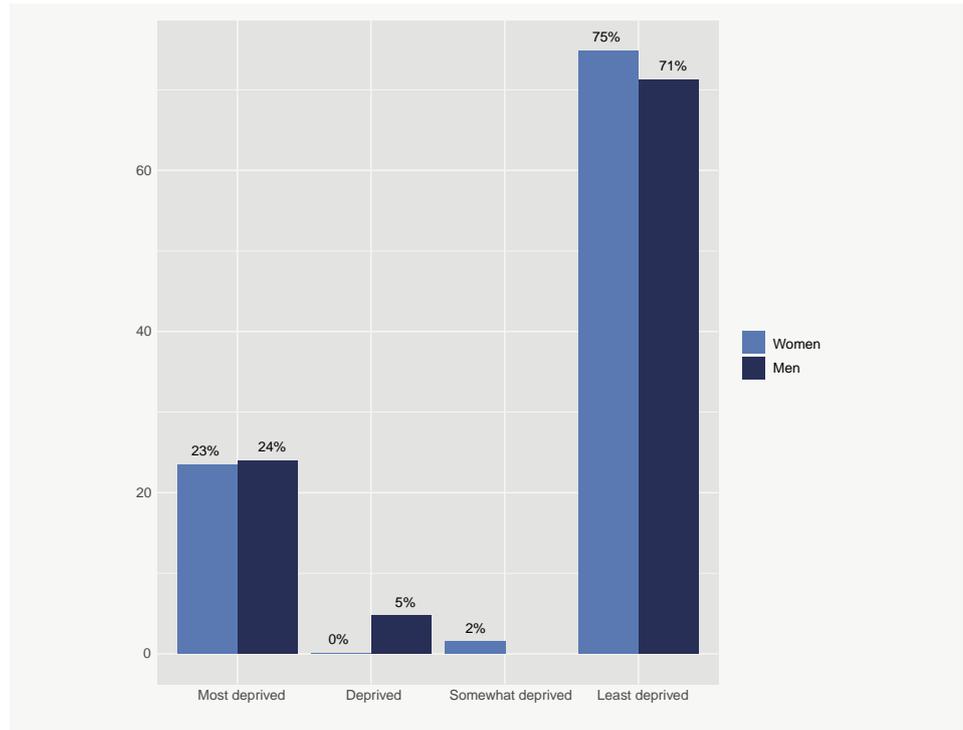


Figure 43. Percentage of men and women in each category of family planning deprivation



Emerging challenge

Women often cited the fear of side effects from hormonal birth control as a reason for not using modern sources.

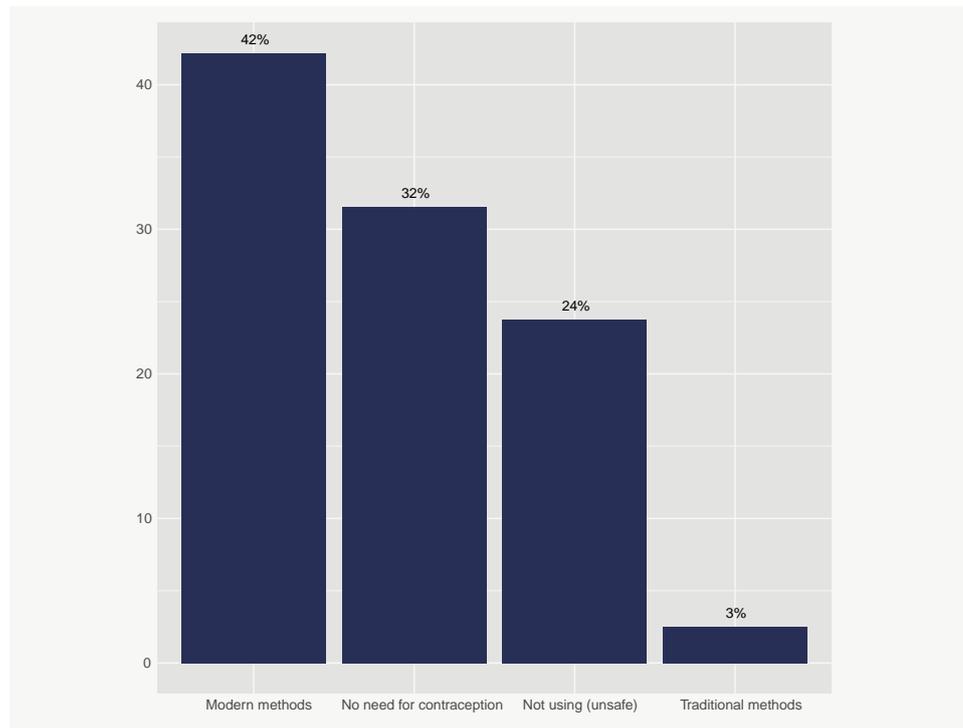


Figure 44. Percentage of all respondents using different classes of contraception

* ‘Modern’ methods include Female sterilization/tubal ligation, Male sterilization/Vasectomy, IUD, Injectables (Depo-provera), Implants, Birth control pill, Male condoms, Female condoms, Emergency methods (morning after pill), Diaphragm, Foam/Jelly, and Vaginal rings and are classed as such due to their reliability and efficacy in pregnancy prevention.

‘Traditional’ methods include Lactational Amenorrhoea Method (LAM)/Breastfeeding, Calendar based methods (Calendar or Rhythm/Standard days method), Withdrawal, and Traditional herbs and are classed as such due to their relative unreliability and inefficacy in pregnancy prevention.



Priority ranking

102 people nominated family planning as their highest priority dimension, meaning it ranked 10th of 14 dimensions overall in terms of priority.

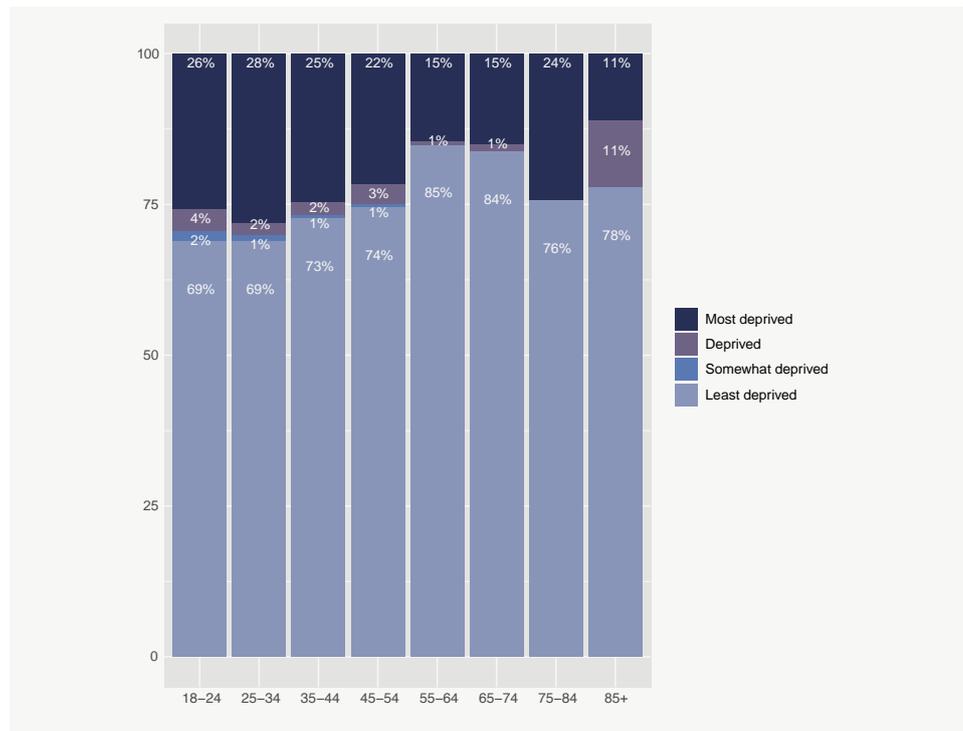


Figure 45. Percentage of respondents in each category of family planning deprivation by age group

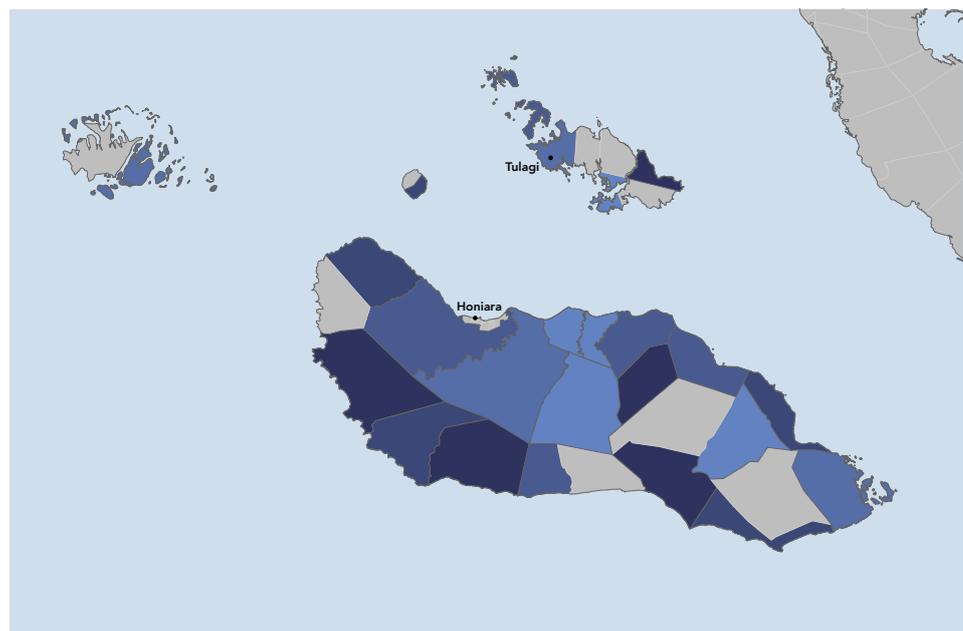
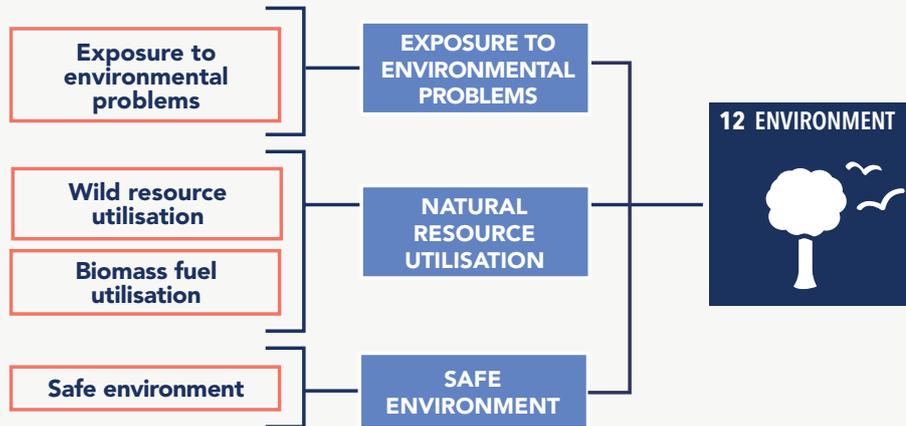


Figure 46. Mean family planning dimension scores by ward. Different colours separate aggregate ward-level results by quintiles; darker colours represent relatively more family planning deprivation. Grey shows wards where data was not collected.





Environment Dimension



The environment dimension is comprised of three themes. The first is exposure to environmental problems, consisting of a single indicator. The second is natural resource utilisation, consisting of wild resource utilisation and biomass fuel utilisation. The third theme is safe environment, consisting of a single indicator.¹⁸



Gender spotlight

Women were more deprived of safety in their environment and men were more deprived in natural resource utilisation.

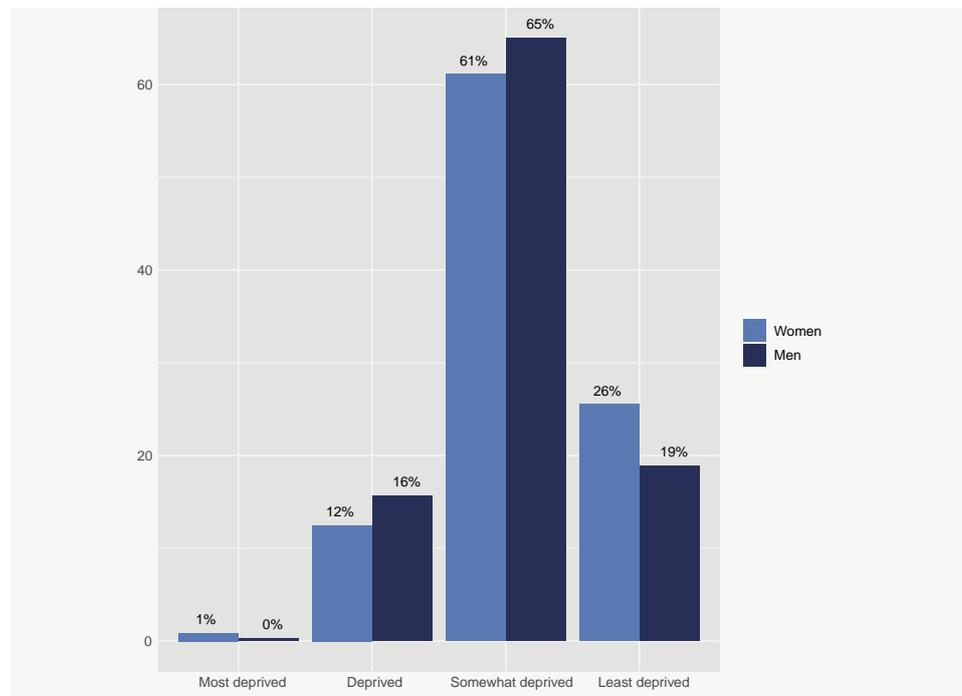


Figure 47. Percentage of men and women in each category of environment deprivation

¹⁸ A limitation of the environment dimension in the IDM's application in the Solomon Islands is a lack of specific focus on the ocean, given its importance culturally, economically, and for livelihoods. Future iterations of the survey should include factors specific to the respondents' environments.



Policy notes

SDG 13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries, including focusing on women, youth and local and marginalised communities.

SDG 15.2 By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore degraded forests and substantially increase afforestation and reforestation globally.

NDP Indicator Average annual number of people per million affected by natural disasters reduced from 4,672 in 2001-10 to less than 4,000 in 2011-2020.

NDP Indicator The decline in surveyed perception of living in safe and peaceful communities is reversed so that it does not fall below 25% and is raised to 50% by 2020.

NDP Indicator Percentage of women and men who report feeling safe walking alone at night in the city or area where they live.

NDP Indicator Area of forest under sustainable forest management as a percentage of forest area.

There was no single clear gender pattern, with women more deprived in the safety theme and men more deprived in the natural resource utilisation theme. Deprivation appeared to decrease with age.

When looking at environment scores across age, environment deprivation decreased slightly for older participants. When broken down to the theme level, this effect was common across the themes, though natural resource utilisation showed a U-shape distribution, with deprivation increasing over the first few age brackets before decreasing in middle and older age (see Fig. 49, p.62).

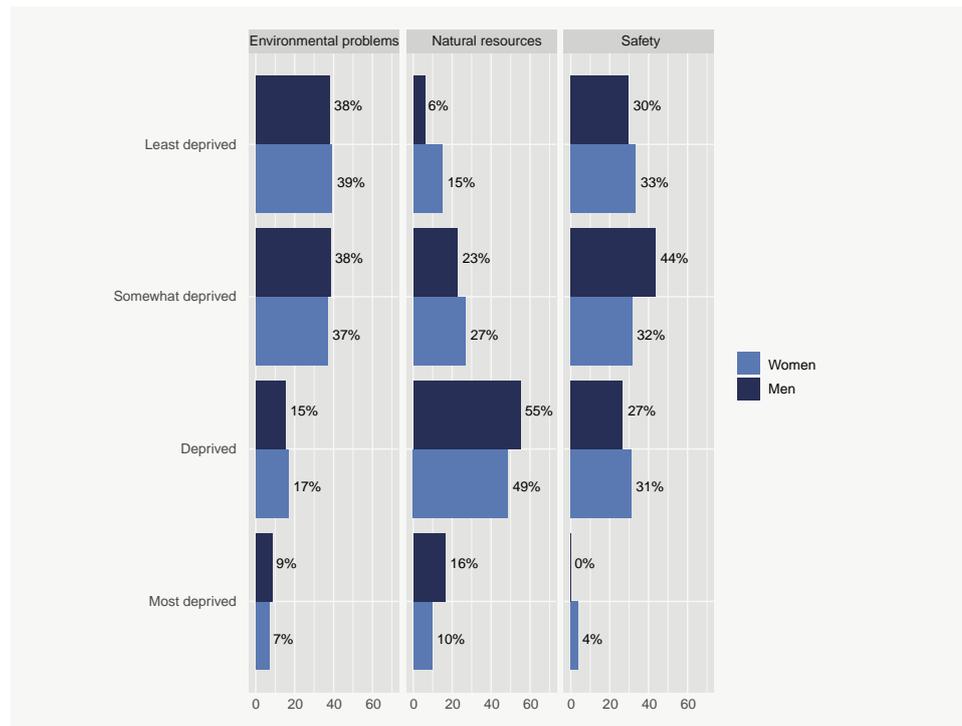


Figure 48. Percentage of men and women in each category of environment theme deprivation (environmental problems, natural resources, safety)

Some dimensions do not require multiple disaggregation, as there may be patterns by gender or age alone, or by neither. An example of this can be seen in the environment dimension theme, relating to gathering natural resources, which measured the extent to which respondents needed to gather resources from their local environment.

In this example, there was a slight trend of deprivation increasing in middle age, before falling in older age. There was also a slight gender difference: men's most deprived scores were approximately six percentage points above women's across all ages; deprived scores were roughly the same; and women's least and somewhat deprived scores were consistently lower than men's.



Emerging challenge

Respondents could also nominate environmental problems other than those listed on the survey. The most common issues were environmental degradation, particularly in water sources, caused by logging, followed by waste and environmental damage caused by pigs, and finally, sea level rise. Disturbances caused by people drinking, and resulting feelings of unsafety, were also frequently cited by participants as deprivations in the environment around their dwelling. Further analysis will disaggregate qualitative data by gender.

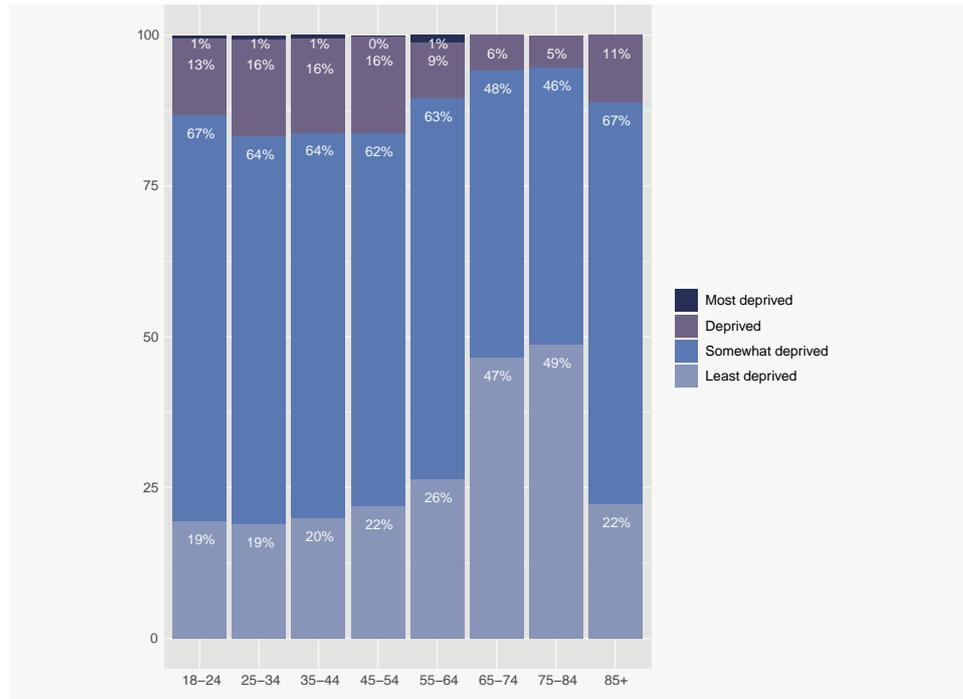


Figure 49. Percentage of respondents in each category of environment deprivation by age group

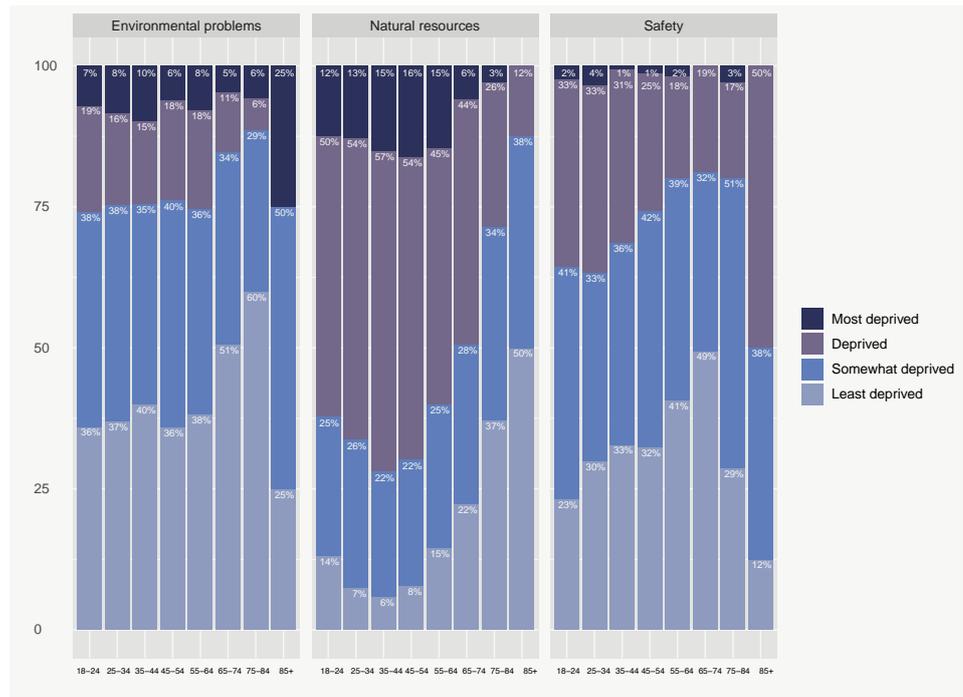


Figure 50. Percentage of respondents in each level of environment theme deprivation (environmental problems, natural resources, safety), by age group

However, compared to the education dimension, there were only small differences in men's and women's score patterns across the age range; older women were less deprived, but otherwise, there were only small percentage point differences between men and women at different ages. This indicated a much smaller interaction effect between gender and age in natural resource utilisation than in education. Overall, analysing environment at the intersection of gender and age for natural resource gathering provided limited additional insights compared with examining the effect of these factors separately. Nonetheless, even though in this instance limited additional insights were generated by the intersectional analysis, the analysis in the first instance is necessary in order to compare (which means collecting the data in such a way as to enable it).



Priority ranking

66 people nominated Environment as their highest priority issue, meaning it ranked 12th of 14 dimensions overall in terms of priority.

Two maps are presented below. The first shows mean deprivation in the environment dimension scores across wards. The second¹⁹ map shows areas where tree cover loss has resulted in canopy density of less than 30 percent. Together these illustrate relative overlap in terms of the geography of canopy loss and environment deprivation.

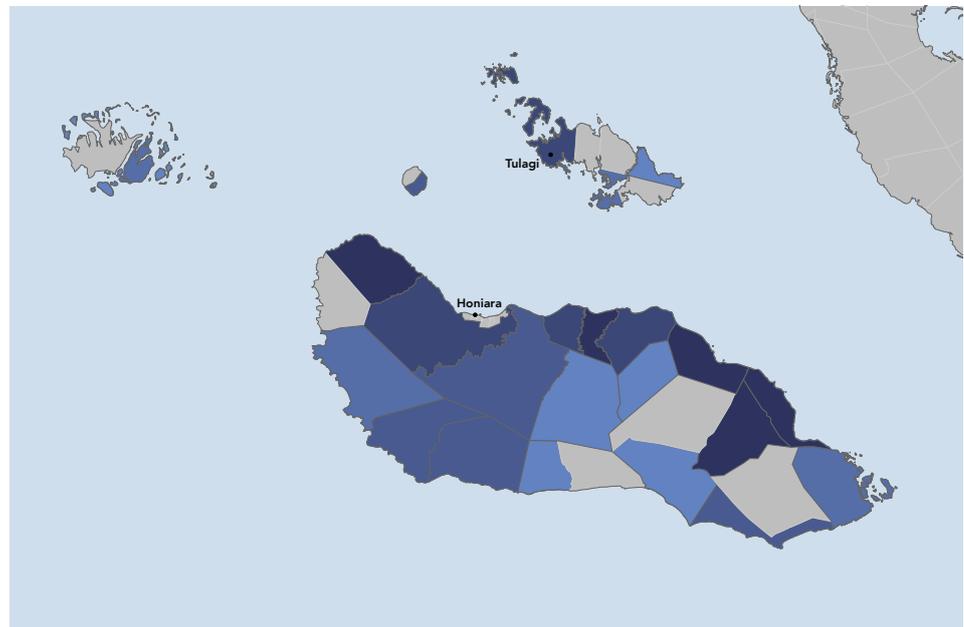


Figure 51. Mean environment dimension scores by ward. Different colours separate aggregate ward-level results by quintiles; darker colours represent relatively more environment deprivation. Grey shows wards where data was not collected.

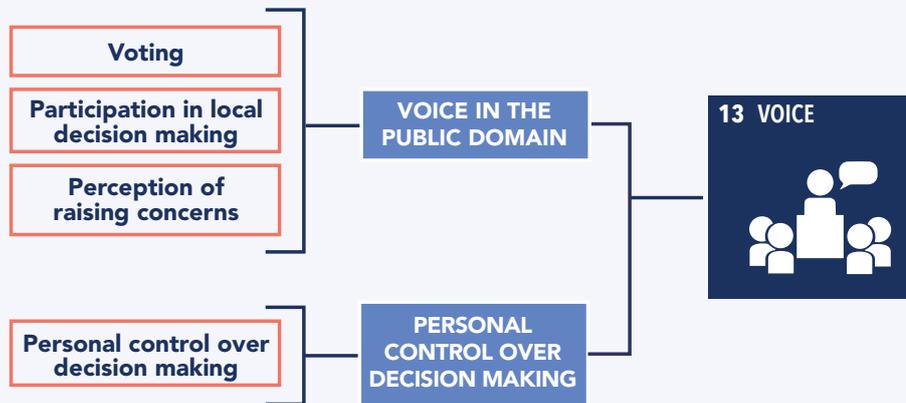


Figure 52. Tree cover loss resulting in canopy density of less than 30 percent (source: Global Forest Watch)

¹⁹ Global Forest Watch (<https://www.globalforestwatch.org/>)



Voice Dimension



The voice dimension is comprised of two themes. The first is voice in the public domain, which consists of three indicators: participation in voting, participation in local decision-making and perception of raising concerns (perceived difficulty of doing so, and whether concerns would be taken seriously). The second theme is voice within the household, which consists of two indicators: personal autonomy, and role in household decision-making.



Gender spotlight

Voice revealed some of the largest gender differences across the dimensions, with women more deprived than men across all themes and indicators.

Voice demonstrated some of the clearest gendered findings of all the dimensions. Women had lower scores overall than men, with 34 percent of women in the lowest two categories (deprived and most deprived) compared to 19 percent of men, and significantly more men (23%) than women (11%) were in the least deprived category.

Women were more deprived than men across both themes, with the discrepancy greatest in the public voice theme. Women and men reported roughly the same rates of deprivation in voting, but there was a large difference in the local decision-making indicator, with 12 percent of women being least deprived compared to 30 percent of men.

Analysis of items assessing decision-making power in the household by gender is discussed further in this report's thematic section on women's economic empowerment. Broadly, these findings demonstrated that men made more sole decisions about large purchases and household finances, while women had more decision-making power over everyday expenses. Secondly, men and women largely made their own decisions about duration of work and study, though women were more likely to have said those decisions were coordinated. Finally, the majority of men and women said child-rearing was a coordinated decision, though men were more likely to have said it was their partners' sole decision.



Policy notes

SDG 16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels.

National Gender Equality and Women's Development Policy 2016 to 2020. Policy Outcome 3 Equal Participation of Women and Men at All Levels of Decision-Making, Governance and Leadership.



Gender spotlight

More men than women have sole decision making power over household finances, large purchases, duration of their work, duration of their study, and social commitments. More women than men make sole decisions on everyday purchase, and child-rearing.

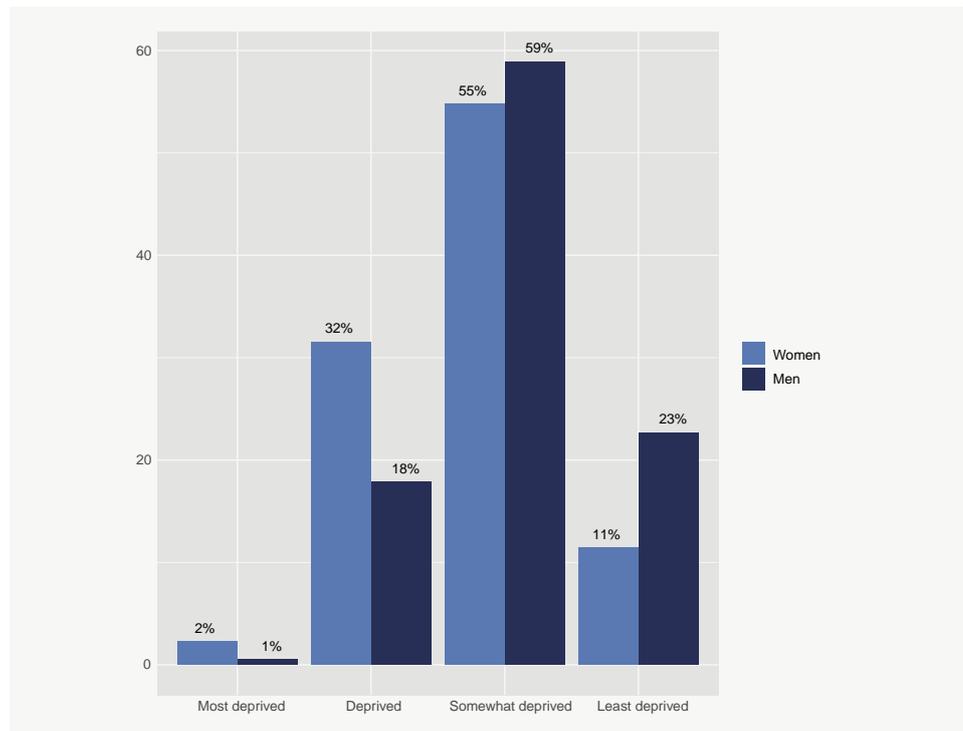


Figure 53. Percentage of men and women in each category of voice deprivation

Note that the survey is administered with all adults over 18 in the household, and will include children, both male and female, who live with their parents.

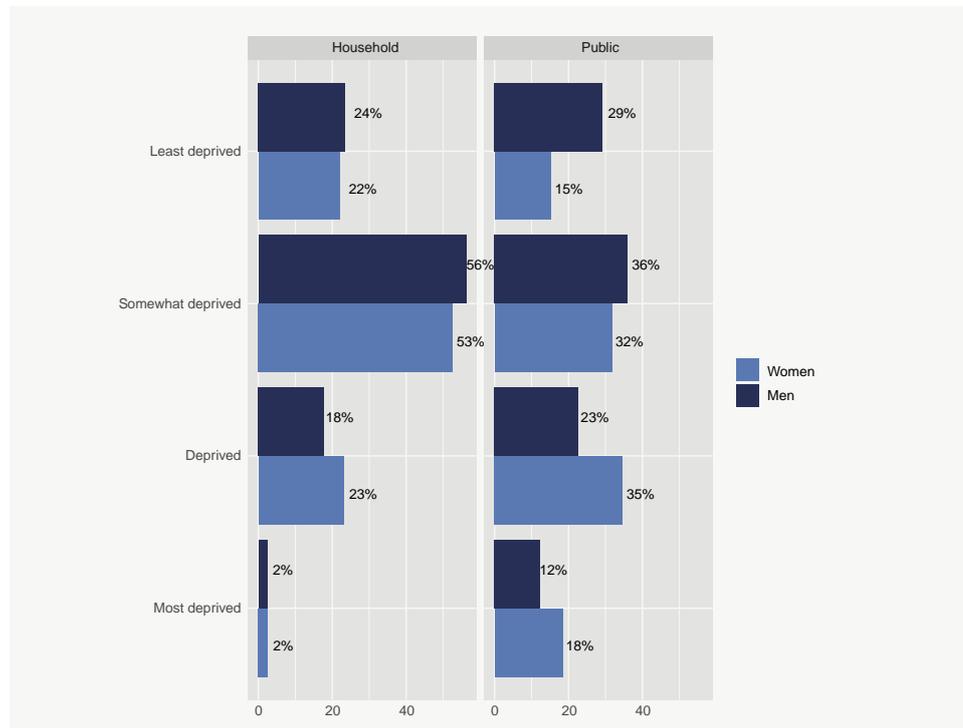


Figure 54. Percentage of men and women in each category of voice theme deprivation (household voice, public voice)



Emerging challenge

Voice demonstrated among the largest differences in the sample, but was ranked last by participants in terms of priority. This likely reflects gender norms concerning expectations of level of participation for men and women in the home and in public spaces.

Table 2. Percent making sole decisions in the household regarding:

Household finances	Women	24.8
	Men	37.2
Large purchases	Women	20.4
	Men	30.8
Everyday purchases	Women	68.5
	Men	43
Duration of work	Women	54.1
	Men	56.5
Duration of study	Women	44.5
	Men	55.7
Social commitments	Women	42.1
	Men	45.9
Upbringing of children	Women	22.1
	Men	15
Children’s education	Women	18.5
	Men	16.6

Voice dimension scores also demonstrated a relationship with age, with older adults experiencing less deprivation, other than in very old age where deprivation substantially increased (noting smaller sample sizes in older age groups). This relationship existed not just at dimension and theme levels, but also across each indicator. We can see that voice seems to increase by age across every indicator. However, in some cases, such as voting, the strength of this relationship varied at the indicator level. Personal autonomy showed a relatively weak relationship with age, whereas there was a much stronger relationship between age and participation in elections.

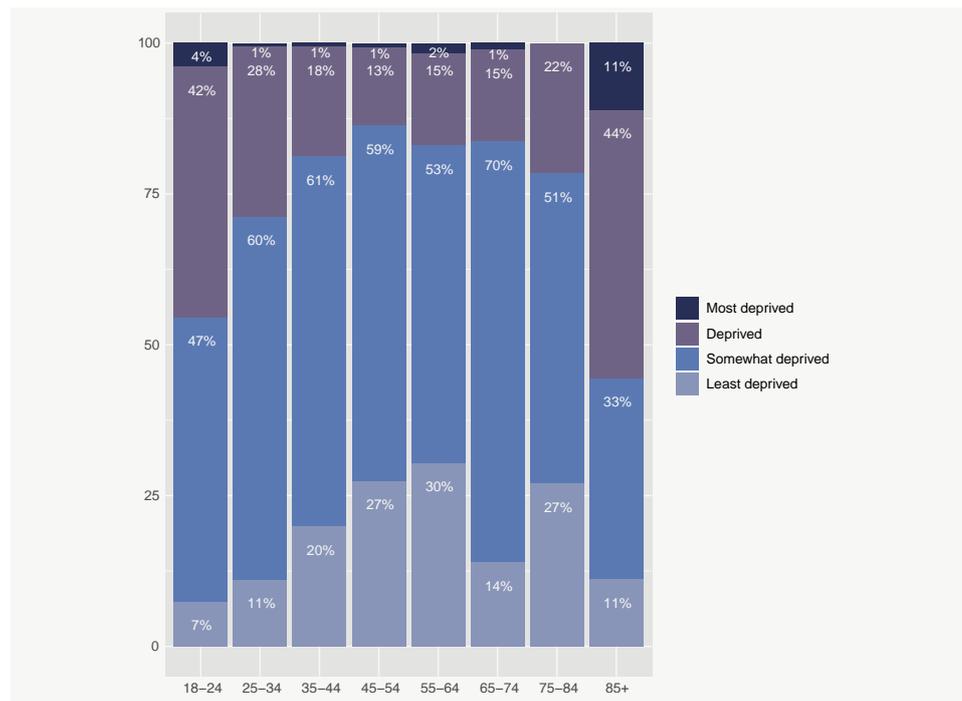


Figure 55. Percentage of respondents in each category of voice deprivation by age group

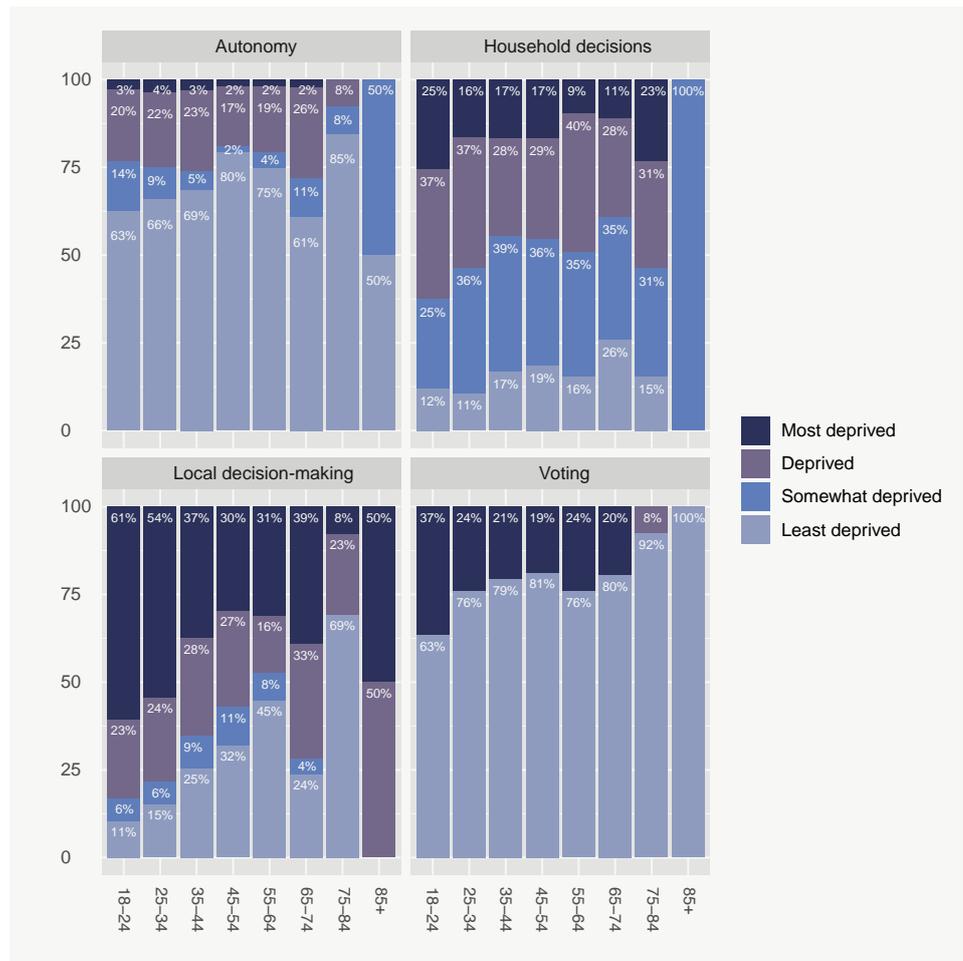


Figure 56. Percentage of respondents in each category of voice theme deprivation (autonomy, household decisions, local decision making, voting) by age group



Priority ranking
41 people nominated voice as their highest priority, meaning it ranked 14th of 14 dimensions overall in terms of priority.

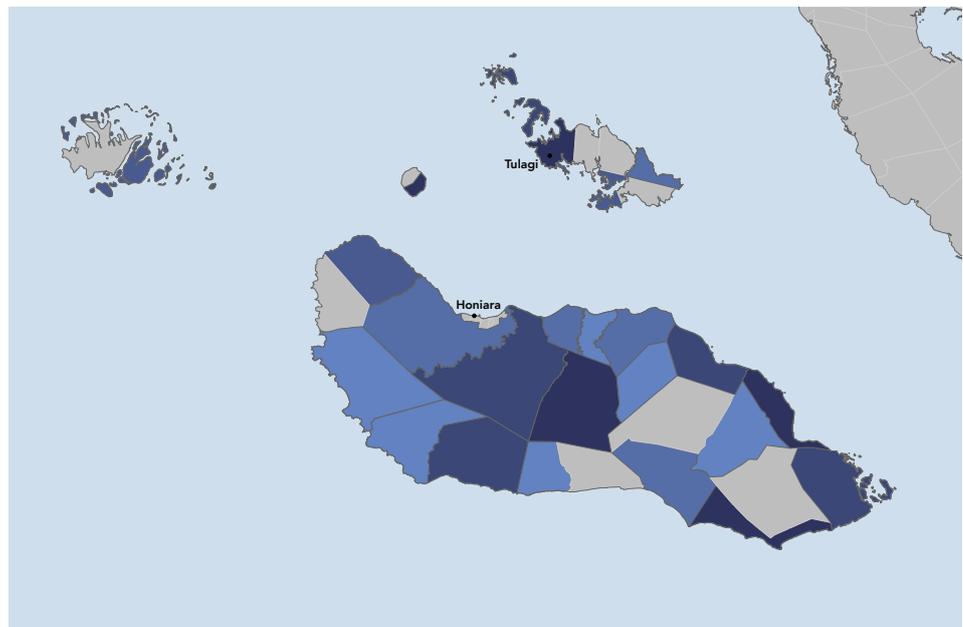


Figure 57. Mean voice dimension scores by ward. Different colours separate aggregate ward-level results by quintiles; darker colours represent relatively more voice deprivation. Grey shows wards where data was not collected.



Time-use Dimension



The time-use dimension is comprised of one theme and indicator - time burden and on-call time. Indicator scores for this theme are scored differently from others. Total time burden in hours is split into quartiles. The indicator score depends on which quartile of total time burden an individual aligns with, and deprivation scores increase according to the amount of time spent on call that also involves care work.

Integrating the measurement of time-use into a multi-topic survey is one of the IDM's important measurement innovations. Because the approach is novel, this section includes brief information about the method, and how the time-use data is analysed.



Gender spotlight

To the extent that women and men take on different social and economic roles, the things they spend time on will vary. Data about the activities women and men spend time on is important for understanding their context, opportunities, barriers and the investments that could make most difference to their lives.

The primary aim of the IDM's time-use module is to understand labour burden, by measuring categories of time-use, focusing on: work for pay and profit (including subsistence production); unpaid domestic and care work; personal care and rest; and social and leisure time. The IDM has developed an adapted participatory method, using picture cards to illustrate time-use categories (representing the broad International Classification of Activities for Time-use Statistics categories). Respondents first select any activities they have engaged in, in the previous 24 hours, then allocate 24 tokens, representing the 24 hours of the day and night for yesterday or the previous working day, to show the proportion of time spent on each activity.²⁰ The number of hours spent on each activity was recorded on the tablet, and participants were then asked whether they had a) a child under 13 in their care, and b) a sick, disabled, or elderly person in their care.

Other than the aggregation method described in the measurement note, we also calculated the average number of hours spent on different activities by men and women. There were two ways to consider these data. In the first, mean hours spent on the activity included those who did not spend any time on the activity, i.e., the mean is calculated to include zero hours for people who

²⁰ The impact of including or not including zeros depends then on the number of participants who spent time on the activity. For activities that only a small proportion of participants spent time on, including zeros in the mean will pull mean hours down considerably.



Gender spotlight

Fewer women spent time on paid work than men, but those who did averaged more daily hours of paid work than men. Fewer women spent time on study, but those who did spent twice as many hours studying as men who studied.

did not do the activity. In the second calculation, only people who partook in the activity were included in the average time spent on the activity, i.e., the mean did not include zeros.

Below we present data calculated according to the second method, such that mean time spent on each activity is calculated only for those who partook in the activity. An alternative method of visualisation is presented beneath this, which also accounts for the number of individuals partaking in the activity.

The table below shows the number of men and women who a) spent any time on each activity and b) mean hours spent on it, with the mean excluding those who did not spend time on the activity.²¹

Time-use activity	Gender	N	Mean hours spent on activity
Paid Work	Women	261	4.51
	Men	469	4.03
Study	Women	45	4.96
	Men	223	2.47
Unpaid Work	Women	831	2.77
	Men	620	1.71
Care	Women	524	3.80
	Men	385	2.37
Collect Fuel	Women	270	1.64
	Men	420	1.67
Collect Water	Women	645	1.64
	Men	622	1.48
Grow Produce	Women	391	2.87
	Men	489	2.70
Maintenance	Women	134	1.93
	Men	421	2.57
Self-care	Women	846	1.97
	Men	843	1.69
Sleeping	Women	913	9.31
	Men	902	8.83
Hobbies	Women	246	2.02
	Men	476	2.22
Cultural	Women	263	2.24
	Men	410	2.19
Social	Women	581	2.40
	Men	594	2.42
Volunteer	Women	218	2.00
	Men	361	2.32

Figures 58 and 59 represent this concept visually, showing the two 'dimensions' (number of people engaging in the activity and the amount of time spent) simultaneously. Mean hours of time-use for those who spent any time on the activity is presented by gender, with the width of the columns denoting the percentage of respondents who undertook the activity at all. The columns are ordered by a combination of the two factors, with the order from left to right representing an 'intensity' calculation of mean time by number of individuals spending time on that activity. For example, more individuals spending less time on an activity may be ranked higher than fewer individuals spending more time on an activity.

²¹ Note that despite excluding zeros, some activities may appear to have lower values than expected (e.g., 2.77 hours of unpaid work for women). However, data from multiple activities measured by time-use surveys are often combined into superordinate categories such as 'leisure time' or 'unpaid care and domestic work' (this method is used in Section 23), which increases the average hours spent on each superordinate category. Further analysis will expand on this in the future; for now, we present mean hours for all time-use activities to provide detail and transparency for this analysis.

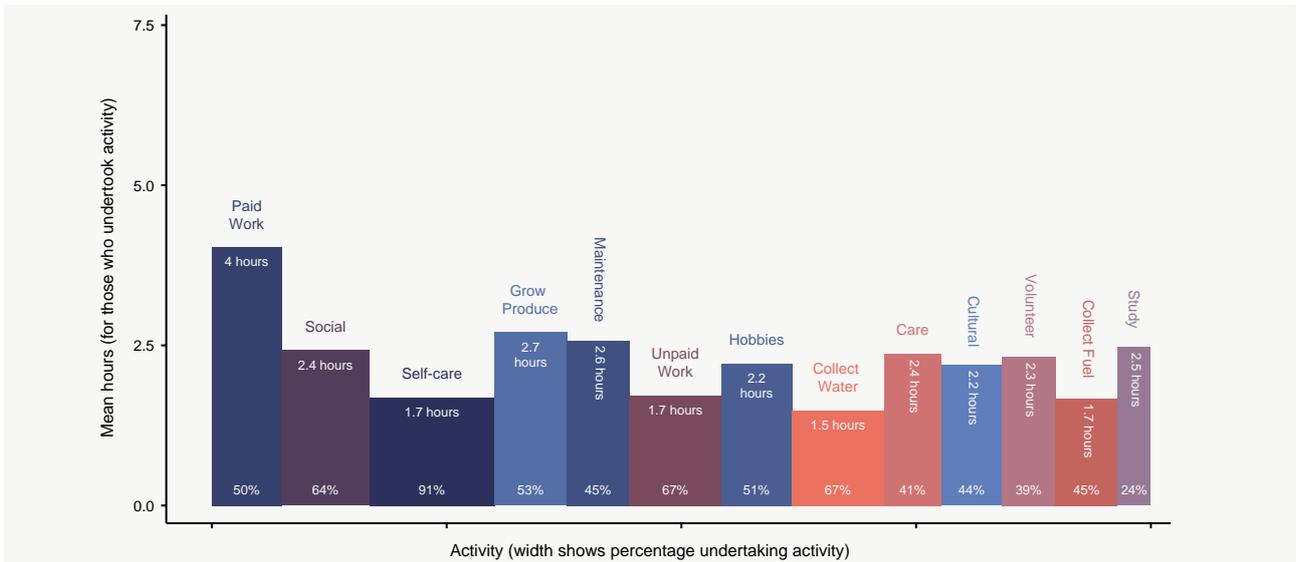


Figure 58. Time-use by men. Activities are ordered as a combination of proportion of respondents partaking in the activity (percentage in columns) combined with mean time spent on activity (hours in columns).

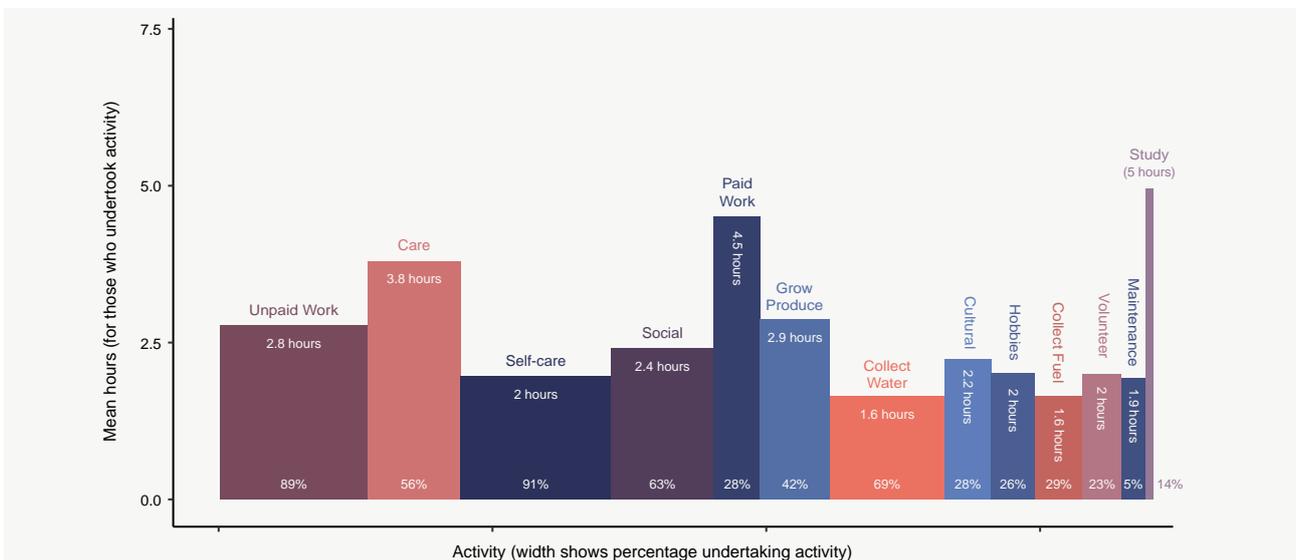


Figure 59. Time-use by women. Activities are ordered as a combination of proportion of respondents partaking in the activity (percentage in columns) combined with mean time spent on activity (hours in columns).



Gender spotlight

Significantly more women than men provided child or dependent care at the same time as also doing another primary activity.

Gendered differences were found in time-use across the two graphs. Reading the graphs from left to right, we can see that the primary activities undertaken by women during waking hours were unpaid work, followed by care work. For men, unpaid work was the seventh-ranked time-use activity and care work the 10th. The primary activities undertaken by men during waking hours were paid work, followed by socialising and self-care.

These visualisations illustrate the importance of considering different facets of time-use data simultaneously. For example, fewer women spent time on paid work than men, but those who did averaged more daily hours of paid work than men. Fewer women spent time on study, but those who did spent twice as many hours studying as men who studied.

A further important consideration in time-use data is multi-tasking, or on-call time, in which respondents were attending to children or other dependents while they were spending time on the primary activity. Multi-tasking or on-call time increases the intensity of work, and also limits what alternative uses of

time are possible. The figure below shows the percentage of men and women who indicated they had a child under thirteen in their care (dark blue bars denote 'yes'), concurrently with the activity. This graph starkly illustrates the extent of multitasking (primary activity plus caring) undertaken by women in the two provinces sampled, with significantly more women than men having engaged in child care simultaneously with other time-use activities.



Priority ranking

142 people nominated time-use as their highest priority issue, meaning it ranked ninth of 14 dimensions overall in terms of priority.

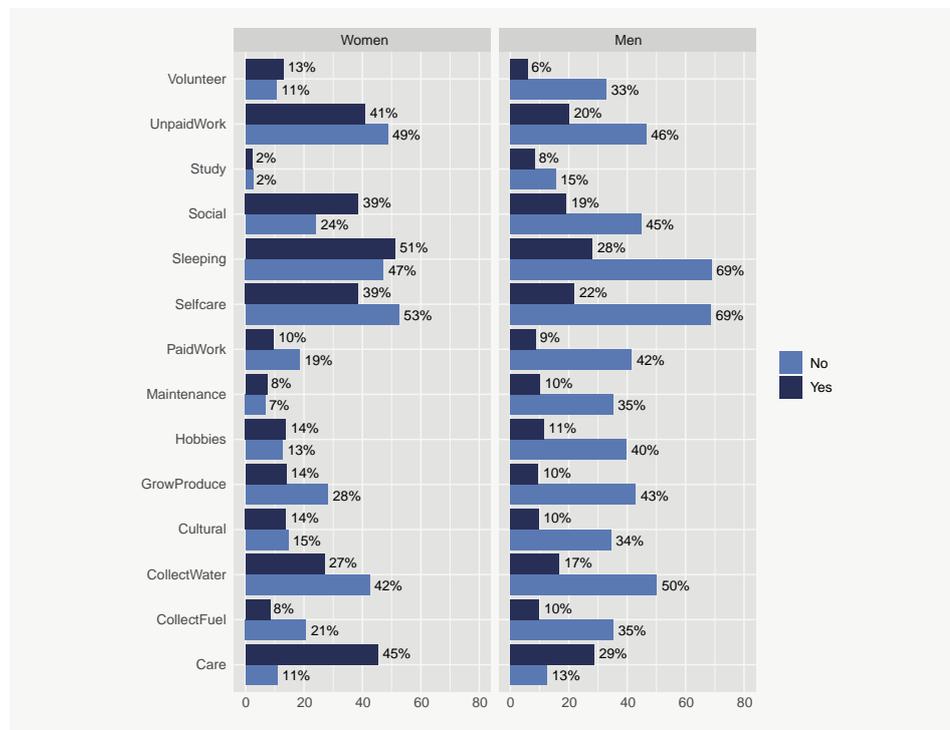


Figure 60. Percentage of men and women engaging in child care simultaneously with primary time-use activities

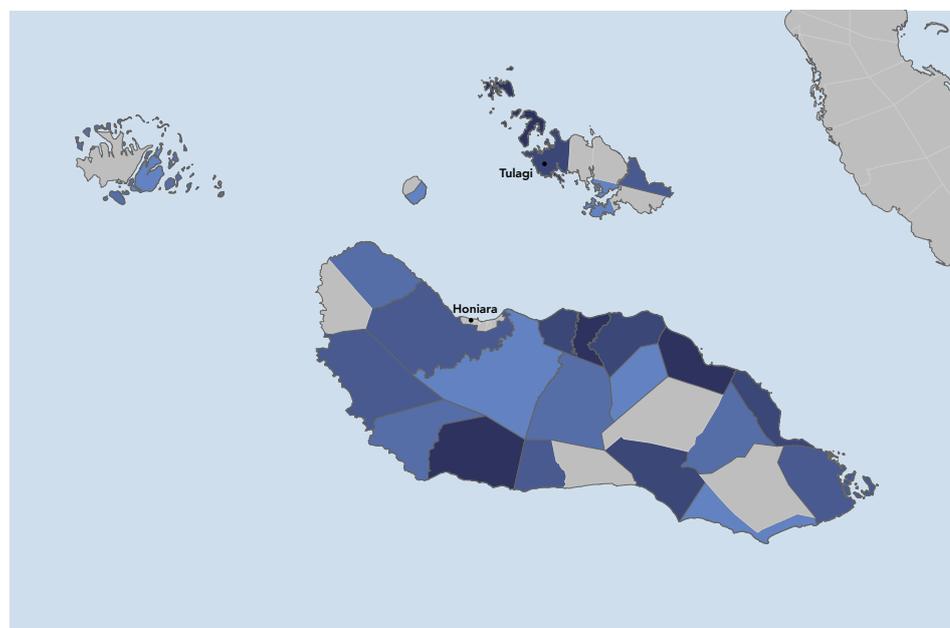
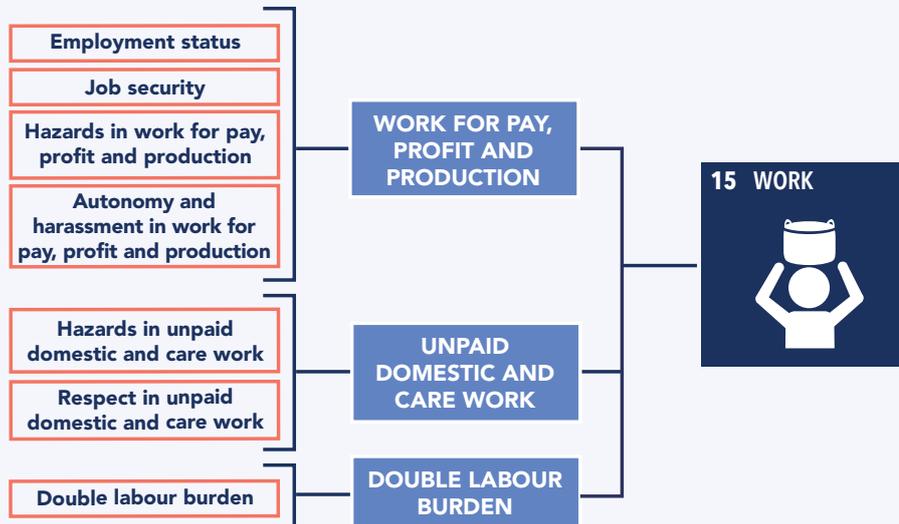


Figure 61. Mean time-use dimension scores by ward. Different colours separate aggregate ward-level results by quintiles; darker colours represent relatively more time-use deprivation. Grey shows wards where data was not collected.



Work Dimension



The work dimension is comprised of three themes. The first is paid work, consisting of four indicators: employment status, job security, hazards, and autonomy and harassment. The second is unpaid work, comprised of two indicators: hazards and respect. The third theme is double labour burden, comprised of one indicator measuring combined numbers of hours of paid and unpaid labour per week.

Most respondents were least deprived in the work dimension, with decreasing numbers of respondents in each category as deprivation increased. All themes were similarly distributed, although double labour burden was the main driver of dimension-level deprivation. Women were more deprived than men in the work dimension overall.



Gender spotlight

The most common reason given by women for not doing paid work was being too busy with domestic duties (10.9%).

Far more men than women were in paid work, with 52.3 percent of men and 32.4 percent of women having worked for pay in the previous seven days. More women reported that they worked in a business for another person or themselves in exchange for money or goods (a relatively low percentage of 18.3 percent compared to 8 percent of men). Roughly equal numbers of men (17.4%) and women (16.8%) had done work on a farm or in a garden, or with livestock for an employer, a family member or for themselves. The most common reason given by women for not doing paid work was being too busy with domestic duties (10.9%). Men were far more likely to want to do more paid work, with the most common reason being making more money.



Policy notes

SDG 16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels.

SDG 8.6 By 2020, substantially reduce the proportion of youth not in employment, education or training.

NDS Objective 1
Sustained and inclusive economic growth.

NDS Indicator Youth employment rate.

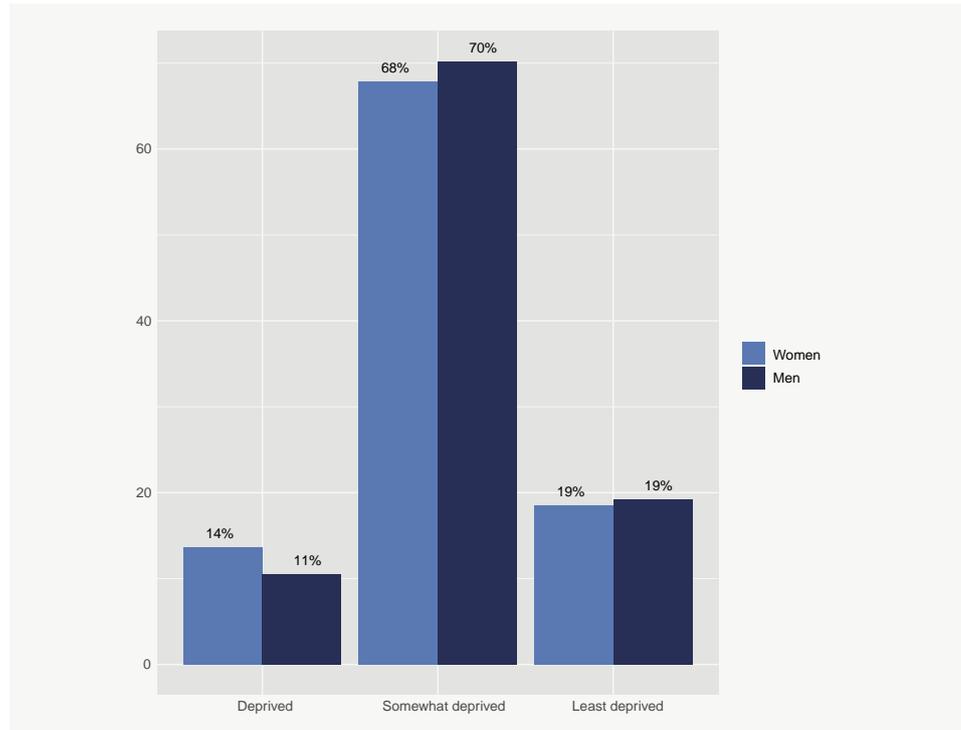


Figure 62. Percentage of men and women in each category of work deprivation

Do you want to work more or less, or continue with the same number of hours for your main work?

	I want to continue with the same number of hours	I want to work less	I want to work more	NA
Women	25.10%	16.60%	8.20%	49.90%
Men	16.20%	10.60%	35.20%	37.70%

The majority of both women and men reported performing at least some unpaid work, with more women (93.3%) than men (85.8%) reporting doing unpaid work in the previous week, with 47.9 percent of women and 33.7 percent of men indicating they wanted to do less unpaid work. Overall more women (35.4%) than men (30.3%) had suffered a physical injury, illness or mental harm while doing their unpaid domestic or care work during the previous 12 months, leading to greater disruptions to daily life, with 27.4 percent of women and 18 percent of men reporting the injury or illness caused them to temporarily stop working, and 11 percent of women and 5.9 percent of men reporting a permanent effect on the type or amount of unpaid domestic or care work they could do.

There was no strong relationship between age and work deprivation overall, despite the expectation that patterns of paid and unpaid work would shift over the course of life. However, there were interesting age patterns at the theme level, with double labour burden increasing into early middle age, followed by a decrease in subsequent years, likely due to the diminishing demands of child-rearing.



Gender spotlight

A significant gendered finding was the proportion of men (33.7%) compared to women (11.9%) who were eligible for work-related contributions to social security, or benefited from paid annual or sick leave, reflecting gender disparity between the protections of the formal vs informal sector.

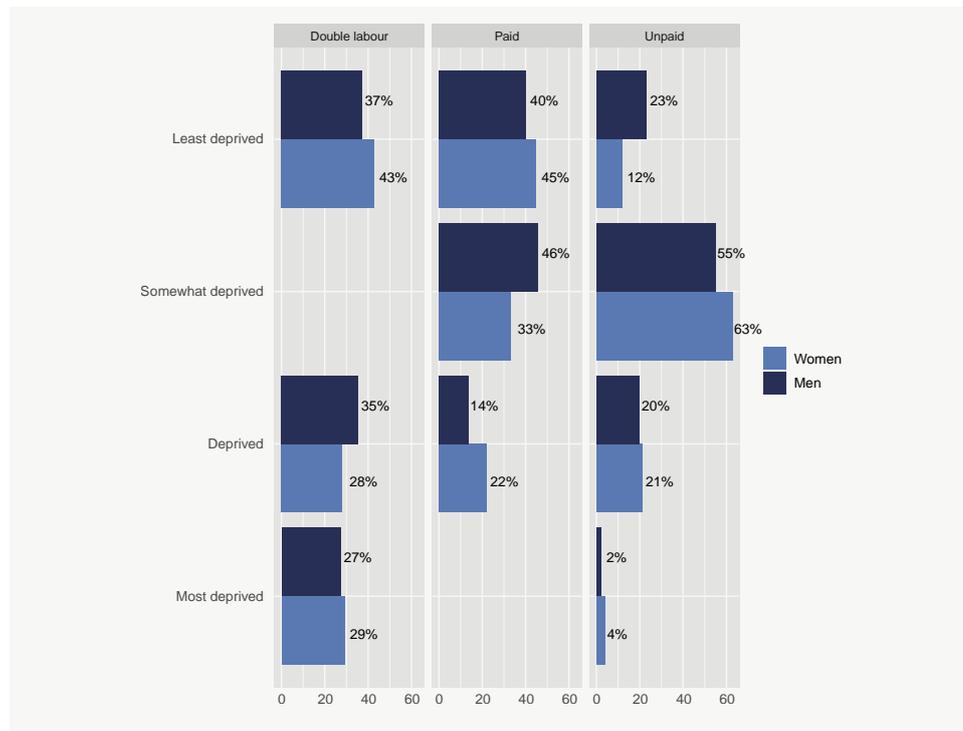


Figure 63. Percentage of men and women in each category of work theme deprivation (double labour burden, paid work, unpaid work).

Paid work showed an increase in least deprived responses as age increased, though there was also an increase in most deprived responses after the age of 65. This may have been due to many types of paid work being ill-suited to the physical needs of older respondents.

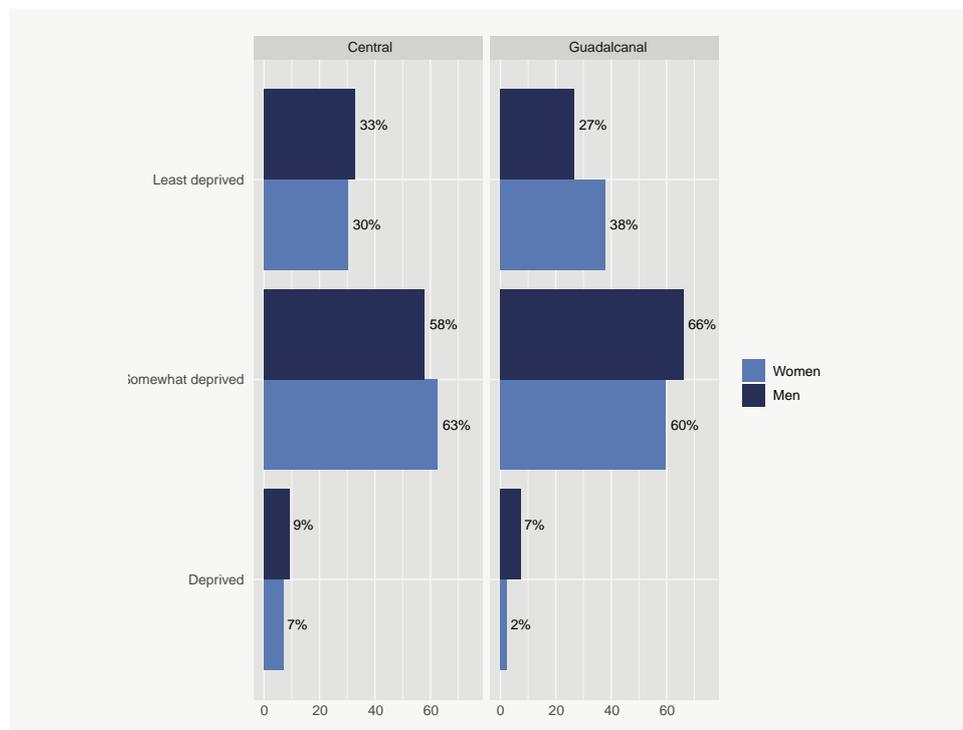


Figure 64. Percentage of men and women in each category of work deprivation by province

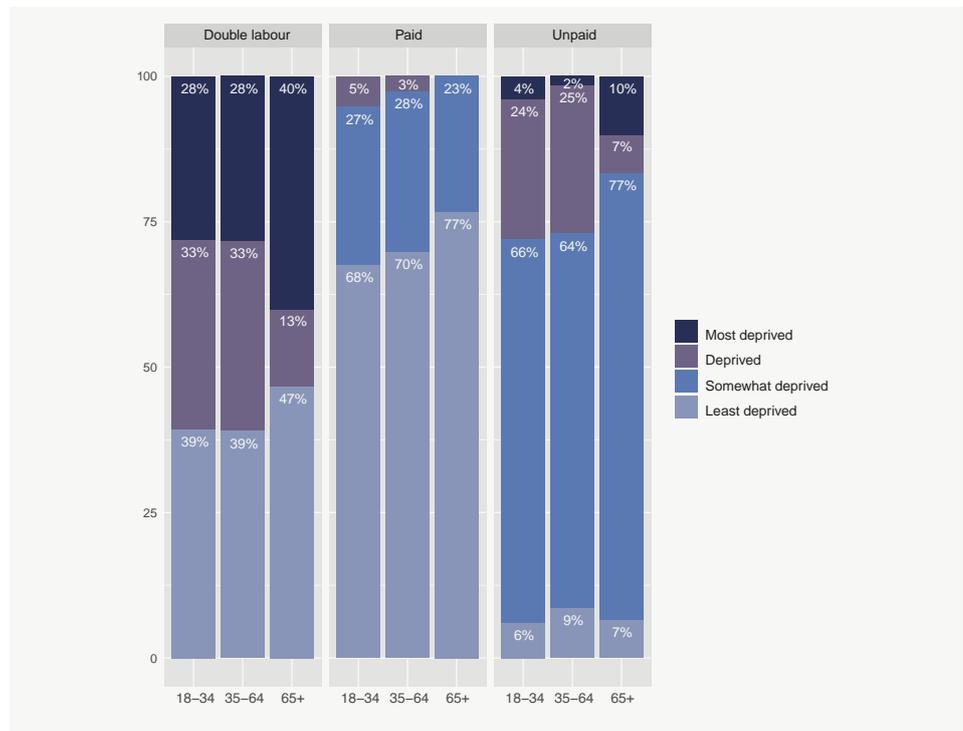


Figure 65. Percentage of respondents in each category of work theme deprivation (double labour burden, paid work, unpaid work), by age groups

Deprivation was slightly higher in Central than in Guadalcanal, which is in line with generally higher levels of deprivation in Central province across all dimensions.



Priority ranking
215 (12.7%) people nominated work as their highest priority dimension, meaning it ranked seventh of 14 dimensions overall in terms of priority.

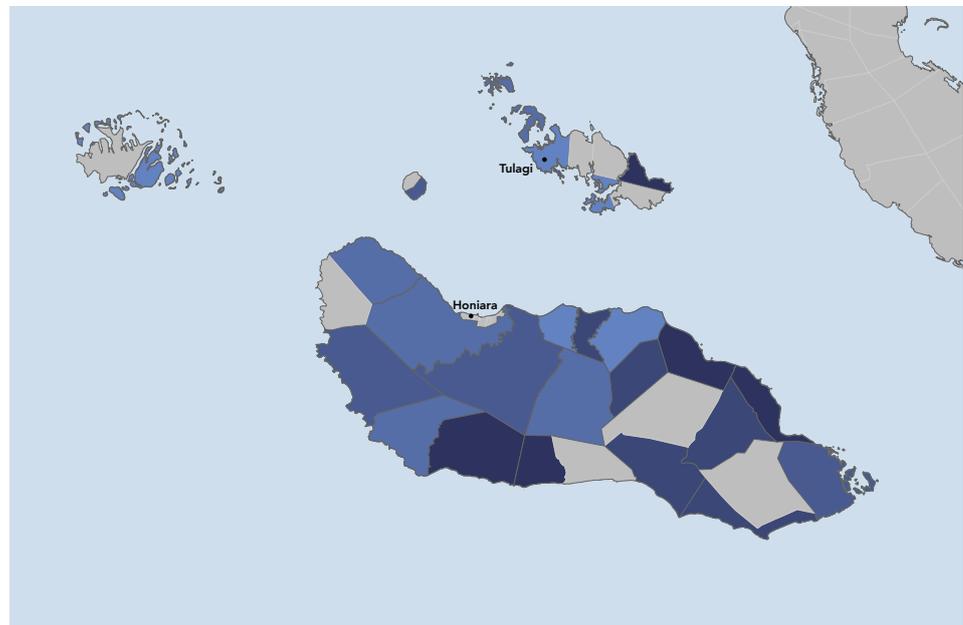


Figure 66. Mean work dimension scores by ward. Different colours separate aggregate ward-level results by quintiles; darker colours represent relatively more work deprivation. Grey shows wards where data was not collected.

3. In Focus

In Focus

Intersectional Inequality

Collecting data from individuals allows for multiple levels of disaggregation by respondent characteristics. Data can be explored by gender alone, as well as by gender and disability, or gender and ethnicity. This ability is vital, as different challenges are faced by men and women in different political, social, and environmental contexts, at different life stages and with different levels of ability.

UN Women chose to highlight this issue at its February 2020 conference *Counted and Visible: Global Conference on the Measurement of Gender Equality and Intersecting Inequalities*. Citing the call to action in the 2030 Agenda for Sustainable Development to reach the furthest behind first, UN Women urge an increased focus on the collection and analysis of “intersecting inequalities, i.e., that gender inequalities intersect with other inequalities, including those based on class, race-ethnicity and ability.”

From an analysis perspective, treating men and women as homogenous groups can mask inequalities within groups. As results presented throughout this report show, disaggregating beyond gender to also consider age revealed deprivations experienced differently by young men and young women, as well as young women and older women. Similarly, analysis by gender and province revealed variations hidden by disaggregating by either factor alone. Robust analysis of intersecting inequalities requires large sample sizes, as small cell sizes at the margins of intersections diminishes statistical power; that is, the power to detect a difference that exists in the population at a level that reaches statistical significance in the sample.

Yet, incorrect conclusions are likely to be drawn in the absence of analysis of intersecting inequalities. Consider education, a dimension in which older women tend to be severely deprived and young women much less deprived, sometimes less deprived than young men. If men’s deprivation remains consistent across age groups, comparing the average education of men and women of all age groups may lead to the conclusion that there is no gender difference in education. The inequality is revealed only when disaggregating by gender and by age.

In some cases, the intersection of two characteristics which are in themselves predictive of deprivation can lead to even greater deprivation when combined. An example of this was found in a theme within the education dimension relating to highest level of education attained. The graph below shows how educational attainment varied by gender, with 41 percent of women being most deprived, meaning they have no schooling or incomplete primary schooling. Conversely, a lower 23 percent of men were most deprived.

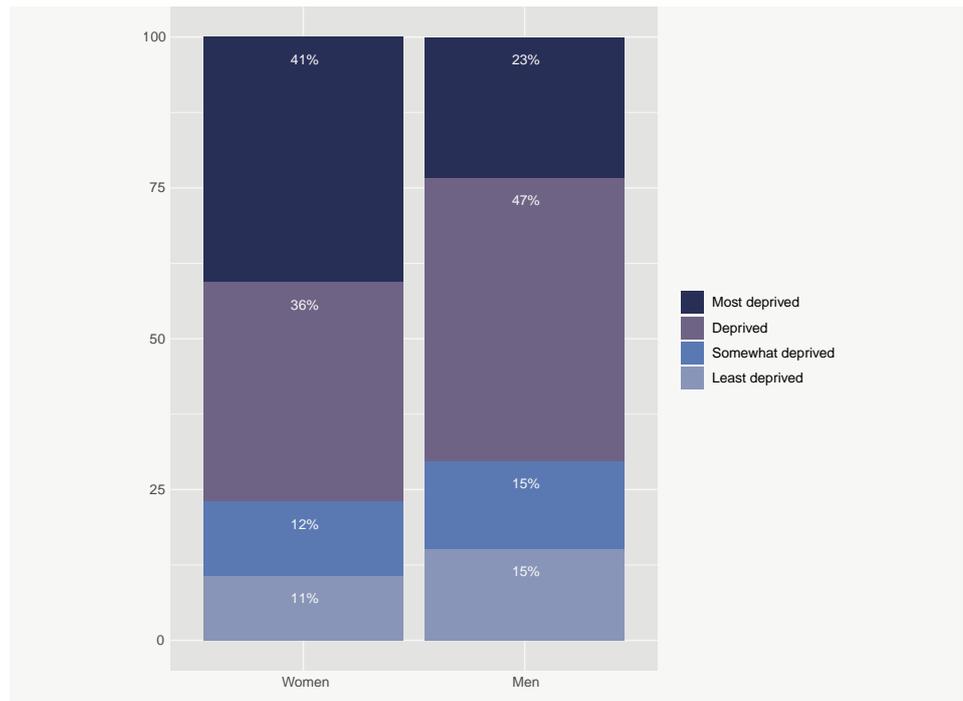


Figure 67. Percentage of men and women in each category of education deprivation

Education deprivation by gender

The figure above tells an interesting story about differences in educational achievement in the two sampled provinces in the Solomon Islands, in that generally, women are more deprived than men. This is, however, only part of the story. Not all women were equally deprived in education. If we add another characteristic to our analysis - age - we can see the gap between women and men increases at each age group.

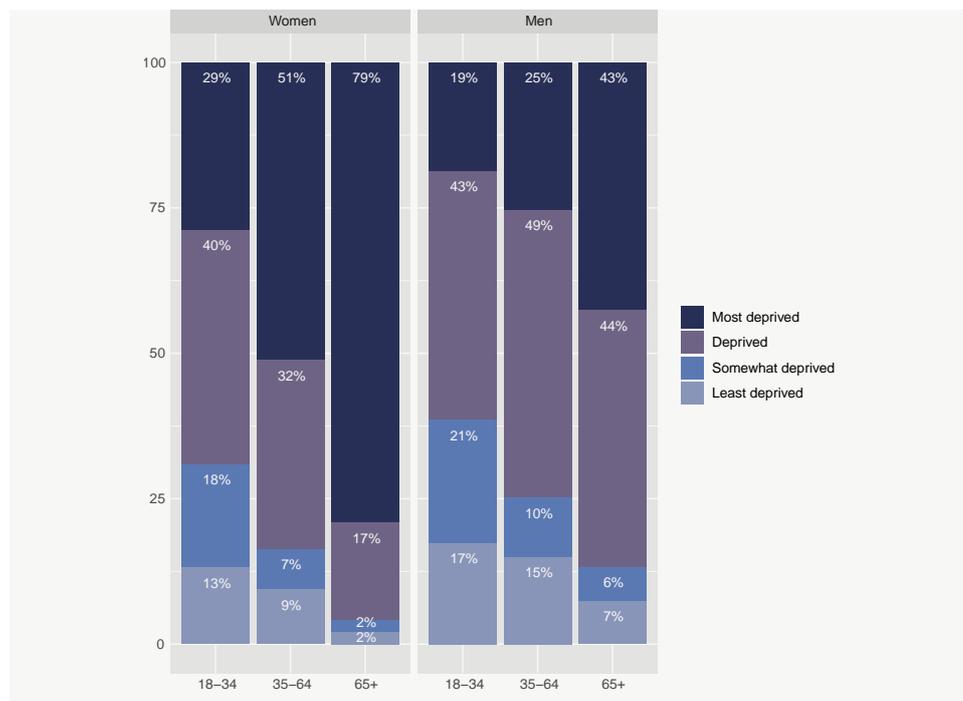


Figure 68. Percentage of men and women in each category of education deprivation by age group

Women had a significantly higher level of most deprived scores than men. Additionally, older people had higher levels of deprivation overall than younger people, demonstrating a strong effect of age. The fact that for women the most deprived category increased substantially with every increase in age category demonstrated that there was an interaction effect present in the data.

The intersection of being a woman and being older produced greater deprivation than either factor did alone. The difference between the youngest and oldest women belonging to the most deprived category was 50 percentage points; for men, it was 24 percentage points. The proportion of older men in the most deprived category was 43 percentage points lower than older women. Such findings provide a more nuanced understanding of the nature of education deprivation in the provinces. Such information then supports design and delivery of effective, targeted education policies, or programmes, that are grounded in equity.

A note on intersectionality and gender diversity:

Intersectional analysis should ideally include, among other markers, analysis by people of diverse sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). Collecting reliable data from such populations is often perceived as being technically challenging, and is often ethically fraught in contexts without protections for SOGIESC individuals, and where SOGIESC individuals face severe stigma if they openly identify as transgender or gender diverse in front of family or community members. While individual surveys are to be administered in private, a respondent's perception of the risk of being overheard during survey administration may affect data quality and is a challenge that should be overcome by researchers to ensure that surveys can be administered in locations where respondents are safe.

The survey allows for respondents to choose the gender they identified with (i.e. transgender women would be analysed as women and transgender men as men) and respondents could also choose an 'Other' option which allowed participants to identify as third gender. In this study, two participants identified as third gender.

Allowing research participants to choose their self-identified gender is one step towards SOGIESC-inclusive research practices. Beyond this, survey research aiming to draw meaningful conclusions about the poverty of SOGIESC individuals should be conducted in partnership with SOGIESC-focused organisations, with community members as project leaders, managers, and enumerators, as well as respondents. This approach builds in understanding of context and risk, supports respondent comfort and data quality, and visibly demonstrates inclusion.

For peer-led research on the social, economic, and legal circumstances of SOGIESC communities in Fiji, see DiVA for Equality.²²

²² Diverse Voices and Action (DiVA) for Equality, 2019, *Unjust, Unequal, Unstoppable: Fiji Lesbians, Bisexual Women, Transmen and Gender Nonconforming People tipping the scales toward justice*; available at <https://tinyurl.com/yyuc2ueg>

In Focus

Multiple Deprivations

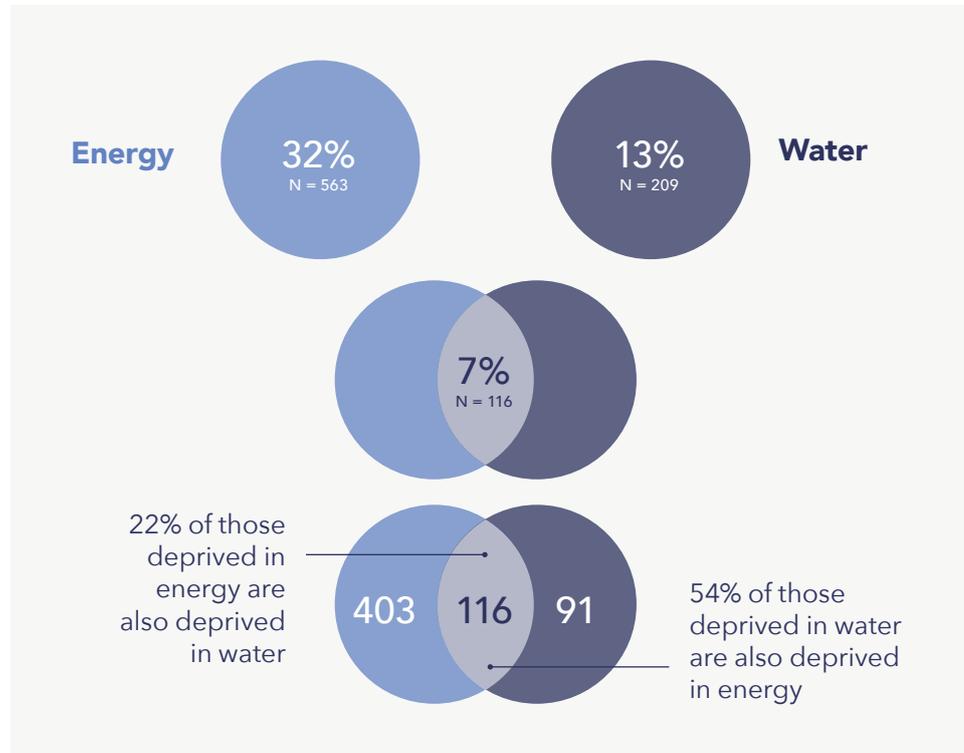


Figure 69. Illustration of joint deprivations in energy and water

It is important to understand how experienced deprivations in different dimensions may interact to create and deepen vulnerabilities to poverty. Thirteen percent of the people sampled were deprived or worse in water and 15 percent were deprived or worse in energy. But are the people deprived in water and those deprived in energy the same, or different, people?

Collecting data about many different dimensions of life from a single person allows us to see which deprivations tend to occur together and who is experiencing multiple deprivations.

When we grouped together the two lowest deprivation categories of the IDM (most deprived and deprived), we found that seven percent of all respondents were deprived or worse in both energy and water, and over half of those deprived in water were also deprived in energy.



Emerging challenge

Almost half (44%) of the population sampled in Sandfly-Buenavista Ward were deprived in both water and energy.

A closer look at those experiencing multiple deprivations

For the group of individuals experiencing deprivation in both water and energy, we found that geography is strongly associated with the likelihood of falling into this particularly vulnerable group.

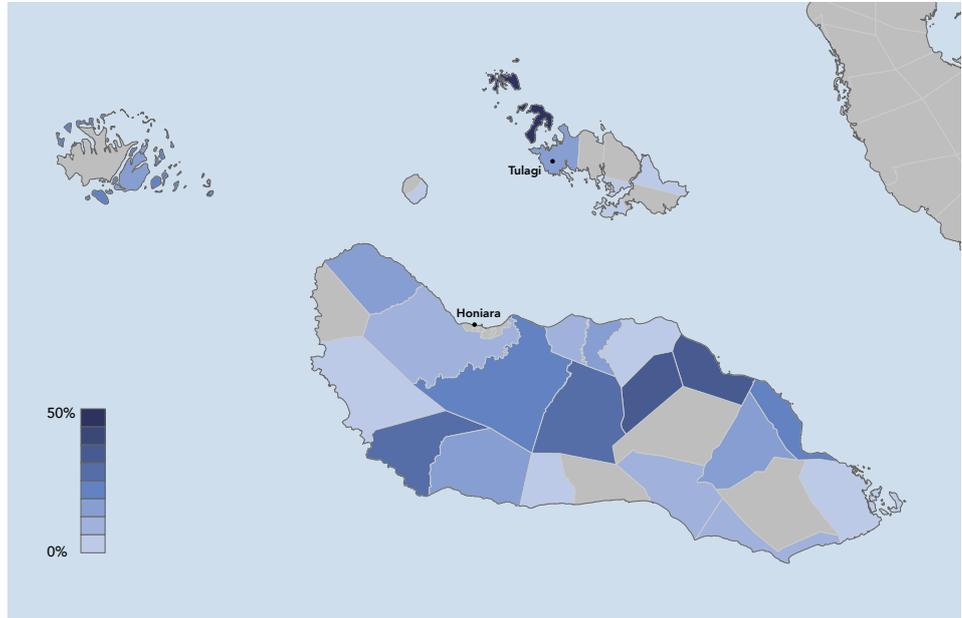


Figure 70. The percent of the sampled population experiencing deprivation in both water and energy by ward in Guadalcanal and Central Provinces.

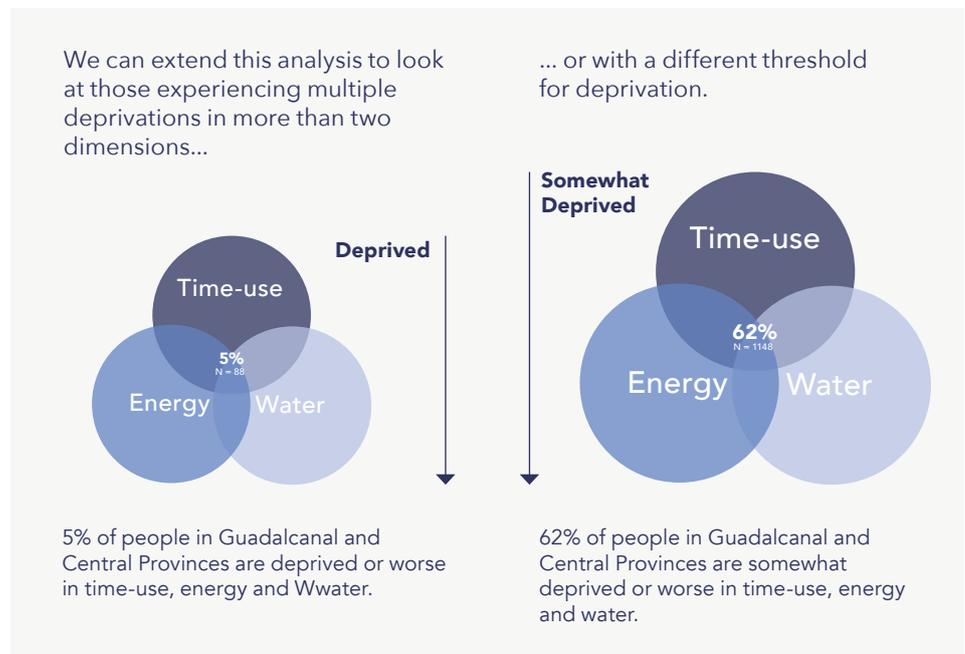


Figure 71. Illustration of joint deprivations in time-use, energy and water and different thresholds of deprivation categorisation

Using more sophisticated statistical analysis (Spearman’s Rank Correlation Coefficients), we can explore how closely correlated dimensions are without setting thresholds, allowing us to use all the available information.

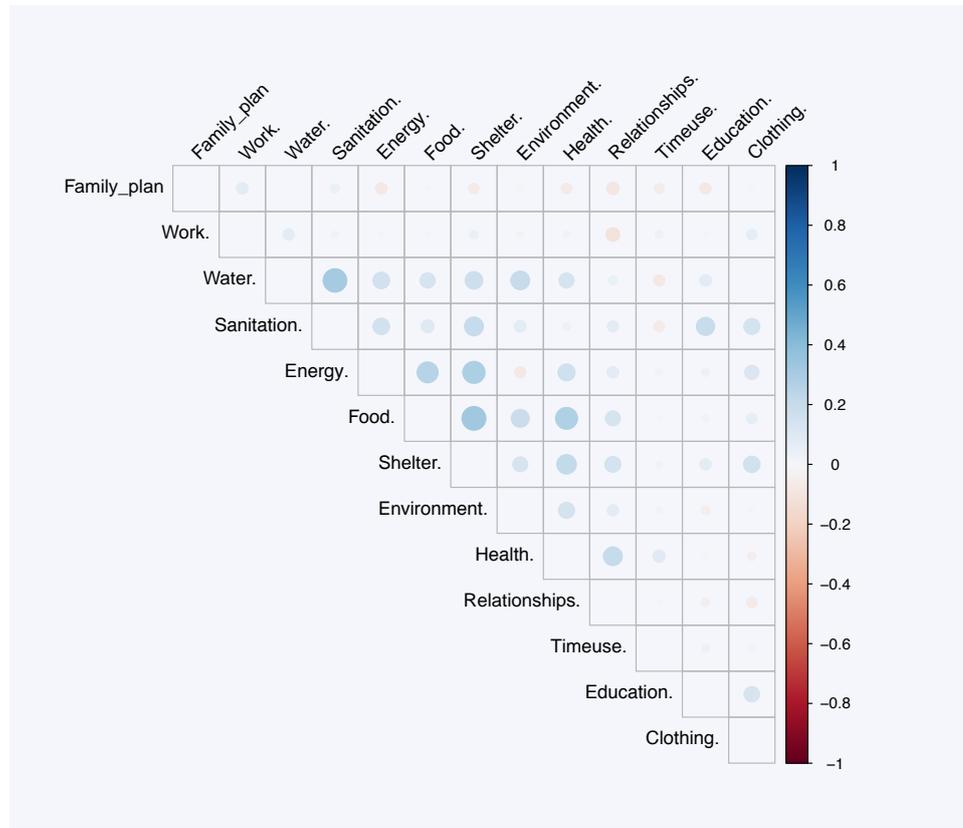


Figure 72. Spearman’s Rank Correlation Coefficients for 14 dimensions of life based on responses from people in Guadalcanal and Central Provinces, IDM Solomon Islands study (2020).

Along the diagonal (Figure 72), we see all dimensions are perfectly correlated with themselves, with the dominance of blue circles in the correlation matrix indicating most dimensions are positively correlated with each other.

Food is most closely correlated with shelter and health. This means people that experience deprivation in food also tend to experience deprivation in health and shelter.

Water is most closely correlated with sanitation and environment, meaning deprivation in these dimensions tend to go together.

Some dimensions are negatively correlated, although quite weakly. Relationships and work are negatively correlated, indicating that those experiencing higher deprivation in relationships tend to experience less deprivation in work.

In Focus

Inside the Household

The IDM methodology recognises that the circumstances of individuals inside the same household can vary. Asking all adults in a household to answer the IDM survey questions reveals differences in the dimensions measured by the IDM. This section provides two examples that demonstrate the importance of this approach; a case study of a man and woman in the same household, and a statistical measure of variation in dimension scores inside households.

Case study of a man and woman in the same household

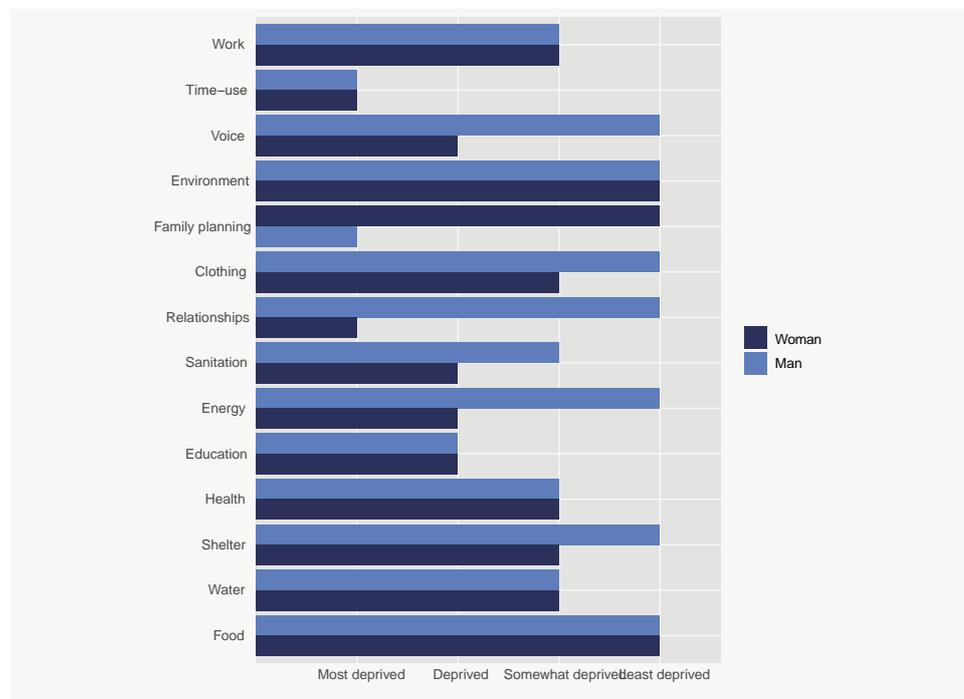


Figure 73. Real IDM dimension scores for a man and a woman living in the same household

One of the households that demonstrates how scores can vary internally is a household of five persons in Central, consisting of a middle-aged married man and woman and their three children under the age of 18 (who were not surveyed as they fell below the qualifying age for the IDM). The husband and wife show similar scores in some areas:

- Both experienced relatively little food insecurity.
- Neither have access to improved toilet facilities, and practice open toileting.
- Both have similarly high scores on health, and, while neither has accessed health services in the past 12 months, they both said that this is because they have not had any health problems.
- Both have similar levels of education deprivation. The man has some secondary school education, and the woman some primary education, with the woman’s higher functional literacy and numeracy balancing out their dimension score.

There are important differences:

- The man has a place to wash his hands with adequate water, and uses soap, whereas the woman doesn't have anywhere to wash her hands.
- The man works for pay, whereas the woman is too busy with domestic work to seek paid employment.
- There is a substantial difference in voice within the household. Both the man and woman independently said most decisions within the household were made solely by the man. Regarding personal autonomy, the man said there were no constraints on his autonomy, while the woman did not consent to be asked questions on her autonomy.
- Neither uses any form of contraception, however their justifications are different. The woman says she wouldn't mind having more children, so is least deprived, whereas the man says he would like one of them to be using contraception but they can't or don't due to side-effect or health concerns. In this instance, the man is most deprived.

Even though they live in the same household, the levels of deprivation the two face differ across a number of dimensions.

Table 1: Dimension correlations within households

Dimension	ICC estimate	Lower 95% CI	Upper 95% CI
Food	0.167	0.107	0.228
Water	0.530	0.483	0.575
Shelter	0.673	0.637	0.707
Health	0.088	0.027	0.149
Education	0.200	0.140	0.260
Energy	0.257	0.198	0.315
Sanitation	0.548	0.502	0.591
Relationships	0.066	0.005	0.128
Clothing	0.063	0.002	0.125
Family Planning	0.100	0.036	0.160
Environment	0.453	0.401	0.502
Voice	-0.027	-0.087	0.034
Time-use	0.174	0.113	0.235
Work	0.007	-0.053	0.070

Moving beyond the case study of one household, it is possible to examine variation inside households at the dimension level across the two provinces. Previous IDM research in Fiji demonstrated that collecting data from multiple individuals in a household reveals where there are high levels of variation within households by gender.²³

²³ McInerney, C. & Fisk, K., 2019. *Measuring Gender inequality within the household using the Individual Deprivation Measure in Fiji*. Working Paper. UNECE Conference of European Statisticians Work Session on Gender Statistics, Neuchatel, 15-17 May. https://www.unece.org/fileadmin/DAM/stats/documents/ece/ces/ge.30/2019/mtg1/WP24_Fisk_ENG.pdf

The statistics presented here are Intraclass Correlation Coefficients (ICCs). ICCs demonstrate how much data varies within compared to between classes. In the case of the IDM dimensions, the classes of interest are households.

The ICCs measure how similar scores are within households. Coefficients typically range between zero and one. An ICC of zero suggests scores within households vary as much as they do within the entire population. An ICC of one suggests everyone within a household shares the same scores, with variation still existing between households. Negative coefficients can be interpreted as a zero, indicating high variation within classes (i.e. households for the IDM).

Intraclass correlations across the fourteen dimension scores vary in strength, with some being relatively high (e.g. shelter), and others being close to zero (e.g. voice). Cases with a high ICC suggest the experience of deprivation is either somehow driven by factors shared by household (such as how crowded the dwelling is) or a result of household level measurement (e.g. dwelling condition). Where household level measurement was used in this survey, it was used to measure constructs that were not expected to vary much within households.

Low ICCs indicate dimension scores driven by differences within households. An individual's health status may be driven in part by household factors, but has far more influential individual-level drivers. For example, an 80-year-old person living with their child's family is likely to have a health status closer to that of a 80-year-old person in another household than to that of other members of their child's household. ICC scores are revealing about gender differences within households. For example, we might expect clothing to reflect the overall socio-economic position of a household. However, The ICC for clothing seems to indicate this is not the case when clothing needs are measured in a way that is gender-sensitive. This result is driven by the theme within the clothing dimension of sanitary product use, which has brought the ICC close to zero. It is not, overall, the case that some households menstruate and others do not. Age and gender is relatively heterogeneous within households, so need for sanitary products is as well. For a woman of reproductive age, her score in this theme will be much closer to those of other women of reproductive age in other households, than they will be to other persons in her household who are not women of reproductive age.

In some cases, a very low ICC may reflect zero-sum allocation of deprivation within households, often in a gendered manner. For example, looking at voice, if one member of the household gains primary decision-making power over all decisions within the household, the other household members' decision-making power will necessarily decrease. This is also true of work. The decision of one parent to work for pay or profit may mean another adult has to spend more time looking after their children, making it harder for the adult doing the unpaid care work to participate in paid work or income-generating activities.

Reflecting back to the introduction of this report, this case study highlights the flawed assumption that underpins widely used poverty measures - that the circumstances of a single individual in a household (typically the household head) is a suitable proxy for the circumstances of everyone in that household. It is also consistent with Kanbur's analysis that measuring at the level of the household results in very significant under-estimation of overall levels of poverty and inequality.²⁴

24 Kanbur, R., 2016. 2016. *Intra-Household Inequality and Overall Inequality*. Working Paper 2016-11. Charles H. Dyson School of Applied Economics and Management Cornell University, Ithaca, New York. <http://publications.dyson.cornell.edu/research/researchpdf/wp/2016/Cornell-Dyson-wp1611.pdf>

In Focus

Dimension Ranking Analysis

At the end of survey administration, respondents were given the opportunity to rank the IDM dimensions. Laminated cards were presented to respondents, displaying dimension names and simple illustrative icons for each of the dimension modules that they had just completed with enumerators. On nearby ground or a table, the respondents were asked to order the cards according to the relative importance of each dimension in their lives, starting with the most important dimension. If dimensions were equally important, they could rank several equally by placing the laminated cards side-by-side. In this analysis, the most frequently selected first ranked dimensions are presented, in order of how many participants selected the dimension as most important.

Table 1: Overall rankings

Respondent Rank, Solomon Islands	Dimension	Votes
1	Shelter	778
2	Water	494
3	Food	373
4	Education	355
5	Sanitation	250
6	Health	225
7	Work	218
8	Clothing	162
9	Time-use	142
10	Family planning	102
11	Energy	70
12	Environment	66
13	Relationships	55
14	Voice	41

While top-ranked dimensions suggested that respondents were placing the highest importance on their basic survival and safety needs, rankings beyond the first three suggest there were a range of considerations driving priorities. For example, despite demonstrated deprivations in energy and fuel use, especially in Central Province, other dimensions such as clothing and time-use were more likely to be ranked first by participants.

Table 2: Rankings by gender

Women			Men		
Rank	Dimension	Votes	Rank	Dimension	Votes
1	Shelter	450	1	Shelter	326
2	Water	315	2	Education	202
3	Food	235	3	Water	178
4	Sanitation	158	4	Food	137
5	Education	152	5	Health	120
6	Work	115	6	Work	103
7	Clothing	114	7	Sanitation	92
8	Health	105	8	Time-use	72
9	Time-use	70	9	Clothing	48
10	Family planning	56	10	Family planning	46
11	Energy	48	11	Environment	31
12	Environment	35	12	Voice	27
13	Relationships	30	13	Relationships	25
15	Voice	14	14	Energy	22

Some differences, in dimension ranking, are evident between men and women. Women were more likely, than men, to nominate multiple first priorities. This potentially reflects more priority concerns for women, or more roles and responsibilities - multi-tasking women combining paid work, unpaid work, or volunteering in communities - although potentially also a difference in the number of options women and men were willing to prioritise. It should be noted that ranking did not necessarily reflect gender differences in the distribution of deprivation by dimension. For example, women were more deprived than men in voice and health, but also ranked these two dimensions lower in importance, which could reflect an acknowledgment of their reality, or norms concerning expectations of women's voice in the public and private domain.

Table 3: Rankings by province

Central			Guadalcanal		
Rank	Dimension	Votes	Rank	Dimension	Votes
1	Shelter	209	1	Shelter	569
2	Water	118	2	Water	376
3	Food	108	3	Education	272
4	Education	83	4	Food	265
4	Work	83	5	Sanitation	210
6	Health	55	6	Health	170
7	Clothing	52	7	Work	135
8	Sanitation	40	8	Time-use	112
9	Family planning	35	9	Clothing	110
10	Time-use	30	10	Family planning	67
11	Environment	16	11	Energy	57
12	Relationships	15	12	Environment	50
13	Energy	13	13	Relationships	40
15	Voice	6	14	Voice	35

There were minor differences in the ranking of dimensions between provinces. Where there were differences, they were also not always reflective of underlying differences in deprivation. For example, one of the largest differences in deprivation between the provinces in dimension scores was in sanitation, with Central Province substantially more deprived. Yet, respondents in Guadalcanal prioritised sanitation more highly than women and men in Central Province. It is possible that the overall higher levels of deprivation in Central Province underlie the rankings, as subjective importance can reflect relative standards; possibly accounting for the difference between deprivation and priority. If expectations are low, or norms of adequate sanitation practices less salient, improvement in that domain may not be reflected in a subjective ranking exercise.

The dimension rankings overall, and by gender and location, illustrate a core concept associated with poverty measurement: in what ways are people poor, and in what ways do they feel poor? Future analysis will further unpack the priority ranking results to explore the differences between objective conditions and subjective perceptions.

4. Thematic Sections

Food security, gender and resilience in the Solomon Islands

Sustainable Development Goal 2 is to end hunger, achieve food security and improved nutrition, and promote sustainable agriculture. Alongside gender, multiple factors are associated with food insecurity, including age, disability, and location. Given the analysis of food deprivation presented earlier in the report, in this section we focus on novel additional findings: the association between food insecurity and mental health; and the association between food insecurity and other dimensions of poverty.²⁵

As severity of food insecurity increased, so did the frequency with which anxiety was experienced. Of the persons surveyed who reported never experiencing anxiety, 53 percent were in the least (food) deprived category, compared to nine percent of persons who experience anxiety daily.

For women who never experienced anxiety, 58 percent also experienced no food insecurity, compared to 50 percent of men. In isolation this could have been explained as an artefact of men experiencing more food insecurity. However, of the women who experienced daily anxiety, 75% were food insecure; while among the men who experienced daily anxiety, a lower 54% were food insecure.²⁶

The association between anxiety and food insecurity may reflect a broader relationship between mental health and poverty.



Gender spotlight

Food insecurity is strongly associated with anxiety, and this relationship is stronger for women than for men.

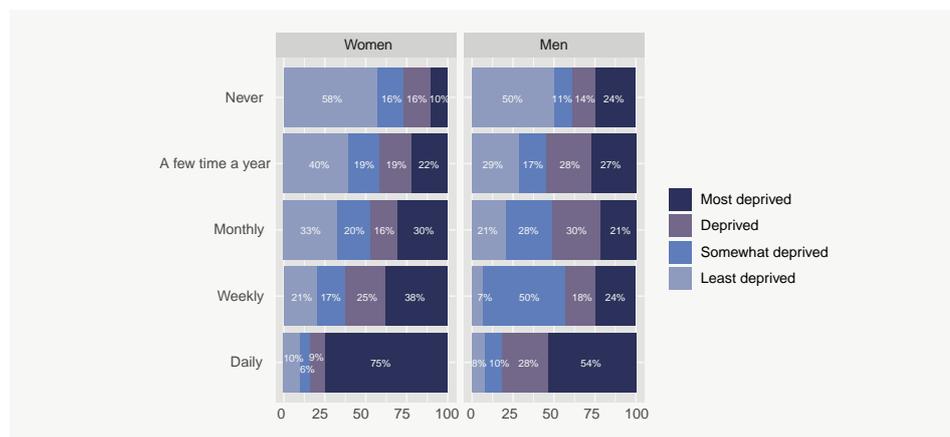


Figure 74. Percentage of men and women experiencing food deprivation within reported frequency of anxiety

²⁵ This analysis is based on a brief prepared by IWDA and WFP

²⁶ Small numbers of those experiencing daily anxiety render this a trend rather than a statistically significant difference

Food insecurity is associated with several dimensions of poverty

This brief has focussed on patterns of food insecurity by location, gender, age and disability. The relationships between food insecurity (as one dimension of poverty) and the other economic and social dimensions of the IDM were also explored.

In terms of physical health, the data indicated a relationship between having a short-term health problem and experiencing food insecurity, and this relationship was stronger for women than for men. Of people who experienced a short-term health problem in the previous month, 36 percent also experienced severe food deprivation, compared to 27 percent of the respondents who did not have a health problem. For women, this relationship was magnified: 36 percent of women who experienced a short-term health problem also experienced severe food insecurity compared to 24 percent of women without a health problem, whereas 35 percent of men with a health problem also experienced severe food insecurity.

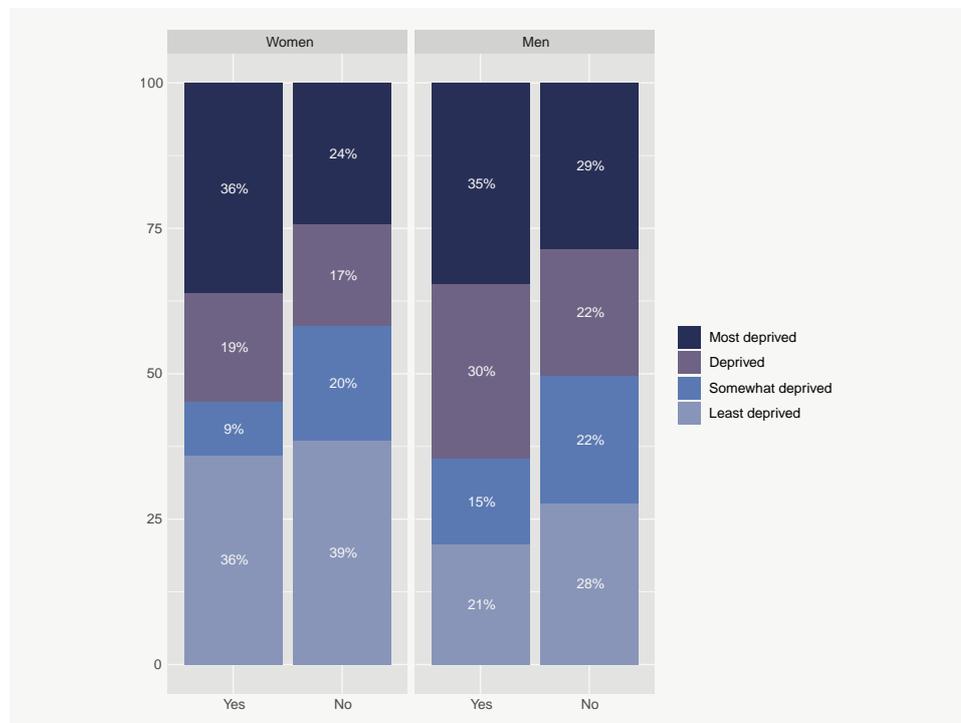


Figure 75. Percentage of men and women in each category of food deprivation who have also experienced an illness or injury in the last 4 weeks preventing them from doing usual daily activities

A relationship was also detected between the ability to express concerns at the community level and food insecurity. People with less voice in their community²⁷ also reported experiencing more severe food insecurity than people who felt comfortable expressing their views. For example, 33 percent of people surveyed who found it 'very difficult' to raise issues in their community experienced the most severe level of food insecurity, compared to only 19 percent of persons who found it 'very easy' to raise concerns in their communities.

²⁷ Measured by a question that asks respondents how easy or difficult it is to raise their concerns at the local community level.

A new quantitative measure has been developed by the United Nations World Food Programme (WFP, which also co-funded the present study) and Gallup Inc. “to illuminate the interconnectedness of dis/empowerment and food in/security”. The Gender Equality for Food Security (GE4FS) measure has demonstrated the importance of understanding the relationship between gender inequality and food insecurity.²⁸

The overlap between being deprived of voice in the community and food insecurity also varied by gender: 28 percent of women experienced severe food insecurity overall, but 32 percent of women most deprived in community voice also experienced severe food insecurity. Among men, 30 percent of men experienced severe food insecurity overall, but 39 percent of the men most deprived in voice also experienced severe food insecurity.

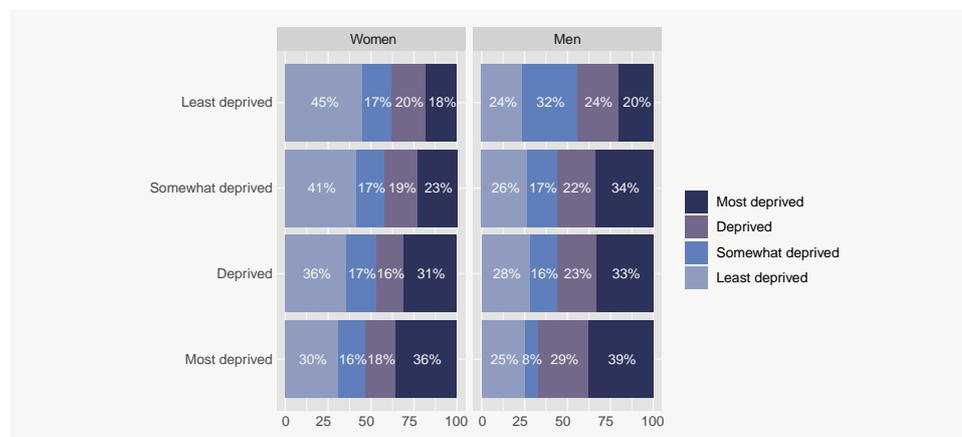


Figure 76. Percentage of men and women experiencing food deprivation within reported levels of public voice

Finally, data revealed a relationship between food security and resilience. Across the two provinces, the people who had experienced a major problem or shock²⁹ in the previous year were more likely to have experienced food insecurity than individuals who had not recorded such an event. The difference is particularly striking in Central Province, where 47 percent of the persons who experienced a major problem or shock also experienced the most severe food insecurity, compared to 32 percent of the people surveyed who did not have such an experience.

Women who had experienced a shock were more likely to also experience severe food insecurity (32%) than women who had not experienced a shock (23%). The difference was smaller for men, with 33 percent who had experienced a shock also experiencing severe food insecurity, compared to 27 percent of those who had not experienced a shock. 42 percent of women

²⁸ WFP Gender Office, 2020. *The Power of Gender Equality for Food Security: Closing another gender data gap with a new quantitative measure*. Rome: World Food Programme, p. 10. The GE4FS measure is a globally-applicable instrument that combines the Food Insecurity Experience Scale (FIES) with 18 questions exploring five dimensions of personal empowerment: decision-making ability, financial self-sufficiency, freedom from violence, reproductive freedom and unpaid labour. The GE4FS measure focuses at the individual level 'because gender and food - and the associated inequalities and insecurities - are two elements of the daily lives of all persons, and elements which are not captured by the prevailing household measures and population indices.' (p.11) The 2020 full and summary reports are available at <https://www.wfp.org/publications/power-gender-equality-food-security>

²⁹ Measured by the item "In the last 12 months have you experienced a major problem or shock that has had a bad effect on your life?"

who had not experienced a shock also experienced no food insecurity, compared to 33 percent of women who had experienced a shock. For men, this difference was even greater, with 32 percent of men who hadn't experienced a shock also experiencing no food insecurity. Only 19 percent of men who had experienced a shock experienced no food insecurity.

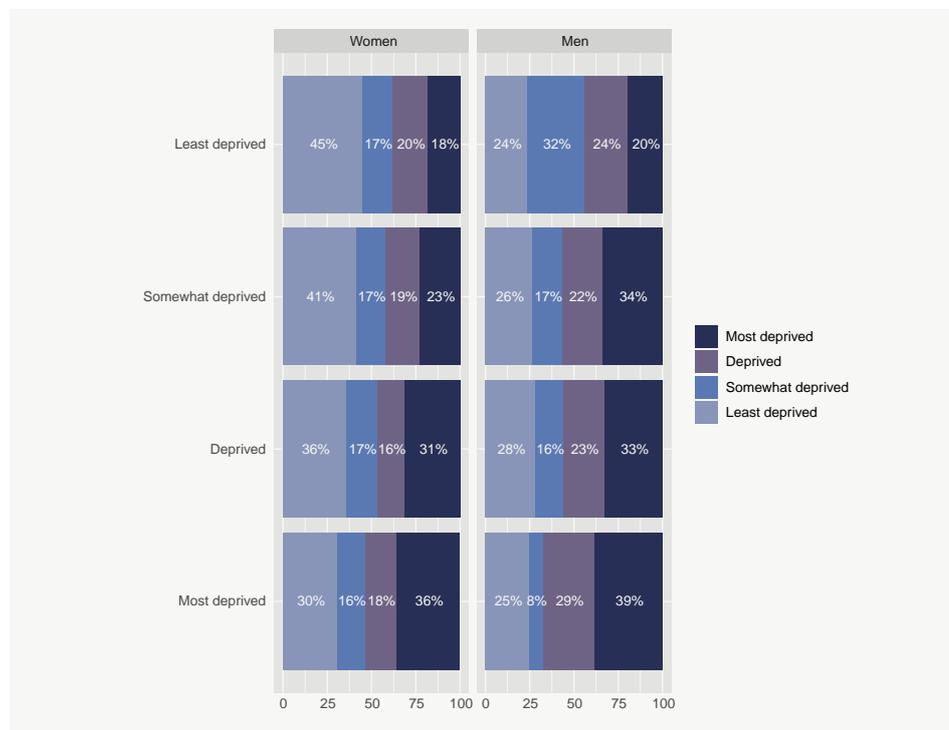


Figure 77. Percentage of men and women in each category of food deprivation who have also experienced a major problem or shock in the previous 12 months

Conclusions

Food security is vital for survival and resilience. The data presented in this section indicate that a range of factors were associated with the experience and severity of food insecurity – gender, location, health, and voice. This suggests that assessing food insecurity in isolation from other factors that shape people’s lives may result in insufficient attention to the multiple challenges and barriers faced by women and men experiencing food insecurity in the Solomon Islands.

The data reveal multiple overlapping factors associated with the experience of food insecurity. The relationships between the factors showed different patterns for women and men, providing initial evidence that the experience of food insecurity is shaped both by gender and by other aspects of people’s lives. Multidimensional data collected inside households begins to reveal these interwoven relationships, and cautions against considering food insecurity in isolation from women’s and men’s health, voice, relationships, and resilience.

Finally, climate change is increasing the frequency and severity of shocks experienced by people in the Solomon Islands. Data such as those presented in this section, which consider the particular situations of men and women, are vital for understanding the relationships between food security, gender and other dimensions of life that perpetuate poverty, and priorities for enhancing the capacities that are necessary for long-term resilience.

Gender and health: COVID-19 preparedness in two provinces

At the time of writing, the Solomon Islands was one of only twelve countries to have no confirmed COVID-19 cases.³⁰ IDM data show that men and women will have different abilities to prevent virus spread in Solomon Islands, such as handwashing, and maintaining access to information. Likewise, the impact of other preventative measures, such as quarantining at home, will also be gendered.

The IDM study provides potential baseline information for the situation of men and women in the two provinces, using data collected at the same time that the pandemic was spreading globally. The quick response of the Solomon Islands Government has prevented any cases to date. This section provides initial analysis important for predicting the impact of COVID-19 measures, highlighting important considerations for the implementation of public health policy more broadly. In doing so we demonstrate that understanding and predicting these impacts requires individual-level, multidimensional data.

1. It is a vital first step that public health announcements reach the most vulnerable persons in ways that they can readily understand. The low levels of literacy revealed through intersectional analysis (by gender and age) present a challenge in terms of modality of information in the Solomon Islands, with important implications for the modalities of communication. In the two provinces sampled, IDM data demonstrated that significantly more women than men had completed either no schooling, minimal schooling, or several years of schooling but were still unable to read or write, with older women the most likely to be illiterate. Further, while there are means of accessing public health information other than reading, including via assets such as televisions and radios, the data showed women were less likely than men to own or have access to these information and communication technology (ICT) assets. Public health information can also be communicated through community meetings. Yet, data from the voice module revealed that women, especially older women, were significantly less likely to have participated in any local decision-making process in the previous 12 months than men.

Even if COVID-19 cases remain at zero, gender gaps in literacy and access to information, and ICT mean specific efforts are required to ensure equitable access to public health information, especially at the intersection of gender, age, and location.

2. COVID-19 has overwhelmed health systems in countries with significant public health investment and modern medical infrastructure. People with pre-existing health conditions were at increased risk of contracting the virus. IDM

³⁰ <https://www.aljazeera.com/news/2020/04/countries-reported-coronavirus-cases-200412093314762.html> . The WHO website for the Western Pacific does not include current data for Solomon Islands. However other authoritative sources were reporting that there were no reported cases as at 1 June 2020 <https://www.imf.org/en/News/Articles/2020/06/01/pr20229-solomon-islands-imf-executive-board-approves-disbursement-to-address-the-covid-19-pandemic> .

data collected in the Solomon Islands revealed deprivation in both health status and health services in the two provinces sampled. For example, two-thirds of participants experienced health issues relating to exposure to smoke and fumes from cooking fuel, such as headaches, dizziness, or difficulty in breathing. Over one-quarter had experienced an injury or illness in the previous month that prevented them from doing daily activities, and over one-quarter had not accessed treatment. Nearly one-fifth of respondents had experienced an injury or illness with repercussions lasting more than six months. While there were only slight gender differences in these figures, more men had accessed a government hospital or health centre than women; and more men reported problems when interacting with the health system than women.

Even if COVID-19 cases remain at zero, significant investment is needed to strengthen Solomon Islands' health systems and ease reliance on overseas treatment for medical emergencies or complex illnesses.

3. Public health recommendations to prevent or minimise Covid-19 transmission include encouraging behaviour change in sanitation and hygiene practices. Despite the best intentions of individuals, these practices are not always feasible due to existing deprivations. For example, the data presented in this report demonstrate that women were significantly more deprived in sanitation than men, on indicators ranging from not having a place to wash their hands at home and lacking sufficient water for domestic needs, to having no toilet facilities at home, and having no private space to change during menstruation. High rates of open toileting in contexts without ready access to handwashing facilities remain a significant public health risk, especially when trying to avoid a highly contagious virus.

Even if COVID-19 cases remain at zero, women are disproportionately experiencing deprivations in basic sanitation, and have additional sanitation and hygiene requirements during menstruation, and in caring for small children, which require acknowledgement and accommodation.

4. Under preventative stay at home orders, increased demands are placed on the dwelling in which members of a household live. The data reported here highlight issues of poor quality structures, overcrowding inside households, and, for women, issues with availability of sufficient bedding and mats on which to sleep, making self-isolation difficult. Additionally, economic instability can lead to precarious tenure, and the women surveyed were more likely than men to already be worried about being evicted or losing tenure over their dwelling.

Even if COVID-19 cases remain at zero, investment in safe and secure shelter is needed, given that shelter was the most commonly cited priority for respondents in the two provinces surveyed for both men and women, and particularly given health vulnerabilities associated with inadequate shelter.

5. Vietnam announced in March 2020 that it would halt rice exports due to COVID-19, and Vietnam is the main supplier to the Solomon Islands' largest rice distributor, Solrais. Exports resumed again in April 2020, at a reduced level,³¹ affecting prices. This research uncovered severe food insecurity in the two provinces sampled, with the most frequently-cited type of food insecurity experienced as lack of food variety by men and women equally. Reduced rice supplies and increased prices could further reduce this variety, risking increased prevalence and severity of food insecurity. As younger men and older women, in this study, experienced the most severe food insecurity they are two groups who could be particularly at risk of worsening diet diversity.

Even if COVID-19 cases remain at zero, food security will still be impacted in Solomon Islands because of wider global trade impacts, including potential long-term supply chain interruptions.

6. The Solomon Islands Government's rapid response to COVID-19, including a State of Emergency (SoE), limits public demonstrations and centralises control over decision-making. With a consequent reduction in opportunities for civic engagement, women's already limited participation in community decision-making is reinforced. The data show that women were less likely to participate in local decision-making processes than men, because they believed that they could not influence the process and would not be taken seriously during the process. Women were also more likely than men to report that someone else had control over their ability to socialise or attend social events. Women are also profoundly under-represented in elected decision-making roles. Of the current 50 Members of the Solomon Islands' Parliament, only one is a woman. Across the nine provincial governments, only four women are elected assembly members. In this context, targeted measures are needed to ensure regular consultations with women, so that their needs, priorities and insights are heard. Ongoing engagement with women - particularly where there are informal networks - can also provide real-time monitoring of developments and priorities in response to the impacts of COVID-19.

Even if COVID-19 cases remain at zero, women will be further distanced from decision-making processes by measures that centralise decision-making during and after the SoE, unless specific steps are taken to hear from diverse women and support informed, inclusive provincial and national responses.

7. As the economy is disrupted and tourism affected by travel restrictions, people working in both the formal and informal economies will be impacted, with reduced incomes and increased unpaid labour and care work as people return to villages and draw on familial and wider social networks, with women impacted more so than men by these shifts. The data in this study illustrate that fewer women engage in paid work in general and, when they do, they tend to work in the informal sector, which accounts for around 80 percent of employment for women. The State of Emergency required all roadside street vendors to close, including some food markets; important sources of revenue for many households.³² While both men and women are involved in subsistence production, women are primarily responsible for selling produce in markets. Informal workers do not have access to labour-based social

31 <https://www.thestar.com.my/news/regional/2020/04/11/vietnam-to-resume-rice-exports>

32 <https://www.aljazeera.com/news/2020/04/countries-reported-coronavirus-cases-200412093314762.html>

protection measures. In this study, nearly three times as many men as women had access to some form of work-security in the form of paid annual or sick leave. Strategic investments are needed to stimulate the local economy, protect the livelihoods and incomes of groups vulnerable to the impacts of COVID-19 and promote economic pathways to empowerment for women in the Solomon Islands.

Even if COVID-19 cases remain at zero, the economic impacts will reverberate throughout the Solomon Islands for an extended period of time. Strategic investments in equitable economic stimulus measures and gender-responsive social protection are needed to mitigate and alleviate the impacts, particularly for the most at-risk individuals.

Gender-equitable responses

Around the world, COVID-19 – the pandemic itself, as well as the prevention and response measures – is revealing and amplifying existing inequalities. The consequences will affect different groups of people differently depending on their economic, political social, and environmental circumstances. Anticipating and managing the different impacts are critical to containing the negative impacts of COVID-19. Understanding who is experiencing what kind of deprivation is critical to assessing risk and vulnerability, and developing effective, targeted local and national action that meets people in their context. As this snapshot shows, IDM data collected in March and April 2020 provides unique insights into the ways in which COVID-19 is likely to affect women and men – similarly and differently. These data can support the Solomon Islands Government, civil society organisations, multilateral institutions and the private sector to respond to challenges in ways that take account of differences in risk, resilience, and power. IDM data also highlights the practical barriers that need to be addressed in order to adequately reach individuals, families, and communities and meet their circumstances. This initial analysis of gaps and priorities points to some clear opportunities for action.

Opportunities for action

Focus action in geographic areas and on populations that will be most affected by COVID-19.

Use established mechanisms, such as the Ministry of Women, Youth, Children and Family Affairs' Women's Council networks and women's provincial caucuses to inform national and provincial approaches.

Use the lived experiences and networks of women's organisations and other civil society organisations to ensure inclusive and participatory planning and implementation of COVID-19 responses, drawing on their knowledge of community strengths, challenges and priorities.

Integrate diversity into consultative processes and structures at all levels so that different voices and perspectives (i) inform decision-making, and (ii) responses address intersectional disadvantage and varied ability.

Draw on existing experiences of people in and returning to villages, to strengthen provincial and local consultation and implementation.

Prioritise action on known gender inequalities that can deliver long-term benefits; for example, increasing the availability of safe, quality and low-cost clean fuel and cook stoves.

Make services accessible, in a context of increased constraints on mobility, by taking them to places that particular groups continue to visit, such as markets.

Develop and deliver tailored public messages with diverse groups, attending to literacy, access to Information and Communication Technologies, and preferred communication modalities.

Take opportunities for public advocacy about the benefits to everyone of equitable sharing of unpaid care and domestic work by women and men, while more men are at home to share care.

Prioritise initiatives that reduce unpaid care and domestic work, including infrastructure to reduce time burdens (for example, accelerating water and energy infrastructure investments).

Subsidise water access to address the barriers women face to keeping themselves and those they care for safe and healthy.

Subsidise health services, including sexual and reproductive health services, during the pandemic, recognising that job-losses and reduced hours may further reduce the ability to purchase such services.

Prioritise safe public transport, which women rely on more than men for mobility and access to services, resources, food and water, and work.

Prioritise gender-responsive social protection measures, including unconditional cash-based transfers that recognise and address women's unequal unpaid work, lower rates of employment-related benefits and income.

Women's economic empowerment

'Economic empowerment' is comprised of two inter-related components: 1) economic advancement and 2) economic-related power and agency.³³ The IDM collects information relevant to assessing both components. Economic advancement can be measured by opportunities to engage in paid work, and asset ownership and control. Power and agency can be measured by voice in the household and public domain, in terms of influencing prioritisation and decision-making in relation to economic resources and activities. BTime use is also a factor in economic empowerment because insufficient time for economic activities is a barrier to women's economic advancement and limits income and wealth generation, including economic contributions to the household, which can further constrain voice within the household.

IDM dimensions on work, time-use and voice are particularly interconnected and can reveal important information regarding women's pathways to economic empowerment. This section explores the work, time-use, and voice dimensions along with data from an additional module administered at the individual level: asset ownership and control, to highlight the multidimensional nature of economic empowerment and resiliency for women and men.

Five research questions were generated to interrogate variables associated with women's pathways to economic empowerment using the available data.

1. How does asset ownership differ between men and women across different asset classes?
2. Is dwelling ownership related to more voice in the household for women and men?
3. Is voice in the household associated with voice in the public domain for men and women?
4. Is paid work associated with reductions in unpaid domestic and care responsibilities for men and women?
5. Is engaging in paid work associated with voice in either the household or public domain for men and women?

33 <http://pubdocs.worldbank.org/en/689691538764837080/GroW-Program-2017-12.pdf>

1. How does asset ownership differ between men and women across different asset classes?

The data from the assets module demonstrate the importance of individual-level measurement. Asked whether they owned the dwelling at which the interview took place, similar proportions of men (64%) and women (61%) responded affirmatively. Follow up questions revealed that only 25 percent of women owned the dwelling alone, compared to 74 percent of men. These proportions were reversed for shared ownership (26% of men said they owned with others, compared to 75% of women); suggesting that men viewed shared ownership as their sole ownership, or that women viewed men's sole ownership as shared property. This pattern was replicated for the land on which the dwelling sat, although shared land ownership was more common for both men and women than shared dwelling ownership.

Assets relevant to land and housing ownership - percent ownership by men and women

Dwelling	Own	Men	64	Same
		Women	61	
	Owned alone	Men	74	Big gap
		Women	25	
	Owned with others	Men	26	
		Women	75	
Land	Own	Men	42	gender gap
		Women	35	
	Owned alone	Men	28	bigger gap
		Women	12	
	Owned with others	Men	72	
		Women	88	

Further analysis of the assets module revealed findings relevant to gendered inequity in asset ownership, access, and control. Men were more likely to solely own assets tied to productive activities, such as small livestock, fish, and poultry. Although ownership rates were low overall, men were more likely to own transport-related assets, which has implications for time-use, along with being high value wealth-related assets. Although, again, overall ownership rates were low, men were more likely to own assets relevant to participating in business activities, such as a mobile phone, computer, internet connection, and general business equipment. Men were also more likely to own a radio, an important asset for accessing information. The only asset owned by more women than men was a sewing machine.

Assets relevant to production - percent ownership by men and women

Large livestock	Own	Men	0
		Women	0
Small livestock	Own by myself	Men	29
		Women	15
	Own with others	Men	8
		Women	17
Fish/poultry	Own by myself	Men	9
		Women	4
	Own with others	Men	4
		Women	6

Assets relevant to transport and mobility - percent ownership by men and women

Bicycle	Own by myself	Men	6
		Women	1
	Own with others	Men	0
		Women	1
Motorbike	Own at all	Men	0
		Women	0
Car, van, or bus	Own by myself	Men	5
		Women	1
	Own with others	Men	1
		Women	2
Boat with no motor	Own by myself	Men	12
		Women	4
	Own with others	Men	2
		Women	6
Boat with motor	Own by myself	Men	7
		Women	2
	Own with others	Men	3
		Women	3

Assets relevant to participation in economic activities - percent ownership by men and women

Cellphone	Own by myself	Men	54
		Women	38
	Own with others	Men	1
		Women	3
Business equipment	Own by myself	Men	8
		Women	3
	Own with others	Men	2
		Women	3
Computer	Own by myself	Men	7
		Women	5
	Own with others	Men	1
		Women	3
Internet connection	Own by myself	Men	2
		Women	0
	Own with others	Men	0
		Women	0

Assets relevant to awareness of information - percent ownership by men and women

Television	Own by myself	Men	3
		Women	2
	Own with others	Men	0
		Women	3
Radio	Own by myself	Men	18
		Women	6
	Own with others	Men	2
		Women	5

Asset relevant to domestic or business use - percent ownership by men and women

Sewing machine	Own by myself	Men	6
		Women	10
	Own with others	Men	3
		Women	2

2. Is dwelling ownership related to more voice in the household for women and men?

Initial evidence suggests that the relationship between dwelling ownership and bargaining power in the household is stronger for women than for men; that is, owning a dwelling is more significant for women, in terms of the power, than it is for men. The figures below present the percentage of men and women with various types of dwelling ownership (by self, with others, or don't own), crossed with the extent to which they are responsible for household financial decisions (their own decision, their partner's decision, a coordinated decision, other household member's decision).

Dwelling ownership was associated with increased household financial decision-making power for both men and women – but especially for women. Forty-two percent of women who owned the dwelling by themselves also primarily made decisions about household finances, compared to 22.7 percent of women who owned the dwelling with others and 20.7 percent of women who did not own the dwelling. Women who owned the dwelling with others reported more coordinated decision making. The effect of dwelling ownership was not as pronounced for men. Of the men who owned their dwelling, 43.5 percent said they primarily made household finance decisions, compared to 28.1 percent who shared ownership and 32.3 percent of those who did not own the dwelling in which they lived.

Roughly equal proportions of women reported their partner primarily making decisions about household finances, regardless of their dwelling ownership status – 23.6 percent of those who owned the dwelling by themselves, 25.5 percent of those who owned with others, and 23.8 percent of those who did not own. Twenty-two percent of men with sole ownership reported their partner making decisions, compared to 13.7 percent of men who owned the dwelling with others.

Based on this data, for women, land or dwelling ownership is related to increased voice within the household, particularly when a woman is the sole owner of the dwelling.

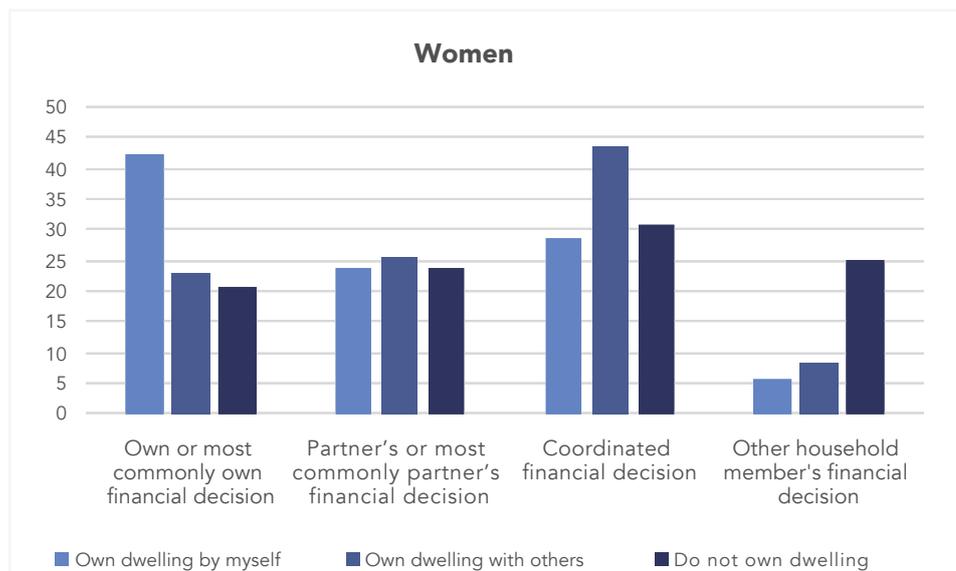


Figure 78. Percent of women who make household financial decisions by dwelling ownership status

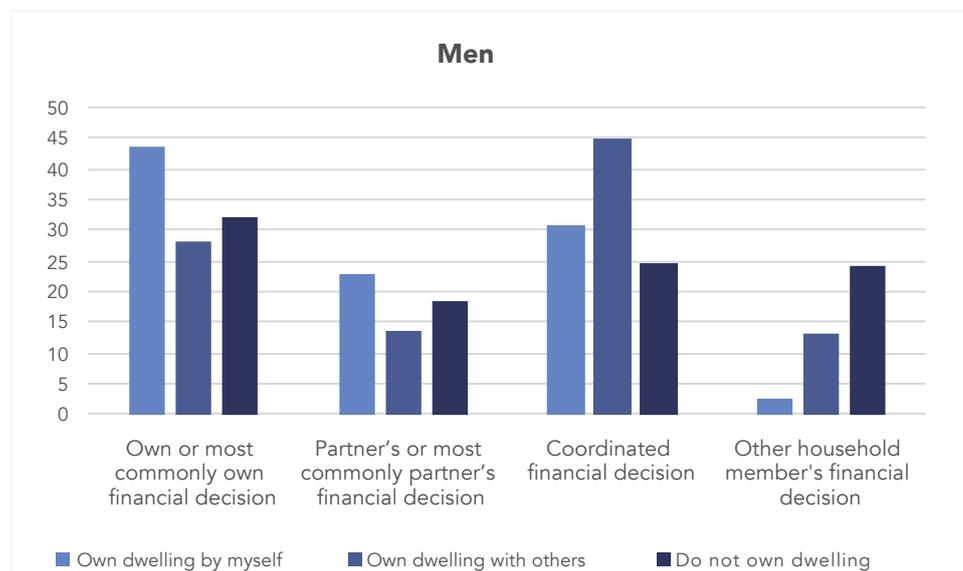


Figure 79. Percent of men who make household financial decisions by dwelling ownership status

3. Is voice in the household associated with voice in the public domain for men and women?

Level of control over household financial decisions was crossed with having participated in a local decision-making process.³⁴ Figures 80 and 81 represent the percentage of men or women with different levels of financial decision-making power within their household, among those who participated in a local decision (e.g., 44.8% of women who participated in a local decision-making process also primarily made household financial decisions). Regardless of financial decision-making status within the household, however, women more

³⁴ The specific decision-making process was not specified; respondents were asked whether they had 'participated in a local decision-making process in the previous 12 months'

commonly reported not participating in local decision-making processes than did men. For men, financial decision-making status did not have a significant impact on participation in local decision-making, except for where the financial decision-making was reported to be with other household members.³⁵

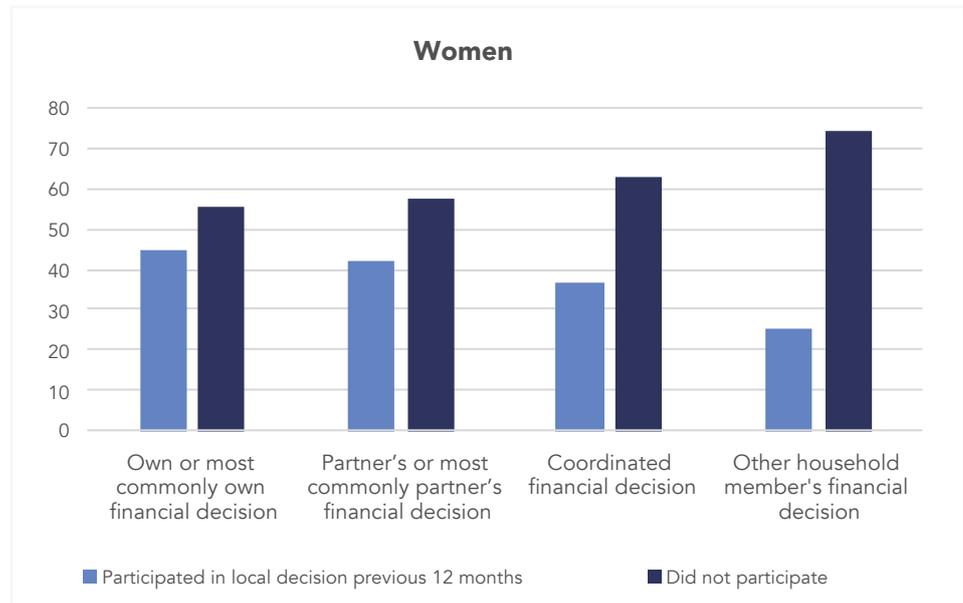


Figure 80. Percentage of women with different levels of financial decision-making power in their household, among those who participated in a local decision-making process

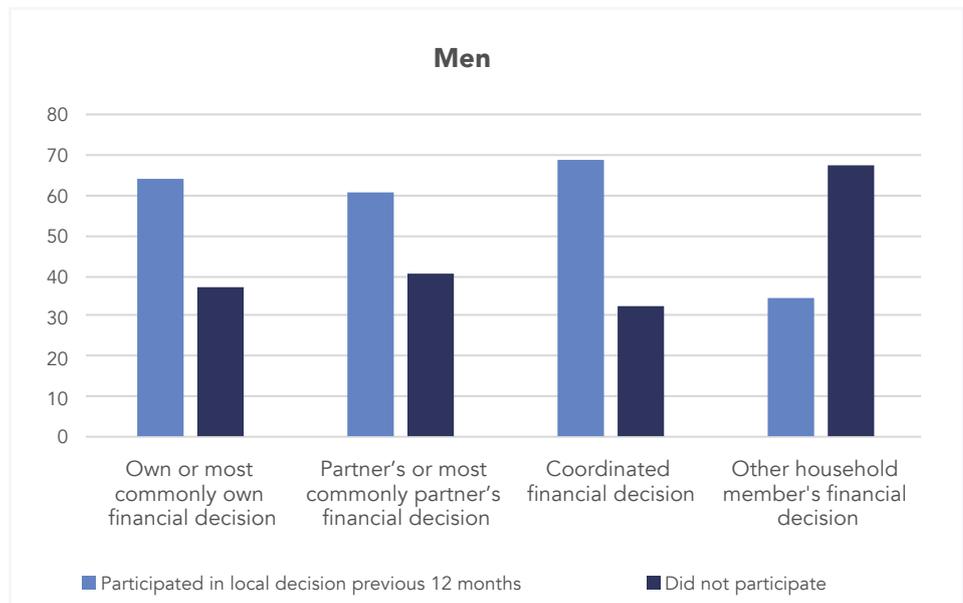


Figure 81. Percentage of men with different levels of financial decision-making power in their household, among those who participated in a local decision-making process

35 This may have been younger respondents referring to parents or older relatives.

4. Is paid work for men and women associated with changes in time spent on unpaid domestic and care responsibilities?

From the time-use dimension, time spent on unpaid work and care were summed.³⁶ Overall, women spent more time on unpaid work and care than men, regardless of paid work status. Women who had not performed paid work in the previous seven days spent on average 38 more minutes on unpaid/ care work the previous day than did women who had done paid work. By contrast, men who did no paid work spent six more minutes on unpaid care/ work, relative to the men who were engaged in paid work. These findings suggest that the relationship between work and time-use is more significant for women than for men, especially with regards to time spent on unpaid and care work.

Gender	Paid work status	Mean hours of unpaid work and care
Women	Paid work	4 hours 31 minutes
	No paid work	5 hours 9 minutes
Men	Paid work	2 hours 42 minutes
	No paid work	2 hours 48 minutes

5. Is engaging in paid work associated with voice in either the household or public domain for men and women?

An interesting gender pattern was observed at the intersection of having performed paid work in the previous seven days and the perceived ease of raising concerns with local leaders, organisations or influential people. There was a large impact of paid work on perceived ease of raising concerns for men. Men who had engaged in paid work were significantly more likely to say raising concerns at the local level was very easy, relative to men not in paid work.

For women, having engaged in paid work did not make it more likely that they perceived raising concerns with local leaders as very easy. Overall, women in paid work were more likely to say that raising issues in public was very 'difficult' than 'very easy'. Women who did not engage in paid work were more likely to have said raising concerns was very difficult, relative to their paid work counterparts. This finding implicates other factors (beyond working outside of the home), such as discriminatory gender norms, on women's perceived ability to raise concerns with local decision-makers.

³⁶ The sample was disaggregated by gender, then the mean hours spent on unpaid work and care was calculated for men who did paid work compared to those who did not, and women who did paid work compared to those who did not.

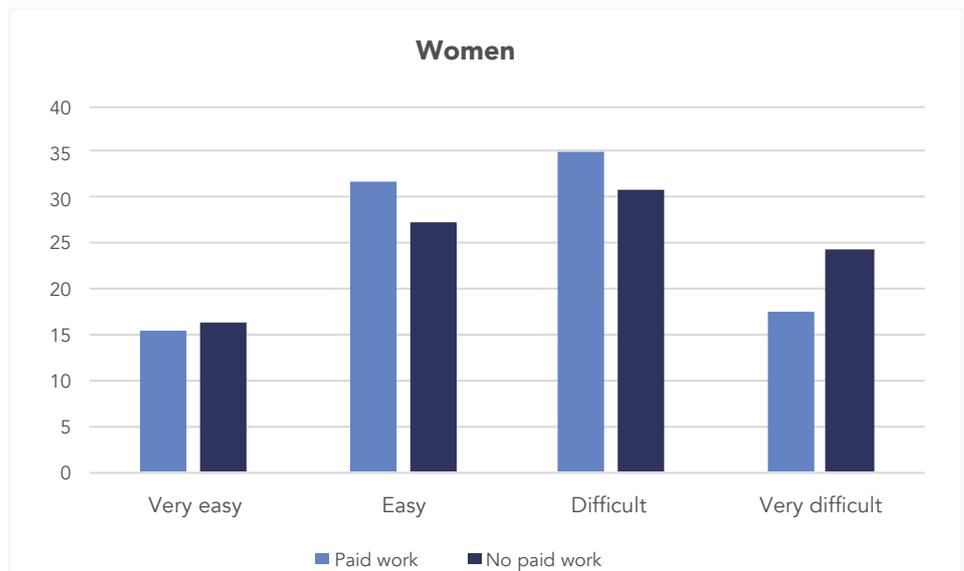


Figure 82. Percent of women who rated ease of decision-making, within each category of paid work

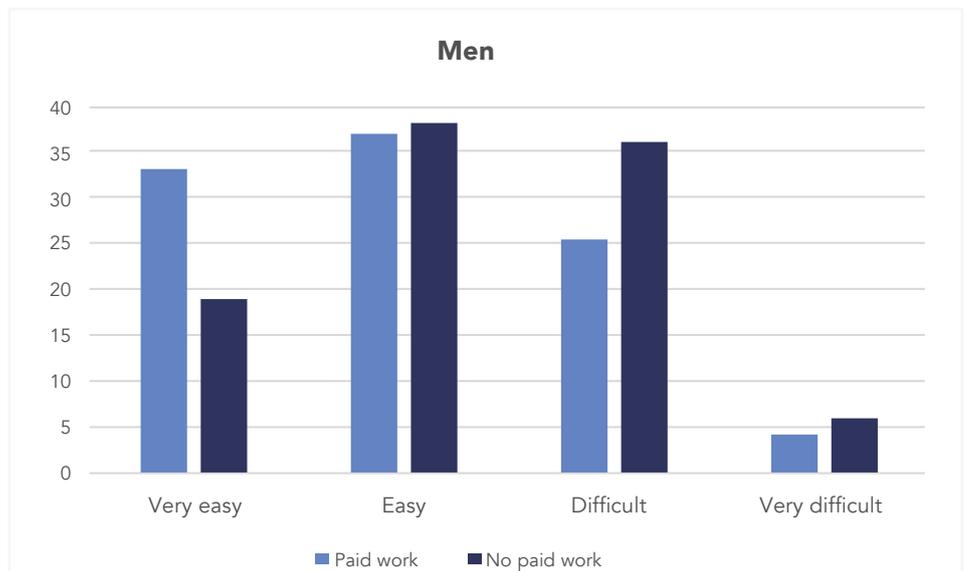


Figure 83. Percent of men who rated ease of decision-making, within each category of paid work

For voice inside the household, measured by extent of decision-making power over household financial decisions, there was an impact of paid work on women’s control over financial decisions, as there was for men. Among women, a higher percentage of women who did not engage in paid work reported financial decisions being their partner’s decision, compared to women who did paid work. For men, paid work was also associated with increased financial decision-making; but there was little impact of paid work on rates of partners making decisions. Among men, no paid work was associated with higher reporting of coordinated decisions. Both men and women with no paid work reported similar levels of other household member’s decision-making, potentially representing younger household members who live with their parents or older relatives.

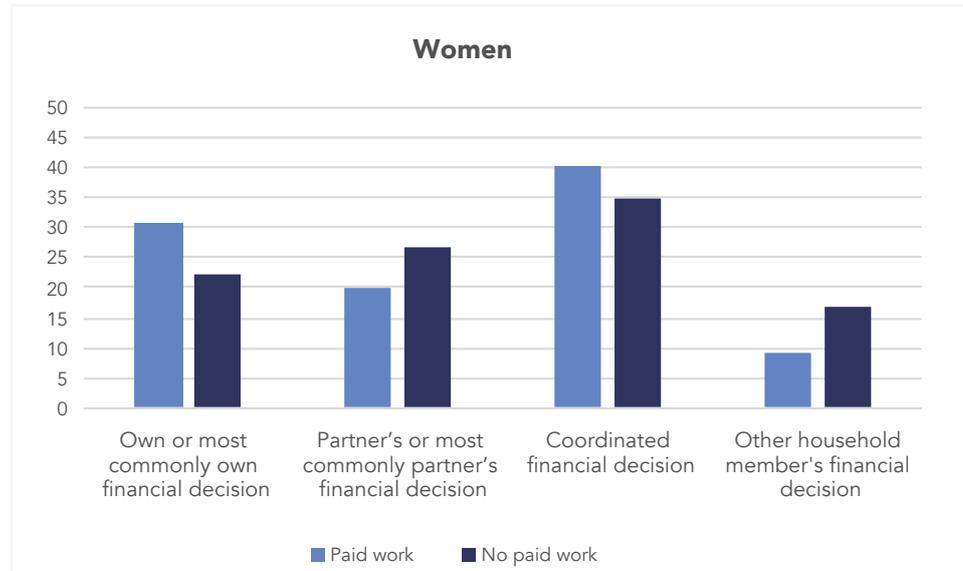


Figure 84. Percent of women who indicated extent of decision-making within each category of paid work

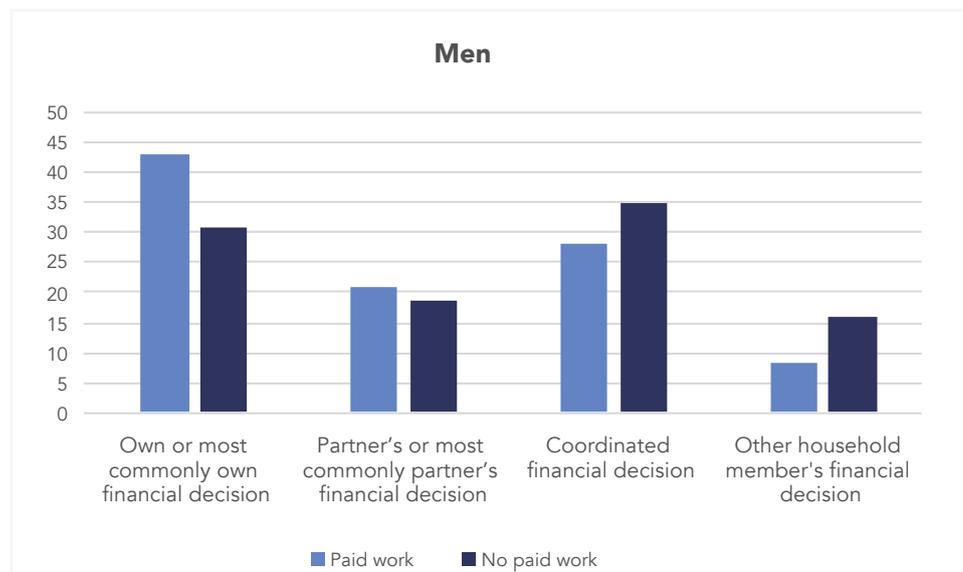


Figure 85. Percent of men who indicated extent of decision-making within each category of paid work

The data point to a set of interactions that is significant but affects men and women differently. While dwelling ownership was associated with higher levels of women's financial decision-making power within the household, women's decision-making status inside the household was not as strongly associated with voice in the community compared to men. While engaging in paid work was associated with reduced time spent on unpaid domestic and care responsibilities for women, as well as elevated household-level financial decision-making, household voice was not as strongly associated with perceived ability to raise concerns in the community for women as it was for men.

This data demonstrates a complex relationship between household-level voice in the economic realm, and agency and perceived voice and influence at the community level. Advancements in women's paid employment does not necessarily impact women's engagement in other realms of the public domain. Discriminatory gender norms are evident where men's paid work status did not change the amount of unpaid domestic or care work that they undertook, while participating in paid work improved their ease of participating in the community decision-making. Without shifts to underlying gender norms, improvements in pathways to women's economic empowerment, and the equitable sharing and control of economic resources (including labour), will not transpire.



Violence is an important concept in understanding barriers to women's economic advancement, voice and agency. Previous research in the Solomon Islands has underlined the interconnectedness of experiences of violence and barriers to empowerment³⁷ as well as potential risks of violence to women from women's economic empowerment programs such as where cash-based transfers are an assistance modality.³⁸ The 15 dimensions of the IDM include a module on violence, which was not administered in the Solomon Islands study due to some known limitations. The IDM's sampling method, interviewing all adult members in a household, poses particular challenges for collecting data about violence. In two earlier IDM studies,³⁹ follow up qualitative work investigated the consequences of measuring violence with all household members. No negative outcomes were reported as a direct result of having administered the module. The IDM data on violence collected to date that did not ask for information on location of violence or perpetrator affected the value of the data for understanding gendered violence. Gender differences in location and perpetrator means that violence experienced by women is typically in the home at the hands of a partner and violence experienced by men is typically outside the home, in public places, at the hands of other men. Given this, and risks associated with asking about personal experience of violence from multiple adults in the same household, an alternative approach will be developed.

The IDM also includes questions about safety and security threats associated with activities such as collecting fuel and water, walking around the neighbourhood at night, and being at home alone. Such data are used in this report to highlight where security threats were faced by both men and women while collecting resources and subjective feelings of safety while walking at night or being alone at home. These are important aspects of deprivation but should not be considered replacements for measuring the gendered impacts of violence as a dimension of poverty.

37 <https://strongimbisnis.com.sb/resources/women-s-economic-empowerment/12-gender-norms-and-economic-opportunity-2018/file.html>

38 <https://pacificwomen.org/research/no-harm-research-report-solomon-islands/>

39 Indonesia and the Republic of South Africa

5. Conclusions

Conclusions

This report presents initial findings and analyses relevant to a broad range of stakeholders. As a snapshot report, what is presented is a picture of indicative trends in deprivation at the individual level.⁴⁰ The report provides evidence that measuring poverty at the individual level, interviewing all adults in a sampled household, and gathering data across a broad range of economic, social and environmental factors, allows detailed analysis of the risks and vulnerabilities faced by different population groups in Central and Guadalcanal Provinces.

Findings presented in the report demonstrate that collecting relevant, nuanced data about the lives of diverse women and men is essential. The costs of not investing in data about the lives of individuals are significant; both in terms of policy and program efficiency, equity, and effectiveness, and in terms of delays to achieving shared commitments and realising rights.

The Insights on dimensions sections, focussing on each of the 14 dimensions of the IDM administered in the Solomon Islands, make visible the current situation for men and women in Central and Guadalcanal in ways not possible through household measurement. For example, the findings from the water dimension that show that gendered domestic roles and responsibilities impact water deprivation for women, despite households sharing a common water source. Another example is the findings from the voice dimension, which reveal that women's voice inside and outside the household is constrained by barriers related to gender norms, in ways that impact women's ability to participate in decision-making at multiple levels. Seeing how factors such as gender act to influence the experience of an individual can be a powerful motivator, and justification, to redress glaring inequities. Knowing where to focus and who to target to redress such inequities can mean the difference between success and failure in sustainable development for everyone.

The In Focus sections of the report provided information on intersectional inequalities, joint deprivations, within-household analysis and respondent dimension preferences. These sections demonstrate initial examples of how individual-level data from all adults in a household enables critical insights for poverty alleviation. The report showed how some individuals experience multiple deprivations, simultaneously, reporting on the overlapping deprivations in energy, water and time-use and the extent to which dimensions are correlated with each other.

Other analyses in the In Focus section showed the extent to which deprivations tended to be shared by household members (shelter), or experienced differently (work). Ranking analysis examined priorities for respondents, revealing that men and women share some (shelter), but not all (education, sanitation) priorities, as well as indicating that respondent priorities do not necessarily correspond to level of deprivation. The importance of

⁴⁰ Further publications will provide findings subjected to additional statistical tests, and which represent with statistical confidence real differences in the population.

intersectional insights and multidimensional measurement was revealed by analysis showing that not only do men and women differ in education deprivation by age group, but that this pattern differs between the education indicators of attainment and functional literacy. These findings suggest that using years of schooling as a proxy for literacy will lead to underestimates of literacy and numeracy in a way that is systematically biased by gender and age cohort and to the detriment of persons with low levels of literacy and numeracy.

The three, thematic briefs provided examples of the targeted analysis that is made possible with individual, multidimensional data. We did not set out to provide analyses of COVID-19 preparedness, or pathways to women's economic empowerment, but the richness of the IDM data has enabled such thematic exploration in response to identified priorities of stakeholders.

As we have shown, individual-level data plays an important role in support of the mandates of the Government of the Solomon Islands, Solomon Islands civil society actors, and bi- and multi-lateral entities to understand the different deprivations experienced by different populations in the two provinces. This report provides a window to the abundance of insights that the IDM can provide. We offer these initial findings to inspire readers to ask questions about deprivation and inequality, consider what insights they would most like to explore, and what hypotheses they would most like to test in the data. Future outputs will include all statistics required for stakeholders to meaningfully engage with evidence across a wide range of sectors.

The report provides crucial evidence in support of the idea that poverty is not just monetary and that it is not experienced by all members of a household equally. Future analyses will explicitly unpack the relationship between wealth estimated by household-level asset information and deprivation revealed by individual measurement.

As noted in the introduction, accurate, reliable, and nuanced data about the lives of individuals, in all their diversity, is essential for effectively, equitably and efficiently addressing poverty and inequalities. We hope this report has shown the strength of insights that look inside the 'black box' of the household, between genders and across economic, social and environmental categories. We hope these strengths can be leveraged to encourage effective, equitable and empowering approaches to tackling inequalities and poverties that explicitly address the different challenges experienced by men and women who may share a dwelling but do not share life circumstances.



