

# Why individual-level data matters for understanding the gender implications of COVID-19



## Insights from Individual Deprivation Measure data in Fiji

14 May 2020

**Evidence of the gendered impacts of COVID-19 is emerging rapidly. The pandemic is revealing and amplifying existing inequalities, and the associated impacts on the lives of women and girls.** Recently a group of Ministers representing 59 countries, including Australia's Foreign Minister, the Hon. Marise Payne, and Fiji's Minister for Women, Children and Poverty Alleviation, the Hon. Mereseini Vuniwaqa, highlighted that 'the pandemic makes existing inequalities for women and girls, as well as discrimination of other marginalised groups such as persons with disabilities and those in extreme poverty worse and risks impeding the realisation of human rights for women and girls.'<sup>1</sup> Minister Payne emphasised that in formulating responses to crisis, 'the guiding question always should be: are women and men affected differently by this issue, and, if so, how can we achieve fairer outcomes?'<sup>2</sup> However, the ability to anticipate how the pandemic will affect individuals and develop informed, rapid policy and budgetary responses is currently constrained by significant gender data gaps. One important gap relates to poverty data. Deprivation increases the risk of poor health outcomes, and this is so with COVID-19. Recent data from England shows the most deprived areas had twice the rate of deaths involving COVID-19 than the most affluent areas.<sup>3</sup> Understanding who is experiencing what kind of deprivation is critical to effective, targeted local and national action. Yet poverty data continues to be routinely collected in relation to households, masking the circumstances of individuals and any differences between them.

The Individual Deprivation Measure (IDM) is a new individual-level, gender-sensitive measure of multidimensional poverty that provides unique insights into the factors shaping poverty and vulnerability. By collecting information from multiple individuals within a single household, the IDM can provide information about differences in the circumstances of women and men in relation to 15 key social and economic dimensions of life including within the household. IDM data collected in Fiji with the Fiji Bureau of Statistics<sup>4</sup> prior to COVID-19 complements Fiji's Household Income and Expenditure Survey by providing data about the circumstances of men and women on a broader range of factors than other poverty measures. IDM data provides insights into ways in which COVID-19 is likely to impact the lives of women and men differently. This can support the work of the Fiji Government's COVID-19 Response Gender Working Group (GWG) and assist the focus, efficacy and speed of response.<sup>5</sup> IDM data also highlights differences in individual risk, vulnerability and power within the same household, and practical barriers that need to be addressed if individuals, families, and communities are to keep safe and contain the spread of the virus. 'Gender data is key to understanding the wide-ranging consequences of COVID-19 and designing policy responses to mitigate those impacts.'<sup>6</sup>



## WATER

Though nearly 60% of the respondents in the IDM Fiji study reported that they always had enough water for their personal needs (with 72% having water piped to their dwelling and the majority travelling less than 10 minutes to their water source), this was not the case everywhere or for everyone. **Nearly 40% of respondents in informal settlements reported 'rarely' or 'never' having enough water to meet their needs.** Women in rural areas had to **travel up to 90 minutes a day to access water.** Women's gendered and unequal responsibilities for unpaid household care work (cleaning, cooking, washing, and care for children and elderly people) increased their water needs compared to other household members. **15% of women reported 'never' or 'rarely' having sufficient water for personal use, compared to 10% of men.**

## IMPLICATIONS

Regular and thorough handwashing with soap and water to prevent the spread of COVID-19 increases the need for water in households. Demand for water linked to food preparation and washing increases when adults and children are staying at home. Women will be particularly impacted given their unequal responsibility for unpaid care work. When the water source is off premises, women's time burden will increase, given their primary responsibility for collecting water. Ensuring women have access to sufficient water to meet existing needs and increased handwashing is essential to effective prevention.

## GENDER SENSITIVE RESPONSE STRATEGIES INCLUDE:

- Focus action in geographic areas and on populations that will be most affected (for example, on women in informal settlements where water access can be unreliable, and for rural and maritime communities);
- Subsidise water to support access as demand increases;
- Establish sector-level advisory committees and taskforces that include gender expertise using the model of the COVID-19 Response Gender Working Group. Support these with implementation mechanisms involving women and women's organisations, using lived experience to support rapid identification of need and priorities and ongoing monitoring, and input into national policy and budgetary processes.



## ENERGY/FUEL

Gendered and unequal responsibilities for unpaid household and care work mean women spend much more time cooking than men. **The IDM study in Fiji found that women spend an average of 1 hour and 40 minutes per day exposed to smoke from cooking or heating, compared to 28 minutes for men.** Women in informal settlements spent most time exposed to fumes. **On average, 25% of women reported moderate or severe health problems from exposure to fumes in the home, compared to 8% of men.**

### IMPLICATIONS

Requirements to stay at home to limit the transmission of COVID-19 may increase women's exposure to fumes from unclean fuel as the number of meals required to be made each day will increase.

## GENDER SENSITIVE RESPONSE STRATEGIES INCLUDE:

- Work with multilateral organisations, energy-focused not-for-profits, and the private sector to increase the availability of safe, quality and low-cost clean fuel and cook stoves;
- Public health messaging about the importance of ventilation and more equal sharing of unpaid care work to reduce the exposure of each household member below critical levels.



## RELATIONSHIPS AND VOICE

The IDM collects information about the social dimensions of deprivation including Relationships and Voice: the ability to control personal decisions (whether to leave the house, seek health care, and freely associate with others); connectedness and social support (being able to depend on others, and being depended on); and the ability to make changes and influence decisions in one's community or society.



The IDM study in Fiji found that women were more deprived than men in both dimensions. Nearly half the men in the sample (48%) reported full control over personal decisions, compared to only 25% of women. Women were also more likely than men to report no control over personal decisions (5% cf. 1.4%). **Young people, and young women in particular, perceived the least autonomy and control over personal decision making.** The study found high levels of overall deprivation in Voice, with women reporting significantly less ability to speak out and influence their community. This was particularly pronounced in urban areas.

### IMPLICATIONS

Gender differences in perceived control over personal decisions, including about seeking health care, may affect the ability of women and young women in particular to act on public health messages about physical distancing, staying at home, and seeking health care if experiencing symptoms.

Especially if real time data is not available, understanding circumstances and priorities requires direct, regular engagement with specific groups in different situations.

## GENDER SENSITIVE RESPONSE STRATEGIES INCLUDE:

- Develop public health messages with particular groups, tailored to their circumstances;
- Build diversity requirements into consultative structures at all levels to ensure different voices and perspectives inform decision making;
- Take services (distribution of soap, water, testing) to places that are accessible to particular groups.



## UNPAID CARE WORK AND TIME USE

Across Asia and the Pacific as a whole, women do four times more unpaid care work than men.<sup>7</sup> In areas of Fiji in which the IDM study was undertaken (areas with a higher prevalence of poverty), **82% of women regularly do unpaid household work (including cooking, cleaning, washing clothes, looking after children or other household members, fetching water and cooking fuel) compared to 11% of men.**



### IMPLICATIONS

When schools close, people work from home, or people get sick, women's already high unpaid care workload escalates. An increase in the number of meals eaten at home increases the time for food preparation. The time required to collect water may also increase, particularly in rural areas. Reduced income levels due to lay-offs can mean longer hours of unpaid work finding basic food supplies for family, increasing women's stress levels and fatigue.

### GENDER SENSITIVE RESPONSE STRATEGIES INCLUDE:

- Include public advocacy about reducing and redistributing unpaid care work as part of the formal COVID-19 response;
- Work with women's organisations to prioritise initiatives that would reduce unpaid care work, including infrastructure to reduce time burdens (for example, accelerating water and energy infrastructure investments), access to services such as public transport and child care and progressive social floor and social protection policies and budget allocations that recognise and address women's unequal unpaid work burden.



## HEALTH CARE ACCESS AND HEALTH STATUS

Men were more likely than women in the IDM study to have received health care the last time they experienced an injury or illness that required it (70% cf. 60%). There were also differences by sex and age, with younger women less likely to access health care than both younger men and older women. On average, **25% of women reported moderate or severe health problems from exposure to fumes in the home, compared to 8% of men.** Women aged between 36 and 65 were more likely to report moderate or severe health problems than younger women.

### IMPLICATIONS

Women face a range of barriers to accessing health care. Care responsibilities can limit their mobility. Women earn less than men in all countries, including Fiji. Women may not be able to control how money is spent. These factors can affect women's ability to access health care for themselves. At the same time, underlying respiratory issues linked to women's unpaid care responsibilities may make them more vulnerable to COVID-19. This underlines the importance of taking specific steps to address women's access to health care for all purposes.

### GENDER SENSITIVE RESPONSE STRATEGIES INCLUDE:

- Bring health services to women, for example, mobile health clinics at places that women frequent;
- Subsidise costs of health care during the pandemic;
- Targeted social protection policies for specific groups of women especially affected by pandemic consequences including lay-offs, reduced hours and increased precarity of work;
- Continue to prioritise and sustain services for vital non-COVID-19 services, including maternal and neonatal care, and sexual and reproductive healthcare.



## GENDER VIOLENCE

Other studies in Fiji indicate high rates of intimate partner violence. **64% of women in Fiji have experienced intimate partner violence.<sup>8</sup> 84% of lesbians, bisexual women, transmasculine and gender non-conforming people have experienced violence from an intimate partner.<sup>9</sup>**

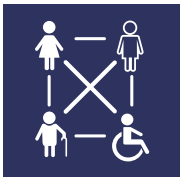
The Fiji Government's establishment of the Gender-based Violence (GBV) Working Group to advance prevention and response to violence against women and girls during emergencies recognises the global rise in intimate partner violence and violence against women and children during the current pandemic. Fiji recorded a significant increase in calls to the National Domestic Violence helpline (1560) during April 2020.<sup>10</sup>

## IMPLICATIONS

COVID-19 movement restrictions bring specific risks to diverse women, transmasculine, and gender non-conforming people experiencing violence and needing to move to safety.

### GENDER SENSITIVE RESPONSE STRATEGIES INCLUDE:

- Increase resources for family violence services, making safe housing available for victim survivors, and enabling those experiencing or at risk of violence to safely move from their homes despite restrictions;
- Real-time monitoring of developments and coordination of interventions through mechanisms such as the GBV Working Group, enabling access to expertise and authority to adjust action as required.
- Implement social floor and social protection policies and resources for those most impacted by sexual and gender-based violence, working with governments and civil society in a multistakeholder approach to reach those most left behind.



## OVERLAPPING DEPRIVATION

**People experiencing similar levels of poverty are not all poor in the same way.** Because the IDM collects data about 15 dimensions from a single individual, we can identify who experiences which overlapping deprivations, to help assess vulnerability and inform appropriate responses. The IDM study in Fiji found that women are overrepresented among those who experience overlapping deprivations in Health, Voice and Work, three dimensions that highlight inequality in the population and gender inequality. **Women were 50.1% of the sample but 78% of those deprived in both Work and Voice.**

Given the diversity of women's circumstances, analysing differences among women, by age, disability, and geographic location, provides significant additional insights. Women over 50 were 16% of the sample but 23% of those deprived in both Work and Voice. Women with a disability were 4.3% of the sample but 9.4% of those deprived in both Work and Voice. Women with a disability living in rural areas were 3.6% of the sample but 6.9% of those deprived in Work and Voice. **Women were 5 times as likely as men to experience overlapping deprivations in Voice, Health and Work, making up 84% of those deprived in all 3 dimensions.**

## IMPLICATIONS

To understand both vulnerability and resilience, we must have a clear picture of who experiences which deprivations and how this varies across social groups. Access to these insights is available only when multiple aspects of poverty are measured (multidimensional measurement) by asking individuals about their own circumstances (individual-level measurement). When poverty is measured in a way that is sensitive to gender and can be disaggregated by sex, age, disability and more, decision-makers are supported to take targeted action, with information about priority sectors and populations, and the specific barriers and constraints driving vulnerability. Information about specific needs can support more accurate costing of initiatives and enhanced targeting of national budget allocations on priorities, a crucial concern in times of social, economic and environmental strain.

The pandemic and its consequences will affect different social groups differently given their different economic and social circumstances. Anticipating and addressing these differences is critical to contain the spread of COVID-19 and the worsening of existing inequalities and vulnerabilities. If we are serious in recommitting to the Beijing Declaration and Platform for Action, including that women have a right to participate equally in decision making, we must consult them closely, in an ongoing way, to support informed sub-national and national decision making.

**If you are in Fiji and you or someone you know needs urgent assistance or support please call the Fiji Domestic Violence Helpline Number: 1560, Phone: 3313300 (24 hours) or Mobile: 9209470 (24 Hours).**

**To respond effectively to COVID-19 we need to understand the lives of individuals impacted by it and respond holistically, informed by lived experience.**

*“To formulate policies and programs that are not gender-blind, it is important to understand the different ways that the COVID-19 pandemic and accompanying economic crisis may affect gender equality outcomes. The impact of the virus is not gender-blind; therefore the response to it should not be either. We are doing this to ensure that recovery is centered on the principle of leaving no one behind.”*

*Minister for Women, Children and Poverty Alleviation, the Hon. Mereseini Vuniwaqa, 3 May 2020*

*“There must be adequate intersectional and interlinked responses nationally, from all stakeholders and formal justice sectors, to address all forms of gender-based violence against women, LGBTQI people and other intersectionally marginalised people such as women with disabilities, sex workers, women frontline care workers, domestic care workers and others in precarious work, including during the COVID-19 pandemic.”*

*Joint Media Release, Diverse Voices and Action for Equality, Fiji Women’s Crisis Centre, Fiji Women’s Rights Movement, ‘Women’s human rights groups: Risk of rise in domestic violence cases during COVID-19 Pandemic’, 23 March 2020<sup>11</sup>*

## ACKNOWLEDGEMENTS

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<sup>1</sup> <https://www.government.nl/documents/diplomatic-statements/2020/05/06/protecting-sexual-and-reproductive-health-and-rights-and-promoting-gender-responsiveness-in-the-covid-19-crisis>

<sup>2</sup> Marise Payne. “The pandemic’s gender imperative.” Australian Strategic Policy Institute. 11 May 2020

<https://www.aspistrategist.org.au/the-pandemics-gender-imperative/>; see also the joint statement and list of signatories here

<https://www.government.nl/documents/diplomatic-statements/2020/05/06/protecting-sexual-and-reproductive-health-and-rights-and-promoting-gender-responsiveness-in-the-covid-19-crisis>

<sup>3</sup> <https://www.nuffieldtrust.org.uk/resource/chart-of-the-week-covid-19-kills-the-most-deprived-at-double-the-rate-of-affluent-people-like-other-conditions>

<sup>4</sup> Data are from an Individual Deprivation Measure Study in Fiji, undertaken by International Women’s Development Agency with the Fiji Bureau of Statistics in 2016. The sample focused on areas with a high prevalence of poverty, as identified by a previous World Bank study. For further details, see Fisk, K & Crawford, J 2017, *Exploring multidimensional poverty in Fiji – Findings from a study using the individual deprivation measure*, International Women’s Development Agency, Melbourne

<sup>5</sup> <https://www.fiji.gov.fj/Media-Centre/News/MEDIA-RELEASE-BY-THE-MINISTRY-FOR-WOMEN,-CHILDREN>

<sup>6</sup> <https://data2x.org/pandemic-response-and-recovery-requires-an-analysis-of-existing-and-missing-gender-data/>

<sup>7</sup> [https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms\\_633305.pdf](https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/publication/wcms_633305.pdf)

<sup>8</sup> Fiji Women’s Crisis Centre, 2013, *Somebody’s Life, Everybody’s Business! National Research on Women’s Health and Life Experiences in Fiji (2010/2011): A survey exploring the prevalence, incidence and attitudes to intimate partner violence in Fiji*. Available at

<https://pacificwomen.org/wp-content/uploads/2017/09/FWCC-National-Research-on-Womens-Health-Fiji.pdf>

<sup>9</sup> Diverse Voices and Action (DIVA) for Equality, 2019, ‘Unjust, Unequal, Unstoppable: Fiji LBT women and people tipping the scales toward justice for all’; available at <https://tinyurl.com/yyuc2ueg>

<sup>10</sup> <https://www.fiji.gov.fj/Media-Centre/News/MEDIA-RELEASE-BY-THE-MINISTRY-FOR-WOMEN,-CHILDREN>

<sup>11</sup> <https://www.facebook.com/notes/diva-for-equality-fiji/womens-human-rights-groups-risk-of-rise-in-domestic-violence-cases-during-covid-1508121536018455/>