

Gender and health: COVID-19 preparedness in the Solomon Islands

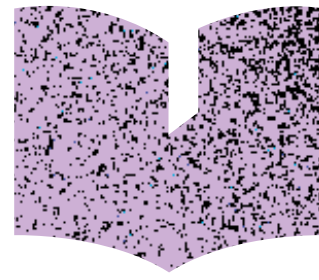
Understand Poverty.
Inspire Change.

The Solomon Islands is one of only twelve countries to have no confirmed COVID-19 cases. Equality Insights data show 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. The Solomon Islands study provides potential baseline information for the situation of men and women in 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 brief provides initial analysis of data collected in the Solomon Islands in March and April 2020 that are important for predicting the impact of COVID-19 policy measures. It highlights 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, for both a wide lens and a detailed view.

Note: This document was originally created during the IDM phase, which was a partnership between the Australian National University, International Women's Development Agency and the Department of Foreign Affairs and Trade. The World Food Programme also provided additional funding for the Solomon Islands study.



ABOVE: Photo taken by Sukwadi Media in the Solomon Islands 2020 during our enumerator training, where our data collectors in the Solomon Islands studied the tool, which they later administrated across two provinces.



EDUCATION

It is a vital first step that public health announcements actually reach the most vulnerable. However, the low levels of literacy revealed through intersectional analysis (by gender and age) provide a challenge in the Solomon Islands, with important implications for the modalities of communication. In the two provinces sampled, Equality Insights 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 assets. Finally, public health information can also be communicated through community meetings, and 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.

EMERGING CHALLENGE:

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.



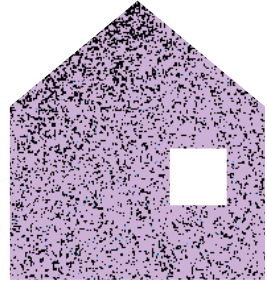
HEALTH

Experience elsewhere is that COVID-19 can overwhelm health systems in countries with significant public health investment and modern medical infrastructure, and that people with pre-existing health conditions are at increased risk. IDM 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. There were only slight gender differences in these figures. However, 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.

EMERGING CHALLENGE:

Significant investment is needed to strengthen Solomon Islands' health systems and ease reliance on overseas treatment for medical emergencies or complex illnesses.



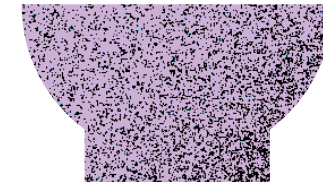


SHELTER

Under preventative stay at home orders, increased demands are placed on the dwelling in which members of a household live. The data reported in the IDM Snapshot Report Gender Insights in the Solomon Islands 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 women surveyed were more likely than men to already be worried about being evicted or losing tenure over their dwelling.

EMERGING CHALLENGE:

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, particularly given health vulnerabilities associated with inadequate shelter.

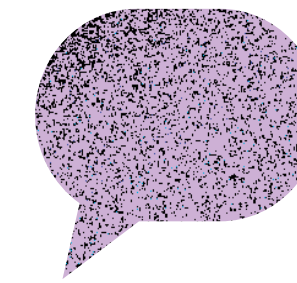


FOOD

Vietnam announced in March 2020 that it would halt rice exports due to COVID-19, and Vietnam is the main supplier to Solomon Islands' largest rice distributor, Solrais. Exports resumed again in April 2020, at a reduced level, affecting prices. The IDM study in the Solomon Islands 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 this study found that younger men and older women experienced the most severe food insecurity, these two groups could be particularly at risk of worsening diet diversity.

EMERGING CHALLENGE:

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.



VOICE

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 to report that someone else had control over their ability to socialise or attend social events. Women are also profoundly underrepresented 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 realtime monitoring of developments and priorities in response to the impacts of COVID-19.

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WORK

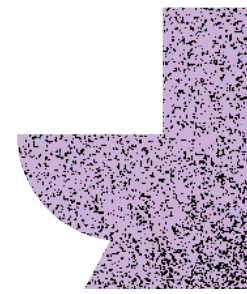
As the economy is disrupted and tourism affected by travel restrictions, people working in both the formal and informal economy will be impacted, with reduced incomes and increased unpaid labour and care work as people return to villages and draw on familial and wider social networks. Women are impacted more 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 SoE required all roadside street vendors to close, including some food markets; important sources of revenue for many households. 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 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 and 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.

EMERGING CHALLENGE:

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.



COVID-19 preparedness in the Solomon Islands



SANITATION

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 demonstrates 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.

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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 social groups 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 brief 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 different levels of risk, vulnerability and power. IDM data also highlight the practical barriers that need to be addressed in order to 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

1. Focus action in geographic areas and on populations that will be most affected.
2. Council networks and women's provincial caucuses to inform national and provincial approaches.
3. Use the lived experience and community 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.
4. 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.
5. Draw on existing experiences of people in and returning to villages, to strengthen provincial and local consultation and implementation.
6. 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.
7. 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.
8. Take opportunities for public advocacy about the benefits to everyone of more equal sharing of unpaid care and domestic work by women and men, while more men are at home to share care.
9. Prioritise initiatives that reduce unpaid care and domestic work, including infrastructure to reduce time burdens (for example, accelerating water and energy infrastructure investments).
10. Subsidise water access to address the barriers women face to keeping themselves and those they care for safe and healthy.
11. 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.
12. Prioritise safe public transport, which women rely on more than men for mobility and access to services, resources food and water, and work.
13. Prioritise gender-responsive social protection measures including unconditional cash transfers that recognise and address women's unequal unpaid work, lower rates of employment-related benefits and income.
14. Develop and deliver tailored public messages with diverse groups, attending to literacy, access to Information and Communication Technologies, and preferred communication modalities.



ABOVE: Photo taken by Sukwadi Media in the Solomon Islands 2020 during our enumerator training.