DEVELOPING AND USING A NEW GENDER DATA TOOL: THE INDIVIDUAL DEPRIVATION MEASURE

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7th Global Forum on Gender Statistics, Tokyo
14-16 November 2018
The Australian Research Council (ARC) research that funded the IDM was driven by a recognition that existing poverty measures are insensitive to gender differences. Additionally, current measurement approaches are not grounded in the views of those with lived experience of poverty. [3,4]

The research to develop the IDM was conducted over three phases. It began with participatory fieldwork in six countries with women and men with lived experience of poverty.

**PHASE 1**
QUALITATIVE

**PHASE 2**
RANKING

**PHASE 3**
DEVELOPING AND TRIALLING THE IDM
15 DIMENSIONS OF DEPRIVATION

1. Food
2. Water
3. Shelter
4. Health
5. Education
6. Energy/Fuel
7. Sanitation
8. Relationships
9. Clothing
10. Violence
11. Family Planning
12. Environment
13. Voice
14. Time-Use
15. Work
DATA AND ANALYSIS

- Measure at the individual level
- Dwelling as PSU – randomly select dwelling, then interview all household members 16+ from all households living in the dwelling
- Construction of composite index, calculation of ‘IDM score’
- Enables group analysis and intrahousehold analysis, also individual analysis household clustering is controlled
CASE STUDY: FIJI

TOWARDS 2020
The IDM Team is continuing research and testing to ready the measure for global use in 2020. Results from the study in Indonesia (2018) will be shared in 2019. Fieldwork in South Africa and Myanmar is planned for 2019, with results to be shared in late 2019. Visit individualdeprivationmeasure.org for updates.

FIELDWORK: 2018/2019
2018: Indonesia (completed)
2019: South Africa, Myanmar

COMPLETED IDM STUDIES
PLANNED IDM STUDIES
CASE STUDY: FIJI

Fiji survey
- 15 dimensions
- Example items from survey

Fiji sampling
- Sampling frame – WB poverty hotspots
- Representative at Tikina level – 12 tikinas
- All above 18 in HH
- Ethnic & gender representative
- Total approx. 3000 individuals in 1125 households

Fiji scoring
- By principle and in partnership with FBOS
- Iterative – item analysis, scoring example, adjust, re-analyse, consult again with stakeholders
EDUCATION DIMENSION, FIJI

Figure 1. Education dimension scores (0=Extremely deprived; 4= Not deprived) for all households in Fiji sample, showing household mean (blue) and within-household variation (black line)
Figure 2. Education dimension scores (0=Extremely deprived; 4= Not deprived) for a random selection of large (5+ adults) households in Fiji sample, showing mean scores of men (red) and women (blue) in the same household. Horizontal black lines represent no intrahousehold variation.
Figure 3. Energy/fuel dimension scores (0=Extremely deprived; 4= Not deprived) for all households in Fiji sample, showing household mean (blue) and within-household variation (black line)
Figure 4. Energy/fuel dimension scores (0=Extremely deprived; 4= Not deprived) for a random selection of large (5+ adults) households in Fiji sample, showing mean scores of men (red) and women (blue) in the same household. Horizontal black lines represent no intrahousehold variation.
Women on average were exposed to 1 hour 45 minutes per day of fumes related to cooking and heating, compared to an average of 24 minutes per day for men.

Longer exposure times were linked to higher frequency and severity of health problems.
Figure 5. Time use dimension scores (0=Extremely deprived; 4= Not deprived) for all households in Fiji sample, showing household mean (blue) and within-household variation (black line)
Figure 6. Time use dimension scores (0=Extremely deprived; 4= Not deprived) for a random selection of large (5+ adults) households in Fiji sample, showing mean scores of men (coral) and women (aqua) in the same household. Horizontal black lines represent no intrahousehold variation.
APPLICATIONS AND LEARNINGS, FIJI

- Fijian Bureau of Statistics (FBOS) capacity building
- Cyclone Winston humanitarian response
- Fiji Women’s Rights Movement (FWRM) budget response
- Ministry of Health – Family planning data
- SOGIE focus
- Communications
The primary aim of this dimension is to understand labour burden, by measuring categories of time use, focusing in particular on:

- work for pay and profit (including subsistence production);
- unpaid domestic and care work;
- personal care and rest;
- social and leisure time.

Changes have been iterative – in terms of what is measured, the way in which it’s measured and the way in which it’s analysed.
**IMPROVING THE IDM: TIME USE**

**Philippines and Fiji**

- Results recorded in prepared tables in paper survey booklets, using a ruler & pen/pencil
- Time allocated in 30 minute blocks
- Recall over previous 24 hours for various activity categories
- Also asked about concurrent secondary activities
Nepal

- Tablets used for data collection
- Recall over previous 24 hours
- Reframed approach to questions – more a narrative-based approach (though similar time use categories)
- Activity categories refined
- Asked about secondary and tertiary activities
- Respondents also asked about how typical the day was
Indonesia:
- tablet used for data collection;
- adapted participatory method to determine proportions of time spent on different activities;
- recall for yesterday or previous working day;
- time use categories refined;
- asked if respondent looked after a child under the age of 13;
- asked if they also did another activity at the same time.
South Africa and Myanmar

- Tablet for data collection
- Retain adapted participatory method
- Time use categories further refined
- Multitasking questions replaced by further detail on ‘on-call’ time
Will have some understanding of the consequences of time-use deprivation:

**Voice:** Why did you not vote?

**Health:** Why did you not access health care facilities?

**Relationships:** Why did you not attend community event(s)? and Why did you not make a contribution?

**Work:** Why do you want to work less?
LESSONS LEARNED: TIME USE

- Framing of the time use - e.g. typical day, yesterday, last working day or week.
- Blurred boundaries between different time use categories.
- Accuracy and error of estimation on the respondent/enumerator side and the implications for analysis.
- Shift to using tablets for more accurate data collection.
ACKNOWLEDGEMENTS

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The original research that developed the IDM was a four-year, international, interdisciplinary research collaboration, led by the Australian National University, in partnership with the International Women's Development Agency 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 (LP 0989385).

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