## DATA FOR UNDERSTANDING INEQUALITY AND INTERSECTIONALITY: THE INDIVIDUAL DEPRIVATION MEASURE

Kylie Fisk, Carol McInerney & Joanne Crawford International Women's Development Agency



Global conference on the measurement of gender and intersecting inequalities New York, 26-27 February, 2020



## THE INDIVIDUAL DEPRIVATION MEASURE (IDM)

- Primary data collection
- Measures at the individual level
- 15 key dimensions of life, identified by people with lived experience of poverty across 6 countries
- All adult household members (16+ / 18+ in different contexts)
- Standardised dimension indices
- Overall composite index



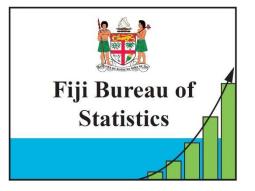


#### CASE STUDY: FIJI



#### IDM FIJI SAMPLE (2015)

- 1125 Households; 2966 Individuals
- 1481 Men; 1485 Women
- Age range 18 97; mean age 43
- 757 Urban; 2054 Rural; 155 Informal



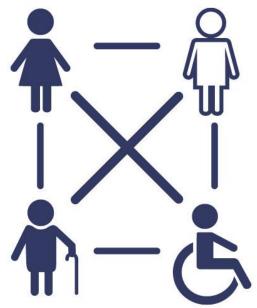


Multidimensionality – overlapping deprivations E.g., deprivation in health, work, and voice

Intersectionality – overlapping group identities E.g., Rural women with disabilities

Indices – capture multiple pieces of information simultaneously E.g., 'health' = health status, health care status, health care quality

We can apply these approaches to statistical practice to reveal populations where deprivation is concentrated, the factors driving this, and how these interact



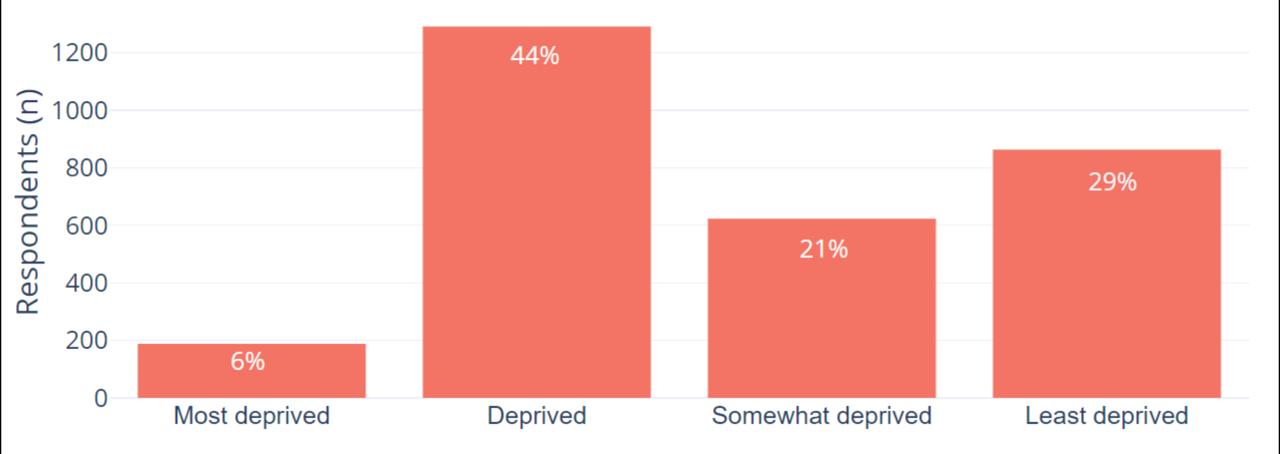


## WORK, VOICE & HEALTH DIMENSIONS

Dimension	Themes	Indicators	Items	Aggregate score
4 HEALTH	Health Status	Health status	When the last sickness occurred and how long this impacted daily activities	0 = Most
		Exposure to smoke	Severity of health problems due to smoke exposure from cooking	deprived 3 = least deprived
	Healthcare	Healthcare access & quality	Receiving healthcare when required and any problems encountered	
13 VOICE	Voice in the community	Raise opinion	Extent of ability to raise issues/opinions in the community	0 = Most deprived
	Voice in the	Bring about change	Extent of ability to bring about change in the community	3 = least deprived
	household	Control	Control over personal decisions	
15 WORK	Paid work	Type of work	In paid work and the reliability of that work	0 = Most deprived 3 = least deprived
		Security/hazards from paid work	Severity of any physical/mental illness or injury from paid work	
		Respect	Paid work is respected among community and treated with respect at work	
	Unpaid work	Hazards from unpaid work	Severity of any physical/mental illness or injury from unpaid work	
		Respect	Unpaid work is respected among community and treated with respect at work	

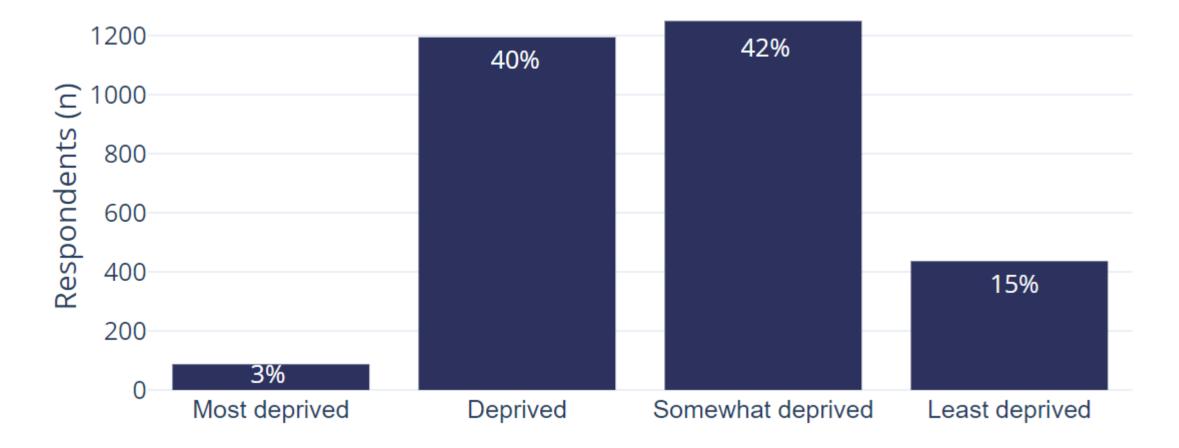


#### WORK AGGREGATE SCORES



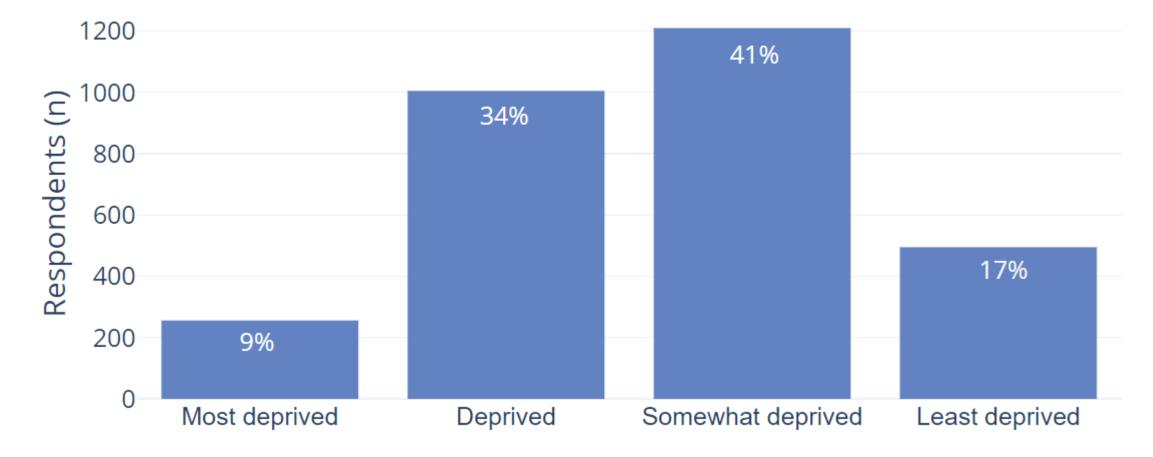


#### HEALTH AGGREGATE SCORES



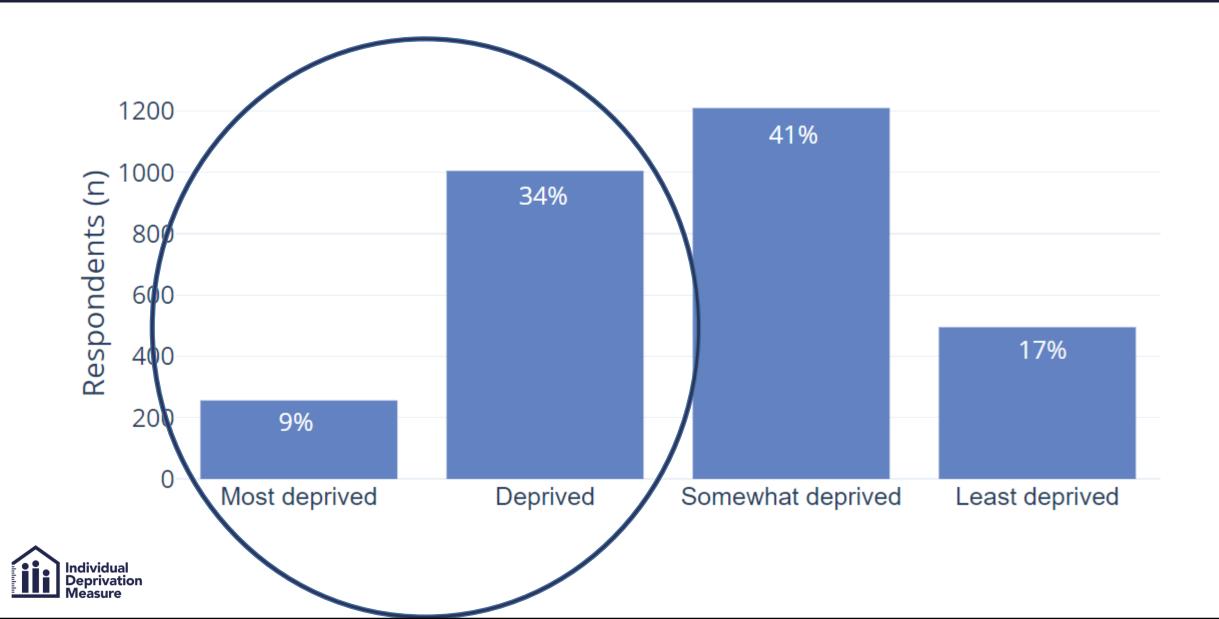


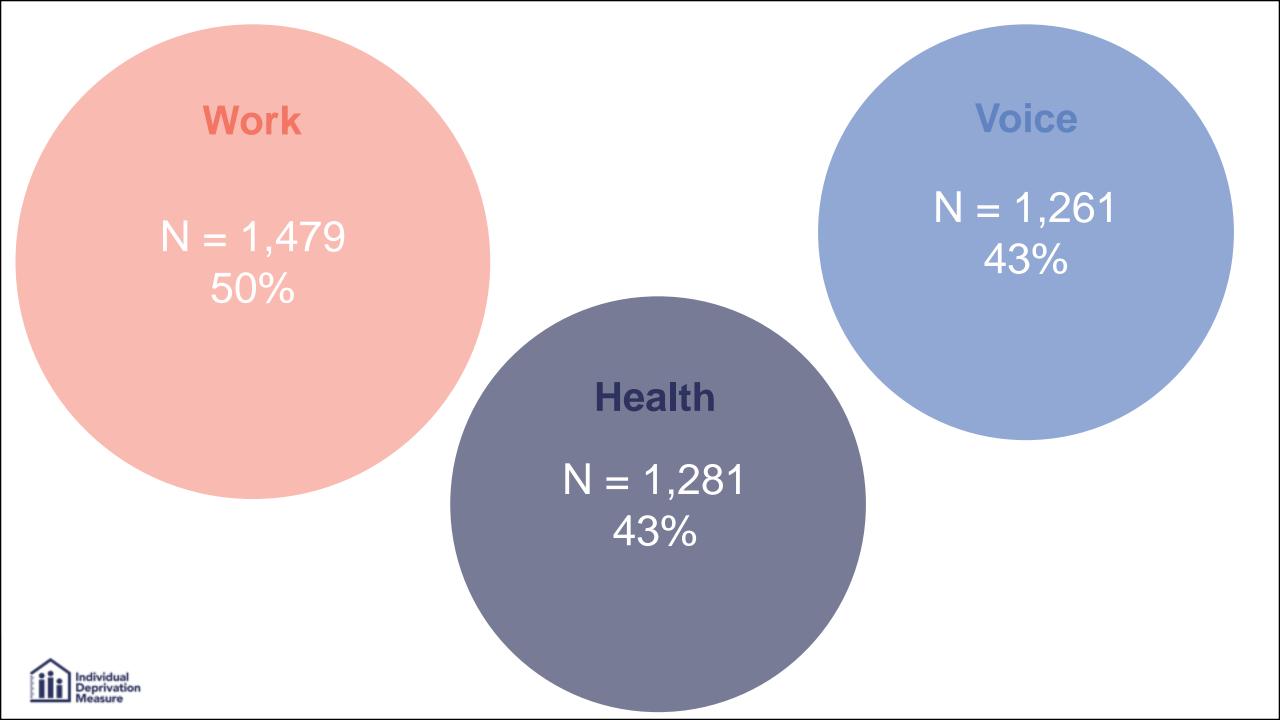
#### VOICE AGGREGATE SCORES

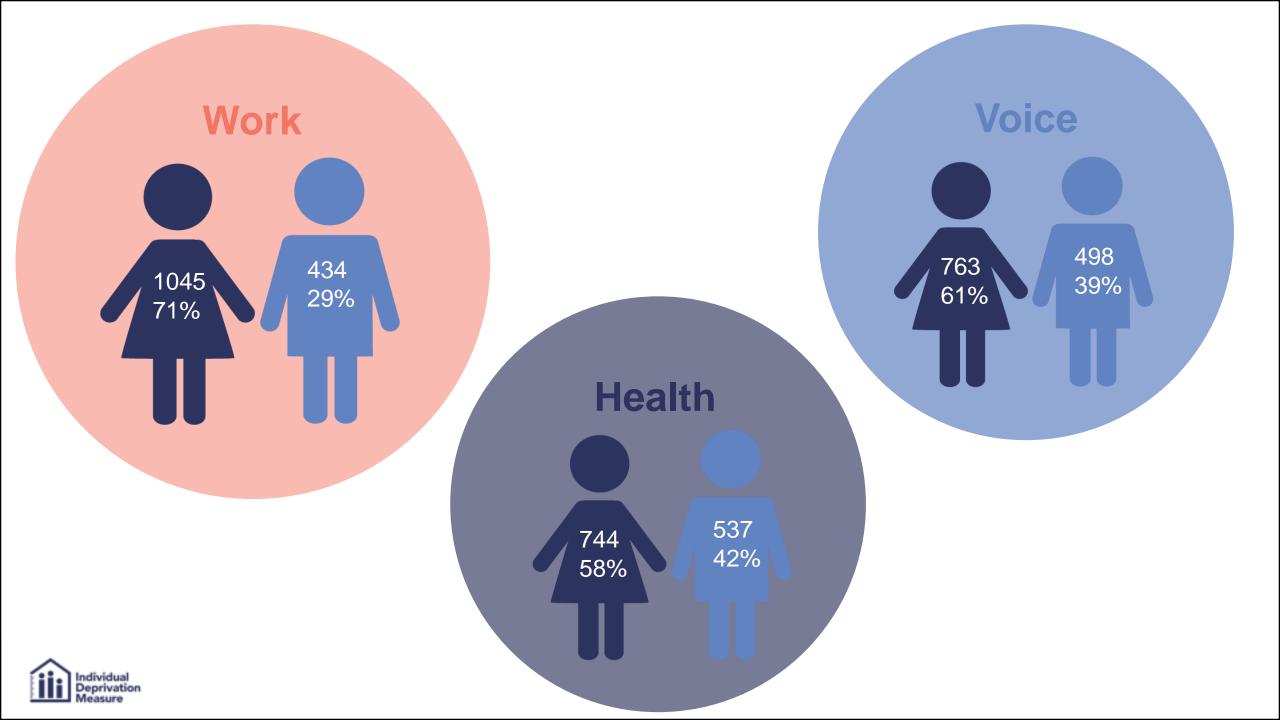




#### VOICE AGGREGATE SCORES





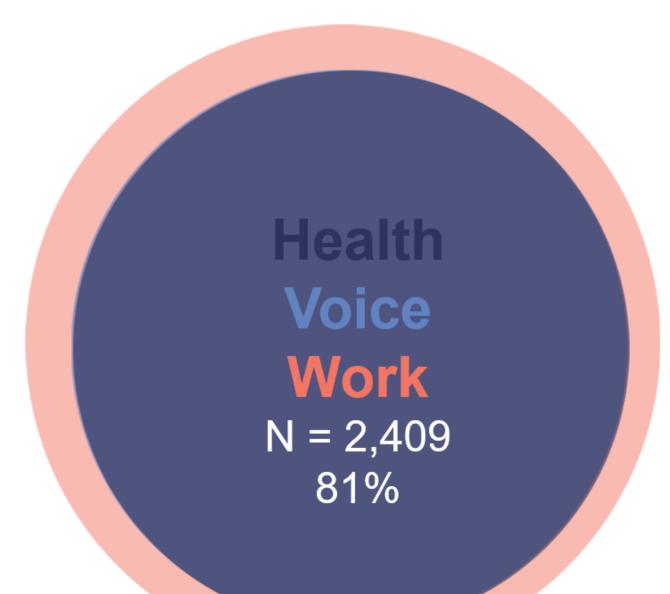


## **Work** N = 1,479 50%

**Voice** N = 1,261 43%

**Health** N = 1,281 43%





**None** N = 557 19%



**Voice Work** N = 713 24%

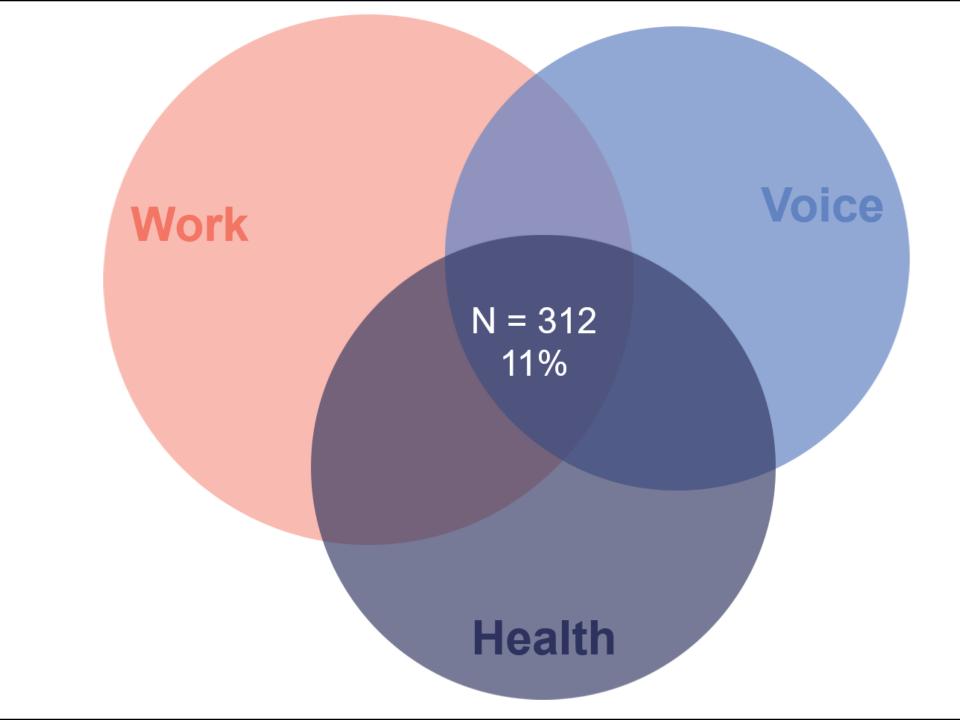




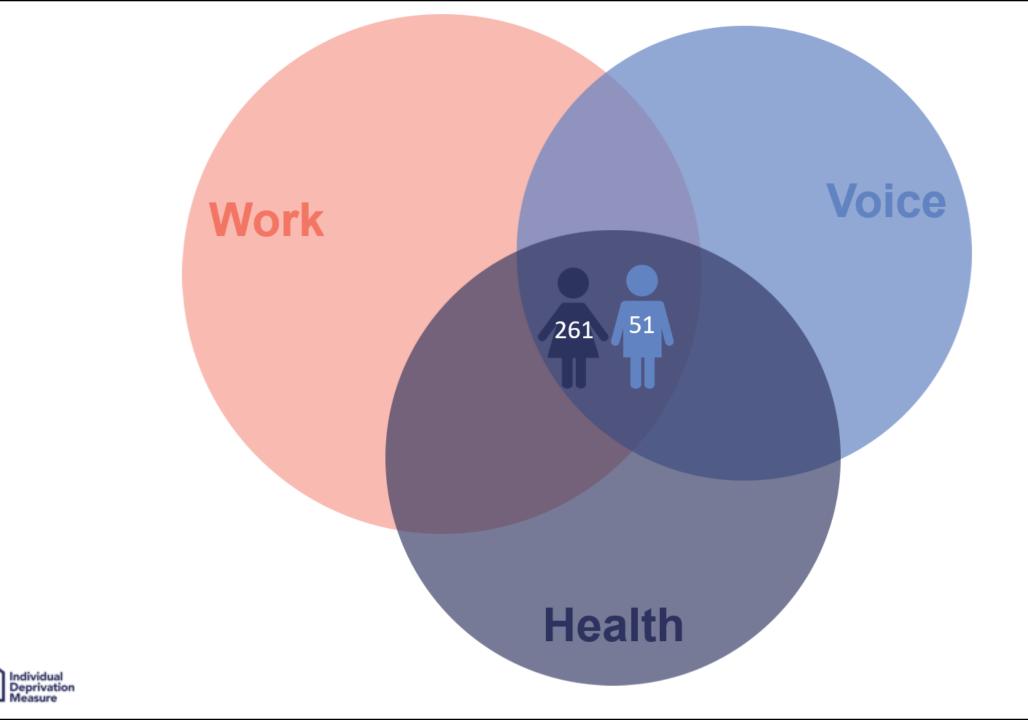
**Voice Health** N = 555 19%

# **Work Health** N = 657 22%



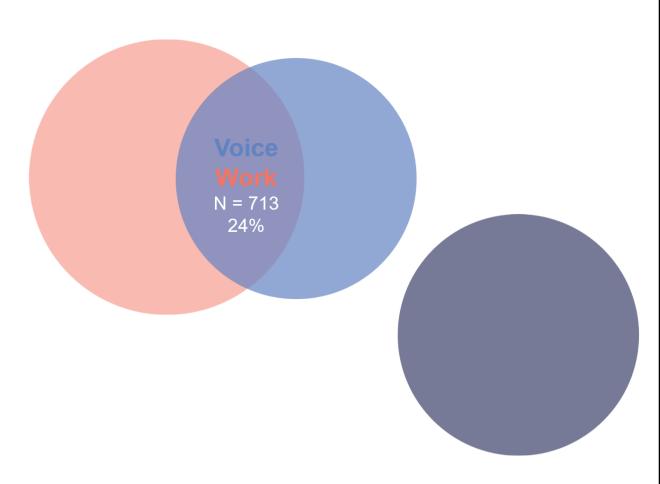






## WHO ARE THOSE WITH OVERLAPPING DEPRIVATIONS?

- Women are 50.1% of the Fiji sample but 78% of those deprived in both Work and Voice
- Women over 50 are 16% of sample but 23% of those deprived in both Work and Voice
- Women with a disability are 4.3% of the Fiji sample but 9.4% of those deprived in both Work and Voice
- Women with a disability in rural areas are 3.6% of sample but 6.9% of those deprived in both Work and Voice





## Health

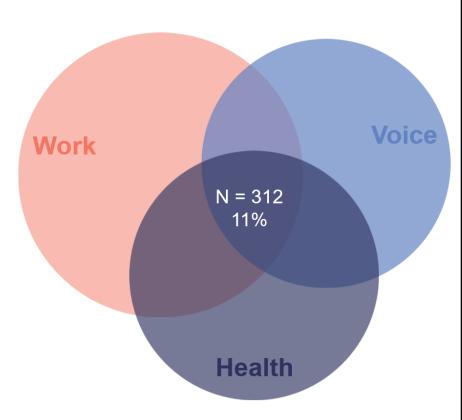
- 52% had a recent significant illness or injury
- 25% were affected by it for a week or longer
- 72% did not receive health care the last time it was required

## Work

- 97% did not work for pay
- 28% felt somewhat or very concerned that their unpaid work would cause them harm in the future

## Voice

- 31% did not feel they could raise issues in their community at all
- Nearly 30% experienced *little* or *no* control over decisions that affect them





### **KEY TAKEAWAYS**

- Forms of deprivation overlap
- Multidimensional deprivation impacts social groups differently
- Multilevel analysis that combines overlapping dimensions and social group analysis can deliver powerful insights into inequalities, to inform priorities
- Using tools like the IDM helps to rapidly identify and define the most marginalized and excluded across multiple parameters simultaneously
- A comprehensive way of conceptualising inequality
- Useful for highlighting SDG interlinkages





THANK YOU





The 2016-2020 IDM Program is a partnership between the Australian National University (ANU), the International Women's Development Agency (IWDA) and the Australian Government through the Department of Foreign Affairs and Trade.

The original research that developed the IDM was a four-year, international, interdisciplinary research collaboration, led by the ANU, in partnership with 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 (LP 0989385).

Subsequent IDM research undertaken in Fiji was led by IWDA in partnership with the Fiji Bureau of Statistics with contributions from the State, Society and Governance Program at the ANU. It was funded by the Australian Government's Pacific Women Shaping Pacific Development program.







