

# The Gendered Nature of Poverty: Findings from the IDM Indonesia Study



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The Individual Deprivation Measure provides individual measurement of multidimensional poverty, across fifteen dimensions. It is designed to be sensitive to gender and to provide information for decision-making on poverty eradication policies and programs.

In 2018, a research team from the Australian National University undertook an Individual Deprivation Measure (IDM) study of multidimensional poverty in South Sulawesi in Indonesia.

The findings of the IDM study in Indonesia demonstrate that poverty is gendered. Women and men both experience deep deprivation because of poverty, but the nature of deprivation is often different.

This briefing paper provides an overview of the IDM. It then uses descriptive analysis of the data from the IDM Indonesia study to outline the gendered nature of poverty in relation to food, health and time use.



It also summarises the findings that are specific to women:

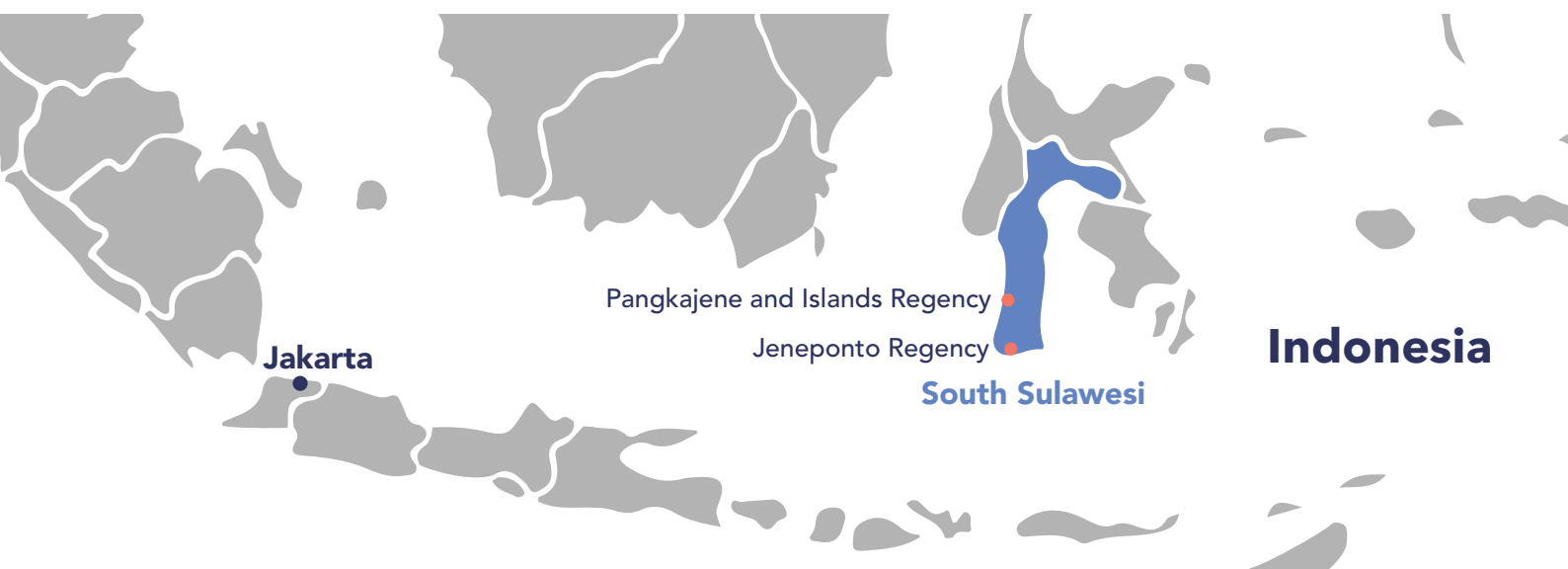
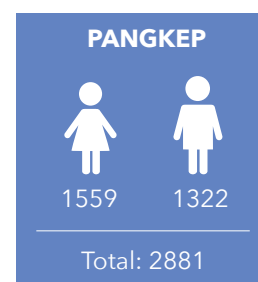
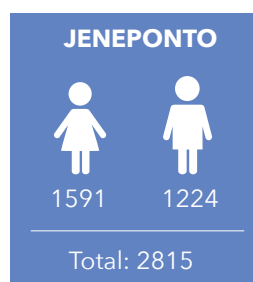
Access to contraception

Access to sanitary products

Pre-natal care

## THE INDONESIA IDM STUDY

Following extensive consultation with stakeholders at both national and sub-national levels in Indonesia, two districts in South Sulawesi were selected for the IDM Indonesia Study: Pangkajene and islands (Pangkep) and Jeneponto. **A total of 5,696 individuals from 2,186 households were interviewed.**



Indonesia

## INDIVIDUAL MEASUREMENT OF MULTIDIMENSIONAL POVERTY

The IDM surveys all adult members of a selected household, defined in Indonesia as those over the age of sixteen years. In assessing poverty of individuals, rather than households, the IDM is able to reveal the ways in which poverty impacts on the lives of individual people and on specific social groups. The resulting information is essential in better understanding which groups are being left behind and in what ways.

## GENDER SENSITIVITY

**The IDM is sensitive to gender in four ways.**

First, our strategy of surveying at the individual level rather than the household level ensures that the multidimensional poverty of both women and men is revealed. One individual (often the male head of household) is not accepted as a proxy for all other household members. Moreover, we do not assume that resources are distributed equally across all members of the household.

Second, the dimensions of the IDM were determined through a three-phase research process, which included participatory research with over 2000 women and men living in poverty. The dimensions selected for the IDM were of particular importance to women who participated in the research process or were considered to be important in revealing the different experiences of women and men.

Third, the dimensions, themes and indicators are able to reveal gendered patterns of multidimensional poverty, and signal the ways in which gender relations, roles and responsibilities shape experiences of poverty for both women and men.

Fourth, themes and indicators on access to pre-natal care and to sanitary products are specific to women and especially important in revealing women's experiences of poverty.

## GENDER AND MULTIDIMENSIONAL POVERTY

Since the 1990s, global discourse has focused on the feminisation of poverty. An important achievement of the 'feminisation of poverty' thesis has been to place the poverty experienced by women firmly on the development agenda. Yet, the concept has been lacking in clarity and evidence (Chant, 2008).

While there is strong evidence of the way in which poverty impacts on women's lives, concerns have been raised that the feminisation of poverty thesis has not paid sufficient attention to several important issues, including:

- **The ways in which women are poor**
- **The differences among women**
- **The multidimensional nature of poverty**
- **The ways poverty impacts specific groups of men**
- **The ways gender relations shapes poverty**

To effectively address poverty, it is crucial that these issues are better understood and the gendered nature of poverty – rather than the feminisation of poverty – is the focus of attention. Bradshaw et al (2017) note that conceptual advances have been made in understanding poverty as a gendered experience, but data are lacking.

## REVEALING THE GENDERED NATURE OF MULTIDIMENSIONAL POVERTY

The IDM research fills existing data gaps, while contributing to ongoing conceptual advances in understanding the gendered nature of poverty.

The findings from the Indonesia study, summarised below, demonstrate that poverty is gendered, and show how women and men are impacted differently. Importantly they also reveal differences among women. The findings highlight the importance of poverty measurement being sensitive to gender and also sensitive to the particular issues facing poor women, that are so often missed in mainstream assessments of poverty.



## GENDER AND FOOD DEPRIVATION

The IDM food dimension assesses food insecurity using eight questions to determine whether people are worried about not having enough food or have ran out of food, have gone hungry or skipped meals, or are unable to eat a nutritious and varied diet. The IDM food dimension draws on the food insecurity questions developed through the Food Insecurity Experience Scale, introduced by the United Nations Food and Agriculture Organization in 2014. In the district of Pangkep, both women and men experienced food deprivation. In the district of Jeneponto, food deprivation was most common among women, particularly those aged between 25 and 59 years and living in rural locations. In both districts, both women and men in rural locations were more likely to report food deprivation than were respondents living in urban areas.

Food deprivation was most acute in the remote islands off the west coast of Pangkep, where food security, availability and quality were serious problems for all – but women were most deprived. These results reveal differences between women and men, but also differences between women. We see that gender and geographic location intersect to shape patterns of deprivation. The IDM also reveals the ways in which gender roles and responsibilities shape the nature of food deprivation. Men were more likely to report skipping meals and eating less than they thought necessary. This was particularly the case in urban areas. Here it seems that male patterns of employment may impact on their ability to access food during the day.

Women were more likely to report anxiety about running out of food, and this was especially the case for women in middle age (25-59 years). Here it seems that women's responsibility for caring for and feeding their family - and the anxiety created when this role cannot be fulfilled - contributes to deprivation. While women in middle age were most likely to be worried about running out of food, young women (16-24 years) were more likely to be worried than young men. This indicates that similar gendered patterns are playing out across generations. Women, particularly in rural areas, were also more likely to report not being able to eat healthy or nutritious food, suggesting patterns of prioritisation within the family when food is scarce.

**The data from the IDM Food module reveal that food deprivation is experienced by all in contexts of poverty, but patterns of deprivation are gendered. Those patterns reflect gendered roles and responsibilities, and are shaped by sex, age, and geographic location.**

The IDM study used the Washington Group Short Set questions to identify people living with a disability. Here we present the findings for Jeneponto. The numbers are small, with only 306 of the 2815 respondents in Jeneponto identified as having a disability, and caution is needed in drawing firm conclusions. However, based on the IDM data in Jeneponto, people with a disability were especially deprived in relation to food, with 47.1 percent worried about not having enough food to eat, compared with 39 percent of people not identified as having a disability. But here the gender differences matter. Women without a disability were more likely to be worried about running out of food than men with a disability. Women with a disability were more likely to be worried about running out of food than any other group. This intersection of sex and disability appears to create especially deep food deprivation. This is clearly an area in need of more research and better data.



## GENDER AND TIME DEPRIVATION

Time poverty does not necessarily indicate other forms of poverty, but time is a finite resource that enables or restricts a range of other activities. Time use is usually strongly determined by gender roles and responsibilities, with women spending large amounts of time on unpaid domestic work and care, that is often not measured or valued. Depending on the family/household composition and relative wealth, time burdens create trade-offs, with negative implications for other aspects of life, such as the inability to undertake paid work and/or the loss of time for rest, sleep or leisure. When considered together with other forms of deprivation, time deprivation can compound multidimensional poverty.

The IDM Time Use dimension measures time burdens during the last working day and on-call time, which is time spent on all activities (paid and unpaid) and time when an individual is consistently being called upon to undertake different activities simultaneously. The IDM Indonesia study considers on-call time as having a child under the age of thirteen years in one's care while undertaking an additional 'primary activity'.

As might be expected, time use is heavily gendered. In Jeneponto, for example, only two percent of women reported doing paid work only (and no unpaid domestic work and care), compared with 26.8 percent of men. Just over 37 percent of women reported doing only unpaid domestic work and care, compared with just over 12 percent of men. Almost 60 percent of women reported doing both paid and unpaid work, compared with 53.4 percent of men. Similar patterns were found in Pangkep, but there is a greater difference in women and men's patterns of both paid and unpaid work, with 64.3 percent of women compared with 49.2 percent of men undertaking both forms of work.

In regard to on-call time, women were far more deprived than men. In Pangkep, 41.8 percent of women had a child under the age of thirteen years in their care while undertaking other tasks, compared with 11.6 percent of men. In Jeneponto, similar patterns occurred, with 38.9 percent of women being on-call, compared with 8.6 percent of men.

In Jeneponto, the widest gender gap in time spent in paid work and unpaid domestic work and care was in the middle age cohort, with 62.9 percent of women compared to 57.1 percent of men involved in both forms of work. In Pangkep, the widest gender gap in time spent in unpaid work was in the youngest age cohort (16 to 24 years), with 53.7 percent of women compared to 36.2 percent of men undertaking both forms of work. This suggests that unequal time burdens are persisting across generations.

**In both districts women spent more time in paid and unpaid work combined than men. In Jeneponto, women on average spent 11.5 hours per day in paid and unpaid work - 1.5 hours more than men. In Pangkep, the imbalance was greater, with women spending 12 hours per day in paid and unpaid work - 2.5 hours more than men.**

Notably, women with a disability reported typically working almost as many hours per day as women without a disability, and more hours than men (regardless of their disability status). Taken with the concern reported by women with a disability about running out of food, the time use findings suggest deep multidimensional poverty, may result from the intersection of sex and disability. Further analysis is needed to fully understand this relationship.

#### 4 HEALTH



## GENDER AND HEALTH DEPRIVATION

Health problems were widely reported by both women and men in both districts. In Pangkep, over 30 percent of women and men reported at least one physical health problem, while the figure was just over 40 percent in Jeneponto. In Pangkep 20.1 percent of women and men had experienced recent health problems that prevented them from undertaking usual daily activities. In Jeneponto, the proportion was just over one quarter. Men were more likely to report an illness or injury in the four weeks prior to the survey, while women were slightly more likely to report longer term illness or injury.

Mental health presents particular challenges for both women and men. While men in Pangkep were more likely to report feelings of depression, women in both districts, particularly those in the middle-aged cohort, were more likely to report experiences of feeling worried, nervous or anxious on a daily or weekly basis. Anxiety was also a particular issue for young women. Both women and men in rural areas were likely to experience mental ill-health.

The IDM individual survey asks about health problems (headaches, dizziness or difficulty in breathing) as a result of exposure to smoke and fumes from cooking fuel. This is an issue that is heavily gendered, and in both districts women were more likely to report smoke-related problems than men. In Jeneponto 22 percent of women reported health problems from cooking fuel, compared with 14 percent of men. In Pangkep, 11.4 percent of women reported problems, compared with 7.3 percent of men.

**The IDM findings from the health module indicate that while both women and men experience health problems, the nature of those problems is gendered. The high levels of daily worry and anxiety experienced by women are likely to be associated with gendered roles of caring for families - and may reflect concerns about shortages of food and heavy time burdens. The depression reported by men in Pangkep requires further research to ascertain whether this is related to gendered attitudes that require men to perform particular roles, especially in regard to income generation.**

Notably, in Jeneponto both women and men with a disability were more likely to report health problems as a result of exposure to smoke and fumes. The higher rate of health problems experienced by women as a result of smoke and fumes from cooking fuel clearly reflects gender roles, and the time women spend cooking, often in unsafe environments.

## **GENDERED IMPLICATIONS FROM THE IDM FOOD, TIME USE AND HEALTH DIMENSIONS**

Taken together, the IDM findings from these three dimensions provide insights into the gendered nature of poverty. It seems that gendered roles and responsibilities contribute significantly to the gendered experience of poverty. The worry and anxiety that women report, and which is especially pronounced in regard to food, likely reflects the responsibility women have for caring for their families.

Time burdens on women result from the combination of paid and unpaid domestic work and care, and are exacerbated by being on-call for a large proportion of the time. Men, too, experience time burdens and spend significantly more time in paid work than do women, but overall women are more time deprived. This is the case for both women in the middle-age cohort and for younger women - suggesting that gender roles are persisting across generations. Time burdens may interact with women's heightened experiences of concern and anxiety - and this is an area for further research.

Women's greater experience of health problems resulting from smoke and fumes from cooking fuel is directly related to their gendered roles within the home - and here time use and health interact.

The small numbers of people identified as having a disability make it difficult to draw strong conclusions, but the IDM data indicate that disability increased deprivation within dimensions and deepened multidimensional poverty overall for both women and men. Women with a disability appear to be most deprived. It is striking that while women with a disability work as many hours as women without a disability (and more hours than men), they are more deprived in regard to food. These findings lead to important considerations for poverty alleviation policies and programs.

First, poverty impacts differently on women and men, and differently on sub-groups of women and men. In some cases, targeted interventions may be necessary to support those who are in deepest poverty. The IDM findings suggest that women with a disability are an especially vulnerable group, despite significant contributions in terms of paid and unpaid work.

Second, women across age groups but particularly in the middle aged and young cohorts, are both time poor and experiencing anxiety and worry. This appears to be directly related to gender roles and responsibilities. It is crucial that poverty alleviation and social welfare programs are designed in a way that does not add to women's time burdens or increase anxiety through strict compliance measures.

## **WOMEN AND POVERTY**

While the IDM study in Indonesia highlights the importance of understanding and assessing the gendered nature of poverty, rather than assuming poverty is consistently and necessarily feminised, our findings reveal where women are especially deprived.

The data from the Family Planning module of the IDM clearly reveals that women overwhelmingly carry responsibility for contraception. Men were more likely than women to report having no need for contraception. In Jeneponto, 45.8 percent of all women reported personally using contraception to avoid or delay having children, compared with 19.8 percent of men. In Pangkep, 43 percent of women personally used contraception, compared with 8.2 percent of men.

The IDM Health module asks women who are currently pregnant or have been pregnant in the past twelve months whether they accessed pre-natal care. In both Jeneponto and Pangkep, access to pre-natal care was very high, with the exception of women in the Pangkep islands, where 78.3 percent accessed pre-natal care, compared with over 94 percent in other regions.

The IDM Clothing module asks about access to sanitary products. In Jeneponto, almost 10 percent of women reported not using any sanitary products during their most recent menstrual period; among women with disability 20.9 percent did not use sanitary products. In Pangkep, 6.6 percent of women reported not using sanitary products during their most recent menstrual cycle. Women in the Islands were five times more likely to report not using sanitary products.

Women have specific needs relating to biology and reproduction that are not shared by men. Very often, these needs are neglected within assessments of poverty. However, deprivation in regard to contraception use, pre-natal care, and use of sanitary products is fundamental to women's experience of multidimensional poverty. The findings of the IDM indicate the importance of policy and programs being sensitive to these issues.

The data provided by the IDM study indicates that while women as a group have similar biological needs, some groups are more deprived. Women living with a disability and women living in the remote islands experienced deeper poverty, which is masked when women are considered as a homogenous group.

## SDG1: ENDING POVERTY IN ALL ITS FORMS EVERYWHERE

Sustainable Development Goal 1.2 aims to reduce at least by half the proportion of men, women and children of all ages living in poverty in all its dimensions. SDG indicators for ending poverty and ensuring gender equality and women's empowerment call for data that are disaggregated by sex, age, disability status, and geographic location.

The findings of the IDM study in Indonesia demonstrate the importance of assessing multidimensional poverty at the individual level, and in ways that are sensitive to gender. The results provide evidence to inform efforts to achieve both SDG1 and national poverty eradication objectives. Crucially, the results provide information to better support people living in poverty, and to improve the lives of women and men.

## FURTHER READING AND RESOURCES

The full reports from the Indonesian IDM Study are available at [IMMP.crawford.anu.edu.au](https://immp.crawford.anu.edu.au)

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From June 2020, the research reported here will be taken forward under the name Individual Measurement of Multidimensional Poverty (IMMP) Program. The IMMP Program will be housed in the Poverty and Inequality Research Centre at the Crawford School of Public Policy, The Australian National University [IMMP.crawford.anu.edu.au](https://immp.crawford.anu.edu.au)