FIJI
COUNTRY GENDER ASSESSMENT 2015
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Gender equality is a priority for Fiji and is embedded in national and international commitments and legislation. Fiji’s national strategic planning document—the Roadmap for Democracy and Sustainable Socio-Economic Development—directs all ministries and sectors to share the responsibility for achieving gender equality. We are pleased that the country gender assessment (CGA) will support Fiji’s ongoing efforts to promote equality between women and men, boys and girls.

For the Government of Fiji, our goal is to ensure that national and international commitments to gender equality are addressed and monitored over time. The compilation of data and analysis in the CGA highlights complexities of gender relations and identifies baselines for monitoring our progress toward gender equality. The assessment clarifies where our efforts are showing success—for example, in our legislative framework, which specifically addresses domestic violence and crimes against children; in our gender equality policy framework; in the use of innovative modalities to deliver health services to women in rural areas; and in our efforts toward equitable financial inclusion and support to the private sector.

The CGA also highlights areas where gender inequality is holding back development. It shows that rural women have fewer economic opportunities and that women across Fiji are subject to high levels of violence from men. While more young women than men are graduating with tertiary qualifications, women are still a minority in the workforce. To address these challenges, the CGA recommends strategic analysis of women’s and men’s relative access to, and control of, resources; equitable access to economic opportunities; and improved data collection. Developing a consistent and comparable set of gender indicators relevant to each sector and making data available in a timely manner are important tasks in tracking our progress.

This assessment could not have been completed without the assistance of civil society organizations, development partner agencies, and colleagues from across different ministries. The breadth of representation in the CGA reference group resulted in a richer analysis and a more universally relevant report. We would like to thank the many people who responded to our requests for information, who participated in interviews and consultations, and who reviewed drafts of the document. The production of this report has been a collaborative process and we can all be proud of the achievement.

Makereta Konrote
Permanent Secretary for Economy
On behalf of
Strategic Planning Office, Ministry of Economy
Department of Women, Ministry of Women, Children and Poverty Alleviation
About This Publication

This country gender assessment (CGA) analyzes the progress of Fiji toward achieving gender equality across different social, economic, and political spheres. The report brings together existing gender-related research, data, and policy documents to present evidence-based information relevant to key socioeconomic sectors. The aims of the CGA are to

- report on current disparities between women and men, girls and boys across key sectors;
- identify gender-related barriers in achieving national development goals in those sectors; and
- reinforce ongoing efforts toward gender equality and recommend specific strategies to support the government’s implementation and monitoring of its gender equality commitments.

The development of the CGA has been a collaborative process involving multiple stakeholders. The findings and information from the CGA will be used to raise awareness and support new and ongoing efforts to promote gender equality. The lead agencies for the CGA—the Strategic Planning Office of the Ministry of Finance and the Department of Women, Ministry of Women, Children and Poverty Alleviation—will ensure that the CGA findings are widely communicated and that recommendations are implemented through relevant mechanisms.

The primary audiences for this report are the Government of Fiji, development partners, and civil society organizations that promote gender equality in their work. These partners collaborated to varying degrees and they have indicated the importance of the CGA in advancing their work.

Assessment Process

The Strategic Planning Office, Ministry of Finance, led this assessment with financial support and technical guidance from the Asian Development Bank (ADB), along with collaborative support from the Department of Women, Ministry of Women, Children and Poverty Alleviation and the Pacific Community (SPC; formerly the Secretariat of the Pacific Community). A CGA team was formed in November 2014 to begin the assessment and consultation processes and to prepare the report. Staff from the Strategic Planning Office and the Department of Women were actively involved in gathering data, reviewing the assessment, and facilitating consultations with stakeholders.

A reference group composed of representatives from selected ministries, development agencies, and civil society organizations provided additional guidance to the CGA with up-to-date research and data, review of earlier draft documents, and active engagement in the consultation and validation processes.
Acknowledgments

The preparation of this document was guided by the director of the Strategic Planning Office and the director of the Department of Women. Other staff from the two offices contributed to the review and finalization of the report.

The CGA was prepared under the guidance of Sunhwa Lee from ADB and Brigitte Leduc and Joanne Lee Kunatuba from SPC Human Development Programme. Gayle Nelson and Jessica Gardner coauthored the report.

The reference group members from government ministries, civil society organizations, and development partners were instrumental in shaping this document and we wish to thank the following government agencies: Department of Corrections, Department of Culture and Heritage, Fiji Arts Council, Fiji Bureau of Statistics, Fiji Corrections Service, Fiji National University, Fiji Police Force, Ministry of Education, Ministry of Fisheries and Forests, Ministry of Health, National Centre for Micro and Small Enterprises Development, Office of the Prime Minister, and the Reserve Bank of Fiji. We also wish to thank the following development partners and civil society organizations: Australia Department of Foreign Affairs and Trade, Fiji Disabled People’s Federation, Fiji Women’s Crisis Centre, Fiji Women’s Rights Movement, International Labour Organization, International Planned Parenthood Federation, Medical Services Pacific, Rainbow Pride Federation, Pacific Regional Human Rights Resource Team, South Pacific Business Development, United Nations Development Programme, the United Nations Population Fund, UN Women, and World Health Organization. Others also contributed to the final document with in-depth reviews and comments; they are Imrana Jalal and Francesco Tornieri from ADB, and Penelope Schoeffel from the National University of Samoa.
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<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tr>
<td>ADB</td>
<td>Asian Development Bank</td>
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<tr>
<td>ECE</td>
<td>early childhood education</td>
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<td>EUS</td>
<td>Employment and Unemployment Survey</td>
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<td>EVAW</td>
<td>Elimination of Violence Against Women</td>
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<td>FWCC</td>
<td>Fiji Women’s Crisis Centre</td>
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<td>GDP</td>
<td>gross domestic product</td>
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<td>HIES</td>
<td>Household Income and Expenditure Survey</td>
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<td>MDG</td>
<td>Millennium Development Goal</td>
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<td>MSM</td>
<td>men who have sex with men</td>
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<td>MSP</td>
<td>Medical Services Pacific</td>
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<tr>
<td>NCSMED</td>
<td>National Centre for Small and Microenterprise Development</td>
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<td>NFIT</td>
<td>National Financial Inclusion Taskforce</td>
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<tr>
<td>PWSPD</td>
<td>Pacific Women Shaping Pacific Development</td>
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<tr>
<td>SOE</td>
<td>state-owned enterprise</td>
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<tr>
<td>SPC</td>
<td>Pacific Community (formerly, Secretariat of the Pacific Community)</td>
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<tr>
<td>SRH</td>
<td>sexual and reproductive health</td>
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<td>STI</td>
<td>sexually transmitted infection</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>USP</td>
<td>University of the South Pacific</td>
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<td>VAW</td>
<td>violence against women</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive Summary

About Fiji

Fiji is an island country in the Pacific Ocean, consisting of 332 islands and a total land area of about 18,273 square kilometers (km²). Fiji became independent from the United Kingdom in October 1970 after almost a century under British colonial administration. Fiji’s population is estimated at 865,612, most of whom live on the two main islands: Viti Levu (with about 75% of the total population) and Vanua Levu (with about 20%). There are two main ethnic groups: i-Taukei (indigenous Fijians) who make up about 57% of the total population and Fijians of Indian descent who account for 37%. Fiji is classified as an upper middle-income country, with per capita gross domestic product estimated at $4,546 in 2014. While Fiji experienced economic constraints during the 2000s, its economy achieved consecutive years of growth during 2010–2014, averaging 3.3% a year. Despite recent growth, Fiji faces a number of challenges that constrain economic development, including its geographic isolation, a relatively small population, and the complexity of land tenure systems.

Fiji has made a number of specific international and national commitments to gender equality, including the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child, the revised Pacific Platform for Action, and the national gender policy. Gender equality is also identified as a goal in national strategic planning documents. Despite these commitments and good progress in achieving the Millennium Development Goals related to gender equality, gender bias remains a challenge across various sectors and gender-based violence is prevalent. Gender inequality is rooted in traditional norms, customs, and models of decision making that give more power to men than to women. It is perpetuated by discriminatory practices, legislative and policy biases, and unequal access to resources and services.

This assessment presents evidence and analysis of gender relations in five key areas, which are aligned with the objectives of the national gender policy. The summary below presents key findings from each area.

Education

- The Ministry of Education has identified priorities for achieving and maintaining gender equality and is preparing to implement a gender policy.
- Preschool enrollment (aged 3–5 years) is low, with a gross enrollment rate of 19% for girls and 17% for boys as of 2011. However, the net intake rate for year 1 of primary school is high, with 99% of boys and 95% of girls aged 6 being enrolled in primary school at the start of 2014.
- Enrollment rates exceed 99% at primary schools and 80% at secondary schools, with no significant gender gaps. For learning outcomes, more boys than girls are in the bottom quartile of primary school literacy and numeracy test results.

Women compose more than half of higher education students: among the 30,000 Fijian nationals enrolled at the three Fijian universities, 53% were women. However, only a small proportion of women were enrolled to qualify in technical trades and professions.

Women have been poorly represented in school management, holding few places on the committees responsible for overseeing school management and finances. At the schools that are considered the most disadvantaged in the country (i.e., in rural and remote areas), women occupy only 10% of positions on school committees.

On average, adult men and women (aged 25 and above) have attained a similar level of education: 36% of men and 40% of women have a secondary qualification, while 20% of men and 15% of women have a tertiary one. Literacy rates are high among both adults (93%) and youth (99%) with no significant gender gap.

Health

Fiji’s fertility transition has been slow. The fertility rate has declined from 3.3 children per woman in 1995 to 2.6 children in 2012. Yet it remains high among i-Taukei at 3.2, while it has dropped among Fijians of Indian descent to 1.9.

In 2014, the maternal mortality rate was estimated at 44 per 100,000 live births and the infant mortality rate was 14 per 1,000 live births.

Contraception use among currently married women (aged 15–49) is relatively low at 38%. Limited use of condoms by young people indicates a high risk of unwanted pregnancies and sexually transmitted infections (STIs).

The 2007 census shows the rate of adolescent pregnancy as 36 births per 1,000 women aged 15–19; the rate was higher in rural (42) than urban (30) areas. Recent data from the Ministry of Health indicates that adolescent fertility in 2014 was 27 births per 1,000 women aged 15–19.2

The UN estimates that 15% of Fijians are likely to live with some form of disability, and rates are rising with the upward trend of noncommunicable diseases. Women with disabilities face particular challenges to receiving quality sexual and reproductive health care, due to lack of appropriate training for health care workers.

Rural people face specific disadvantages in accessing quality health care, including travel costs to divisional health facilities and long wait times to receive care. These constraints impact women more than men due to their additional reproductive, caregiving, and subsistence responsibilities.

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Gender and the Economy

- Gender gaps in labor force participation are significant: most men aged 15 and above (81%) are employed or actively looking for work, while less than half of women (46%) are. In national statistics, work to produce food and other goods for the home is counted as employment, whereas child care and unpaid household chores are not.
- Women's labor force participation also varies by ethnicity: more than half of iTaukei women (53%) are in the labor force, while about one-third of Fijian women of Indian descent (37%) are.
- Employment for both men and women is mainly in the informal sector: 57% of employed men and 64% of women hold informal-sector jobs, such as subsistence farmers, sugar cane growers, and house cleaners.
- As women's education level increases, they are more likely to participate in the labor force. More than two-thirds of women with tertiary qualifications (68%) are in the labor force compared with only 41% of women with primary education. Yet, women with certificate or diploma are still significantly less likely to be in the labor force than men with similar qualifications (65% versus 89%).
- Combining paid employment with unpaid household and caregiving work, women are working far longer hours than men. Employed women spend an average of 64 hours per week in their main occupation and on household chores, compared with 49 hours spent by men.
- The 2010–2011 employment and unemployment survey shows that women account for 27% of the overall self-employed across both formal and informal sectors, mainly working in market-oriented agricultural production or fishing, handicrafts, and sales-related jobs. Very few—around 800 women compared with 4,300 men—are self-employed in the formal sector, reflecting the limited participation of women as business owners.
- Women make up a little more than one-third (35%) of the tourism workforce. Wages in most tourism jobs are at the minimum wage range and women hold only one-quarter of managerial and professional positions in the tourism sector. Men hold most of the technical and more highly paid jobs in the sector.

Gender Equality in Decision Making

- In 2006, Fiji's national government (House of Representatives and Senate) included 13 women or 18% of all seats. During the period of interim government (2006–2014), there was only one woman on the 12-member ruling council of ministers. As of the September 2014 elections, women hold 8 of 50 seats in Parliament, including that of Speaker.
- Despite recent gains in Fiji's first parliamentary elections in 8 years, women are underrepresented in senior decision-making positions across sectors. This creates negative generational impacts because young women with political and career aspirations have few female role models, coaches, and mentors.
- Fiji does not have any temporary special measures in place to support women in leadership. This is despite being signatory to international agreements that support temporary special measures and stated commitments in the Roadmap for Democracy and Sustainable Socio-Economic Development to increase numbers of women in senior positions in government and on boards of state-owned enterprises.
- Gender mainstreaming to support women's engagement in decision making and leadership for development is constrained by a number of factors. These include the relative marginalization of the Department of Women in the government hierarchy, lack of gender analysis capacity across all government ministries, lack of integrated planning across sectors, and limited availability of sex-disaggregated data in sector ministries' programs.
Gender-Based Violence

- Physical and sexual violence against women (VAW) in Fiji is widespread. Almost two-thirds (64%) of women aged 18 to 64, who have ever been in an intimate relationship, report having experienced physical and/or sexual abuse by their husband or partner.\textsuperscript{3}
- A significant percentage of women (16%) reported having been sexually abused before the age of 15, most often by male acquaintances or male family members.
- Women do not frequently report their experience of violence to any formal organization or authority: 47% never told anyone and only 24% have ever sought help from any agency.
- In 2014, the Fiji Women’s Crisis Center (FWCC) handled 1,075 new cases of domestic violence at their five locations across the country. In comparison, only 232 new cases were reported to the police.
- Women’s rights groups report deteriorating capacity to deal with violence in the police and court systems since 2006, despite enactment of the Domestic Violence and Crime Decrees in 2009.

Strategic Recommendations

Below is a summary of key recommendations from the report. Detailed recommendations are presented in each chapter.

Education

- Develop strategies to increase the proportion of women and men entering nontraditional fields of study at secondary and tertiary levels to reduce the extent of occupational gender segregation.
- Initiate tracer studies to follow female and male graduates as they enter the job market; and compare their professional progress, contributions, and earnings.
- Implement the gender policy drafted by the Ministry of Education, and establish a gender unit within the Ministry of Education to oversee implementation of the gender policy.
- Include gender analysis in all planning, monitoring and evaluation of education programmes and incorporate gender statistics into annual reports.

Health

- Strengthen government health service provision and increase budgets for integrated sexual and reproductive health and rights services.
- Address staffing shortages and improve quality of health services, particularly in rural and other disadvantaged areas, with a focus on improving sexual and reproductive health services at the local level.
- Ensure health workers are trained to deliver confidential services on sensitive topics including family planning, treatment of sexually transmitted infections and HIV, and identification of gender-based violence and sexual assault.
- Undertake a demographic and health survey to establish a baseline of consistent, comparable, sex- and age-disaggregated health data aligned with a core set of gender and health indicators.
- Examine how the private sector’s role in the health sector, including health insurance, could be expanded to ease pressures within the government health system.

Gender and the Economy

- Establish a core minimum set of economic indicators to monitor, among other things, (i) involvement of women in business and income generation, (ii) types of activities and income levels of women in different economic sectors, (iii) training initiatives for women associated with specific skill sets, and (iv) women’s control of employment and business income.
- Enhance small business development programs to ensure women receive skills building and assistance for marketing and quality control.
- Increase investment in gender-responsive extension programs for agriculture, fisheries, tourism, and forestry that support income generation and small business.
- Track implementation of the Employment Relations Promulgation (2007) sections on nondiscrimination on the grounds of sex, disability, and sexual orientation, and implement legislation against sexual harassment.

Gender Equality in Decision Making

- Promote introduction of appropriate temporary special measures in Parliament, political parties, and the public service to increase numbers of women in senior decision-making positions.
- Set targets for gender balance across different public-service post levels, and establish indicators and monitoring mechanisms to report on changes at different levels of civil service positions.
- Undertake gender awareness programs within existing school, youth, and vocational programs, and encourage (i) young women to explore and articulate their leadership aspirations and (ii) young men to become advocates for gender equality and women’s leadership.
- Increase support to civil society organizations and facilitate linkages with government and the private sector to increase leadership opportunities for young women.

Gender-Based Violence

- Target regular training and coaching on gender equality, human rights, and ending gender-based violence to health workers, the judiciary, the public prosecutor’s office, legal aid providers, and the police.
- Include ending gender-based violence as a subject in the curricula of law and social work schools, the police academy, teacher training colleges, and schools of medicine and nursing.
- Undertake mapping of all nongovernment programs that address issues linked to ending violence against women, children, sexual minorities, and those with disabilities.
- Adapt the government’s “Zero Tolerance Communities” programs to incorporate parallel support for reporting and access to justice.

Concluding Remarks

Fiji has gone through considerable political and social changes in the past decade and the return to democracy opens doors for more proactive gender equality initiatives by both government and civil society. Future work to promote gender equality will benefit from cross-sector collaborations and increased technical capacity for gender-responsive planning and gender analysis. Improved collection of consistent and comparable sex-disaggregated data across government ministries, and implementation of accountability mechanisms are also needed to advance the government’s stated priorities for gender equality.
Introduction

The Government of Fiji is committed to achieving gender equality and has adopted strategies to mainstream gender concerns across all sectors. This report assesses the current status of gender equality and examines emerging gender issues. It draws on available data and research to identify disparities between women and men, girls and boys with regard to their access to health and education and their ability to participate in the economy and the political arena. Crosscutting issues such as gender-based violence, are examined. The report also analyzes the effectiveness of policies and programs addressing gender concerns. Practical recommendations are offered to support the government’s efforts in accelerating progress toward its gender-related goals.

1.1 Geography and Population

Fiji is an island country in the Pacific Ocean consisting of 332 islands, of which only 110 are inhabited. It has a land area of 18,273 km² and an exclusive economic zone of 1,281,122 km². The two largest islands—Viti Levu and Vanua Levu—make up about 87% of the total land area. Fiji gained independence from the United Kingdom in 1970, after almost a century under the colonial administration, and the country became a republic in 1987. Fiji has had a relatively turbulent political history and experienced four coups between 1987 and 2006. In 2014, a 50-seat at-large Parliament, including eight women, was elected through an internationally monitored democratic process.

Fiji has long been a regional hub in the South Pacific, hosting numerous regional institutions such as the Pacific Islands Forum Secretariat, the Pacific Community, the University of the South Pacific, and the Secretariat of the Pacific Board for Educational Assessment. These agencies influence the policies of regional governments and their presence in Fiji increases the potential of Fiji to lead and benefit from regional initiatives.

The population of Fiji was about 865,612 at the end of 2014, spread across four administrative divisions (Central, Eastern, Northern, and Western divisions) and 14 provinces (Table 1.1). More than 80% of the population lives in the Central and Western divisions on the island of Viti Levu. About 30% of the population is aged below 15, and about two-thirds are in the working ages of 15–64. The dependency ratio—the proportion of children and elderly to the working-age population (aged 15–64)—shows that there were 50 dependents for every 100 working people in 2014, which is just below the global average (54) for the year. Across the four divisions, the Eastern division has the highest dependency ratio at 80. This high dependency ratio is associated with lack of economic opportunities in the area and rural-to-urban migration.

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There are two major ethnic groups in the population: i-Taukei (indigenous Fijians) make up 57% of the total population while Fijians of Indian descent account for 37%. Fijians of Indian descent first came to Fiji as indentured labor, small business operators, and tradespeople during British colonial times. Other ethnic groups include Rotumans and immigrants from other Pacific islands, Asia, Australia, and New Zealand.

The demographic profile of Fiji has changed greatly over time due to migration and variations in fertility rates among different groups. In recent years there has been an increase in out-migration from Fiji as well as an increase in rural-to-urban migration. Between the 1996 and 2007 population censuses, Fijians of Indian descent declined by about 7% (from 338,818 in 1996 to 313,798 in 2007), while there were increases of 21% among i-Taukei, 6% among Rotumans, and 53% among citizens from other Pacific island countries.3

1.2 Economic Characteristics

Fiji is classified as an upper middle-income country, with per capita gross domestic product (GDP) estimated at $4,546 in 2014, which is among the highest in the Pacific.4 In the 2000s, the economy was constrained by political uncertainty and resulting declines in private sector investment. Since 2010, Fiji’s economy has achieved consecutive years of growth, averaging 3.3% a year during 2010–2014, which represents one of the most sustained periods of growth since independence in 1970.5 The economy grew by an estimated 4.6% in 2013, driven by increased public sector (largely transport infrastructure) and domestic private sector investments as investors’ confidence improved ahead of the elections. In 2014, growth of 4.2% was recorded, largely based on earnings from tourism, the sugar industry, and exports of mineral water.6

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4 World Bank Development Indicators website. 2015. GDP per capita.
6 ADB website. Fiji Economy. www.adb.org/countries/fiji/economy
Fiji is endowed with a variety of natural resources—forests, minerals, fisheries, seascapes, and pristine beaches. The tourism sector is Fiji’s main source of foreign exchange earnings and the overall services sector’s share in GDP increased to 68% during 2010–2014.\(^7\) Agriculture’s contribution to GDP has declined, but it remains one of the key sectors of the economy, accounting for 44% of total employment in Fiji. Sugarcane is the single most important crop, although its share in agriculture output has declined. Fiji’s manufacturing base is relatively large and more diversified than what may be typical of small island countries. Manufacturing in Fiji consists of apparels, beverages, cosmetics (e.g., skin care products), fabricated metals, food processing, and paint manufacturing. The garment industry boomed in the 1990s with various trade preferences and investment incentives but declined as preferential incentives expired. Employment in the garment industry has picked up in recent years as manufacturers have moved into low-volume, high-value niche products. Mineral water emerged as a growth sector in the 1990s and has become one of Fiji’s key exports. Based on these economic trends, more details on gender and employment characteristics are discussed in Chapter 5.

1.3 Development Challenges

Fiji’s geographic isolation, its relatively small population, and the complexity of land tenure systems are potential constraints to economic development, especially private sector development. In addition, various laws and regulations for work permits, business registration, and licensing make private sector investments complex for both foreign and domestic entrepreneurs. These barriers affect both men and women, but women can be further disadvantaged by gendered power relations, the structure of traditional leadership hierarchies, and men’s relatively higher control of economic resources and decision making.

Fiji has also achieved mixed progress in Millennium Development Goals (MDGs). According to the 2015 Pacific regional report, Fiji achieved its MDG targets in universal primary education, reducing child mortality, improving maternal health, and ensuring environmental sustainability.\(^8\) However, mixed progress was reported for MDGs in reducing poverty, promoting gender equality, and combating HIV/AIDS and other major diseases. Despite achievements in health-related targets, staffing shortages and inadequate quality of health services, especially in rural or other disadvantageous areas, continue to challenge the health sector. Other gender- and health-related challenges include the increasing levels of male and female disability caused by accidents and noncommunicable diseases.\(^9\) In addition, Fiji’s prevalence of gender-based violence is among the highest in the Pacific and it is estimated to cost the government up to 7% of GDP annually (more details on gender-based violence are presented in Chapter 7).\(^{10}\)

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\(^7\) Footnote 5.

\(^8\) Pacific Islands Forum Secretariat. 2015. 2015 Pacific Regional MDGs Tracking Report. Suva.


In 2014, Fiji ranked 88 on the human development index and 89 on the gender development index out of 187 countries.¹¹ On the World Economic Forum’s global gender gap index, Fiji has fallen 18 places in ranking from 103 in 2009 to 121 in 2015.¹² Fiji achieved gender parity in education, with females now exceeding males at all levels of school enrollment. However, women’s economic status continues to lag behind men’s: gross national income per capita estimated for women ($4,100) was less than half of men’s ($10,214) as of 2013, according to UN estimates.¹³ This reflects women’s relatively low participation in the labor force, as well as traditional cultural norms and institutional practices that restrict women’s equal access to economic resources, entrepreneurial opportunities, and decision-making positions. Specific gender-related constraints across different sectors (e.g., education, health, economic activity) are examined throughout the report.

Poverty continues to be a critical issue in Fiji, despite recent declines in the overall poverty rate. According to estimates based on the Household Income and Expenditure Survey (HIES), about 28% of Fiji’s population was living below the national poverty line in 2013–2014, which is a decline from 35% in 2002–2003 and 31% in 2008–2009 (Figure 1.1). Poverty in rural areas has declined significantly between 2008–2009 and 2013–2014 (from 43% to 37%), while urban poverty has increased slightly (from 19% to 20%). Nevertheless, poverty rates continue to be much higher in rural than urban areas (37% versus 20%), and large disparities exist across divisions (Table 1.2).¹⁴ Poverty rates are especially high in the Northern division (48%) followed by the Eastern division (41%); yet, more than two-thirds of the poor live in the Center and Western divisions, given the majority of Fiji’s population residing in these two divisions.


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¹³ UNDP. 2014. Human Development Report 2014. Sustaining Human Progress: Reducing Vulnerabilities and Building Resilience. New York. The income component of the gender development index is a proxy for command over economic resources, which is measured by estimated gross national income (GNI) per capita in purchasing power parity dollars.

Poverty incidence varies considerably by household and individual characteristics as well (Table 1.2). According to results from the 2008–2009 HIES, larger households and households with more children tend to have higher poverty rates; this relationship is stronger in rural areas. Among those employed, household headed by wage workers or employers are less likely to be poor compared with those of self-employed or unpaid workers; yet, the urban-rural difference is large even within the same employment status. Education is a strong predictor of poverty: poverty rates decline substantially when the education level of the household head goes up.

### Table 1.2 Poverty Incidence Rates by Division and Household Characteristics, 2008–2009 and 2013–2014 (%)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Urban</td>
<td>Rural</td>
<td>Total</td>
</tr>
<tr>
<td>By Area</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central</td>
<td>21.5</td>
<td>15.7</td>
<td>35.9</td>
<td>22.4</td>
</tr>
<tr>
<td>Eastern</td>
<td>38.0</td>
<td>30.2</td>
<td>40.1</td>
<td>41.0</td>
</tr>
<tr>
<td>Northern</td>
<td>47.7</td>
<td>37.6</td>
<td>51.4</td>
<td>47.9</td>
</tr>
<tr>
<td>Western</td>
<td>32.5</td>
<td>17.3</td>
<td>43.0</td>
<td>24.5</td>
</tr>
<tr>
<td>By Sex of Household Head</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Households headed by males</td>
<td>31.4</td>
<td>18.6</td>
<td>43.3</td>
<td></td>
</tr>
<tr>
<td>Households headed by females</td>
<td>28.7</td>
<td>18.6</td>
<td>42.6</td>
<td></td>
</tr>
<tr>
<td>By Number of Children</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No children</td>
<td>21.1</td>
<td>10.9</td>
<td>33.6</td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>27.1</td>
<td>17.9</td>
<td>36.8</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>30.4</td>
<td>18.1</td>
<td>43.7</td>
<td></td>
</tr>
<tr>
<td>3 or more</td>
<td>42.0</td>
<td>27.4</td>
<td>52.6</td>
<td></td>
</tr>
<tr>
<td>By Employment Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wage worker</td>
<td>23.0</td>
<td>15.6</td>
<td>36.9</td>
<td></td>
</tr>
<tr>
<td>Employer</td>
<td>25.6</td>
<td>18.3</td>
<td>42.9</td>
<td></td>
</tr>
<tr>
<td>Self-employed</td>
<td>40.8</td>
<td>17.7</td>
<td>46.6</td>
<td></td>
</tr>
<tr>
<td>Unpaid</td>
<td>42.5</td>
<td>35.1</td>
<td>47.0</td>
<td></td>
</tr>
<tr>
<td>By Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>43.3</td>
<td>29.6</td>
<td>50.6</td>
<td></td>
</tr>
<tr>
<td>Secondary</td>
<td>33.6</td>
<td>18.6</td>
<td>38.1</td>
<td></td>
</tr>
<tr>
<td>Certificate</td>
<td>6.6</td>
<td>4.7</td>
<td>11.2</td>
<td></td>
</tr>
<tr>
<td>Degree</td>
<td>3.9</td>
<td>3.1</td>
<td>8.8</td>
<td></td>
</tr>
</tbody>
</table>

Regardless of whether poverty is calculated using household income or household expenditure, similar results are found for the relationship between poverty and various household characteristics, including slightly lower poverty rates in households headed by females than in households headed by males. A detailed analysis by the World Bank indicates that households headed by females—accounting for 11%–12% of the total households—include married women, as well as divorced, widowed, or never married women. Households headed by females where women are married tend to have lower poverty incidence because they receive higher level of remittances than other households, suggesting that migrant partners are sending remittances. On the other hand, households headed by females with divorced or never-married female heads were more likely to be poor than others, holding other characteristics constant.

While poverty trends between 2008–2009 and 2013–2014 indicate improvement in rural poverty, poverty has increased in large urban areas in the Central and Western divisions. In particular, certain urban areas, such as informal, squatter settlements, continue to have a high poverty incidence. There has been significant rural-to-urban migration with the poorest migrants and their families settling in informal peri-urban areas. In these situations, women face a number of challenges including insecure housing, lack of water and sanitation infrastructure, difficulty finding secure employment, illegality of home-based businesses, and little access to land on which to grow crops to feed their families. Where transport, water, and household infrastructure is poor, women’s workloads and health are affected. Peri-urban settlements without proper power, water, and sanitation services represent the worst situation for women, followed by some remote island communities.

The 2007 census recorded that almost all urban households (96%) had piped water, compared with only 38% of rural households. In rural areas, an additional 44% of households had access to an improved source of drinking water, such as a public tap or rainwater tank, bringing the total coverage of clean drinking water to 82% of rural households, compared with 98% of those in urban areas. Among urban households, 97% had an improved sanitation facility in 2007, compared with 88% in rural areas. It will be important to assess more recent infrastructure service conditions for rural, urban, and informal settlement areas, when more up-to-date information is available.

1.4 Gender, Ethnicity, and Culture

Gender relations in Fiji vary by ethnicity, socioeconomic status, and rural–urban contexts. i-Taukei and Fijians of Indian descent are the two main ethnicities. Despite the cultural variations, there are commonalities shared by all Fijian women across ethnic lines. These include patriarchal cultures and gender-differentiated access to economic and political resources. Rural communities in general maintain more traditional gender norms than

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16 ADB. 2015. Fiji: Building Inclusive Institutions for Sustained Growth. Manila. For instance, in Central division, the poverty rate for squatter settlements was 38%, compared to 22% for urban areas and 30% for rural areas.

17 An improved sanitation facility is defined following international comparability definitions as those used in MDG reports, which include facilities such as flush toilet, pit latrine with slab, or those connected to a piped sewer system or a septic system. See 2007 Fiji Population and Housing Census as summarized in UNICEF/World Health Organization Joint Monitoring Program for Water Supply and Sanitation website. Country file for Fiji (updated June 2015). www.wssinfo.org
urban communities, and there are fewer opportunities for rural women to earn their own incomes and engage in activities independent of their families. In urban areas, more liberal gender norms prevail; women also have more opportunities for paid employment, better access to services, more diverse role models, and better access to groups supporting gender equality and women’s empowerment.  

Land is a key economic resource in Fiji and the land tenure system has historically favored indigenous Fijians through recognition of their traditional claims. The combination of land tenure systems and gender bias in traditional decision-making about land use negatively influences women’s economic status in Fiji. (Women’s access to land and economic opportunities is discussed in more detail in Chapter 5.)

i-Taukei share a common language and culture, although there are some differences between confederacies or clan groups. Social hierarchies are defined by traditional affiliations with chiefly lineages as well as by socioeconomic status. Most i-Taukei are Christians, belonging to many denominations, but predominantly Methodists. Men dominate the chiefly system, while women have limited inheritance rights and decision-making roles in traditional chiefly forums. However, there have been rare instances of women holding high chiefly status. In most rural communities, i-Taukei women do most of the work in subsistence agriculture and fishing. Although there are few barriers to women’s equal participation in nontraditional contexts, women are still expected to be responsible for the majority of caregiving; work within the household; and participation in community activities such as ceremonial events, church, and community meetings.

The culture for Fijians of Indian descent is more diverse, with roots in Christian, Hindu, Muslim, and Sikh traditions, and cultural diversity has been maintained through language, religious norms, and limited intermarriage. In many of these groupings, cultural values about gender roles are still strong and males commonly dominate decision making, control of economic resources, and inheritance rights. The following chapters examine patterns of gender disparities and analyze factors contributing to inequalities across key sectors. Where data are available, the analysis looks at how ethnicity interacts with gender by sector.

A Note on Data Sources

In the chapters following, the report tried to provide gender analysis based on up-to-date information from annual reports or administrative records of sector ministries, as well as data from census and national surveys. However, administrative data often lack the level of disaggregation by sex or other characteristics, preventing adequate analysis required to assess gender concerns. The report, nevertheless, made efforts to gather latest information from sector ministries. Other main sources of data used for this assessment include the 2007 population and housing census, 2008–2009 and 2013–2014 household income and expenditure surveys (HIES), and 2010–2011 employment and unemployment survey. Please note that some of these data sets have already become dated and they will be updated in the near future. For instance, preliminary results of the 2013–2014 HIES became available, but full detailed results were not yet available for this report. The 2015–2016 employment and unemployment survey is currently being carried out, and the next census is scheduled for 2017. Once the results from these new data collections become available, further updates on the status of gender equality progress should be possible.

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2

Commitments to Gender Equality

2.1 International Commitments to Gender Equality

The Fiji government has made a number of international and regional commitments to gender equality, which include:

- Millennium Development Goals (MDGs),
- UN conventions, and
- gender-specific regional and international agreements that support implementation of the Beijing Platform for Action.

International conventions and agreements for gender equality set the norms and standards that a country must strive to achieve. These conventions provide both guidance on women’s human rights and rationales for development goals. They enable dialogue between development partners and provide guidelines for strategic planning, policy making, monitoring, and evaluation. Box 2.1 identifies the gender-related international conventions Fiji has signed or ratified. Despite a number of commitments signed, progress to implement conventions and related gender equality goals has been mixed.

<table>
<thead>
<tr>
<th>Convention</th>
<th>Ratification/Signing Date</th>
<th>Gender-Related Guidance on Convention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Convention on the Elimination of All Forms of Discrimination against Women (CEDAW)</td>
<td>1995</td>
<td>Articles address gender equality and nondiscrimination in areas such as education, employment, marriage, health, finances, and decision making. CEDAW establishes internationally endorsed norms and standards for women’s human rights.</td>
</tr>
<tr>
<td>Convention on the Rights of the Child</td>
<td>1993</td>
<td>Addresses gender equality directly by recognizing that girls are often discriminated against more than boys. Sets norms and standards against harmful practices such as denial of girls’ rights to education, early marriage, and female genital mutilation.</td>
</tr>
<tr>
<td>Convention on the Rights of Persons with Disabilities</td>
<td>Signed 2010, Not yet ratified</td>
<td>The convention recognizes that women and girls are subject to multiple discriminations including in health, education, access to services, and mobility. The preamble and seven articles specify attention to nondiscrimination for women and girls.</td>
</tr>
<tr>
<td>ILO Equal Remuneration Convention (No.100)</td>
<td>2002</td>
<td>Convention is to ensure equal remuneration for male and female workers for work of equal value. Provides definitions and explanations on what constitutes equal work and gender discrimination.</td>
</tr>
<tr>
<td>ILO Discrimination in Employment and Occupation Convention (No. 111)</td>
<td>2002</td>
<td>Convention prohibits discrimination on the grounds of sex, including discrimination based on maternity and family responsibility. Convention also extends to prohibition of sexual harassment in the workplace.</td>
</tr>
</tbody>
</table>

ILO = International Labour Organization.

Source: Pacific Community (SPC) and Government of Fiji. Forthcoming. Stocktake of Gender Mainstreaming in Fiji. Noumea: SPC.

These include the Revised Pacific Platform for Action and the Commonwealth Plan of Action for Gender Equality.
Fiji last submitted its Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) report in 2009, and was preparing to submit its fifth periodic report in late 2015. The 2010 concluding observations from the CEDAW committee highlighted specific concerns with the impacts of certain laws, such as the Media Industry Development Decree and the Public Order (Amendment) Decree on women’s human rights.\(^{20}\) The committee also noted that women’s rights to health and economic development were compromised by inadequate service provision, lack of sex-disaggregated data, and limited gender analysis. Other concerns noted about women’s status in Fiji included discriminatory patriarchal traditions, stereotyping of women, women’s caregiving burden at home, job segregation, and high levels of violence against women. A strong point was made regarding the lack of temporary special measures, which are necessary for improving women’s political representation.

In achieving MDG targets, Fiji demonstrated good progress in some areas relative to other Pacific countries, but concerns remain in certain areas. MDG 3 for gender equality, for example, shows almost equal numbers of girls and boys enrolled in school. For women’s political participation, the September 2014 elections have seen 7 women elected to the 50-seat Parliament, appointment of a woman as speaker of the house, and 4 women leading their political parties.\(^{21}\) This is a positive sign, although numbers of women at senior executive levels of the civil service and in the judiciary are still low.

Fiji is also working to implement its commitments to the Beijing Platform for Action, the Pacific Platform for Action, and the Commonwealth Plan of Action for Gender Equality. This is being done at the policy and action planning level. Key performance areas include ending violence against women, promoting women’s economic empowerment, and increasing women’s opportunities to participate in decision making.

### 2.2 Legislative and Policy Environment in Support of Gender Equality

The *Fiji Constitution* was signed into law in September 2013. The Constitutional Bill of Rights recognizes the government’s commitments to gender equality through Section 26 on Rights to Equality and Freedom from Discrimination that prohibits discrimination on the grounds of sex, gender, sexual orientation, gender identity and expression, marital status, or pregnancy. In addition, there are several laws and decrees that support nondiscrimination and women’s rights to equality. These include the Family Law Act, the HIV Decree, the Child Welfare Decree, the Domestic Violence Decree, and the Crimes Decree.

The *Roadmap for Democracy and Sustainable Socio-Economic Development 2010–2014* has been Fiji’s national strategic plan and includes gender equality objectives and indicators (Appendix I). The road map directs ministries to consider gender equality within the work of their ministries, while the indicators are to guide them on policy and program interventions. Ministries are expected to build this strategic direction into their mandates, along with specific objectives in their annual corporate plans. The Implementing and Coordinating Office’s role is to monitor progress on a regular basis.\(^{22}\)
Most ministries lack specific gender analysis expertise and have only adopted policy objectives to monitor numbers of women and men in their ministries. Many ministries acknowledge that they need training or technical advice to understand how their mandates can be made more gender responsive. Ministries have different interpretations about who is responsible for mainstreaming gender analysis across the government; this lack of clarity is a constraint to achieving the road map’s objectives.\(^{23}\)

The **National Gender Policy (2014)** supports the Roadmap for Democracy and Sustainable Socio-Economic Development and is the guiding national policy on gender equity, equality, social justice, and sustainable development. Specific aims of the policy are as follows:

- Improve the quality of life of men, women, boys, and girls at all levels of society through the promotion of gender equity and equality.
- Reinforce the inextricable links between gender equality and sustainable development goals in national development.
- Promote active and visible gender mainstreaming in all sectors and within civil society to ensure agency for gender equity and equality in all spheres of national life.
- Remove all forms of gender inequality and gender discrimination in Fiji.\(^{24}\)

The **National Women’s Action Plan** has been in place since 1999, reflecting Fiji’s commitment to the Beijing Platform for Action and the Pacific Platform for Action. The revised version, covering the period 2009–2018, identifies multiple focus areas for women’s empowerment, including\(^{25}\)

- mainstreaming issues linked to gender inequalities,
- women and the law,
- microenterprise development,
- equal participation in decision making, and
- elimination of violence against women and children.


Key Findings

- The Ministry of Education has identified priorities for achieving and maintaining gender equality and is preparing to implement a gender policy.
- Preschool enrollment (aged 3–5 years) is low, with a gross enrollment rate of 19% for girls and 17% for boys as of 2011. However, the net intake rate for year 1 of primary school is high, with 99% of boys and 95% of girls aged 6 being enrolled in primary school at the start of 2014.
- Enrollment rates exceed 99% at primary schools and 80% at secondary schools, with no significant gender gaps. For learning outcomes, more boys than girls are in the bottom quartile of primary school literacy and numeracy test results.
- Women compose more than half of higher education students: among the 30,000 Fijian nationals enrolled at the three Fijian universities, 53% were women. However, only a small proportion of women were enrolled to qualify in technical trades and professions.
- Women have been poorly represented in school management, holding few places on the committees responsible for overseeing school management and finances. At the schools that are considered the most disadvantaged in the country (i.e., in rural and remote areas), women occupy only 10% of positions on school committees.
- On average, adult men and women (aged 25 and above) have attained a similar level of education: 36% of men and 40% of women have a secondary qualification, while 20% of men and 15% of women have a tertiary one. Literacy rates are high among both adults (93%) and youth (99%) with no significant gender gap.

3.1 Education Systems and Policies

The education delivery system includes government schools, private schools, and training providers. The Ministry of Education is responsible for delivering education services at kindergarten, primary, and secondary school levels. It also oversees the technical and vocational education and training system, which is offered through secondary schools and stand-alone providers. In addition to managing teaching personnel and setting standards for education and training services, the ministry regulates the recognition of other education and training providers and accreditation of their programs. (Please see Table 3.1 for the structure of education system and number of schools by district.)

At the primary and secondary levels, less than 2% of all schools are government schools: only 14 schools (12 secondary and 2 primary) out of a total of 908 are owned and run by the government. The majority are “grant-aided nongovernment schools” managed by communities, faith-based organizations, or private entities. There are 22 private schools (15 primary and 7 secondary schools) that are totally independent with their own teachers and curriculum. All schools, except private ones, receive government assistance through infrastructure grants and fee subsidies. The fees are provided on a per student basis to cover school operations and maintenance, textbooks, and equipment. All primary and secondary school teachers—including those from nongovernment schools—are employed through the Ministry of Education and paid by the government.
Higher education is delivered through three major universities—University of the South Pacific (a Pacific regional institution), the Fiji National University, and the University of Fiji—and a number of other institutions offering accredited qualifications. The Fiji Higher Education Commission is responsible for overseeing implementation of the national qualifications framework and granting formal recognition to education providers. As of April 2016, there were 39 registered higher education institutions and 72 recognized institutions.26

Education policies and services are managed through four divisional offices that are broken into nine districts.27 Since 2014, the government allocated more than F$360 million to the Ministry of Education and more than F$82 million to the three universities (Figure 3.1). There was a significant increase in 2014 compared to previous years, as the government introduced free tuition for primary and secondary schools. While the budget amount for education greatly increased since 2014, the share of national budget allocated to education remained at around 15%.

Providing assistance to make the cost of education more affordable for families is a key concern for government. There are a number of government programs and grants to assist with the cost of education. Free primary and secondary education is provided through public schools, and further aid is provided through transport assistance to eligible students, grants to schools, and free textbooks.28 The government has developed an index that rates schools based on social, economic, and geographic factors and provides additional assistance to those rated as highly disadvantaged.29 Government grants for primary education increased from F$30 per student in 2014 to F$250 in 2015 with the aim of creating a truly fee-free primary education system. Secondary school tuition fee subsidies also increased significantly between 2014 and 2015. The Tertiary Education Loan Scheme introduced in 2014 provides minimal interest and delayed repayment loans to support the costs of higher education.30

### Table 3.1 Structure of Education System and Number of Schools by District, 2014

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Grades</th>
<th>Official Age Range</th>
<th>Central Division</th>
<th>Western Division</th>
<th>Northern Division</th>
<th>Eastern Division</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kindergarten</td>
<td>K1</td>
<td>3–5 years</td>
<td>252</td>
<td>267</td>
<td>134</td>
<td>62</td>
<td>715</td>
</tr>
<tr>
<td>Primary</td>
<td>Class 1–8</td>
<td>6–13 years</td>
<td>204</td>
<td>249</td>
<td>163</td>
<td>115</td>
<td>731</td>
</tr>
<tr>
<td>Secondary</td>
<td>Form 3–7</td>
<td>14–18 years</td>
<td>68</td>
<td>58</td>
<td>38</td>
<td>13</td>
<td>177</td>
</tr>
<tr>
<td>Special education</td>
<td>All levels</td>
<td>0–30 years</td>
<td>7</td>
<td>7</td>
<td>2</td>
<td>1</td>
<td>17</td>
</tr>
<tr>
<td>Technical and vocational education and training</td>
<td>Integrated in secondary school and stand-alone</td>
<td>24</td>
<td>29</td>
<td>14</td>
<td>8</td>
<td>75</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td><strong>555</strong></td>
<td><strong>610</strong></td>
<td><strong>351</strong></td>
<td><strong>199</strong></td>
<td><strong>1,715</strong></td>
</tr>
</tbody>
</table>

The Household Income and Expenditure Survey (HIES) shows that households on average spent 6.9% of their total budget on education in 2008–2009, which is a significant increase from 3.5% in 2002–2003 (Table 3.2). Urban households were likely to spend more on education than rural households (7.9% versus 4.8% in 2008–2009), and the urban-rural difference has also become greater. The share of household expenditure on education was similar between i-Taukei and Fijian of Indian descent households in 2008–2009, whereas i-Taukei households spent much less than Fijians of Indian descent in 2002–2003. On average, the majority of household expenditure on education is for tertiary education (63%). The increased allocation of the household budget toward education may be due to increasing costs, as well as to increasing emphasis on and enrollment in higher education.\footnote{W. Narsey. 2011. Report on the 2008–09 Household Income and Expenditure Survey for Fiji. Fiji Islands Bureau of Statistics. Suva.}

\begin{figure}
\centering
\includegraphics[width=\textwidth]{figure3.1.png}
\caption{Government Budget Allocation for Education, 2011–2015}
\end{figure}

\begin{table}
\centering
\begin{tabular}{|l|c|c|}
\hline
\textbf{By Area} & \textbf{2002–2003} & \textbf{2008–2009} \\
\hline
Urban & 3.9 & 7.9 \\
Rural & 2.9 & 4.8 \\
\hline
\textbf{By Ethnicity} & & \\
\hline
i-Taukei & 2.8 & 6.3 \\
Fijians of Indian descent & 4.2 & 6.6 \\
\hline
\end{tabular}
\caption{Expenditure on Education as a Percentage of Total Household Expenditure}
\end{table}
3.2 Primary and Secondary Education

The elimination of gender disparities in education has been a focus of government and achievements are evident. Fiji has been successful in achieving the Millennium Development Goal of universal primary education, with net enrollment rate close to 100% in 2013 and no significant gender gaps (Table 3.3). As for secondary education, net enrollment was around 80% overall in 2013, an increase from 75% reported in 2010. Female enrollment in secondary education exceeds male enrollment, as shown in both gross and net enrollment rates. The net enrollment rate for females was 87% compared with 78% for males. A similar gender gap exists for gross enrollment.

Table 3.3 Enrollment Rates by School Level

<table>
<thead>
<tr>
<th>Enrollment Rates (%)</th>
<th>Net Enrollment</th>
<th>Gross Enrollment</th>
<th>Gender Parity Index</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Preschool (2011)a</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary (2013)b</td>
<td>99.6</td>
<td>99.0</td>
<td>99.8</td>
</tr>
<tr>
<td>Secondary (2013)c</td>
<td>80.4</td>
<td>78.3</td>
<td>87.3</td>
</tr>
</tbody>
</table>

c Ministry of Education. 2013. Ministry of Education 2013 Annual Report. Suva. Sex-disaggregated rates were provided by the Ministry of Education upon request.

Preschool enrollment, which is not available in all parts of Fiji, is still low with a gross enrollment rate of 19% for girls and 17% for boys in 2011. Given the importance of early childhood education (ECE) in setting the foundation for children’s future learning, improving access and quality of ECE is set out in the government’s ECE policy, which was first adopted in 2007. Recent initiatives include attaching more ECE facilities to primary schools, increasing salary grants to teachers, and developing a new curriculum.

At the secondary level, some indications of future occupational segregation are evident in data on subject choices among 12,300 students in the Fiji School Leaving Certificate Examination (FSLCE) and among 7,000 students in the Fiji Seventh Form Certificate Examination (FSFCE) in 2013. Aside from compulsory English and mathematics, students can choose from a number of science, humanities, technical, and language subjects. As shown in Figure 3.2, topics that tend to attract more boys than girls include technical drawing and design (FSLCE), applied technology (FSLCE), physics (both FSLCE and FSFCE), and introduction to technology (FSFCE). More girls than boys study biology, home economics, and to some extent, chemistry, accounting, and economics.

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In terms of learning outcomes, available evidence suggests that girls tend to exceed boys in performance. Results from national literacy and numeracy tests conducted among school-age children (in classes 4, 6, and 8) reveal that more boys than girls are in the bottom quartile of test results, especially among younger-age groups. In addition, students in remote areas performed less well than those in urban centers. Improvements in literacy between class 4 and class 8 were significant, but less so for numeracy (Table 3.4).

**Emerging Issues**

Despite gender parity in enrollment and completion at the primary and secondary levels, the education ministry reports continuing gender-related challenges. There is a need to raise awareness among parents and stakeholders about gender concerns and the impact that traditional perceptions may have on the education of girls and women. The issues include the poor quality of sexual and reproductive health education in schools and high levels of teen pregnancy. The Ministry of Education’s current strategies make little mention of gender,

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Note: The gender gap is the percentage of male students enrolled in that subject minus the percentage of female students enrolled. A negative number indicates the subject is female dominated, and a positive number shows it is male dominated.

but a gender and education policy is being drafted. The draft policy is informed by the priorities identified in the National Gender Policy, which include the following:35

- Support families through education on parenting skills for women and men.
- Continue the Family Life Education Program in all schools.
- Continue and strengthen the Girl Guides and Scouts programs in all primary schools.
- Consider introducing Rangers and Rovers programs for youth aged 16–21 in secondary and vocational schools.36

Sexual and reproductive health education in schools is delivered through the Family Life Education Program. Introduced in 2006, the program is taught to students in years 9 to 13 in all secondary schools with the exception of one all-girls school. The program covers the topics of family life and relationships; drugs and substance abuse; culture and gender; mental health; human development and sexuality; gender-based violence; life skills; reproductive health and pregnancy; and sexually transmitted infections and HIV/AIDS.37

Teenage pregnancy affects young women in more negative ways than it does for young men. When young women become pregnant, they face social stigma in the school setting, discouraging them from continuing their education.38 Some women who have left school early may seek second-chance secondary education, which is

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36 The Fiji Girl Guides and Fiji Scouts are extracurricular programs designed to provide character and leadership training to girls (Girl Guides) and boys (Scouts) in years 6–8 in primary schools. Schools facilitate the program depending on the availability of a teacher offering to lead it (done on volunteer basis). According to Fiji Girl Guides Association, 252 out of 752 primary schools in 2014 were registered to provide Girl Guides and Scouts programs. Many other schools, especially in rural areas, facilitate the program without registering. The Rangers and Rovers programs are similar to Girl Guides and Scouts, but aimed at older children aged 16 to 21.

37 Information provided by the Ministry of Education.

38 In 2014, the adolescent fertility rate was 27 births per 1,000 women aged 15–19. (Ministry of Health and Medical Services. 2015. Annual Report 2014. Suva.) This rate is lower than those in other Pacific countries (e.g., 82 in Vanuatu and 62 in Solomon Islands) but higher than those in developed countries like Australia (16 in 2010–2015) and New Zealand (25 in 2010–2015). United Nations Population Division. 2015. World Population Prospects, the 2015 Revision, File FERT/7: Age-Specific Fertility Rates by Major Area, Region and Country. United Nations, New York.
provided through the Matua program established in 2004. The program aims to assist men and women who did not finish school and wish to return, including women who left school due to teenage pregnancy. Women are well represented among program graduates who go on to study at university. In 2013, 20 Matua graduates were studying at the University of the South Pacific (USP) (75% women) and 23 at the Fiji National University (61% women).39

Substance abuse is an emerging concern in Fiji. In 2013, 45% of secondary schools and 5% of primary schools reported cases of drugs, substance abuse, or teenage pregnancy.40 In total, there were 174 separate cases of drug and substance abuse across the 370 schools evaluated, but no sex-disaggregated data were available. So far, the Ministry of Education has combined monitoring and reporting on cases of teenage pregnancy together with drug and substance abuse. Tracking these issues separately would be important in developing coping strategies and designing programs, which may need to target males and females separately.

Other Disparities in Education

The government has also noted disparities between socioeconomic groups as a significant concern. The Ministry of Education has noted that quality of education is linked to the commitment to education in a community, suggesting a need to increase educational commitment in some iTaukei communities that have been lagging behind other ethnic communities.41 Historically, iTaukei Fijian communities had livelihood resources that were not dependent on education, while Fijians of Indian descent relied on education as the primary means of economic mobility. Past trends in household expenditures on education illustrate differences in commitment to education by the two ethnic groups (see Table 3.2). However, such differences have been narrowing, as education has become increasingly important for economic opportunities for both groups.

Disparities are evident for students in rural areas, who face more challenges in accessing quality education services. In remote locations, there is limited access to educational materials, limited telecommunications and internet infrastructure, inadequate equipment, and difficulty attracting and retaining teachers. The government provides incentives to attract teachers to rural posts, through local allowances introduced in 2011 for those working 45 kilometers or more from the nearest city or township or in maritime areas (i.e., all islands apart from the two main islands of Viti Levu and Vanua Levu).42 Distance from schools can also be an important barrier to girls’ participation, as their families may restrict them from traveling alone or using boarding facilities available for students from remote locations. The 2014 budget allocated F$800,000 to upgrade, renovate, and equip these facilities, which are in major need of repair.43

Government policies to ensure inclusiveness and equality are gender-neutral and focus on children with disabilities or other special needs. The associated budget currently funds mainstreaming of children with disabilities into primary school. Fiji’s first special school—the Hilton Special School—was established by the Fiji Crippled Children’s Society in 1967.44 As of 2013, there were 15 special schools and 2 vocational centers.45

40 Footnote 33.
43 2014 National Budget Announcement.
45 Data provided by the Ministry of Education on request.
Data from the Ministry of Education indicate that in 2014, there were 751 students with special needs attending these primary schools (37% female).46

School Management

Ensuring sufficient, qualified, and competent human resources for education is one of the pillars of the national education strategy. In 2013, there were almost 5,400 primary school teachers (55% women) and 4,650 secondary school teachers (52% women). There were also 182 vocational education teachers (27% women) and 120 special education teachers (59% women). Teacher training is provided through the Fiji National University and the ministry offers scholarships to attract people into the profession. Fiji has improved gender balance in teacher training, particularly in increasing the number of male primary teachers. There is no significant difference between the qualifications of male and female teachers at primary or secondary levels.48

Most primary school teachers hold a certificate or diploma qualification (84%), while the remaining 16% have a degree or higher qualification. Secondary school teachers were more highly qualified, with 57% of male teachers and 60% of female teachers holding a degree qualification or higher.

Strengthening school-based management has been a primary focus of the Access to Quality Education Program (AQEP), which commenced in 2011. A key gender concern in school-based management is the low participation of women on school management committees (SMCs), which are responsible for overseeing school operations. Only 10% of the 390 SMC members of the target schools were women. Evaluations of the most disadvantaged schools in Fiji targeted by the program revealed almost no involvement of parents and community members in education activities and student welfare. Engagement tended to be related to fund-raising, gardening, maintenance, and lunch programs; SMCs were found to be ineffective, especially in financial management, teamwork, and planning. The program aims to increase women’s involvement by raising awareness of the essential role women play in school management and governance.
3.3 Higher Education

The higher education system offers qualifications ranging from certificates to doctoral (PhD) degrees, in accordance with the national qualifications framework. The three universities in Fiji—Fiji National University, University of Fiji, and University of the South Pacific (USP)—are major institutions offering higher education. Data from these institutions on enrollment show that out of more than 31,000 students pursuing a tertiary education in 2014, 53% were women (Table 3.5). In particular, women make up more than half of enrollment at the levels of diploma, degree, postgraduate certificate, and postgraduate diploma. Women are also well represented at master’s and PhD levels (around 48%), whereas men are the majority at the certificate level, which tends to be dominated by traditional male fields (e.g., engineering and carpentry).

Table 3.5 Number of Fijian Nationals Enrolled in Fijian Universities, by Qualification Level and Sex, 2014

<table>
<thead>
<tr>
<th>Level of Qualification</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>% Female</th>
<th>Distribution by Qualification Level (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Male</td>
</tr>
<tr>
<td>Certificate</td>
<td>6,246</td>
<td>4,021</td>
<td>2,225</td>
<td>35.6</td>
<td>27.1</td>
</tr>
<tr>
<td>Diploma</td>
<td>4,911</td>
<td>2,509</td>
<td>2,402</td>
<td>48.9</td>
<td>16.9</td>
</tr>
<tr>
<td>Degree</td>
<td>14,321</td>
<td>5,814</td>
<td>8,507</td>
<td>59.4</td>
<td>39.2</td>
</tr>
<tr>
<td>Graduate/Postgraduate certificate</td>
<td>784</td>
<td>357</td>
<td>427</td>
<td>54.5</td>
<td>2.4</td>
</tr>
<tr>
<td>Postgraduate/Professional diploma</td>
<td>3,811</td>
<td>1,491</td>
<td>2,320</td>
<td>60.9</td>
<td>10.0</td>
</tr>
<tr>
<td>Master’s</td>
<td>1,144</td>
<td>596</td>
<td>548</td>
<td>47.9</td>
<td>4.0</td>
</tr>
<tr>
<td>Doctorate (PhD)</td>
<td>104</td>
<td>54</td>
<td>50</td>
<td>48.1</td>
<td>0.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>31,321</td>
<td>14,842</td>
<td>16,479</td>
<td>52.6</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Sources: Fiji National University, University of Fiji, and University of the South Pacific.

The three major universities offer courses across six disciplines: humanities, commerce, science, engineering, medicine, and expressive arts.⁴⁹ Among approximately 31,000 students enrolled in the three universities, the majority were attending Fiji National University (18,000 students, 50% female), followed by 11,000 at USP (57% female) and around 2,000 at the University of Fiji (58% female). There are significant gender differences in the field of study or major chosen by students (Table 3.6). Of the five schools in the Fiji National University, the two largest are (i) business, hospitality, and tourism (66% female) and (ii) engineering, science, and technology (18% female). The remaining three schools are female dominated. The low representation of women in engineering, science, and technology suggests that gender segregation in professional and technical occupations is likely to continue until more women can be attracted to study in these fields.

⁴⁹ Footnote 33.
The fields of study chosen by Fijian students at USP shows similar patterns of segregation. Only about 10% of engineering and physics majors are female, and 29% of students in computing, information, and mathematical sciences are female. Across other fields of study, women are well represented, dominant in the fields of biological and chemical science (74%), marine science and studies (65%), geography, earth science, and environment (63%), and social sciences (68%).

50 Data on enrollments and graduation were provided by the Fiji National University, University of Fiji, and University of the South Pacific on request.
Data on graduates indicate that women are more likely to enroll and complete higher education. Between 2009 and 2014, more than 11,300 Fijian students graduated from USP, of which 54% were female. However, over the same 6-year period, women accounted for 47% of graduates with a postgraduate qualification: women lagged behind particularly in master’s degree programs, where 43% of graduates were female.

Gender disparities are noticeable among teaching and school management staff. According to information on university staff at USP in 2009, men predominated overall, and there were more men among the highest-paid academic and comparable staff (355 men and 203 women) and those paid on an hourly basis (284 men and 112 women). Women, on the other hand, were predominant among intermediate and junior staff (308 women and 236 men). By 2013, there were 1,636 staff across all 14 USP campuses (inside and outside of Fiji) of which 46% were women. Women continue to hold fewer academic positions (41% of the 417 posts), although this has increased considerably since 2007 when they held only 34%. Women hold almost half of nonacademic positions (47%) and have done so consistently between 2007 and 2013.

**TVET Certificate Programs**

Gender segregation is most evident in certificate-level programs in technical and vocational education and training (TVET). As of 2013, there were 25 trade qualifications recognized by Fiji’s higher education system. The majority of students are men (65%), because most certificate programs are in traditionally male-dominated fields, such as automotive engineering, electrical engineering, and carpentry. At the Fiji National University, less than one-quarter (23%) of students in the most popular courses are female in 2014 (Table 3.7). Only 5 of the 18 fields of study are female dominated: child care (94% female); housekeeping, accommodation, and restaurant operations (76%); hairdressing and beauty (68%); baking and patisserie (67%); and applied computing (60%).

The Australia-Pacific Technical College is another provider of technical and vocational qualifications, mainly in the areas of hospitality, community services, trades, and technology. Since 2007, more than 2,300 Fijian nationals have graduated from the center, and women accounted about 40%. The majority of graduates from the school of hospitality and community services have been women (64%), whereas trade and technology graduates are mainly men (84%).

Building on Fiji’s great achievements for gender parity in educational attainment, the next important task will be to closely examine the relationship between occupational gender segregation on the one hand, and the subjects and courses taken by young men and women in senior high schools, technical institutions, and other tertiary institutions on the other.

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52 Data provided by the University of the South Pacific to ADB on request in 2013.
53 Data provided by Australia-Pacific Technical College on request (via e-mail on 15 May 2015).
The results of gender parity in education are evident in the adult population across different age groups. The 2010–2011 Employment and Unemployment Survey (EUS) indicates that the gender gap in education attainment has narrowed over time and has, more recently, turned in favor of women (Figure 3.3). Of those people born in 1935, few men (12%) and none of the women received an education at the secondary level or higher. The situation is entirely different among the population born 60 years later in 1985, aged 25 at the time of the survey: the vast majority of them received secondary education or higher, and women’s proportion (86%) exceeded men’s (82%). For those born in 1960 and afterward, the proportion of women attaining secondary education or higher began to exceed that of men.

### Table 3.7 Students Enrolled in Technical and Vocational Education and Training Certificate Courses at Fiji National University, 2014

<table>
<thead>
<tr>
<th>Field of Study</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Automotive engineering</td>
<td>772</td>
<td>20</td>
<td>792</td>
<td>2.5</td>
</tr>
<tr>
<td>Cookery</td>
<td>227</td>
<td>189</td>
<td>416</td>
<td>45.4</td>
</tr>
<tr>
<td>Electrical/Electronic engineering</td>
<td>340</td>
<td>31</td>
<td>371</td>
<td>8.4</td>
</tr>
<tr>
<td>Carpentry/Joinery and cabinet</td>
<td>305</td>
<td>11</td>
<td>316</td>
<td>3.5</td>
</tr>
<tr>
<td>Plumbing and sheet metal</td>
<td>152</td>
<td>17</td>
<td>169</td>
<td>10.1</td>
</tr>
<tr>
<td>Housekeeping, accommodation, and restaurant operations</td>
<td>38</td>
<td>121</td>
<td>159</td>
<td>76.1</td>
</tr>
<tr>
<td>Refrigeration and air conditioning</td>
<td>125</td>
<td>15</td>
<td>140</td>
<td>10.7</td>
</tr>
<tr>
<td>Agriculture</td>
<td>88</td>
<td>49</td>
<td>137</td>
<td>35.8</td>
</tr>
<tr>
<td>Fitting and machining</td>
<td>99</td>
<td>3</td>
<td>102</td>
<td>2.9</td>
</tr>
<tr>
<td>Welding fabrication</td>
<td>88</td>
<td>6</td>
<td>94</td>
<td>6.4</td>
</tr>
<tr>
<td>Child care</td>
<td>6</td>
<td>86</td>
<td>92</td>
<td>93.5</td>
</tr>
<tr>
<td>Baking and patisserie</td>
<td>28</td>
<td>57</td>
<td>85</td>
<td>67.1</td>
</tr>
<tr>
<td>Hairdressing and beauty therapy</td>
<td>25</td>
<td>53</td>
<td>78</td>
<td>67.9</td>
</tr>
<tr>
<td>Aircraft maintenance</td>
<td>65</td>
<td>10</td>
<td>75</td>
<td>13.3</td>
</tr>
<tr>
<td>Printing technology/Screen printing and signwriting</td>
<td>36</td>
<td>35</td>
<td>71</td>
<td>49.3</td>
</tr>
<tr>
<td>Plant maintenance</td>
<td>57</td>
<td>10</td>
<td>67</td>
<td>14.9</td>
</tr>
<tr>
<td>Applied computing</td>
<td>22</td>
<td>33</td>
<td>55</td>
<td>60.0</td>
</tr>
<tr>
<td>Shipbuilding</td>
<td>33</td>
<td>1</td>
<td>34</td>
<td>2.9</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>2,506</td>
<td>747</td>
<td>3,253</td>
<td>23.0</td>
</tr>
</tbody>
</table>

*Note: Includes certificate levels I, II, III, and IV.*

*Source: Fiji National University.*

### 3.4 Education Outcomes among Adults

The results of gender parity in education are evident in the adult population across different age groups. The 2010–2011 Employment and Unemployment Survey (EUS) indicates that the gender gap in education attainment has narrowed over time and has, more recently, turned in favor of women (Figure 3.3). Of those people born in 1935, few men (12%) and none of the women received an education at the secondary level or higher. The situation is entirely different among the population born 60 years later in 1985, aged 25 at the time of the survey: the vast majority of them received secondary education or higher, and women’s proportion (86%) exceeded men’s (82%). For those born in 1960 and afterward, the proportion of women attaining secondary education or higher began to exceed that of men.
Looking at the education levels of the adult population overall, there is little gender difference. Yet, men on average still have attained a higher level of education than women, although this disparity is disappearing for younger generations. Overall, men aged 25 and above are more likely than women to have a tertiary or similar qualification (20% versus 15%), whereas women are slightly more likely to have a secondary qualification than men (40% versus 36%) (Figure 3.4). Importantly, the percentage of adults who have no qualification is still large and similar for men (44%) and women (45%).

The Fiji Bureau of Statistics uses education attainment as a proxy indicator for literacy, assuming that people who have completed at least Class 3 of primary school can read and write a simple sentence. Literacy rates from census data, therefore, should be treated with caution, as they do not necessarily reveal the degree of functional literacy. Proxy indicators suggest that literacy rates are high, with little or no gender gap. The results
from the last three population censuses show significant improvements in literacy rates, along with the declining gender gap among the older group. In 1986, only 29% of women aged 65 to 69 years were considered literate, compared with 49% of men. By 2007, the literacy rate for women aged 65–69 jumped to 88% while that for men increased to 90%.

3.5 Addressing Gender Concerns in Education

The Education Sector Strategic Development Plan, 2015–2018 outlines the functions and challenges faced by the Fiji education system and provides the basis for service delivery over 4 years. It establishes nine outcomes to focus on: access and retention, curriculum, student welfare, workforce, technology and employment, stakeholder partnership, processes and systems, heritage and arts, and higher education. Gender-related priorities are explicit in few of these objectives. Equitable access to education is a key priority with the aim to support “access, retention and completion for all students regardless of gender, ethnicity, culture, beliefs, socioeconomic status and geographic isolation.” The ministry aims to narrow the gap in the proportion of males and females that pass secondary school qualifications (FSLC and FSFE) from 3% to 1%. A gender-balanced and appropriately qualified workforce is also a priority, with a goal of increasing the proportion of women in leadership and ensuring at least 20% of principals and vice-principals are women. Increasing women’s participation in literacy programs delivered at the community level is also a priority.

The AQEP is a major initiative funded by the Australian government that aims to reduce barriers children face in accessing education in Fiji. Initiated in 2011, the program completed its initial phase in 2013 and was extended for a second phase covering the period 2013–2016. The program focuses on equitable access to education by targeting very poor communities and children with a disability. The total number of primary schools supported by the program to date is 193, mostly disadvantaged schools in rural and remote areas. The program includes gender equality commitments, such as increasing the participation and influence of women in school management activities; improving water and sanitation infrastructure in schools; developing a gender-sensitive hygiene campaign for students; mandatory inclusion of gender analysis in program monitoring and evaluation; and improving the Ministry of Education’s capacity to produce, manage, and use sex-disaggregated data.
The National Substance Abuse Advisory Council was established in 1999 to guide policy development on drug and substance abuse. The council includes members from the ministries of education, health, finance, and regional development, as well as the councils of social services and churches. While its mandate extends beyond substance abuse in the school setting, a key function is to provide education programs relating to alcohol and other substances. In 2013, 91 school and community-based trainers were trained to raise awareness among students and the community on drugs, substance abuse, HIV/AIDS, and the elimination of child abuse and violence against girls.60

3.6 **Recommendations**

- Develop strategies to increase the proportion of women and men entering nontraditional fields of study at secondary and tertiary levels to reduce occupational gender segregation.
- Initiate tracer studies to follow female and male graduates as they enter the job market and compare their professional progress, contributions, and earnings.
- Implement the gender policy drafted by the Ministry of Education, and establish a gender unit within the Ministry of Education to oversee implementation of the gender policy.
- Include gender analysis in the regular monitoring and evaluation processes in all levels of education and incorporate gender statistics into annual reports. This should include core gender indicators established for regional and international frameworks (such as sustainable development goals) and sex-disaggregated data on fields of study and student performance.
- Separate monitoring and reporting on cases of teenage pregnancy from those related to drug and substance abuse (currently combined in Ministry of Education annual reports).

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60 Footnote 33.
Key Findings

- Fiji’s fertility transition has been slow. The fertility rate has declined from 3.3 children per woman in 1995 to 2.6 children in 2012. Yet it remains high among i-Taukei at 3.2, while it has dropped among Fijians of Indian descent to 1.9.
- In 2014, the maternal mortality rate was estimated at 44 per 100,000 live births and the infant mortality rate was 14 per 1,000 live births.
- Contraception use among currently married women (aged 15–49) is relatively low at 38%. Limited use of condoms by young people indicates a high risk of unwanted pregnancies and sexually transmitted infections (STIs).
- The 2007 census shows the rate of adolescent pregnancy as 36 births per 1,000 women aged 15–19; the rate was higher in rural (42) than urban (30) areas. Recent data from the Ministry of Health indicates that adolescent fertility in 2014 was 27 births per 1,000 women aged 15–19.  
- The UN estimates that 15% of Fijians are likely to live with some form of disability, and rates are rising with the upward trend of noncommunicable diseases. Women with disabilities face particular challenges to receiving quality sexual and reproductive health care, due to lack of appropriate training for health care workers.
- Rural people face specific disadvantages in accessing quality health care, including travel costs to divisional health facilities and long wait times to receive care. These constraints impact women more than men due to their additional reproductive, caregiving, and subsistence responsibilities.

4.1 Health Systems and Policies

The health system in Fiji is currently facing a number of challenges in terms of quality, access, financing, and human resources. In the postindependence period, Fiji’s rural and urban populations had good access to health services through primary and other care facilities. Since then, health policies and systems have not adequately adapted to increasing rural-to-urban migration and to lifestyle and social changes. This has resulted in reduced access to government-funded services, long wait times at government health facilities, and lower quality of health care. Fiji delivers health services through both private and public systems. In both cases, costs for health care prevent the poor and those in rural areas from accessing care in a timely manner. All these issues and challenges have gender dimensions, which need to be addressed through innovative, gender-responsive policies and programs.

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The Ministry of Health Strategic Plan, 2011–2015 has two strategic goals and seven shared outcomes (Box 4.1). Objectives and indicators for Goal 1 are linked to standard international indicators, such as child and maternal health, noncommunicable diseases and HIV/AIDS prevalence rates, morbidity and mortality rates for different groups, oral health of children, immunization coverage, and participation in disease screening programs. Objectives and indicators for Goal 2 are linked to improved health systems such as admission rates, quality of service provision, and use of appropriate interventions within specific time frames. The strategic plan’s goals for public health care and systems strengthening do not specifically address gender needs. There is only one gender-specific indicator in the plan, related to reducing women’s tobacco use in a single-age cohort.

### Box 4.1 Ministry of Health Strategic Plan Goals and Outcomes, 2011–2015

<table>
<thead>
<tr>
<th>Strategic Plan Goals</th>
<th>Outcomes (applicable to both goals)</th>
</tr>
</thead>
</table>
| **Goal 1:** Communities are served by adequate primary and preventative health services thereby protecting, promoting, and supporting community well-being. | 1. Reduced burden of noncommunicable diseases, including reduced obesity and other risk factors  
2. Begin to reverse the spread of HIV/AIDS and control other communicable diseases of public health importance  
3. Improved family health and reduced maternal morbidity and mortality  
4. Improved child health and reduced child morbidity and mortality  
5. Improved adolescent health and reduced adolescent morbidity and mortality  
6. Improved mental health care  
7. Improved environmental health through safe water and sanitation |
| **Goal 2:** Communities have access to effective, efficient, and quality clinical health care and rehabilitation services. | |


The 2013 and 2014 annual corporate plans of the Ministry of Health address gender issues through specific program areas, such as increased focus on men’s health, increased women’s leadership in the ministry, and integration of gender into all the ministry’s higher-level planning processes and training plans. Based on the annual plan, the first gender training for senior Ministry of Health staff took place in December 2014. The ministry also developed the Gender Action Plan (2013) as part of the 2012 Gender and Social Inclusion in Health Strategy. The plan’s objectives include increasing data collection and analysis on women’s health issues, improving understanding of gender and health issues in the ministry, and working with communities and nongovernment organizations to improve access and quality of health services in rural areas.

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Government spending on health in 2012 was 4.5% of gross domestic product. However, that amount equates to only 60% of total health expenditures. The remainder was financed by private spending (34%) and by external donors (6%). Out-of-pocket expenditure on health has more than doubled from 2005 to 2012, rising from 12% to 27% of total health expenditures. Financing for government clinics and hospitals covers some, but not all, costs of health care. Most health services and pharmaceuticals from government facilities are free of charge, but there are fees for some services (e.g., oral health care, inpatient services in certain sections of government hospitals). Health clinics funded by donors and nongovernment bodies generally strive to provide equitable services for all income groups.

4.2 Access to Health Services

The health services delivery system in Fiji includes government, private, nongovernment, and traditional care options, which operates within a complex legislative and regulatory environment. The government health system under the Ministry of Health includes integrated primary, secondary, and tertiary care. There are two major program areas: (i) primary and preventative care services and (ii) curative care services. Primary public services are administered through four divisional offices. Table 4.1 shows the levels of services available in each of the country’s four divisions.

<table>
<thead>
<tr>
<th>Health Facility</th>
<th>Central Division</th>
<th>Western Division</th>
<th>Northern Division</th>
<th>Eastern Division</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialized national hospitals</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Private hospitals</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Divisional hospitals (includes Colonial War Memorial hospital)</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Subdivisional hospitals (level 1)</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Subdivisional hospitals (level 2)</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>5</td>
<td>13</td>
</tr>
<tr>
<td>Health centers (level A)</td>
<td>7</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>12</td>
</tr>
<tr>
<td>Health centers (level B)</td>
<td>2</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Health centers (level C)</td>
<td>11</td>
<td>17</td>
<td>16</td>
<td>14</td>
<td>58</td>
</tr>
<tr>
<td>Nursing stations</td>
<td>20</td>
<td>25</td>
<td>21</td>
<td>30</td>
<td>96</td>
</tr>
<tr>
<td>Total</td>
<td>50</td>
<td>57</td>
<td>45</td>
<td>50</td>
<td>202</td>
</tr>
</tbody>
</table>


Footnote 65.

Footnote 66.

Footnote 67.

Note that as of 2012, 26 acts and decrees form the basis of the health system’s regulatory framework.
Nursing stations and health centers are the most widely available, but neither of them have doctors on staff. Nursing stations, built and funded by communities, may also lack medical supplies, equipment, and upkeep. The most basic health needs are met by community members who are trained by the ministry to act as village health workers in iTaukei villages or as community health workers among Fijians of Indian descent.

Private service providers include three hospitals in major urban centers on Viti Levu, a variety of clinics for specialized services, and private practices operated by independent health professionals including doctors, acupuncturists, dentists, and optometrists. In 2012, private out-of-pocket spending on health made up 27% of the total health expenditure. Out-of-pocket expenditure has risen in association with increased activity by private providers and demand for private services. It also suggests that private services are perceived as better or faster options for care, for those who can afford them. Voluntary health insurance is uncommon and health insurance made up only 0.3% of premium payments in 2012.

Weaknesses in the health service delivery system have more negative impacts on women than on men, especially rural women and women living in informal peri-urban settlements. This is because women have special needs for antenatal care, primary responsibility for monitoring and vaccination of infants and young children, and greater care responsibility for other family members like the elderly.

### Table 4.2 Access to Quality Care and Related Constraints

<table>
<thead>
<tr>
<th>Disparities in Availability of Facilities and Quality Care Services</th>
<th>Selected Quality of Care Criteria</th>
<th>Reasons for Lack of Quality Service Provision in Fiji</th>
</tr>
</thead>
<tbody>
<tr>
<td>- 70%–80% of population have access to primary care facilities in (estimate in 2008)</td>
<td>- Necessary equipment and medications available</td>
<td>- Reduction in retirement age and shortage of skilled personnel</td>
</tr>
<tr>
<td>- Only 40% of population have access to quality health services with trained staff, equipment, and medications available (estimate in 2008)</td>
<td>- Reasonable wait times</td>
<td>- Absenteeism</td>
</tr>
<tr>
<td></td>
<td>- Adequate numbers of trained staff available</td>
<td>- Out-migration of health workers</td>
</tr>
<tr>
<td></td>
<td>- Staff qualified to deliver level of service for level of facility</td>
<td>- Lack of training opportunities for rural-based health workers</td>
</tr>
<tr>
<td></td>
<td>- Nonjudgmental and confidential service provision</td>
<td>- Lack of equipment and medicines</td>
</tr>
</tbody>
</table>


The 2012 Health Services Delivery Profile for Fiji indicates that there is equitable access to primary health care in rural areas via nursing stations and village health workers. However, some communities have inadequate services due to lack of equipment, medications, or qualified staff. A 2008 study estimated that 70%–80% of the population has access to primary health care facilities but only 40% have access to quality health services (Table 4.2). When health centers are perceived as inadequate, people often bypass local health centers and seek care at divisional hospitals. Some rural and outer island communities are especially disadvantaged by

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the distance to higher levels of care and long waiting times at these facilities. Reports from the World Health Organization (WHO) and the United Nations Population Fund (UNFPA) have noted that all government health services, including hospital emergency rooms, involve long wait times for patients; these are generally even longer in rural health facilities. Rural people also must pay for living costs while away from home when they accompany a sick person to the hospital or for outpatient care.

Staff shortages are a critical challenge to maintaining quality of service. Due to the difficulty of retaining nurses and doctors in rural areas, it is not always possible to get adequate diagnosis and treatment at local health facilities. Post vacancies in rural areas are linked to a combination of a lowered retirement age and health care staff mobility (from government health facilities to town or urban-based private sector clinics and overseas migration). The government’s 2009 decision to lower the public service retirement age from 60 to 55 years of age has particularly affected health care, as the Ministry of Health lost 331 experienced staff. Health professionals are also leaving the public health system for a variety of other reasons, including poor levels of remuneration and allowances, lack of promotional opportunities, heavy workloads, weak labor protection mechanisms for public service workers, and inadequate facilities and supplies in rural areas. Table 4.3 shows the number of established staffing posts that existed within the government system as of 2011. These numbers do not reflect numbers of vacant posts. Government and donor reports stress that quality of care in rural areas is poor due in part to lack of health professionals.

| Table 4.3 Number of Established Posts for Government Medical Professionals, 2012 |
|---------------|-------------------|-------------------|
| Profession     | Number of Established Posts | Posts per 10,000 population |
| Medical Officers/Doctors | 353 | 4.2 |
| Nurses         | 1,941 | 23.2 |
| Orderlies      | 58   | 0.7 |
| Dental officers/Dentists | 49 | 0.6 |
| Physiotherapists | 34 | 0.4 |


The various challenges and inadequate quality of services at local health facilities affect women more than men, because women bear more responsibility for caring for children, the elderly, and the sick, along with their own needs for reproductive health care. They also tend to seek local services, rather than traveling to divisional hospitals, due to time constraints and costs of transportation. If they cannot receive care locally they may put off travel until illness or disease is more advanced and dangerous. Women with disabilities are severely disadvantaged in their access to health care, because they are likely to be dependent on others for transportation and navigating the health system itself. They may also have disabilities affecting their ability to communicate about their health or be patronized when accessing sexual and reproductive health care.

73 Dawson et al. 2011. Human Resources for Health in Maternal, Neonatal and Reproductive Health at Community Level: A Profile of Fiji. Sydney: Human Resources for Health Knowledge Hub and Burnet Institute. The reasons for people leaving the public service were also reiterated during consultations with stakeholders for this country gender assessment.
74 Footnote 69.
4.3 Gender and Health Issues

Maternal Health

According to the 2014 Ministry of Health Annual Report, nearly all pregnant women have at least one antenatal visit to a skilled health provider (Table 4.4). However, there is no information on the percentage of women making the internationally recommended four visits per pregnancy. Maternal health services are provided by nurse practitioners, nurses, midwives, or doctors. Data indicate that nearly all births are delivered under the supervision of a health professional.

<table>
<thead>
<tr>
<th>Table 4.4 Core Gender and Health Indicators</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicator</td>
</tr>
<tr>
<td>Total fertility rate</td>
</tr>
<tr>
<td>Antenatal care—at least one visit (%)</td>
</tr>
<tr>
<td>Births attended by skilled professional (%)</td>
</tr>
<tr>
<td>Maternal mortality ratio (per 100,000 live births)</td>
</tr>
<tr>
<td>Infant mortality rate (per 1,000 births)</td>
</tr>
<tr>
<td>Under 5 mortality rate (per 1,000 births)</td>
</tr>
<tr>
<td>Life expectancy at birth</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Current use of contraceptives (%) (among currently married women)</td>
</tr>
<tr>
<td>Adolescent birth rate (per 1,000 women aged 15–19 years)</td>
</tr>
</tbody>
</table>

In 2014, the maternal mortality ratio was 44 per 100,000 live births; infant and under-five mortality rates were 14 and 18 per 1,000 live births, respectively. However, the quality of maternal health services is likely to be lower in remote rural areas than in urban centers, due to the inadequate quality of general health services and staff vacancies in rural health clinics. When women do not receive adequate antenatal care, they are at increased risk of complications and maternal morbidity. Women who have any type of risk or complications need to travel away from their home areas to seek care in divisional centers and this often creates financial burdens on the family.


In Fiji, health issues with specific gender dimensions such as reproductive and maternal health are normally categorized as “women’s health,” which reduces men’s awareness of their own reproductive needs and responsibility. It also undermines the need for men and women to make joint decisions about safe sex, family planning, and nurturing infants during pregnancy and after delivery. The Fiji National Strategic Plan on HIV and STIs, 2012–2015 identifies a need for men to be more fully engaged in antenatal care to (i) help prevent transmission of sexually transmitted infections (STIs) and HIV to pregnant women, (ii) promote better maternal health, and (iii) improve child health. However, the ministry’s strategy identifies only one specific approach, which is to work with faith-based organizations to include antenatal care in premarital counseling. Additional strategies should involve increasing awareness training for health workers and emphasizing men’s role in public health awareness programs.

Sexual and Reproductive Health

Sexual and reproductive health (SRH) encompasses family planning, maternal health, and sexual health. Providing quality SRH services requires an integrated programming approach that can meet the needs of both women and men. Criteria for high-quality integrated programming include equity, the use of clear guidelines on transparency and confidentiality, involvement of users in program design, effective referral systems, provision of clear information in appropriate languages, and requirements for informed choice.

Fertility and choices around contraception are key aspects of sexual and reproductive health and rights. The total fertility rate in Fiji has dropped slowly from 3.3 in 1995 to 2.6 in 2012. Fertility rates, however, vary by ethnicity: it remains high among i-Taukei at 3.2, while it has dropped among Fijians of Indian descent to 1.9. The 2014 annual report of the Ministry of Health identifies contraception prevalence at 38%; no data
are available on unmet need or on what men and women consider to be the ideal number of children for their families.\textsuperscript{79} Decision-making patterns for SRH are difficult to measure in Fiji due to lack of health survey data on the issue. Research in other health issues shows that 39\% of women feel they must ask permission from their intimate partner before seeking health care for themselves.\textsuperscript{80} This suggests that some women may have restricted access to health services, including contraception, care and counseling related to abuse, or preventative care and SRH screening.

Abortion is illegal in Fiji, leading women with unwanted pregnancies to use illegal service providers if they choose to terminate their pregnancies. However, the courts have introduced defenses for charges of abortion against medical practitioners where termination is necessary to preserve the mother’s life. Precedents include interpreting legislation to include both physical and mental health as grounds for intervention. For those without such defense, illegal abortions, both surgical and using traditional medicines, have a high risk of complications, maternal morbidity, and mortality. To reduce illegal abortion and associated risks, there is a need to improve knowledge and use of contraception, especially among young men and women.

Teenage pregnancy has been a growing SRH issue. Data from the 2007 census show approximately 36 births per 1,000 women aged 15 to 19 years, with the rate being higher in rural areas (42) than urban areas (30).\textsuperscript{81} Recent data from the Ministry of Health indicate that adolescent fertility in 2014 was 27 births per 1,000 women aged 15–19 (Table 4.4). Other information from the Ministry of Education suggests that the number of young women who became pregnant before age 19 declined from 1,317 in 2007 to 836 in 2012, although these data may not include those girls who dropped out of school in early pregnancy without giving the reason.\textsuperscript{82} Further monitoring at school and through health information will be needed to closely track the trends in teenage pregnancy.

There is relatively limited research on teen pregnancy or reasons for its higher rates in rural areas. In 2013, UNFPA report on \textit{State of the World Population} focused on young mothers.\textsuperscript{83} The report’s launch in Fiji drew considerable attention from government, the public, nongovernment organizations, and the media. Public debate on the causes of teen pregnancy included poor communication between parents and children about safe sex; young men not sharing responsibility and consequence of pregnancies; lack of effective delivery of sex education in the school system; the generally low contraceptive prevalence rate in Fiji; lack of awareness about contraceptive methods by teens; and high rates of sexual coercion and rape experienced by girls and young women in Fiji.\textsuperscript{84} While the media discussion was focused on causal factors, less attention was paid to how early pregnancy limits young women’s education, career opportunities, and life choices.

The absence of consistent and comparable data about sexual behavior among youth aged 15–19 makes it difficult to track trends in adolescents’ awareness about, and practice of, safe sex. The 2008 Second Generation Surveillance Survey of HIV, STIs and Risk Behavior in Fiji sheds some light on the differences in behavior of


\textsuperscript{81} UNFPA. 2014. \textit{Population and Development Profiles: Pacific Island Countries}. Note that data for the UNFPA analysis was sourced from 2007 census.

\textsuperscript{82} Data provided by the Ministry of Education based on information from the Family Life Education Handbook.


\textsuperscript{84} UNFPA Pacific Sub-Regional Office website. http://countryoffice.unfpa.org/pacific/2013/10/29/8268/2013\_state\_of\_world\_population\_report\_motherhood\_in\_childhood\_facing\_the\_challenge\_of\_adolescent\_pregnancy/
young men and women (aged 15–24) in tertiary institutions. It shows that 63% of young men and 24% of women have had sex, and that the average age at first sex was 17.3 years for males and 19.2 years for females. Men in this population group tend to have more sexual partners than their female counterparts: an average of 3.8 partners for men in the last 12 months compared with 1.5 for women. Few tertiary students reported having sex before their 15th birthday, with 8% of men and none of the women having done so.

A 2010 WHO study of adolescent health notes that young people aged 15–24 were generally embarrassed to ask for condoms in pharmacies. It also found that among tertiary students in this age group, only 49% of men and 30% of women had used a condom at last sex. This suggests that young women are not only at risk of unwanted pregnancies that may undermine their future opportunities, but that they and their partners are at risk of contracting STIs and potentially HIV. While the age of consent for sex in Fiji is 16 years, common practice in pharmacies and government and private health clinics is to provide over-the-counter contraceptives only to those 19 years and over. Those aged 16–19 generally require a parent to accompany them to access contraceptives.

HIV and Sexually Transmitted Infections

Although Fiji is classified as a low HIV prevalence country, rising rates of HIV and STIs are a health challenge for Fiji. Fiji’s 2015 Global AIDS Progress Report identifies a cumulative total of 610 confirmed HIV cases reported through all centers collecting data. Calculating prevalence rates is difficult, but the 2015 report estimates the number of people living with AIDS at less than 1,000 and the prevalence rate of approximately 0.1% among adults aged 15–49 as of 2013.

According to the 2015 report, HIV is concentrated among younger adults; 53% of the 64 new cases in 2014 were among young people aged 20–29. An additional 27% of new cases were among those aged 30–39. By ethnicity, almost 90% of new HIV cases were among i-Taukei. The incidence of new infections in men and women has varied over the past decade. In 2003, the majority of HIV cases were men (58%). Yet, there have been more new cases per year among women than men since 2009, with the exceptions of the years 2011 and 2013 (Figure 4.1).

Higher levels of reported HIV cases among women may be linked to HIV testing during antenatal care to prevent mother-to-child transmission. While protocols for preventing mother-to-child transmission are useful for identifying risks to infants, they put women in a vulnerable position with their families and partners. Women may be blamed for infidelity or for bringing stigma to the family if they test positive and this can increase the likelihood of violence from their partner, family, or community. Currently, in line with human rights standards, provider-initiated HIV testing is offered in a proactive, educational manner but pregnant women have the opportunity to opt out of the test.

85 WHO. 2011. Health of Adolescents in Fiji: www.wpro.who.int/topics/adolescent_health/fiji_fs.pdf?ua=1. Note that this document references a draft version of the HIV surveillance study.
86 WHO. 2011. Health of Adolescents in Fiji Fact Sheet. www.wpro.who.int/topics/adolescent_health/fiji_fs.pdf?ua=1
HIV transmission in Fiji is primarily through heterosexual contact, followed by mother-to-child transmission and homosexual/bisexual modes. All literature on HIV/AIDS in Fiji notes that those practicing male-to-male sex and/or providing sexual services for payment are stigmatized, so it is assumed that those modes of transmission are underreported. Women are also more vulnerable to contracting HIV. Gender norms, economic dependence, and power relations increase women’s risk of contracting HIV/AIDS, especially when women are unable to negotiate safe sex, and to decide when, whether, and with whom to have sexual relations and children. Fear of stigma and violence may also influence women to hide their status if they test positive for HIV.88

The National Strategic Plan on HIV and STIs, 2012–2015, combined with the HIV Decree 2010 and its 2011 amendment, forms the overall national framework for HIV. The HIV Decree articulates human rights standards in relation to prevention of HIV, treatment, and care for persons living with the virus. However, benefits of the HIV Decree are limited by the criminalization of sex work under the 2009 Crimes Act. Law enforcement officials interpret provision of health services to sex workers as a form of abetting sex work. This has resulted in reduced health promotion work with female and transgender sex workers, lack of information about safe sex, and lower levels of HIV testing for those at risk.89

A 2010 study on migration, mobility, and HIV in the Pacific highlights several types of migration that increase Fiji’s vulnerability to HIV. In each case there are gender issues and men and women are impacted in different ways.90 Men who migrate alone for employment, women moving to town and living in poverty, sex workers who migrate internally and internationally, military personnel, and seafarers—those who are likely to engage in transactional sex with multiple partners—are all at risk of contracting or transmitting HIV.91

91 Footnote 90; see also UNAIDS website. Resources. www.unaids.org/en/resources/presscentre/featurestories/2010/march/20100304fiji
STI rates are high in Fiji and likely underestimated. Chlamydia rates in Fiji are high among young women; the infection can be asymptomatic in men and it may lead to infertility in women. Among women tested in antenatal clinics, 27% tested positive for chlamydia, but the rate was 38% for women under age 25. Cases of syphilis and gonorrhea have been declining over recent years. The availability of comprehensive STI data is limited as women and men are hesitant to go for testing due to the stigma. Women may also fear that they will be accused of infidelity by partners or family members if they test positive for an STI.

Lack of treatment options and confidentiality at the community level also inhibits voluntary testing. Drugs for STIs are not available at the primary health care level. Nurses are not allowed to dispense STI drugs without a doctor’s order. Because most nursing and health clinics are staffed by nurses, many STI cases cannot be treated locally and are instead referred to one of the three specialized “hub centers” in Suva, Lautoka, and Labasa. Time constraints, as well as economic and transport costs, may prevent infected individuals from seeking treatment until symptoms are advanced.

Diversity in sexual orientation and gender identity have a relatively high profile in Fiji compared with many other Pacific island countries. There are a number of groups representing the lesbian, gay, bisexual, transgender, intersex, and queer (LGBTIQ) community and advocating for awareness and nondiscrimination. In 2014, the group Diverse Voices and Action for Equality issued a 16-point declaration on equality issues, which called for the promotion of substantive equality for lesbian, bisexual, and transgender people; recognition of human rights of sexual minorities; and provision of quality health care, among other things. The Constitution of Fiji includes recognition of differences in sexual orientation and stipulates that it cannot be used as grounds for discrimination. In addition, the 2010 Crimes Decree decriminalized sex between men and consensual homosexuality, which was intended to reduce harassment and discrimination. However, there is still considerable prejudice against people with alternative sexual orientation and gender identity in the general public, as well as among some health workers, teachers, police, members of the judiciary, and in rural communities.

Several studies indicate the risks faced by those with alternative sexual orientations and gender identity, and there is considerable advocacy for policy change related to making sexual health policies relevant for all Fijians regardless of sexual orientation. Table 4.5 provides some key facts related to men who have sex with men (MSM) and transgender people. The table highlights that (i) the combined numbers of people who self-identify as MSM or transgender represent a significant share of the population, and (ii) health policies related to these two groups need to be effectively implemented to reduce the risk of HIV across the entire population. From a policy perspective it is important to note that the country-wide HIV prevalence estimate for those identifying themselves as MSM or transgender people (estimated between 0.7% and 2.0%) tends to be higher than the national prevalence rate.

Health

Disability

Fiji signed the UN Convention on the Rights of Persons with Disabilities in June 2010 but has not yet ratified it. Current constitutional, legislative, and policy provisions at least partially uphold the rights of disabled men and women. The Constitution provides for protection of the rights of persons with disabilities, stipulating that disability is not a ground for discrimination before the law. The National Council for Disabled Person's Act (1994) legislated the creation of a council to oversee all organizations working in Fiji on behalf of disabled people. Collecting data on disability is problematic due to variation in survey designs and the sensitivity of disability as an issue. In 2010, the UN estimated that 10% of Fiji’s population was living with a disability. However, given the high prevalence of diabetes and other noncommunicable diseases, smaller surveys and informal studies put the estimate closer to the WHO identified global average of 15%.  

The Fiji National Policy on Persons Living with Disabilities notes that being disabled has clear gender dimensions. The policy aims to empower women and children with disabilities to understand and exercise their human rights, as well as to integrate gender and disability issues into the work of all government ministries and civil society organizations. According to the 2010 report by the Fiji National Council on Disabled Persons entitled Making Women with Disabilities Visible, women are more dependent on social services and more marginalized than men. This is due to unequal gender power relations and family perceptions where disabled girls are regarded as having less potential for educational achievements or employment. Disabled women and girls are more likely to be deprived of their rights and held back from attending school and participating in community events, especially in rural areas. Women are also at risk of becoming permanently disabled as a result of violence from intimate partners. The Fiji Women’s Crisis Centre survey in 2013 shows that 312 women are likely to become permanently disabled every year due to violence against them.

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Table 4.5 Policy Issues on Men Who Have Sex with Men and Transgender People

| Estimated number of MSM or TG people in Fiji | 16,100 (2005 estimate) |
| HIV prevalence estimate for self-identified MSM and TG people | 0%–2% (2010) |
| Legal status of consenting male-to-male sex | Legal as of 2010 |
| Are programs for MSM and TG people included in national strategic planning documents? | Yes, but no resources allocated |

MSM = men who have sex with men, TG = transgender people.

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99 Footnote 82.
A large number of people become disabled every year by diabetes and traffic accidents in Fiji. To qualify for government assistance, these individuals must contact the Fiji Disabled Peoples Federation or one of its specific affiliates, such as the Spinal Injuries Association or the Fiji Society for the Blind, to take out membership. To join as a disabled member, an individual must meet specific criteria related to types of disability. The federation and its affiliates provide services to new members that include raising awareness about available services and discussing how to cope with and manage their disability. There is a need to examine the targeting and impact of these services, differences between rural and urban areas, how they address men’s and women’s specific needs, and what gender-related gaps exist.

Fiji offers an interesting example in terms of how empowerment of women with disabilities can support their potential to be community activists and take on leadership positions. In 2015, within the community of disabled people’s organizations, women hold 54% of leadership positions in the five main Suva-based organizations and 45% of leadership positions in the 13 divisional branches of the Fiji Disabled People’s Federation. The Fiji National Council for Disabled persons has recommended that all government and civil society organizations collect sex-disaggregated data and ensure their disability programs are designed to be gender responsive. Additional recommendations include providing scholarships for girls with disabilities and facilitating their mobility so that they can more fully engage with society.

Noncommunicable Diseases

Noncommunicable diseases have clear gender dimensions in Fiji. Use of substances including alcohol, tobacco and kava are higher for men than for women, while women are more likely to be overweight or obese (Table 4.6). The rates of tobacco smoking and drinking alcohol within the past 30 days are all much higher for men than for women. Binge drinking is more common among younger men and women (aged 25–34) and is more likely to lead to violence than normal consumption levels. Younger men are much more likely to binge drink (17%) than women (3%). Kava consumption is common among men (79%), while just over one-third of women (39%) drink it. Nutrition seems to be an issue for both men and women, with around 85% eating less than five servings of fruits and vegetables per day. Overweight or obesity is much more prevalent among women (75%) than men (59%).

Substance abuse is a concern in Fiji as it results in diseases such as lung and liver cancer and causes associated criminal behaviors such as traffic accidents and violence against women, all of which lead to higher health costs. Poor diet and lack of exercise also increase the risk of diabetes and other noncommunicable diseases. The findings from the STEPS survey show that 97% of men and 98% of women in Fiji have moderate to high risk levels for noncommunicable disease, and risk increases significantly with age. The rate of diabetes in Fiji is one of the highest in the world: recent international estimates range between 20% and 25% for those affected by the disease. However, the government’s STEPS survey shows an even higher rate, with the prevalence of

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100 Data provided by Fiji Disabled People’s Federation for 2015. Suva-based organizations include United Blind Persons of Fiji, Spinal Injuries Association, Psychiatric Survivors Association, Fiji Association of the Deaf, and Fiji Disabled People’s Federation.
101 Footnote 100.
102 Binge drinking is defined for current drinkers (those who have had a drink in the past 30 days) and there is a slight quantity difference for men. For men it is ≥5 drinks/day in the past week and for women it is ≥4 drinks/day in the past week.
104 STEPS surveys, indicating a stepwise approach to surveillance, involve standardized methods of collecting, analyzing, and disseminating health related data in WHO member countries.
diabetes or raised fasting blood glucose at 29% for men and 31% for women. Diabetes can also result in long-term and permanent disability including blindness and loss of limbs. In Fiji, a diabetes-related amputation is carried out approximately every 12 hours. The rate of diabetes patients on surgical wards is estimated to be 33%.105 The burden of care for elders with disabilities usually falls on younger women who often have children to care for as well.

### 4.4 Making Health Programs Gender Responsive

A number of gender-responsive health initiatives in Fiji strive to improve the quality of health services and ensure equitable access. The largest is the Fiji Health Sector Support Program, designed to support government efforts to reduce maternal and infant mortality and diabetes. This is a 5-year program (2011–2015) funded by the Australian government. The Social and Gender Inclusion Strategy produced by the Fiji Health Sector Support Program identifies a need for increased awareness and technical capacity related to gender and health issues. It also identifies an urgent need for improved data collection and analysis to track the gender responsiveness of health policy and programs. The strategy is intended to provide guidance to the evolving plans and policies of the Ministry of Health.

Medical Services Pacific (MSP), established in 2010, is a registered charity that provides sexual and reproductive health and other clinical and counseling services in both rural and urban areas. The Ministry of Health, Australia, the United Kingdom, the European Commission, four UN agencies, and a number of private and civic organizations provide funding. MSP has a staff of medical professionals and community educators operating in outreach teams. These teams work from the MSP clinic in Suva, with local governments and the Ministry of Health; they visit communities and provide services to women, youth, and disadvantaged groups. MSP’s ongoing objective is to deliver healthcare services to 1,000 people per month. Sexual and reproductive health services include family planning, HIV and STI testing, cancer screening, community awareness workshops, capacity building, and collaboration with government to enable improved service delivery. MSP also monitors

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client perceptions about the quality of information and services they provide and tracks the numbers of clients receiving services. From August 2010 to December 2014, its clinical and health awareness programs had been accessed by 37,304 clients; 160 clinical services were provided to survivors of sexual assault; 1,338 Pap smears were performed; and 86,008 family planning products were distributed.106

Donors and nongovernment organizations are also supporting the government to ensure delivery of gender-responsive primary and preventative sexual and reproductive health care. For example, the Suva Hub Clinic provides integrated sexual health services including testing, counseling, and monitoring of patients on antiretroviral drugs. The Suva Hub is also part of an initiative to provide training and capacity development for health professionals and organizations working with HIV.107 Another recent initiative is the development of a new tool kit on sexual and reproductive health and rights in the Pacific by the Pacific Community (SPC). The tool kit aims to support women, gender equality organizations, and governments to collaborate on the development of more gender-responsive health policies, increased sexual and reproductive health and rights services, advocacy for sexual minorities, and improved programs for sexual health.108

4.5 Recommendations

- Strengthen government services and planning in line with health policy, and increase budgets for integrated sexual and reproductive health services. This should include antenatal care; family planning and contraception; postabortion care; prevention and treatment of sexually transmitted infections and HIV; supported outreach to vulnerable populations including adolescents, sex workers and sexual minorities; and ending gender-based violence.
- Address staffing shortages and improve quality of health services, particularly in rural and other disadvantaged areas, with a focus on improved sexual and reproductive health services at the local level.
- Examine how the private sector’s role in the health sector, including health insurance, could be expanded to fill gaps and ease pressures within the government health system.
- Ensure health workers are trained to deliver confidential services on sensitive topics including family planning, treatment of STIs and HIV, and identification of gender-based violence and sexual assault.
- Develop training strategies for health workers to increase awareness of the need for men’s involvement in maternal health and emphasize the roles and health needs of men in health promotion programs.
- Integrate training on the health needs of sexual minorities into the curricula of the University of Fiji Umanand Prasad School of Medicine and the Fiji National University College of Medicine, Nursing, and Health Sciences.
- Identify a core minimum set of gender and health indicators, including standard demographic and health survey indicators such as unmet need for contraception, ideal family size for men and women, and gender dynamics of decision making for health.
- Undertake a demographic and health survey to establish a baseline of consistent, comparable, sex- and age-disaggregated health data that are aligned with a core minimum set of gender and health indicators.

107 The Suva Hub Clinic is associated with the Albion Centre, a multidisciplinary health, research, and training facility in Sydney, Australia, and the Fiji National University with financial support from the Australian government.
Gender and the Economy

Key Findings

- Gender gaps in labor force participation are significant: most men aged 15 and above (81%) are employed or actively looking for work, while less than half of women (46%) are. In national statistics, work to produce food and other goods for the home is counted as employment, whereas child care and unpaid household chores are not.
- Women’s labor force participation also varies by ethnicity: more than half of i-Taukei women (53%) are in the labor force, while about one-third of Fijian women of Indian descent (37%) are.
- Employment for both men and women is mainly in the informal sector: 57% of employed men and 64% of women hold informal-sector jobs, such as subsistence farmers, sugar cane growers, and house cleaners.
- As women’s education level increases, they are more likely to participate in the labor force. More than two-thirds of women with tertiary qualifications (68%) are in the labor force compared with only 41% of women with primary education. Yet, women with certificate or diploma are still significantly less likely to be in the labor force than men with similar qualifications (65% versus 89%).
- Combining paid employment with unpaid household and caregiving work, women are working far longer hours than men. Employed women spend an average of 64 hours per week in their main occupation and on household chores, compared with 49 hours spent by men.
- The 2010–2011 Employment and Unemployment Survey (EUS) shows that women account for 27% of the overall self-employed across both formal and informal sectors, mainly working in market-oriented agricultural production or fishing, handicrafts, and sales-related jobs. Very few—around 800 women compared with 4,300 men—are self-employed in the formal sector, reflecting the limited participation of women as business owners.
- Women make up a little more than one-third (35%) of the tourism workforce. Wages in most tourism jobs are at the minimum wage range and women hold only one-quarter of managerial and professional positions in the tourism sector. Men hold most of the technical and more highly paid jobs in the sector.

5.1 Measurement of Employment and Economic Activity

In national statistics, only certain types of work are considered to be economically productive. Box 5.1 shows how employment is defined and measured in Fiji. The production of goods and services for consumption by the household (i.e., production of goods for subsistence and small-scale trading) are included in the definition of employment. However, household work typically done by women, such as caring for children, washing clothes, preparing meals, and other household tasks, are not measured or included in the definition.
The 2010–2011 EUS, which was completed over a 12-month period to take seasonal differences in employment into account, provides the latest and most comprehensive data. The data show significant gender differences in labor force participation (Table 5.1). Overall, four in every five men participate in the labor force (81%), whereas less than half of women do (46%). In rural areas where subsistence production is a major part of livelihoods, the participation rate is slightly higher for both men (85%) and women (52%), respectively. Women’s participation in urban areas is lower than that in rural areas (41% versus 52%). Women’s overall labor participation in Fiji is low compared with other Melanesian countries where a larger proportion of the population is employed in subsistence production. In Solomon Islands, women’s labor force participation rate is 62%, and there is little gender gap (64% for men and 62% for women). In Vanuatu, there is a substantial gender difference (80% for men and 61% for women), but women’s participation rate is higher than in Fiji.

Subsistence agriculture and fishing is an important form of employment in Fiji, being carried out by 13% of men and women aged 15 and older. It is particularly important for women in rural areas, with almost one-quarter (23%) of them engaged mainly in subsistence work. In urban areas, the rate of subsistence work is much lower,
but it is slightly higher among men (8%) than women (5%). Another important difference between urban and rural areas is unemployment.\textsuperscript{112} Around 6.8% of the urban labor force is unemployed, with little gender difference. The unemployment rate is much lower in rural areas at 2.3% given the higher likelihood of subsistence work.

Labor force participation also varies by ethnicity (Table 5.2). More than half of i-Taukei women (53%) are in the labor force compared with one-third of Fijian women of Indian descent (37%). Although i-Taukei women are more likely than Fijian women of Indian descent to live in rural areas (55% and 40% respectively), where subsistence work is more common, this does not explain the gap between the ethnic groups. The labor force participation rate of Fijian women of Indian descent is low in both urban (38%) and rural areas (36%), compared with i-Taukei women. And rural Fijian women of Indian descent are less likely than their i-Taukei counterparts to be engaged in subsistence work (10% versus 16%). A recent study of farming activities between the two groups shows that women from both groups contribute to household farming. Yet, i-Taukei women are more likely to

\begin{table}[h]
\centering
\begin{tabular}{|c|c|c|c|c|c|c|c|c|c|}
\hline
\multicolumn{3}{|c|}{Total} & \multicolumn{3}{|c|}{Urban} & \multicolumn{3}{|c|}{Rural} \\
\hline
\text{Total population aged 15+} & \text{Total} & \text{Male} & \text{Female} & \text{Total} & \text{Male} & \text{Female} & \text{Total} & \text{Male} & \text{Female} \\
\hline
\text{Labor force (employed + unemployed)} & 385,000 & 250,000 & 135,000 & 184,000 & 121,000 & 63,000 & 201,000 & 129,000 & 72,000 \\
\hline
\text{Employed} & 368,000 & 239,000 & 129,000 & 171,000 & 113,000 & 59,000 & 197,000 & 127,000 & 70,000 \\
\hline
\text{Subsistence foodstuff producers} & 78,000 & 39,000 & 39,000 & 20,000 & 12,000 & 8,000 & 58,000 & 27,000 & 31,000 \\
\hline
\text{Unemployed} & 17,000 & 11,000 & 6,000 & 12,000 & 8,000 & 4,000 & 5,000 & 3,000 & 2,000 \\
\hline
\text{Not in the labor force} & 214,000 & 58,000 & 156,000 & 126,000 & 36,000 & 90,000 & 88,000 & 22,000 & 66,000 \\
\hline
\text{Labor force participation rate (%)} & 64.2 & 81.2 & 46.4 & 59.4 & 77.2 & 41.2 & 69.5 & 85.4 & 52.1 \\
\hline
\text{Employment to population ratio (%)} & 61.4 & 77.7 & 44.2 & 55.3 & 72.0 & 38.4 & 67.9 & 83.7 & 50.7 \\
\hline
\text{Subsistence foodstuff producer (% of employed)} & 21.2 & 16.4 & 30.2 & 11.7 & 11.1 & 12.8 & 29.6 & 21.2 & 44.8 \\
\hline
\text{Subsistence foodstuff producer (% of population)} & 13.0 & 12.8 & 13.3 & 6.5 & 8.0 & 4.9 & 20.1 & 17.7 & 22.7 \\
\hline
\text{Unemployment rate (%)} & 4.4 & 4.3 & 4.7 & 6.8 & 6.7 & 6.9 & 2.3 & 2.0 & 2.8 \\
\hline
\text{Not in labor force (%)} & 35.8 & 18.8 & 53.6 & 40.7 & 22.9 & 58.8 & 30.5 & 14.6 & 47.9 \\
\hline
\end{tabular}
\caption{Key Labor Force Indicators for the Population Aged 15 and Above, 2010–2011}
\label{tab:labforce}
\end{table}

\textit{Note:} subsistence foodstuff producers are those whose main current occupation is producing food, such as growing crops, tending livestock, and catching fish, mainly for family or own consumption (Fiji standard occupation codes 6211–6216).


\textsuperscript{112} According to latest labor force estimates based on the 2013–2014 Household Listing Exercise, the overall unemployment rate is estimated at 6.2%, compared to 4.4% based on the 2010–2011 EUS. The difference is due to different methodologies being used in the two types of surveys. In the former, the question is restricted to the main activity during last week, while the EUS question will capture even one hour of work in a week often categorized as subsistence work. Therefore, the unemployment rate is likely to be higher in the former case. Fiji Bureau of Statistics. 2015. Population and Labor Force Estimates of 2014. FBoS Release No. 99. Suva.
Table 5.2  Key Labor Force Indicators, Age 15 and Above, by Ethnicity, 2010–2011

<table>
<thead>
<tr>
<th></th>
<th>i-Taukei</th>
<th>Fijians of Indian descent</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>Total population aged 15+</td>
<td>330,000</td>
<td>169,000</td>
</tr>
<tr>
<td>Labor force (employed + unemployed)</td>
<td>224,000</td>
<td>139,000</td>
</tr>
<tr>
<td>Employed</td>
<td>215,000</td>
<td>134,000</td>
</tr>
<tr>
<td>Unemployed</td>
<td>9,000</td>
<td>5,000</td>
</tr>
<tr>
<td>Not in the labor force</td>
<td>106,000</td>
<td>30,000</td>
</tr>
<tr>
<td>Labor force participation rate (%)</td>
<td>68.1</td>
<td>82.6</td>
</tr>
<tr>
<td>Urban</td>
<td>59.8</td>
<td>75.8</td>
</tr>
<tr>
<td>Rural</td>
<td>74.7</td>
<td>87.9</td>
</tr>
<tr>
<td>Employment to population ratio (%)</td>
<td>65.2</td>
<td>79.4</td>
</tr>
<tr>
<td>Unemployment rate (%)</td>
<td>4.2</td>
<td>3.9</td>
</tr>
<tr>
<td>Not in labor force (%)</td>
<td>32.0</td>
<td>17.4</td>
</tr>
<tr>
<td>Subsistence foodstuff producers (included in employed)</td>
<td>58,000</td>
<td>32,000</td>
</tr>
<tr>
<td>Subsistence foodstuff producer (% of employed)</td>
<td>27.0</td>
<td>23.8</td>
</tr>
<tr>
<td>Subsistence foodstuff producer (% of population)</td>
<td>17.6</td>
<td>18.9</td>
</tr>
<tr>
<td>Living in rural areas (% of total population)</td>
<td>55.7</td>
<td>56.5</td>
</tr>
</tbody>
</table>


work on others’ farms as well as one’s own, compared with Fijian women of Indian descent who tend to work mostly on one’s own farm. The study also indicates that i-Taukei women are more likely to be involved in agriculture-related skills training than Fijian women of Indian descent. Unemployment rates are similar between the ethnic groups, with slightly higher rates being for Fijians of Indian descent (5.0%) than i-Taukei (4.2%). For both ethnic groups, the unemployment rate is slightly higher for women than for men.

Education and Employment

The education level of the labor force is relatively high, with around 20% having attained some type of tertiary qualification, compared with 10% of those not in the labor force. Employed women on average have a slightly higher educational attainment than employed men: 21% of women hold a tertiary qualification and 42% a secondary school certificate, compared with 19% and 39% of men, respectively (Figure 5.1).

As women’s education level increases, they are more likely to be in the labor force. Few women with no schooling are in the labor force (22%), while over 43% of women with secondary education and 68% of women with tertiary education are in the labor force (Table 5.3). However, highly educated women are still much less likely to be in the labor force than their male counterparts: of the women with a tertiary certificate or diploma, only 65% participate in the labor force, compared with 89% of men with similar qualifications. The unemployment rate for women with a certificate or diploma (8.9%) is also higher than for men (7.8%). Labor force participation rates are highest among those with a degree or postgraduate qualification, but the gender gap is still evident: 90% of men compared with 82% women are in the labor force.

Table 5.3  Labor Force Participation by Level of Education for Population Aged 15 and Above, 2010–2011

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>Labor Force Participation Rate (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total</td>
</tr>
<tr>
<td>No schooling</td>
<td>29.6</td>
</tr>
<tr>
<td>Primary</td>
<td>63.0</td>
</tr>
<tr>
<td>Some secondary</td>
<td>62.7</td>
</tr>
<tr>
<td>Fiji Junior</td>
<td>61.5</td>
</tr>
<tr>
<td>School leaving certificate</td>
<td>58.9</td>
</tr>
<tr>
<td>NZUE/Form VII/Foundation</td>
<td>52.0</td>
</tr>
<tr>
<td>Tertiary qualification</td>
<td>79.8</td>
</tr>
<tr>
<td>Certificate/Diploma</td>
<td>78.6</td>
</tr>
<tr>
<td>Degree/Postgraduate</td>
<td>86.3</td>
</tr>
</tbody>
</table>

The reasons for not being in the labor force among people with tertiary qualifications (i.e., certificate, diploma, degree, or postgraduate) differ widely between men and women. Most women are inactive due to family responsibilities (71% of women compared with 4% of men), whereas men are mostly inactive because they are studying (52% of men compared with 19% of women). One-third (33%) of men are not in the labor force because they are retired, compared with only 6% of women.

5.2 Characteristics of Employment

Types of Employment

Some types of employment are more secure than others due to the regularity of income, working conditions, and availability of protective measures, such as sick leave. Wage or salary jobs are likely to be secure and men are more likely to hold these jobs: more than half (54%) of employed men are in wage or salary positions compared with 44% of employed women (Figure 5.2). According to the International Labour Organization (ILO) definition, self-employed and unpaid family workers are likely to be in vulnerable jobs. Men are more likely to be self-employed than women (27% of men versus 19% women), whereas women are more likely to be unpaid family workers than men (34% of women versus 17% of men). Overall, more women (53%) than men (44%) are in vulnerable employment.

According to the 2010–2011 EUS data, women hold one-third of wage employment in the nonagriculture sector.\(^{114}\) This is below the 38% target set by 2011 in the Roadmap for Democracy and Sustainable Socio-Economic Development, 2010–2014. Women in wage employment are most likely to be concentrated in

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\(^{114}\) While more recent data became available on paid employment in 2015 based on the 2014 annual employment survey, those data were not incorporated into this chapter since they were available only after finalization of this report. Also, not all sex-disaggregated data were yet available for analysis of this chapter. Fiji Bureau of Statistics. 2015. Provisional Annual Paid Employment 2014. FBoS Release No. 94. Suva.
education, wholesale and retail trade, hotels and restaurants, manufacturing, and private households. Men’s wage jobs, on the other hand, are in manufacturing; wholesale and retail trade; agriculture, forestry, and fishing; public administration and defense; and transport, storage, and communication. These gender differences in the types of jobs among the employed are further discussed below.

Formal and Informal Sector Employment

Informal employment, according to the Fiji Bureau of Statistics, is defined as employment in which the worker does not make contributions to the Fiji National Provident Fund. The 2010–2011 EUS data show that 60% of the employed population overall (57% of men and 64% of women) has informal-sector jobs, including subsistence farmers, sugar cane growers, small-scale roadside or market traders, and house cleaners. The most common informal-sector job for women is that of subsistence farming, with almost a quarter of employed women in this type of work (21%). Fishing for own consumption is the next most common job, done by 6% of employed women. Although subsistence farming is also one of the top occupations for men in the informal sector (15% of employed men), they are more likely than women to be engaged in commercial agriculture.

Informal employment is expectedly more common in rural areas (78% of jobs) than urban areas (38%); and its share is highest among rural women (84%), followed by rural men (75%). Informal employers are also in the informal sector, and a higher proportion of women employers than male employers are in the informal sector. Only 15% of the approximately 1,000 women employers were making contributions to the Fiji National Provident Fund, compared with 37% of 3,000 male employers. Those who are self-employed are most likely to be in informal employment.

Excluding people working in subsistence production, most men in informal jobs are in agriculture and forestry (58%), the majority working in sugar cane production or growing taro or yaqona. Another 10% of men work in transport, storage, and communication, most being taxi drivers. By comparison, one-quarter of women in the informal sector are in agriculture and forestry, mainly growing vegetables, taro, coconuts, or cassava. Another 22% of women in the informal sector work in retail trade either at market stalls or in stores, with iTaukei women being predominant among small traders in Fiji’s town markets. In addition, 20% of women in the informal sector are in the manufacturing sector (e.g., mainly weaving mats or making clothing), and about 15% are working in private households as domestic help.

Gender Segregation in Industry and Occupation

Economies are divided into three broad industrial sectors: agriculture, industry, and services (Table 5.4). In Fiji, most jobs are in the agriculture sector, which includes forestry and fishing, with 45% of men and 42% of women engaged in the sector. This is followed by services, where women are more likely to be represented than men (46% of women and 39% of men). Within the services sector, women are largely concentrated in wholesale and retail trades (13%); education, health, and arts (12%); and accommodation and food services (6%). Industry, which includes manufacturing, mining, and construction, is the smallest sector, employing 12% of women and 16% of men overall. Manufacturing is an important sector where a significant proportion of women work

While women make up only 35% of the employed overall, their share is relatively large in such sectors as wholesale and retail trades, accommodation and food services, financial business activities, and education, health, and arts, where women make up more than 40% of the workforce in each industry.

The textile industry in Fiji was a major employer of women but has been in decline since the early 2000s due to elimination of preferential trade agreements. The textile industry employed nearly 14,000 women in 2000 representing 70% of the textile workforce, but that number fell to 5,500 in 2014. Income from the industry also fell from 47% of export revenues in 1999 to 9% in 2012. Large numbers of women lost their jobs, many of whom were already living in informal settlements. A new preferential trade agreement with Australia came into effect in January 2015, which promises to support growth in the textile industry and increase employment opportunities for women.

Table 5.4 Distribution of Employed Women and Men by Industry, 2010–2011

<table>
<thead>
<tr>
<th>Industry</th>
<th>Men (%)</th>
<th>Women (%)</th>
<th>Women's share in each industry (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agriculture</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Agriculture, forestry, fishing</td>
<td>45.3</td>
<td>42.0</td>
<td>33.3</td>
</tr>
<tr>
<td>Industry</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mining and quarrying</td>
<td>0.7</td>
<td>0.2</td>
<td>12.7</td>
</tr>
<tr>
<td>Manufacturing, construction</td>
<td>14.0</td>
<td>11.5</td>
<td>30.8</td>
</tr>
<tr>
<td>Electricity, gas, water</td>
<td>0.9</td>
<td>0.1</td>
<td>6.4</td>
</tr>
<tr>
<td>Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wholesale and retail trades</td>
<td>9.2</td>
<td>12.9</td>
<td>43.0</td>
</tr>
<tr>
<td>Transportation, storage, communication</td>
<td>8.2</td>
<td>2.0</td>
<td>11.4</td>
</tr>
<tr>
<td>Accommodation and food services</td>
<td>4.8</td>
<td>6.3</td>
<td>41.8</td>
</tr>
<tr>
<td>Financial, real estate, business activities</td>
<td>3.2</td>
<td>4.0</td>
<td>40.3</td>
</tr>
<tr>
<td>Public administration, defense</td>
<td>6.5</td>
<td>3.9</td>
<td>24.3</td>
</tr>
<tr>
<td>Education, health, arts, others</td>
<td>6.0</td>
<td>11.7</td>
<td>51.0</td>
</tr>
<tr>
<td>Extraterritorial organizations</td>
<td>0.3</td>
<td>0.7</td>
<td>57.2</td>
</tr>
<tr>
<td>Households as employers</td>
<td>0.9</td>
<td>4.7</td>
<td>73.5</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>100.0</strong></td>
<td><strong>100.0</strong></td>
<td><strong>35.0</strong></td>
</tr>
</tbody>
</table>


With respect to specific occupations, almost 40% of Fijians are in occupations within the skilled agriculture and fishery workers group (39% of men and 40% of women). The next largest group is elementary occupations, which includes a range of low-skilled jobs across all industries, employing 13% of men and women. Figure 5.3 shows that all of the 10 occupational groups are male dominated, except for clerks, of which 65% are women. After clerks, women account for 43% in the category of professionals, followed by the categories of skilled agricultural/fishery workers and elementary occupations (35% women in each) and the categories of technicians and associated professionals and managerial occupations (32% women in each). Women account for a small share of positions as plant and machine operators and assemblers (14%) or craft and related trade workers (22%).

Men hold most of the jobs involving decision making and leadership, as illustrated by women accounting for only one-third of the 17,000 legislator, senior official, and management positions, and 19% of jobs on the police force. Further examination of the EUS data show that about 36% of men and 40% of women in decision-making jobs have a tertiary qualification, compared with 19% of all employed men and 21% of women. Given the recent trend of women's high rates of enrollment in higher education, many women in the labor force have comparable or higher education qualifications than men, especially in professional, technical, or managerial positions. For the overall labor force, however, the proportion of those with no formal qualifications is also higher for women than for men (21% versus 16%).
Time Spent on Employment Work

The 2010–2011 EUS gathered information on the hours spent by men and women in different forms of work. This included hours per week on employment work (paid or unpaid) and hours per week on household work (e.g., cooking, childcare, and gardening). Significant differences were found in time spent on work between those involved in paid employment, compared with those in unpaid employment. When combining both employment and household work, women and men in paid employment spend more hours working than those in unpaid employment (Figure 5.4). However, regardless of whether employment work is paid or unpaid, women in both urban and rural areas spend far more time on work activities—both employment and housework work—than men. Overall, women in paid employment spend 63.8 hours on average doing both employment and household work, whereas men spend only 49.2 hours per week. For those in unpaid employment, women spend 54.2 hours per week, compared to 32.3 hours by men. The gender difference is similar between urban and rural areas.

Women with paid employment in urban areas are working the longest hours, at an average of 64.8 hours per week, although women in rural areas are not far behind at 62.3 hours. Women and men in unpaid employment work less hours overall than their counterparts in paid employment. Yet the gender gap in time spent on work is far greater for those in unpaid employment: women spend more than 40 hours per week on household chores both in urban and rural areas, whereas men spend less than 15 hours per week.
5.3 Women in Business

Legal, Policy, and Regulatory Environment for Women’s Economic Empowerment

Fiji faces a number of challenges to economic development. Its geographic isolation in the Pacific Ocean, its relatively small population, and the complexity of land tenure systems are barriers to potential businesses and private sector development. In addition, numerous laws, decrees, regulations and requirements for work permits, business registration and licensing make the establishment of businesses complex for both domestic and foreign entrepreneurs. These barriers affect both men’s and women’s potential businesses, but women can be further disadvantaged by gendered power relations, the structure of traditional leadership hierarchies, and men’s control of economic resources and decision making.

At the legislative level, the 2002 Micro and Small Enterprises Act sets national parameters for business operations in order to support business initiatives for women and men. Table 5.5 highlights constraints identified by government and their impacts specifically on women.

<table>
<thead>
<tr>
<th>General Constraints</th>
<th>Potential Gender Differences in Impacts of Constraints</th>
</tr>
</thead>
<tbody>
<tr>
<td>Shortage of financial services suitable for micro, small, and medium-sized enterprises (MSMEs)</td>
<td>shortage of services creates high competition and long wait time for service. Women may have less time and mobility and may miss out on opportunities to learn about how to use services. Some financial services are ‘women only’ and men may lack access to community-based options.</td>
</tr>
<tr>
<td>Shortage of support services for businesses</td>
<td>Women generally lack work experience due to years spent raising children and may need more coaching than men to enter business. Shortage of services that offer mentoring and coaching can reduce success.</td>
</tr>
<tr>
<td>Poor financial management skills of MSME operators</td>
<td>Women operate smaller and more intermittent income generation and business initiatives than men. Women may lack time to access training. Women may not envision long-term business success and undervalue skill development.</td>
</tr>
<tr>
<td>Lack of statistics on MSME sector</td>
<td>Lack of data makes it difficult to target initiatives to the different needs of women and men.</td>
</tr>
</tbody>
</table>


The Roadmap for Democracy and Sustainable Socio-Economic Development provides strategic direction to all ministries. Noting the importance of micro, small, and medium-sized enterprises (MSMEs) for national development, the road map highlights the particular relevance of MSME development to rural areas where natural resources are underutilized and few public sector jobs are available. The National Gender Policy also includes strategic objectives designed to support women’s economic activity and the Department of Women focuses its efforts on rural women. In addition to the Micro and Small Enterprises Act, the Employment Relations Promulgation, Human Rights Decree, sexual harassment policies, and selection and hiring regulations are intended to support nondiscrimination in the field of business and economic development.
Despite the Employment Relations Promulgation and Fiji’s constitutional commitment to nondiscrimination, de facto discrimination against women is widely acknowledged. Examples cited include refusals to honor contracts and salary agreements with women, the use of physical or sexual intimidation or threats to prevent filing of complaints, refusal to allow women time off for family emergencies, sexual harassment, and requests for sexual favors linked to threats of loss of employment. The road map document clarifies that implementation of the Employment Relations Promulgation to end discrimination is critical for the achievement of gender equality and women’s economic empowerment.

The business regulatory environment in Fiji can be confusing and onerous for both men and women. The Asian Development Bank (ADB) private sector assessment for Fiji notes that in the 45 months between January 2009 and September 2012, the government issued 241 new decrees or amendments. Many decrees have direct or indirect impacts on policies, regulations, or licensing requirements related to private sector operations. Government staff capacity to implement the changes or systematically inform the public about their implications is limited. As a result, interpretation of new decrees and regulations can vary, and individuals trying to operate businesses are at risk of contravening regulations without knowing that they have done so.

The costs of entering into formal business are unrealistic for many women who have small income-generating activities or part-time enterprises. The cost of registering a business as of 2013 was F$155 and a single business license costs F$300. Legislation against home-based businesses creates additional costs for women wishing to move from the informal to formal sectors. In addition, the ability to prepare budgets and plan business operations requires financial competency that many men and women from low-income households lack.

The complexity of starting a formal sector business causes most women entrepreneurs to keep their businesses informal. Consequently, many economic empowerment schemes for women focus on businesses in the informal sector.

Constraints for Women in Business

The number of women in business in Fiji is difficult to estimate, partly due to varying definitions and the large size of the informal sector. An estimate in 2008 indicates that 19% of registered businesses were in women’s names at the time. It also noted that women-owned businesses tend to be smaller, have lower revenues, and be less likely to export than businesses owned by men. The same study found that women were more likely to own sole proprietorships than limited liability companies, partnerships, or joint ventures.

The 2010–2011 EUS data show that women made up 35% of those employed in the informal sector, most being unpaid family workers. Women account for 27% of the overall self-employed across both formal and informal sectors, mainly working in market-oriented agricultural production or fishing, handicrafts, or sales-related jobs.

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120 Information comes from stakeholder discussions on gender mainstreaming, which were held between the Secretariat of the Pacific Community and the Ministry of Justice and between the Secretariat of the Pacific Community and civil society groups in May 2014.
Very few—around 800 women compared with 4,300 men—are self-employed in the formal sector, reflecting the limited participation of women as owners of small businesses.\textsuperscript{126}

Constraints faced by women in business (Box 5.2) are also faced by men. But additional constraints to women include their multiple roles and ingrained social biases, as well as difficulty in accessing financial and business services.\textsuperscript{127} A 2015 report on women’s economic empowerment in Fiji highlights women’s lack of business knowledge and skills, especially in the area of marketing and among those operating at the micro business level.\textsuperscript{128} Many of these women have received training in handicrafts or sewing, but they lack knowledge of how to assess market demand, how to negotiate for better prices, or how to find out where the best markets are. Women in rural areas are even more disadvantaged by lack of communication and transport infrastructure.

\begin{table}[h]
\centering
\begin{tabular}{|l|}
\hline
\textbf{Box 5.2 Constraints to Success Identified by Women in Business} \\
\hline
\textbf{Financial Constraints} \\
• Lack of access to finance due to absence of collateral \\
• Lack of knowledge about business registration processes \\
• High costs of starting a formalized business \\
• Concerns over the ability to repay loans \\
• A perception that interest rates are too high \\
• A concern that male bank officers were biased against them or did not understand their needs in the way that female bank officers do \\
\hline
\textbf{Constraints in Business Development Services} \\
• Lack of tailored trainings for women entrepreneurs \\
• Need for more training on banking and financial management \\
• Need for specific training on compliance with regulations related to specific types of businesses \\
• Need for more business mentoring and networking \\
\hline
\end{tabular}
\caption{Constraints to Success Identified by Women in Business}
\end{table}

A key challenge in Fiji, and around the Pacific, is to find ways to economically empower women while recognizing and accommodating their other life responsibilities. In recent years there have been a growing number of economic empowerment schemes with flexible program modalities that cater to women’s limited time and mobility. Programs have a variety of objectives which include increasing women’s business and financial knowledge; supporting them to save, invest, and become creditworthy; providing guidance to those who want to graduate from informal to formal sector business; improving market environments; and providing information on economic rights.

\textsuperscript{127} ADB. 2015. Promoting Gender Equality and Women’s Empowerment. Unpublished report prepared under the Private Sector Development Initiative program.
One example of this is South Sea Orchids, a business based in Nadi that is founded on the concept of assisting village women to earn an income through floriculture. The company works with donors to provide business training workshops; it also supports women to access finance to start their own businesses. Women grow orchids in their own gardens, while the South Sea Orchids provides them with a guaranteed market for their flowers.129 Another example is a business incubation program by the National Centre for Small and Microenterprise Development that supports women to access small loans and provides training on bee keeping and honey harvesting for sale in local markets.130

Given varying situations of women in different parts of Fiji, support programs can be developed by considering geographic variations in economic opportunities. A recent survey of women entrepreneurs shows that a dynamic and younger cohort of entrepreneurs with full-time investment in their businesses has emerged in the Western Division where tourism opportunities are more prevalent and demand is more constant given proximity to the international airport.131 This is in contrast to the Suva area, where women entrepreneurs tend to be older, be part-time entrepreneurs, or have other jobs as well. Incorporating geographic considerations into business support services and assisting women to assess their comparative advantages would improve women’s business planning and marketing skills and chances of business success.

Women and Cultural Industries

Cultural and arts activities grounded in images and use of natural resources are widespread in Fiji. Specific business areas include arts, crafts, jewelry making, performing arts, and fashion. The handicraft and fashion industries involve more women than men, as they require skills that are traditionally associated with women. For example, 91% of handicraft producers and 82% of those employed in the fashion industry are women.132 According to the 2010–2011 EUS data, of the total employed population aged 15 and above, 13% of women and 6% of men are engaged in creative industries as their main job. Women make up 54% of the creative industry workforce as a whole (Table 5.6). However, the actual number engaged in these industries is likely to be even higher: formal labor statistics may not include the many cultural and creative producers who are not formally employed or registered as businesses, have multiple jobs, or are engaged part time.

There are a number of constraints faced by cultural producers, which include low production capacity, inconsistent quality control, weak business and management skills, a lack of private sector marketing and export facilitators, and a general lack of investment in the sector. Most producers generate only small quantities of a specific product, and they work independent of each other rather than in clusters. International buyers generally want larger quantities than those produced with a single individual’s infrastructure and entrepreneurial skill set. There is currently no dedicated promotional facility to facilitate sales, marketing, and use of online business models. In addition, small-scale intermittent activities for many working in these industries often create an image of their work as having limited economic potential. Given the number of people working in these industries—

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132 Footnote 117.
both full time and part time—they can contribute to the economy in a significant way if they can be provided with better financial and management support.133

The main government support agency for cultural industries is the Department of Heritage and Arts and its statutory body, the Fiji Arts Council. The Fiji Arts Council is currently leading cultural industries development by partnering with the Ministry of Trade and Industry and the Ministry of Women, Children and Poverty Alleviation on the Fijian Crafted label. Unfortunately, both the Department of Heritage and Arts and the Fiji Arts Council have limited expertise and resources in cultural industries development.

The SPC and the Pacific Islands Forum Secretariat also work in the area of cultural industries to improve the enabling environment for cultural producers by strengthening both the public and private sectors. Private sector development agencies such as the Women Entrepreneurs Business Council and the Pacific Islands Private Sector Organization have also involved some cultural producers but there is a need for more concerted industry-specific effort.

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133 Based on discussions with Culture Advisor from the Secretariat of the Pacific Community, May 2015.

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Table 5.6 Estimated Numbers of Men and Women (Aged 15 and Above) Employed in Creative Industries as Their Main Job, 2010–2011

<table>
<thead>
<tr>
<th>Industry</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total population employed (aged 15 and over)</td>
<td>368,000</td>
<td>239,000</td>
<td>129,000</td>
<td>35</td>
</tr>
<tr>
<td>Total employed in creative industries</td>
<td>30,240</td>
<td>13,950</td>
<td>16,300</td>
<td>54</td>
</tr>
<tr>
<td>% employed in creative industries</td>
<td>8.2</td>
<td>5.8</td>
<td>12.6</td>
<td></td>
</tr>
</tbody>
</table>

By subsector in creative industries

<table>
<thead>
<tr>
<th>Industry</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>% Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Handicrafts</td>
<td>5,120</td>
<td>470</td>
<td>4,660</td>
<td>91</td>
</tr>
<tr>
<td>Manufacture of jewelry</td>
<td>250</td>
<td>220</td>
<td>40</td>
<td>16</td>
</tr>
<tr>
<td>Manufacture of wooden products</td>
<td>790</td>
<td>100</td>
<td>690</td>
<td>87</td>
</tr>
<tr>
<td>Mat weaving</td>
<td>4,080</td>
<td>150</td>
<td>3,930</td>
<td>96</td>
</tr>
<tr>
<td>Fashion (manufacture of textiles, clothing, or footwear)</td>
<td>6,650</td>
<td>1,280</td>
<td>5,360</td>
<td>81</td>
</tr>
<tr>
<td>Tourism (Hotels and clubs, tour operators, car rental)</td>
<td>17,290</td>
<td>11,280</td>
<td>6,020</td>
<td>35</td>
</tr>
<tr>
<td>Radio and television activities</td>
<td>350</td>
<td>160</td>
<td>190</td>
<td>54</td>
</tr>
<tr>
<td>Publishing and printing</td>
<td>830</td>
<td>760</td>
<td>70</td>
<td>8</td>
</tr>
</tbody>
</table>

Note: Performing artists are not included in the table as there were too few respondents in this category in the 2010–2011 survey.

Tourism

Tourism is a major industry in Fiji. Women make up a little more than one-third (35%) of the tourism workforce (Table 5.6). Wages in most tourism jobs are at the minimum wage end of the salary scale and only one-quarter of managerial and professional level positions are held by women.134 Employment in tourism is also more common for i-Taukei women than other ethnicities, who are mostly working as cleaners, restaurant staff, and receptionists.135 Men hold most of the technical and more highly paid jobs such as diving, deep-sea fishing, and adventure tourism.

Tourism also provides an important market for woman-owned micro and small enterprises, such as those producing flowers for hotels, crafts, artisanal food products, jewelry, and cosmetics. In some cases, women form groups to produce goods and ensure a steady supply and quality control. There is also a growing fashion industry in Fiji linked to resort wear and using textile design based on the flora and fauna of the country.

Women have been instrumental in the development of crafts and virgin coconut oil by-products for the growing spa and wellness segment of the tourism industry. The operators vary in size from microenterprises to large entities owned and operated by female entrepreneurs (e.g., Pure Fiji, Essence of Fiji, and Organic Fiji). Access to skills training is offered through a number of training institutes such as the South Pacific Academy of Beauty Therapy.

Negative impacts of tourism are less well documented, which include links between tourism and the sex trade. A recent study commissioned by the Joint United Nations Program on HIV and AIDS has provided a preliminary picture of this issue: it estimated that there were 857 women and transgender people working in the sex trade as of June 2012.136 It is not clear how many provided services to tourists, as the majority were based in Suva, which is not a main tourist destination. However, the second and third largest groups are in Lautoka and Nadi, which are close to many resorts and holiday beaches. A 2010 study by Save the Children and the ILO reported that there was a significant market for child sex workers in many parts of Fiji.137 As of 2015, Fiji was ranked in tier two of the Tracking in Persons Report by the United States Department of State, as a source country for women and children subjected to sex trafficking and forced labor, as well as a transit and destination country.138 Fiji’s liberal visa requirements and its regional transportation hub are noted as possible contributing factors for human trafficking. A tier two ranking means that the government is not fully compliant with minimum standards for the elimination of human trafficking, but it is making significant efforts for compliance.

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134 Footnote 117. Tourism workforce is the sum total of individuals working in hotels, restaurants, travel agents and tour operators, and rental car and chartered tour operators (Fiji industry codes 5510, 5520, 6023, and 6341). The minimum wage in Fiji was increased in July 2015 from F$2.00 per hour to F$2.32.


5.4 Financial Inclusion and Business Development

Financial inclusion and business development both support national goals for economic development. The Fiji National Financial Inclusion Taskforce (NFIT) and the National Centre for Small and Microenterprise Development (NCSMED) provide information, training, and assistance to micro, small, and medium-sized enterprises in line with national priorities. NCSMED is a statutory body mandated through the Small and Micro-Enterprise Act 2002 to support and build the capacity of SMEs. Both make efforts to incorporate gender-responsive programs into their mandates. In addition to the work of the NFIT and NCSMED, business development services are offered by government agencies, nongovernment organizations, and the private sector (Table 5.7). UN Women and the Women Entrepreneurs and Business Council also support advocacy, good governance, and increased awareness about economic rights.

A recent demand-side survey commissioned by the Reserve Bank of Fiji and the Pacific Financial Inclusion Programme shows that 68% of men own bank accounts compared with 57% of women. The NFIT is headed by the Reserve Bank of Fiji and is a coalition of government, private sector, civil society, and development partners that provide banking, saving, and financial literacy services. The taskforce’s original goal was to provide access to affordable and appropriate financial services and financial education to Fiji’s unbanked population to ensure people understand money, banking, credit, and savings and how to use them. With the Ministry of Education, NFIT has integrated financial education in the school curriculum to reach approximately 910 schools. In 2013, NFIT also developed a national financial literacy strategy to address, among other issues, the lack of gender parity in access to financial services.

5.5 Access to and Control over Natural Resources

Land

Land is a key economic resource in Fiji, and traditional inheritance norms and decision-making processes concerning land use favor men in both of the major ethnic groups. This has negative impacts on women’s economic status. Land is managed through three systems: native land, freehold land, and crown land. Approximately 83% of land in Fiji is native (i-Taukei) land and belongs to mataqali (patrilineal clans). All native land belongs to village groups or “land-owning units.” Typically a portion of each land area is set aside for the site of the village, and the rest is native reserve. Leases of native land are available through the Native Land Trust Board, a statutory authority that administers all such lands on behalf of the i-Taukei owners. Land that is not leased is apportioned in plots to individual members of the mataqali, who then have personal use rights.

140 The Financial Inclusion Taskforce defines micro, small, and medium-sized enterprises based on turnover/assets and number of employees. A microenterprise is one that has 5 employees or less, and/or sales turnover/assets of no more than F$30,000. Small enterprises have up to 20 employees and between F$30,000 and F$100,000 in sales turnover/assets. Medium-sized enterprises have no more than 20 employees and a turnover of up to F$500,000 per year.
### Table 5.7 Profiles of Selected Business Development Service Providers

<table>
<thead>
<tr>
<th>Business Development Service Provider</th>
<th>Objectives/Services Provided</th>
<th>Client Base</th>
<th>Sex-Disaggregated Data Available?</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Pacific Business Development (Private sector)</td>
<td>Provide microfinance and financial literacy training, mentoring, and business support for borrowers, mobile financial services, support to savings clubs</td>
<td>Low-income and disadvantaged women</td>
<td>Women-only service</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Family members are welcome to attend trainings to ensure a supportive enabling environment</td>
<td></td>
</tr>
<tr>
<td>Fiji Council of Social Services Microfinance</td>
<td>Provide microfinance and financial literacy training, mentoring and business support for borrowers, mobile financial services, support to savings clubs</td>
<td>Low income and disadvantaged</td>
<td>Not known</td>
</tr>
<tr>
<td>Empower Pacific</td>
<td>Empower Pacific supports communities with financial (provision of rural credit) and emotional health and well-being services</td>
<td>Vulnerable communities</td>
<td>Not known</td>
</tr>
<tr>
<td>Women Entrepreneurs &amp; Business Council (NGO*)</td>
<td>To ensure the voices of women in the formal and informal sector are heard at the policy level</td>
<td>Women engaged in business in the formal and informal sectors</td>
<td>Women-only service</td>
</tr>
<tr>
<td></td>
<td>Business, financial, computer training; networking and advisory services; links to regional and international groups and trade shows</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Labor/business law advisory services</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>General information and advocacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Market Development Facility</td>
<td>To stimulate business innovation and create jobs and income opportunities for women and men in selected sectors</td>
<td>Private sector organizations involved in selected growing sectors: horticulture and agro-exports, tourism and related services, and the export processing sector</td>
<td>Yes</td>
</tr>
<tr>
<td>FRIEND (NGO*)</td>
<td>Assisting people out of poverty through income generation and enterprise development, governance, youth and health programs. Business training and support for production, quality control, and branding and marketing for small producers based around specific market areas including preserved food, crafts, and artisanal paper</td>
<td>The poor and disadvantaged in rural and peri-urban areas</td>
<td>Yes</td>
</tr>
<tr>
<td>UN Women Markets 4 Change</td>
<td>Services related to the rights, needs, and interests of market vendors</td>
<td>Women market vendors, local town councils, market committees</td>
<td>Women-only programs</td>
</tr>
<tr>
<td></td>
<td>Training/advocacy on market governance, infrastructure improvement, business skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ministry of Women, Children and Poverty Alleviation</td>
<td>Assist communities to improve livelihoods through involvement in small, micro, and medium-sized enterprise development Support for construction of village women’s centers that can be used as hubs for entrepreneurial and other training, and to produce, display, and market products Ministry facilitates links with business development and financial inclusion organizations</td>
<td>Primarily village women’s groups</td>
<td>Women-only programs</td>
</tr>
<tr>
<td>National Centre for Small and Medium Size Enterprises Development (government)</td>
<td>To promote and build capacity for micro, small, and medium-sized enterprises to generate income and create employment Provision of grants, business counseling, technical skills training and business mentoring, research Business incubation, “cluster” services to promote business collaboration and support</td>
<td>Individuals, families, communities</td>
<td>Available for some programs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Special groups (e.g., prisoners)</td>
<td></td>
</tr>
</tbody>
</table>

**NGO = nongovernment organization.**

**Source:** The authors’ compilation of information listed by business development service providers on their websites; the information was supplemented and validated through interviews with the Ministry of Women, Children and Poverty Alleviation, the National Center for Small and Medium Size Enterprises Development, and the Reserve Bank of Fiji.
Individual holdings vary in size and quality. Although every person registered as i-Taukei is part of a mataqali, not all have access to land. Women can inherit use rights to native land but male members of mataqali tend to dominate decision making. Approximately 10% of land is freehold and is subject to the Land Sales Act. The act defines the parameters of private land ownership and also, among other things, restricts the quantity of land that can be owned by nonresidents and by companies that are not wholly owned by Fijian citizens.

Agriculture

Agriculture in Fiji is based around plantation crops for export, market garden production of fruit and vegetables for local sale and consumption, and specialty horticulture and floriculture. Women and men in households cooperate in productive activities but generally have different roles and responsibilities. Men tend to operate and manage larger-scale plantation agriculture where they grow crops like taro, cassava, ginger, kava, pineapples, and papaya and/or work in sugar and rice production, while both men and women work for cash in planting and harvesting for large market garden operations, and in retailing at local markets. Women are responsible for most family food production, while men usually do the land clearing and fencing. Women also work in niche areas such as floriculture, spices, honey, and small-scale coconut oil production (Table 5.8). There are, however, some variations. Women in the Lau group and those from outlying islands have minimal involvement in agriculture, compared with those in Nitasiri, Namosit, Ba, and interior rural locations where a lot of agricultural activities are done somewhat interchangeably by men and women. There are also differences between gendered roles in i-Taukei and Fijian households of Indian descent, as Fijian women of Indian descent do less agricultural labor.

<table>
<thead>
<tr>
<th>Agricultural activity</th>
<th>Primarily Men</th>
<th>Primarily Women</th>
<th>Men and Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clearing land</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plowing</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Planting, weeding, harvesting of subsistence gardens</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Market gardening of vegetables</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Floriculture</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>Cash cropping coconuts, cocoa, coffee, taro, tree fruit</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Processing food, coconut oil, honey</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Market sales</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Raising livestock</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>Raising poultry</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: The table was produced based on information from UN Women. 2015. Pacific Gender and Climate Change Toolkit; UN Women. 2014. Gender and Food Security in the Pacific (online publication); and authors’ communications with SPC.
Women make up an estimated 80% of workers in agro-exporter facilities. They do tasks such as peeling, cutting, and processing of fresh agricultural commodities into frozen or preserved products. This is done for crops including ginger, noni, taro, cassava, virgin coconut oil, okra, cowpeas, drumstick leaves, and other leafy vegetables and fruits. Women are also engaged as factory floor supervisors in these facilities, which are typically family-run businesses. Female family members are usually engaged in middle-management positions with some control over resources but with limited decision-making authority.

There are some microenterprise agriculture initiatives, such as the Ministry of Agriculture’s Cottage Industries Program, that supports both men and women to engage in growing agricultural products such as coconut oil and kava. Beekeeping and honey production, floriculture, and spice cultivation are other areas where women are participants in microenterprise programs run by nongovernment organizations and programs from the National Centre for Small and Medium Size Enterprises Development. These programs offer both business development services and some agricultural capacity building. The Market Development Facility, funded by the Government of Australia, engages with private sector organizations to stimulate business growth and provide employment and income opportunities for men and women in horticulture and agro-exports, tourism, and export processing industries.

The government’s road map notes that there is a need for agricultural extension services to build capacity among farmers. Currently, there are 92 men and 32 women employed as extension workers, either as agricultural officers (5 men and 5 women), technical officers (28 men and 4 women), or assistant officers (59 men and 23 women). The Ministry of Agriculture does not currently operate targeted programs specifically for female farmers, and extension officers have not received training to ensure that programs target or address men’s or women’s different agricultural responsibilities. Provision of technology, training, and subsidies for agriculture also tends to be targeted toward men, especially those producing cash crops such as taro, papaya, coffee, and cocoa. However, some exporters have expressed interest in providing training to women for noni fruit picking and grading, as it is believed that women are able to handle the delicate fruit better.

A gender audit of the Ministry of Agriculture was carried out in 2002 in collaboration with the Ministry of Women, Children and Poverty Alleviation, with support from ADB. It found that there was a need for more sex-disaggregated information about the roles and needs of women and men as farmers. It also noted a need for gender-responsive planning and extension grounded in consultations with men and women working in agriculture. Further, it clarified that gender-responsive indicators were needed to ensure monitoring, evaluation, and program improvement. As of 2014, it appears that few of the recommendations from the gender audit have been implemented.

UN Women, in conjunction with the Ministry of Women, Children and Poverty Alleviation and local governments, has a program to engage and support women who work in 10 public markets around Fiji. Objectives include improved and more equitable market governance, awareness raising with local governments that administer market facilities, and upgrades to infrastructure including toilets and secure locations for women to stay overnight and store their products. Under the same project, the United Nations Development Programme (UNDP) is providing financial literacy and business competency training.

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143 Information provided by Crop Extension Division in the Ministry of Agriculture. December 2014.
Food security as well as the quality of nutrition is a concern in Fiji. Issues for women include access to land to grow fresh food crops for household subsistence and local markets. Women in urban settlements often lack land or enough water to grow any food crops, and in rural areas, large-scale planting may reduce the availability of land for subsistence and small-scale trading in food crops.

**Fisheries and Forestry**

The Ministry of Fisheries and Forests is taking steps to address gender issues in its two mandate areas. It has programs on aquaculture, inshore and offshore fisheries, and extension services for fishers and for communities with forest resources. The annual corporate plan includes gender-related outputs for both forests and fisheries and the ministry now collects sex-disaggregated data to track numbers of men and women participating in training.\(^\text{146}\)

Women are involved in commercial, artisanal and subsistence fisheries in Fiji. In many parts of Fiji, women fish regularly to feed their families with lines or nets and glean reefs for shellfish, octopus and seaweed. A 2009 survey of women in artisanal fisheries in Fiji identified that women may be full time, seasonal or casual fishers.\(^\text{147}\)

Full-time fisherwomen worked in different categories including harvesting, selling and reselling. Those who worked seasonally tended to focus on specific species (land crabs, octopus, and seaweed) and work only when those species were available. Casual fisherwomen harvest and sell fish and/or shellfish to meet immediate needs such as educational costs for their children, family celebrations or funerals, or costs for community events. The survey also identified that women who work in artisanal fisheries are earning relatively low incomes. Of the 25 women surveyed, 75% said fishing was their main source of income. Net income after deduction of expenses varied from F$10 to F$100 per week.

The Fisheries Department has identified pearl farming and seaweed cultivation as areas of opportunity for women. Women have become the main collectors of pearl spats in the pearl farming areas of Savusavu and Cakaudrove. This economic activity is linked to increased involvement of women’s groups in community affairs. Women are also engaged in tilapia and prawn breeding as well as in the bèche-de-mer industry, where they are collectors, processors, and distributors. In the Bua District, women are also involved in the lucrative collection of trochus for export. i-Taukei villages have tenure for coastal fisheries and work with the government under comanagement agreements that recognize both the traditional marine resource rights (i-qoliqoli) and government regulations and conservation targets.

In the early 2000s, there were three fish processing facilities in Fiji, located in Levuka, Pacific Harbour, and Lautoka. In 2001, women made up 64% of the total workforce in fish processing companies and 70% of those working on the actual processing lines. Currently, the Pacific Fishing Company in Levuka is the only large-scale processing plant in Fiji with a majority of its employees being women.\(^\text{148}\)

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In forestry, women harvest plants from the forest for food, medicines, handicrafts, and ceremonial purposes; for use in the home; and, depending on their location, for firewood. Men use forests more for timber for construction and specialty wood for carving. Traditionally, men have also had the role of clearing forestland for agriculture or housing and they work in commercial forestry. Workshops on the use of nontimber forest products for traditional medicine have helped to document women’s knowledge, clarify their intellectual property, and promote awareness about the value of traditional ecological knowledge. These have been supported by national and international nongovernment organizations. The SPC is working regionally and in Fiji to support more information collection and analysis of traditional ecological knowledge, which is considered to have potential as a cultural industry linked to women’s economic empowerment. In addition, the Ministry of Health has noted that between 60% and 80% of i-Taukei and Fijians of Indian descent use traditional medicines sourced from forest plants.

The Department of Forests has objectives to increase women’s involvement in forestry awareness programs and it also has an initiative to track numbers of women receiving technical qualifications in forestry. In addition, there is a major program on reducing emissions from deforestation and land degradation (REDD) supported by the World Bank. Trainers’ workshops for women were held in 2013 and 2014 to inform women about links between deforestation and climate change, promoting conservation of nontimber forest products, and support them to act as champions for climate change mitigation in their home areas.

Disaster Management and Climate Change

Fiji, like all Pacific island countries, is vulnerable to natural disasters from tropical cyclones, flooding, earthquakes, and tsunamis, which have high human and economic costs. Across sectors, women and men will be impacted in different ways by disasters. The Ministry of Women, Children and Poverty Alleviation has collaborated with the National Disaster Management Office to raise awareness among government employees in different sectors about key gender issues in disaster management, including the involvement of women as key stakeholders at the community level. It emphasizes that special efforts are needed to inform women about risks, including gender-based violence risks and preparedness measures.

A 2012 study on gender and disaster management found that in many cases women are relatively active in disaster preparedness but are rarely consulted for planning and policy making. Important measures for disaster preparedness and response planning processes include collection of sex-disaggregated data, incorporation of international humanitarian good practice for gender responsiveness in emergencies, and engagement of field staff from the Ministry of Women, Children and Poverty Alleviation.

Among much-needed initiatives, the Department of Environment supports gender-inclusive coastal management initiatives to protect villages from flooding and the impacts of sea level rise. Nongovernment
organizations are working with schools, women’s groups, and village committees to improve food security and water management, particularly on low-lying islands threatened by salination and rising seas. The SPC and GIZ, in collaboration with Secretariat of the Regional Environment Programme, the UNDP, and UN Women, have developed a Pacific gender and climate change tool kit to guide technical organizations on integrating gender perspective in climate change adaptation strategies and programs. There are concurrent initiatives coordinated through the Ministry of Women, Children and Poverty Alleviation with assistance from the SPC and the UN, to reduce reliance on diesel-generated electricity. Women have been trained as “solar engineers” who assist their villages to install, run, and maintain solar-powered systems for household energy needs.

5.6 Recommendations

- Establish a core minimum set of economic activity and empowerment indicators to monitor
  (i) involvement of women in business and income generation,
  (ii) types of activities and income levels of women in different economic sectors,
  (iii) training initiatives for women associated with specific skill sets, and
  (iv) women’s control of employment and business income.
- Provide information on legislation, decrees, and regulations related to micro and small businesses and design business development services according to those requirements. Examine regulatory constraints to home-based businesses and advocate legislative change to facilitate women’s engagement in home-based businesses.
- Enhance small business development programs to ensure women receive appropriate skills training and assistance with marketing of quality products.
- Increase investment in gender-responsive extension programs for agriculture, fisheries, tourism, and forestry that support income generation and small business.
- Develop insurance schemes to protect women’s income-generating activities, including assistance in disaster recovery.
- Track implementation of the Employment Relations Promulgation sections on nondiscrimination on the grounds of sex, disability, and sexual orientation.
- Implement and enforce legislation against sexual harassment.

Key Findings

- In 2006, Fiji’s national government (House of Representatives and Senate) included 13 women or 18% of all seats. During the interim government (2006–2014), there was only one woman on the 12-member ruling council of ministers. As of the September 2014 elections, women hold 8 of 50 seats (16%) in Parliament.
- Despite recent gains in Fiji’s first parliamentary elections in 8 years, women are underrepresented in senior decision-making positions across sectors. This creates negative generational impacts as young women with political and career aspirations have few female role models, coaches, and mentors.
- Fiji does not have any temporary special measures in place to support women in leadership. This is despite being signatory to international agreements that support temporary special measures and stated commitments in the Roadmap for Democracy and Sustainable Socio-Economic Development to increase numbers of women in senior positions in government and on boards of state-owned enterprises.
- Gender mainstreaming to support women’s engagement in decision making and leadership for development is constrained by a number of factors. These include the relative marginalization of the Department of Women in the government hierarchy, lack of gender analysis capacity across all government ministries, lack of integrated planning across sectors, and limited availability of sex-disaggregated data in sector ministries’ programs.
- Changes to the mandate of the Public Service Commission have resulted in a transfer of responsibility for human resource management and capacity development to individual ministries. Most ministries do not have the staff or experience to support capacity development in the areas of gender equality, gender analysis, or gender-responsive planning and budgeting. Prior to its revised mandate, the Public Service Commission coordinated periodic training on gender-related issues.

6.1 Support for Gender Equality in Decision Making and Leadership

Government has made commitments and identified targets for women’s leadership in its national strategic planning document. The road map includes performance indicators for gender parity in the top three occupation groups and 20% female CEOs in government. These were to be achieved by 2011 but have not been met.\textsuperscript{154} Inability to meet the targets can be linked to (i) a lack of awareness about the targets by government staff; (ii) the fact that sector ministries do not have staff assigned to analyze, plan, or direct gender-related objectives; and (iii) limited human resources and budget within the Department of Women to catalyze change across government.

\textsuperscript{154} The road map does not specify what these groups are; however, it is assumed they refer to census and Employment and Unemployment Survey classification of occupations, which are (i) legislators, senior officials, and managers; (ii) professionals; and (iii) technicians and associate professionals.
Gender mainstreaming and women’s leadership in the public service are linked to development effectiveness. The road map identifies a need to mainstream gender perspectives in all ministries strategic, corporate, and business plans, as well as to increase women’s participation in decision making at all levels. Yet, the Pacific Community’s (SPC) stocktake of gender mainstreaming found that integration of gender into sector mandates is weak across the government. While senior management across various ministries is not opposed to gender mainstreaming, they lack a clear understanding of its definition or principles. A shortage of sex-disaggregated data or gender analysis also inhibits planning of effective mainstreaming strategies. The structure of government, which places the Department of Women within a line ministry, also hinders gender mainstreaming.

Currently, most ministries have identified their key gender strategies in relation to monitoring and/or improving gender balance of the staff. However, no ministry has proactive or temporary measures to hire or promote more women. In addition, since the Public Service Commission’s mandate was reduced, individual ministries now manage all human resource functions below the permanent secretary level and there is no single repository of staff numbers by post level. Consequently, it is very difficult to monitor progress or changes in staff balance over time. It is also difficult to track gender differences in access to training and capacity building opportunities that would support more women’s advancement into leadership positions. Where ministries do keep records of staff training, little of the information is collated or sex-disaggregated.

Despite these shortfalls, Fiji has made progress on women’s leadership at multiple levels including the national legislature, community governance, and in the private sector. The progress has been supported by civil society and development organizations including regional agencies, the United Nations (UN), and bilateral donors. Fiji also has a history of strong civil society advocacy for women’s rights and women’s leadership at all levels. Organizations such as the Fiji Women’s Rights Movement, Fiji Women’s Crisis Centre, FemLINKPACIFIC, Women’s Action Committee, Fiji Association of Women Graduates, the Fiji chapter of Development Alternatives for a New Era (DAWN), and others have been active across the country in a number of thematic areas. All of these groups have worked to enhance women’s participation in decision making over decades. As the political climate has altered and changed, they have adapted their strategies and continued to maintain commitments to gender equality and women’s rights.

### 6.2 Women’s Participation in Political Decision Making

Women’s participation in politics has varied since 2000. In 2006, Fiji’s Parliament included 13 women representatives (8 in the House of Representatives and 5 in the Senate); these women made up 11% of those elected to the House of Representatives and held 18% of the total number of seats. In the interim government (2006–2014), there was only one woman on the 12-member council of ministers. In September 2014, the first democratic elections in 8 years were held. Organizations with gender equality mandates worked with other groups to promote civic education for voters and supported women who wished to stand for elected office. A total of 44 women (17%) and 205 men (83%) ran in the 2014 election. Women won 7 of the 50 seats in Parliament (Figure 6.1). Of those in Parliament, both the speaker of the house and the leader of the opposition were women. Women also received support from their respective parties, four of which chose women as party presidents.

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155 Secretariat of the Pacific Community (SPC). Forthcoming. Stocktake of Gender Mainstreaming in Fiji. Noumea: SPC.
This is considerably better than female representation at the senior executive level of government, where only 1 of 21 permanent secretaries is female (5%).

Public perceptions about women in leadership seem to support gender equity in politics. Research by the International Women’s Development Agency (IWDA) found that 72% of respondents felt it would be better for Fiji if there were more women in national government. The majority of respondents also recognized that there are sociocultural barriers to women gaining support in politics. Examples included cultural barriers, discrimination against women, and lack of support at the community level. Lack of education and lack of experience were perceived to be much less important constraints. The majority of those who participated in the study also stressed that qualifications and attributes of leadership are not unique to men, but common to both men and women. There were, however, rural versus urban and age differences in perceptions about women’s and men’s ability to engage effectively in politics. Overall, those who felt men make better leaders were more likely to be rural, male, i-Taukei, and over 50 years of age. Only one-third of men and women under 30 years of age felt men make better leaders.

Women in Local Government

Local government elections were last held in 2005. Research done by the IWDA and the Commonwealth Local Government Association shows that women made up 14% of elected councilors in 2008 (Table 6.1). In February 2009, the interim government appointed seven special administrators to act as governing heads of municipal councils following the expiry of the term of elected councilors and deferment of local elections; only one of these seven posts was assigned to a woman.

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Women are also unequally represented in the workforce of local government. As of 2009, less than 25% of local government employees were women, and on two councils women’s percentages were as low as 7.6%. Among these women, the majority hold support positions such as administration, clerical, and finance. For senior management positions in the local government workforce, women represented less than 8%.158

In i-Taukei communities, there is evidence that women are beginning to hold positions as village chiefs and heads of landowning units in traditional leadership; however, the numbers are still small. Data from the Ministry of i-Taukei affairs show that across Fiji, women hold 7% of village chief positions and 8% of positions as head of landowning units.159 There are significant variations between provinces: some provinces have women in as many as 17% of posts in both categories, and some provinces have no women. There is a need for more analysis of trends, as it is also noted that in some provinces up to 70% of posts in both categories are vacant.

Supports and Constraints for Women’s Participation in Decision Making

Within the government, the Ministry of Women, Children, and Poverty Alleviation is responsible for catalyzing initiatives to increase women’s participation in decision making, while managing the implementation of the National Gender Policy. As a sector ministry, however, it has limited influence across other government agencies. It also lacks financial and human resource capacity to support gender mainstreaming in other ministries, or to undertake regular monitoring and evaluation of the gender impacts of policies and programs. Most staff in central and sector ministries assume that anything related to gender is the responsibility of the Ministry of Women, Children, and Poverty Alleviation. There are misplaced expectations that the ministry will provide gender training and analysis, and specific direction about how to promote gender equality.

Working relationships between government and civil society are critical to increasing women’s role in decision making. Prior to 2006, the relationships were effectively focused on information sharing and, in some cases, the implementation of government priorities for women’s empowerment and gender equality. Subsequently, restrictions on civil society, the right to meet in large groups, public consultations, or information sharing in the

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158 IWDA, UNDEF, and CLGF. 2010. Creating Space on the Mat.
159 2014 data provided by Ministry of i-Taukei Affairs and translated by Department of Strategic Planning, August 2015.
media reduced opportunities to cooperate with the Ministry of Women, Children and Poverty Alleviation on programs for women’s empowerment.\textsuperscript{160}

During the period of interim government, there was a male-dominated chain of command that somewhat undermined previous gains by women in the civil service. There were and still are restrictions on workers’ rights by regulations and decrees such as the 2011 Essential National Industries Decree. This decree reduces unions’ ability to advocate or bargain for rights of both male and female union members. There are also restrictions to prevent civil servants from filing complaints or advocating for improvements in working conditions.\textsuperscript{161} In support of workers’ rights, the Fiji Commerce & Employers’ Federation has published an employer’s guide to gender-responsive workplaces. The guide is primarily targeted to private sector employers but the information in it is equally relevant to the public service. It outlines Fiji’s commitments to the International Labour Organization (ILO) conventions and what they mean for women and men in the workplace.\textsuperscript{162}

A report on women’s representation on boards of state-owned enterprises (SOEs) in Pacific Island Forum Countries, prepared for the 2014 Forum Economic Ministers’ Meeting, highlights that across the 19 SOEs in Fiji that have boards, 58\% have a woman on their boards; 9 women hold 11 seats.\textsuperscript{163} Similarly, a 2014 study by the Asian Development Bank (ADB) notes that out of a total of 87 director seats in 26 SOEs in 2013, women were holding 10\% of director positions.\textsuperscript{164} Women in business and private sector leadership are supported through women-in-business initiatives. The Fiji Commerce & Employers’ Federation supports the Women Entrepreneurs and Business Council and works to provide female entrepreneurs with leadership training. The federation also advocates for implementation of government commitments on women in leadership on boards. More data is needed on women’s roles in the private sector.

**Media and Women’s Leadership**

Social media sites such as Facebook and Twitter have become important platforms for promoting gender equality and for facilitating information exchange on issues ranging from women’s human rights to business development and income generation. Women candidates in the September 2014 elections used social media to campaign and advocate for change. The Department of Women and most civil society organizations are on Facebook and have their own Twitter feeds where they can share event information, breaking news, and links to other media. The use of social media is one avenue that also creates dynamic national, regional, and international links in support of women’s leadership and shared decision making.

FemLINKPACIFIC is a feminist civil society organization that regularly monitors the media to assess coverage of gender issues and women’s participation in the media. Since its inception in 2000, FemLINKPACIFIC has

\textsuperscript{160} Examples include the Public Emergencies Regulation, the Electoral Decree, and the Media Decree. These are discussed with concern in the 2009 Shadow NGO Report on Fiji’s Combined 2nd, 3rd, and 4th Periodic Report to the CEDAW Committee, and the 2010 Concluding Observations Report of the CEDAW Committee.


maintained a broad focus on issues related to women, peace, and security. This allows it to cover many gender and governance issues and support women to be leaders nationally and locally. In addition to a number of social media platforms, FemLINKPACIFIC also operates a small mobile radio broadcast unit, often referred to as a suitcase radio, that provides an alternative media conduit for women in rural communities. Rural women actively participate in broadcasts from their own communities on topics relevant to them, sharing their opinions and experience with others like themselves. Recordings of the broadcasts are also archived on FemLINKPACIFIC’s website and available for streaming.

6.3 Interventions, Programs, and Initiatives

Donors and multilateral organizations such as the SPC, the UN, and ADB had limited programs in Fiji since 2006 until the last election, during which most of support has been channeled through partnerships with civil society organizations. Since 2012, there has been a gradual increase in renewed discussions with the government by development partners, including support for gender equality.

Recently, significant investment has been made through the regional Pacific Women Shaping Pacific Development (PWSPD) program funded by the Australian government. The PWSPD Fiji Country Plan indicates that improving women’s participation in leadership and decision-making will be one of five main objectives for PWSPD. The program will support women’s use of media and community radio, through FemLINKPACIFIC. The SPC is finalizing its stocktake of gender mainstreaming, which will become the basis of developing an agreement with government to support implementation of prioritized recommendations. This initiative is also funded through the PWSPD initiative.

UN organizations are supporting women’s leadership primarily through initiatives to reduce constraints to gender equality such as violence against women, poverty, and social exclusion. ADB has been supporting research and evidence creation on gender inequality across sectors, with a focus on economic empowerment; this will concurrently enhance women’s influence as agents of change and drivers of economic growth.

In higher education, the University of the South Pacific works with the SPC Pacific Regional Human Rights Resource Team on diploma and degree programs that incorporate human rights and gender. These programs also promote the role of men as advocates for women’s rights and shared decision making.

Civil society groups continue to receive donor funding to promote women’s participation in decision making. These organizations have programs and operational structures that support young women interested in leadership. The Fiji Women’s Rights Movement’s commitment to intergenerational leadership supports girls and young women to know their rights, including sexual and reproductive health rights. Programs help young women advocate for change through organized networks. The Fiji Women’s Rights Movement and LINKPACIFIC both support monitoring and advocacy linked to women’s human rights and have been engaged in Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and Universal Periodic Report shadow reporting.

FemLINKPACIFIC website. www.femlinkpacific.org.fj/index.php/en. Podcast or live streaming links can be used to stream programming.
Faith-based organizations, particularly the Christian churches, are also supporting women’s entry into leadership positions, both internally within their hierarchies and in the wider community. A number of churches have support services that help women understand their rights to participate in decision making and the development process. Because churches generally have a broad reach through their urban and rural congregations, gender-responsive initiatives can have considerable impact; they provide role models and create networks of women and men who can advocate for women's empowerment.

6.4 Recommendations

Policy improvement and targeted empowerment measures are needed to support gender equality in leadership and decision making. There is also a need to build Fiji-specific evidence about the positive benefits of more women in leadership. Such evidence can draw on extensive international research to change discriminatory social attitudes and support more effective decision making at all levels.166 Specific recommendations include the following:

- Promote introduction of appropriate temporary special measures in Parliament, political parties, and the public service to increase numbers of women in senior decision-making positions.
- Set targets for staff balance across different public service post levels. Establish indicators and monitoring mechanisms to report on changes in executive, managerial, technical, and administrative levels of the civil service.
- Establish capacity development strategies to support merit-based advancement and balance male and female staffing numbers at middle and upper levels of the civil service.
- Increase support to civil society organizations and facilitate linkages with government and the private sector to increase leadership opportunities for young women.
- Improve capacity development and engagement of men in gender equality initiatives and develop specific strategies whereby men can demonstrate support for women’s human rights and contribute to concrete changes that will increase women’s role as leaders and decision makers.
- Undertake gender awareness programs within existing school, youth, and vocational programs; encourage young women to explore and articulate their leadership aspirations, and young men to become advocates for gender equality and women’s leadership.

Key Findings

- Physical and sexual violence against women (VAW) in Fiji is widespread. Almost two-thirds (64%) of women aged 18 to 64 who have ever been in an intimate relationship report having experienced physical and/or sexual abuse by their husband or partner.
- A significant percentage of women (16%) reported having been sexually abused before the age of 15, most often by male acquaintances or male family members.
- Women do not frequently report their experience of violence to any formal organization or authority: 47% never told anyone and only 24% have ever sought help from any agency.
- In 2014, the Fiji Women’s Crisis Centre (FWCC) handled 1,075 new cases of domestic violence at their five locations across the country. In comparison, only 232 new cases were reported to the police.
- Women’s rights groups report deteriorating capacity to deal with violence in the police and court systems since 2006, despite enactment of the Domestic Violence and Crime decrees in 2009.

7.1 Prevalence of Violence against Women

The prevalence of violence against women in Fiji is among the highest in the world and most cases are perpetrated by an intimate partner (e.g., husband, boyfriend). According to the survey conducted by the FWCC in 2010–2011, 64% of women aged 18–64 who have ever been in a relationship reported experience of physical and/or sexual violence, compared with the global average of 30% (Figure 7.1). Physical violence is most common, with 61% women reporting the experience over their lifetime. About one-third of women (34%) reported the experience of sexual violence over their lifetime and 14% over the last 12 months. Emotional violence is also prevalent, with 58% of ever-partnered women experiencing it in their lifetime, and 29% in the last 12 months.

Women reported that main triggers for violence include jealousy, the need of men to demonstrate that they are “in control,” and drunkenness. More than half of the women reporting emotional violence indicate that they experience controlling behavior from an intimate partner: for example, 39% of women reported that they had to request permission from their husband or partner to seek health care for themselves. This has implications for women’s well-being over time, since they may be denied care when they have been assaulted and injured or when they are pregnant. Of the women surveyed, 15% reported having experienced physical and/or sexual violence during pregnancy.

167 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). Please note that unless otherwise footnoted, all data about violence against women referred to in this section are from the above report.
Table 7.1 shows that rates of violence by both partners and nonpartners are somewhat higher in rural than urban areas. Among rural women, 66% report experience of physical violence over their lifetime and 39% report experience of sexual violence, compared with 55% and 28% of urban women, respectively. The percentage reporting emotional violence is also higher for rural women. Women also experience physical and sexual violence by men who are not their partners and/or at young ages. About 27% of women overall reported having experienced physical violence by a nonpartner, and 16% of women surveyed reported that they were sexually abused before 15 years of age. When asked about their first sexual experiences, 29% of women reported that first sex was either forced or coerced (not shown in the table).

Impacts on mental health can be significant for women who are physically, sexually, or emotionally abused. Women living with intimate partner violence are much more likely to report more than 10 symptoms of emotional distress, including depression and thoughts of suicide. The survey highlights that 7% of those who had experienced physical or sexual abuse had attempted suicide. Pregnancy sometimes compounds violence against women, and women living with violence are more likely to have unwanted pregnancies. In addition, their husbands or partners are more likely to prevent them from using contraception.

Women also experience economic abuse or deprivation linked to the controlling behavior of their partners. The FWCC survey found many cases where a woman’s partner or husband takes her salary or savings, and where a partner or husband refuses to give money for the woman or the family. Furthermore, approximately half of the women who were living with violence indicated that violence has caused them to lose workdays due to injury or mental health problems. Controlling behaviors are also illustrated by men preventing their wives from participation in social or community events. Such controlling behavior is likely to hinder women’s opportunity to learn about their rights and seek help.

Women’s experience of violence is to some extent associated with women’s education and socioeconomic status. The FWCC survey shows that lifetime prevalence of physical and sexual violence by an intimate partner is lower for women with tertiary education (55%) than for women with primary education (62%) or with...
secondary education (66%). Yet, the prevalence is slightly higher for women with secondary education than for those with primary education only. The survey also shows that women in the lowest of the socioeconomic categories have a greater likelihood of experiencing physical and or sexual violence from an intimate partner (77%) than those in the middle (68%) or highest (55%) socioeconomic groups. This suggests that poverty is likely to increase the likelihood of women’s experience of violence. However, it is important to note that more than half of women with tertiary education or in the highest socioeconomic category also reported experiencing violence by an intimate partner.

Other factors in a woman’s background that increase the risk of violence include being sexually abused since the age of 15 years by someone other than her partner, seeing her own mother being physically abused by her partner, having five or more children, and living with her partner’s family. Factors in the husband or partner’s background that increase women’s risk were sexual infidelity, having been hit or beaten regularly as a child, fighting with other men, and drinking alcohol weekly or daily.

Gender-based violence is an issue, especially among sex workers and transgender people. A 2010 study on sex workers found that violence and harassment were among the primary concerns of women and men selling sex.168 In a 2012 study of 464 individuals who were transgender or men who have sex with men, 48% reported verbal abuse and 28% reported physical abuse. There was a considerably higher rate of physical violence against transgender sex workers (36%) than against sex workers who were not transgender.169


### Table 7.1 Women’s Experience of Violence by Partners and Nonpartners

<table>
<thead>
<tr>
<th>Women Aged 18–64</th>
<th>Urban</th>
<th>Rural</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lifetime (%)</td>
<td>Past 12 Months (%)</td>
<td>Lifetime (%)</td>
</tr>
<tr>
<td>By an Intimate Partner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td>55</td>
<td>19</td>
<td>66</td>
</tr>
<tr>
<td>Sexual violence</td>
<td>28</td>
<td>12</td>
<td>39</td>
</tr>
<tr>
<td>Physical or/and sexual violence</td>
<td>58</td>
<td>22</td>
<td>69</td>
</tr>
<tr>
<td>Emotional violence</td>
<td>51</td>
<td>25</td>
<td>64</td>
</tr>
<tr>
<td>By a Nonpartner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical violence</td>
<td>23</td>
<td>30</td>
<td>27</td>
</tr>
<tr>
<td>Sexual violence (since age 15)</td>
<td>7</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>Sexual violence (before age 15)</td>
<td>14</td>
<td>17</td>
<td>16</td>
</tr>
</tbody>
</table>

The findings of the FWCC survey indicate how violence is in many ways entrenched in social norms. When women were asked whether VAW is justified under certain circumstances, 43% of women agreed with at least one justification, while 57% of women disagreed. Younger women, and women with more education, were less likely to agree with unequal power relations than their older or less educated counterparts. But it is important to note that views about the acceptability of violence in intimate relationships do not necessarily correlate with incidences of violence. The findings on the actual incidence of violence show that women from every educational and age background are vulnerable to physical and sexual abuse, regardless of their beliefs about their own rights.

Records of reports on VAW or other related crimes suggest that actual reporting to authorities varies depending on the type of violence or crime. The FWCC survey indicates that 53% of the women who experienced any type of violence had not previously told anyone what happened to them. Only 24% had ever gone to a support agency or reported the crime to the police. Recent administrative data from the FWCC and police suggest that the FWCC is far more likely to be aware of new cases of domestic violence than police. The FWCC dealt with 1,075 new domestic violence cases in 2014, whereas only 123 cases were reported to police. However, crimes such as rape and child sexual abuse are much more likely to be reported to authorities than dealt with by the FWCC. Between 2012 and 2014, the police received 884 reports of rape (83% of the victims were women), whereas the FWCC was informed of 121 new cases of rape (Table 7.2).

Table 7.2 Cases of Domestic and Sexual Violence Handled by Police and the Fiji Women’s Crisis Centre, 2012–2014

<table>
<thead>
<tr>
<th>Crime</th>
<th>Authority Reported to</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Domestic Violence</td>
<td>Police</td>
<td>404</td>
<td>113</td>
<td>123</td>
<td>640</td>
</tr>
<tr>
<td></td>
<td>FWCC</td>
<td>1,044</td>
<td>1,183</td>
<td>1,075</td>
<td>3,302</td>
</tr>
<tr>
<td>Rape</td>
<td>Police</td>
<td>386</td>
<td>292</td>
<td>206</td>
<td>884</td>
</tr>
<tr>
<td></td>
<td>FWCC</td>
<td>40</td>
<td>45</td>
<td>36</td>
<td>121</td>
</tr>
<tr>
<td>Child Abuse</td>
<td>Police</td>
<td>1,243</td>
<td>1,125</td>
<td>1,038</td>
<td>3,406</td>
</tr>
<tr>
<td></td>
<td>FWCC</td>
<td>69</td>
<td>66</td>
<td>72</td>
<td>207</td>
</tr>
<tr>
<td>Sexual Harassment*</td>
<td>Police</td>
<td>1,871</td>
<td>2,369</td>
<td>2,327</td>
<td>6,567</td>
</tr>
<tr>
<td></td>
<td>FWCC</td>
<td>30</td>
<td>45</td>
<td>35</td>
<td>110</td>
</tr>
<tr>
<td>Total</td>
<td>Police</td>
<td>3,904</td>
<td>3,899</td>
<td>3,694</td>
<td>11,497</td>
</tr>
<tr>
<td></td>
<td>FWCC</td>
<td>1,183</td>
<td>1,339</td>
<td>1,218</td>
<td>3,740</td>
</tr>
</tbody>
</table>

* Cases reported to police shown as sexual harassment refer to offenses of indecently insulting or annoying any person (Section 213 of the Crimes Decree). Cases reported to police include both male and female victims; cases reported to the FWCC were made by women only. The FWCC has branch offices in Suva, Nadi, Ba, Labasa, and Rakiraki. Definitions used by the police and the FWCC are included in Appendix 2.

Source: Fiji Police Force and Fiji Women’s Crisis Centre (FWCC).
Gender-Based Violence

Cost of Violence against Women

The cost of VAW is high in Fiji. While difficult to measure, international research has outlined a range of factors that constitute direct and indirect costs (Box 7.1). Two estimates of the cost to Fiji of VAW provide evidence of the drain it places on the economy and well-being of the country. The 2010 Fiji Millennium Development Goal report quotes a former Reserve Bank governor as saying that the cost of VAW was approximately F$300 million in 2002—representing 7% of Fiji’s gross domestic product (GDP) in that year.\(^\text{170}\) A 2011 study supports this estimate, calculating the cost of domestic violence to the Fijian economy, to be approximately 7% of GDP.\(^\text{171}\)

Additional indirect costs, while difficult to quantify, are related to the social impacts resulting from VAW. These include the effects on families and communities, on the mental health of women, on school performance of children, and on the psychological well-being of children. Children who witness violence in their homes may perpetuate that violence as they become adults.

7.2 Legal Frameworks for Ending Violence against Women

The legislative environment related to violence against women in Fiji is positive and there are a number of laws that have potential to end violence against women, including the Family Law Act 2003 and the Domestic Violence Decree 2009 (Table 7.3). However, use of the law by women for their own protection is low due to lack of awareness, social stigma, and fear of repeated violence in their families.

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Gender equality activists assert that gender bias exists among those responsible for implementing these laws.\textsuperscript{172} To ensure women are treated fairly there is a need for attitudes and norms to change among lawyers, the judiciary, and the police. Nazhat Shameem, Fiji’s ambassador to the United Nations in Geneva and former High Court judge, elaborated on these challenges in a workshop for judges and magistrates in Fiji (Box 7.2). Her statements draw on review of multiple judicial rulings and reflect the research findings of the FWCC and the Fiji Women’s Rights Movement.

\textbf{Table 7.3 Legislation Related to Violence against Women}

<table>
<thead>
<tr>
<th>Legislation</th>
<th>Aspects Linked to Elimination of Violence against Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Law Act 2003</td>
<td>Covers marriage, divorce, maintenance, and custody and includes provision of injunctions for personal protection. Also recognizes the role of both partners in a marriage and provides protection in the interests of children.</td>
</tr>
<tr>
<td>Domestic Violence Decree 2009</td>
<td>Provides expanded authority to police to investigate and prosecute cases of domestic violence. Includes provisions that make it possible for victims to obtain domestic violence restraining orders against attackers.</td>
</tr>
<tr>
<td>Crimes Decree 2009</td>
<td>Improved definitions of sexual assault, rape, and other crimes of violence against women. Also includes offenses related to trafficking in women and children with increased penalties.</td>
</tr>
<tr>
<td>Child Welfare Decree 2010</td>
<td>Requires mandatory reporting of physical and sexual abuse of children.</td>
</tr>
<tr>
<td>Family Law Amendment Decree 2005</td>
<td>Recognizes de facto couples.</td>
</tr>
</tbody>
</table>

Gender equality activists assert that gender bias exists among those responsible for implementing these laws.\textsuperscript{172} To ensure women are treated fairly there is a need for attitudes and norms to change among lawyers, the judiciary, and the police. Nazhat Shameem, Fiji’s ambassador to the United Nations in Geneva and former High Court judge, elaborated on these challenges in a workshop for judges and magistrates in Fiji (Box 7.2). Her statements draw on review of multiple judicial rulings and reflect the research findings of the FWCC and the Fiji Women’s Rights Movement.

\textbf{Box 7.2 Challenges to Implementation of the Domestic Violence Decree}

“It took a year for the police and judiciary to commence the implementation of the Domestic Violence Decree. The police attended intensive training on the Decree in 2010 and it was quickly apparent that for the effective implementation of the Decree, the biggest hurdle would be attitudinal. Although all victims had and have a right to complain when a police officer did not apply for a restraining order, very few knew that they had this right, and none was able to enforce it.

These [multiple judicial] decisions suggest that all members of the judiciary are not enforcing the Domestic Violence Decree. They also suggest that the prosecutors are not making applications for restraining orders in cases of family violence. What is apparent from a reading of all rape and incest cases in 2011 and 2012, that although almost all these cases arise from a family relationship and although sexual abuse is a domestic violence offence, neither the prosecution nor the judiciary is applying the Domestic Violence Decree nor the Sentencing and Penalties Decree to the sentence of such offenders. All prosecutors and judicial officers have attended training on domestic violence. Why are they failing to implement the Decree?

The greatest barrier to the enforcement of the law is the lack of objectivity of those who administer the law. The Domestic Violence Decree is not implemented by many prosecutors and judicial officers because they are not able to recognize the barriers to justice, which exist for women and children as a result of our social and cultural institutions and values.”


\textsuperscript{172} Gender bias may or may not be intentional; it can be a result of social conditioning and accepted norms or ignorance of laws and human rights.
Violence is connected to entrenched social norms, certain cultural values, systemic discrimination, economic inequality, women’s lack of access to resources, and women’s lack of knowledge about rights and the law. The FWCC 2013 survey found many women (57%) are socialized to accept violence as acceptable in certain circumstances, but acceptance was lower among educated women.

Traditional and conservative views about female subservience have been promoted by some churches as well as some media outlets implying that men may “discipline” women who challenge the status quo. But there are some ethnic variations in attitudes toward violence against women. For example, Fijians of Indian descent may believe that it is the job of a woman’s in-laws to discipline her and mold her to her role as an obedient wife. More positively, there are numerous nongovernment organizations serving all ethnic groups that provide awareness and support to women, and many have enlisted male advocates to support their work.

Many women, particularly in remote or island communities, remain unaware of their legal rights. Concurrently, many police officers in rural areas influenced by traditional leaders, may not wish to cause conflict with those leaders, and may also lack detailed knowledge of the law. An example is the issuance of restraining orders, which must be done by a magistrate. Even though magistrates are not based in rural areas, the law allows domestic violence restraining orders to be issued by phone. The FWCC reports that rural police posts rarely use this provision to offer protection to women in those communities.

Access to justice for female survivors of violence is restricted where law and justice services are far away and where magistrate circuit courts are infrequent. Victim support services are also less accessible when distance and costs of travel are a factor, or if their partners or other family members prevent them from seeking services. iTaukei women are often coerced by their families and police to use the traditional i-bulubulu ceremony of forgiveness and reconciliation rather than the courts. The ceremony is a custom intended to break the cycle of revenge and continued conflict; yet gender equality advocates argue that it does not provide substantive justice for female victims of violence.

The Fiji Police Force is responsible for upholding laws against domestic violence and sexual crimes. However, police officers may also come to their work with ingrained sociocultural attitudes about women’s and men’s roles in society that may lead them to be dismissive toward victims of physical and sexual violence. Women are present in the Fiji Police Force, but there are few at senior leadership levels and the force is not free from sexist behaviors within its ranks.

Table 7.4 shows the numbers of women and men in different categories of the police force. It illustrates that women’s representation has dropped slightly in the past 3 years, from 22% of the total work force in 2012 to 21% in 2014. There is a higher percentage of women among contracted civilian staff (70% in 2014), who are civilian workers usually employed on a 3-month basis.

173 Footnote 169.
174 Information provided by Fiji Women’s Crisis Centre. November 2014.
Policies for elimination of violence against women (EVAW) are not yet fully developed or coordinated. Overarching direction on EVAW comes from the National Gender Policy and is managed by the Ministry for Women, Children and Poverty Alleviation. The only other policy specific to violence against women is the “No Drop” Policy, which gives specific direction to the Fiji Police Force on how to carry forward domestic violence cases when the plaintiff has withdrawn a complaint.

The National Gender Policy includes general direction on ending discrimination against women as well as specific objectives to “identify and strengthen institutions in Fiji which promote and protect the human rights of women, in particular in relation to gender-based violence.” This supports the National Women’s Action Plan, which has the elimination of violence against women as one of five key action areas. The ministry is partnering with other government agencies as well as donors, the UN, and nongovernment organizations to raise awareness of women’s human rights and the laws relating to violence against women and children.

A new initiative links the National Gender Policy with Fiji’s 2012 work on the UN COMMIT campaign to encourage governments to make new and concrete EVAW commitments. As part of this initiative, the Department of Women has reactivated the Inter-Agency Task Force on EVAW with two key objectives: (i) development of a specific EVAW policy and (ii) development of a national service protocol for a coordinated, multisector response to violence against women and children. This will mesh with existing protocols, such as the police standard operating procedures for investigation of sexual offenses.

The national service protocol was developed under the auspices of the Inter-Agency Task Force on EVAW.175 Primary partners for the protocol are the Fiji Police Force, Ministry of Health, the Judicial Department, Ministry of Education, Department of Women, Department of Social Welfare, and a number of nongovernment

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175 The United Nations Population Fund and UN Women are supporting this initiative.
organizations. Each partner agency has specific responsibilities. The following 12 principles are intended to guide the development of policies, procedures, programs, and training in each of the participating ministries and departments:

(i) Domestic violence is a crime.
(ii) The safety and ongoing protection of women and children who have experienced domestic violence are paramount.
(iii) Women and children have a right to live in safety and free of fear within their own homes.
(iv) Effective service responses to domestic violence require a consistent planned approach across all sectors of the community and at all levels of government.
(v) Early identification, appropriate intervention, and long-term solutions are essential to improve the well-being and life chances of women and children who have experienced domestic violence.
(vi) Education and programs to promote gender equality are necessary to redress community apathy about tolerance of domestic violence.
(vii) Language and the cultural needs of women of Fijian- and Hindustani-speaking background must be considered.
(viii) Domestic violence damages the well-being and future life chances of women and children.
(ix) Domestic violence occurs across all cultural and socioeconomic groups.
(x) Domestic violence is rooted in and perpetuated by existing societal conditions and social relations, which reflect gender inequality and male power.
(xi) Domestic violence is perpetrated by men in an overwhelming majority of cases.
(xii) Acts of domestic violence and its consequences are the sole responsibility of the perpetrator.176

Aligned to this initiative, the Ministry of Health has developed draft guidelines for comprehensive case management in response to intimate partner VAW and sexual violence. These guidelines help fill a policy gap within the health system and will support improved training for health professionals. The document has four sections to support frontline service providers and health professionals to respond effectively, consistently, and empathetically to victims: (i) understanding gender-based violence, (ii) the role of health systems in responding to gender-based violence, (iii) clinical management protocols for intimate partner violence and sexual violence, and (iv) referral pathways. The document also provides clear direction for forensic evidence collection to support prosecutions.

The Fiji Police Force’s “No Drop” Policy, in place since 1995, directs police on how to deal with cases of gender-based violence. It applies to VAW, sexual abuse, and sexual assault. One important aspect of the policy is that once a case has been filed the police are responsible for all follow-up, regardless of whether the complaint is withdrawn. In such cases, the policy helps ensure that even if a woman’s partner or family coerces her into withdrawing her complaint, the crime will continue to be investigated and taken to court.

7.4 Prevention and Frontline Support Systems

A number of civil society and faith-based organizations incorporate messaging about the need to end violence against women into their work. Programs may emphasize that violence against women is a crime, that it is against their religious teachings, and/or that it goes against principles of respect in traditional cultures. The Fiji Disabled Peoples Federation strives to raise awareness about violence against girls and women with disabilities and to support improved access to justice for disabled victims of violence against women.

The FWCC has five branches around the country. The FWCC collaborates and coordinates with other groups including the Fiji Women’s Rights Movement and the SPC’s Pacific Regional Human Rights Resource Team to promote awareness of the law and women’s rights to live free from violence. Table 7.5 shows services FWCC provides to women in Fiji as well as those that are designed to support national and regional capacity building to end violence against women. One of the best-used services is the 24-hour telephone counseling service. Although not all women in rural areas have access to telephones, FWCC data show that from 2012 to 2014, more than 5,400 women contacted FWCC for support in times of crisis and fear.

**Table 7.5 Fiji Women’s Crisis Centre’s Initiatives and Programs to End Violence against Women**

<table>
<thead>
<tr>
<th>Services</th>
<th>Program Emphasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crisis centers</td>
<td>Five offices around Fiji that provide counseling, legal advice, advocacy, and training (Suva, Nadi, Ba, RakiRaki, and Lambasa)</td>
</tr>
<tr>
<td>Counseling services (in person, mobile clinics, telephone counseling)</td>
<td>Mobile counseling clinic travels to those areas where Fiji Women’s Crisis Centre services are not readily available. Phone counseling available through 24-hour hotline. Trained counselors and emergency assistance are available.</td>
</tr>
<tr>
<td>Community education and public advocacy</td>
<td>Provision of by-request training and advocacy sessions for government, police, the military, church groups, community organizations, schools, and universities.</td>
</tr>
<tr>
<td>Male advocacy programs</td>
<td>Training and advocacy to enlist men’s recognition that violence against women is a human rights violation and that male attitudes, behaviors, and assumptions about gender roles need to change. Supports men to work with men to change violent male behavior against women and support women’s human rights.</td>
</tr>
<tr>
<td>Regional training program</td>
<td>Established in 1995 and providing in-depth training (4 weeks) to men and women from the Pacific region. Delivered twice per year in collaboration with the Pacific Community to raise awareness of the underpinnings of violence against women and the legal and international frameworks that support women’s human rights. Program also includes data collection issues, running advocacy programs, and workshops.</td>
</tr>
</tbody>
</table>

Source: Fiji Women’s Crisis Centre website. http://fijiwomen.com

Support for victims of sexual violence is supplemented and supported by Medical Services Pacific (MSP), which has recently opened a “one stop shop” clinic that provides sexual and reproductive wellness services for women and youth. The clinic, known also as the Phoenix Program, is supported with funding from the Australian government and the United Nations Trust Fund for EVAW.
The MSP clinic provides general as well as specialized services including medical care, counseling for victims and their families, and legal advice for victims of sexual assault and violence. A high proportion of their clients are very young, with 58% being less than 16 years of age. MSP has now modified its programs and services to assist at-risk youth and children. It has a memorandum of understanding with the Fiji Police Force and supports the police Sexual Offenses Unit by providing medical forensics, counseling, and legal advice to survivors referred by the police.

In addition to these immediate clinical services, the Phoenix Program provides ongoing group counseling with a special “Little Phoenix” program for child survivors. An outreach service is also provided in collaboration with the Ministry of Women, Children and Poverty Alleviation. Outreach teams travel to government-sponsored women’s resource centers in communities to raise awareness about child protection and women’s rights, including sexual and reproductive rights. From January to November 2014, the Phoenix Program handled 94 sexual violence cases that can be disaggregated into 86 female and 8 male cases. Supplemental and coordinated services are also provided through the Fiji Child Help Line, a telephone support service managed by the Ministry of Health.

Shelters for victims of VAW are currently available through some civil society and faith-based organizations in Fiji including the Anglican diocese, the Salvation Army, and the volunteer-run Loloma Shelter near Nadi. The FWCC is in the process of securing buildings in the west and north of the country, as well as in Suva, which will provide temporary accommodation for women and children who have experienced physical and sexual violence.

Child victims of sexual abuse and incest, as well as orphaned and abandoned children, are sheltered in nine care homes in Fiji. These facilities are run primarily by faith-based organizations under the purview of the Ministry of Women, Children and Poverty Alleviation. They are largely financed by donations and struggle to meet the demand for their services.

Services through the public health system will be improved by the national service protocols and the guidelines for comprehensive care management for survivors of intimate partner violence. The objective of providing safe, confidential, and compassionate services and appropriate timely referrals is to help ensure that women and children who seek assistance from health providers are treated with respect and are not stigmatized or blamed.

The health system will better support victims of violence against women and girls if there are improvements and coordination of data collection. There is a need for clear terminology and criteria to be used by health professionals so that data are captured in an accurate and consistent manner. There is also need for coordination of data between different sections of the health system including health clinics, doctors, obstetrics and gynecology services, and accident and emergency services. Currently, there is no comprehensive data set on girls and women who present to the health service providers with injuries or complications caused by violence against them. Similar problems exist for violence against those with different sexual orientations or gender identity.
7.5 Recommendations

As a priority, support should be given to the coordinated implementation of policies and laws to end gender-based violence. This will require ongoing support to existing good practice initiatives; investment in attitudinal and behavior change across society, including in the police and judiciary; and monitoring and analysis of lessons learned. Specific recommendations include the following:

- Enhance and regularize training and coaching on gender equality, human rights, and ending gender-based violence for health workers, the judiciary, the public prosecutor’s office, legal aid providers, and the police.
- Develop data collection mechanisms to track reporting, prosecution, and sentencing of cases involving physical and sexual violence against women. Publish data on a regular basis to foster transparency and awareness of government performance on gender-based violence.
- Include gender equality and ending gender-based violence in curricula of law and social work schools, the police academy, the colleges of medicine and nursing, and teacher training colleges.
- Develop active networks of male opinion leaders to support the elimination of gender-based violence.
- Undertake mapping of all development partner, faith-based, and civil society programs that directly or indirectly address issues linked to ending violence against women, children, sexual minorities, and those with disabilities.
- Adapt the government’s “Zero Tolerance Communities” programs to incorporate parallel support for reporting and access to justice.
Conclusion

This report assesses gender issues in Fiji, using available data and qualitative research. It also incorporates the perspectives and views of government staff and civil society. The report examines gender issues across key sectors such as education, health, economy, and political areas, as well as crosscutting issues like gender-based violence.

Fiji has gone through considerable political and social change in the past decade and the return to democracy opens doors for increased gender equality initiatives by government, civil society, and development partners. Growing initiatives on gender issues will require efforts in relationship building and cross-sector collaboration, as well as improved technical capacity for gender-responsive planning, reporting, and analysis.

Key institutional mechanisms are in place in Fiji to support integration of gender considerations in government. Strategic planning documents recognize gender equality as a development priority and the national machinery for women has continued to meet international commitments for reporting on gender equality in the country. However, there is need for increased clarity across sectors about how gender considerations are to be incorporated into ministry mandates. There is also a clear need for more rigorous monitoring and evaluation mechanisms, including more periodic collection and dissemination of sex-disaggregated data at multiple levels.

Disparities in men and women’s ability to access and control resources vary between urban and rural areas, and women in rural areas are generally more disadvantaged than their urban counterparts. This is in part due to the concentration of higher-quality government services in urban areas, and partly due to social, economic, and gender differences that are geographically associated. To address such urban-rural disparities, more gender equality programs need to be targeted to rural areas. At the same time, it is important to closely monitor changes in gender-specific rural and urban indicators such as primary health, education quality and achievement, and employment opportunities, in order to demonstrate good practice outcomes of gender-related investments.

Gender equality contributes to positive development outcomes. Achievement of Fiji’s development goals depends on women and men being able to equally benefit from economic and social progress, and contributing together to existing and future challenges. The recommendations in this report highlight key priorities for change that will support both men and women in Fiji to meet those challenges in a positive way.
## APPENDIX 1  
### Road Map Gender Strategies and Indicators

**Goal:** Achievement of Gender Equality and Empowerment of Women  

**Policy Objective:** Achievement of gender equality and empowerment of women through full participation in business and decision-making processes through entrepreneurial support in nonformal and formal sector decision-making processes.

<table>
<thead>
<tr>
<th>Strategies</th>
<th>Key Performance Indicators</th>
</tr>
</thead>
</table>
| Laws in relation to CEDAW reviewed, implemented, and monitored; gender mainstreaming institutions strengthened; National Women’s Plan of Action implemented; domestic violence bill enacted; conduct awareness training on the Family Law Act; and ensure appropriate sentencing penalties, including counseling for violent crimes against women and children. | Share of women in wage employment in the nonagriculture sector increased from 35.9% to 37.9% by 2011 (MDG)  
Combined primary and secondary girls:boys ratio of 1:1 (MDG)  
The proportion of female school principals, vice principals, and assistant principals to be not less than 25% by 2011  
The proportion of female chief executive officers in government to be at least 20% by 2011  
At least one woman in each government board, committee, tribunal, council, and commission  
Proportion of seats held by women in national Parliament and municipal elections to be not less than 20% (MDG)  
Number of women supported by microfinance increased from 5,100 in 2006 to not less than 19,500 by 2010  
Cases of domestic violence recorded by police to be monitored and analyzed |
| Increase ability of women and their access to income-generating activities including small and medium-sized enterprises such as Women’s Socio-Economic Development (to be reviewed), targeted programs for women in agriculture reform, and equal training opportunities at all levels of government. | Availability of sex-disaggregated data  
Maintain the 50% parity of young females  
Full female parity (50%) in the top three occupation groups in older age group  
Percentage of females who are considered “economically active” to rise from 31% (2004–2005) to 37.9% by 2011  
Household work for economically active females reduced from 14 hours per week to less than 5 hours by 2011 |
| Empower women, particularly rural women, through training on leadership, awareness of human rights issues, health, and quality of life through partnership, networking, and coordination with women’s groups and increased collaboration and partnership with nongovernment organizations. | Improve average paid work for economically active women as compared with men from 17% to less than 10% by 2011 |
| Mainstream gender perspectives in all ministries’ strategic plans, corporate plans, and business plans. | |
| Strengthen women’s groups to increase awareness of the role that women play in societies. | |
| Conduct gender sensitization workshops at national and district (including village) levels. | |
| Mobilize and network with more men’s and young boys’ organizations to work as gender advocates | |
| Increase partnerships with women’s groups at the community level, nongovernment organizations, and civil society organizations to conduct empowerment programs for women. | |
| Increase partnerships with research institutions and academia to provide evidence-based research and results to make informed policy decisions. | |
| Support local and regional organizations in engaging with women’s rights community service organizations and indigenous women’s groups to advocate and advance gender-equality initiatives. | |


The Fiji Police Force uses definitions of domestic violence as per the Domestic Violence Decree (2009) Section 3 to categorize reports of violence between intimate partners. Definitions of Rape are as per the Crimes Decree (2009) Section 207. These are provided below. Explanations of definitions used by the Fiji Women’s Crisis Centre are provided on the following pages.

### Definition of domestic violence

**Source:** Domestic Violence Decree 2009

3. — (1) “Domestic violence” in relation to any person means violence against that person (“the victim”) committed, directed, or undertaken by a person (“the perpetrator”) with whom the victim is, or has been, in a family or domestic relationship.

(2) In relation to subsection (1), “violence” means any of the following –

- (a) physical injury or threatening physical injury;
- (b) sexual abuse or threatening sexual abuse;
- (c) damaging or threatening to damage property of a victim;
- (d) threatening intimidating or harassing;
- (e) persistently behaving in an abusive, cruel, inhumane, degrading, provocative, or offensive manner;
- (f) causing the victim apprehension or fear by
  - (i) following the victim, or
  - (ii) loitering outside a workplace or other place frequented by the victim, or
  - (iii) entering or interfering with a home or place occupied by the victim, or
  - (iv) interfering with the property of the victim, or
  - (v) keeping the victim under surveillance;
- (g) causing or allowing a child to see or hear any of the violence referred to in paragraphs (a) to (f);
- (h) causing another person to do any of the acts referred to in paragraphs (a) to (g) inclusive toward the victim.
The offense of rape

Source: Crimes Decree 2009

207. — (1) Any person who rapes another person commits an indictable offense.

Penalty – Imprisonment for life

(2) A person rapes another person if –
   (a) the person has carnal knowledge with or of the other person without the other person’s consent; or
   (b) the person penetrates the vulva, vagina, or anus of the other person to any extent with a thing or a part of the person’s body without the other person’s consent; or
   (c) the person penetrates the mouth of the other person to any extent with the person’s penis without the other person’s consent.

(3) For this section, a child under the age of 13 years is incapable of giving consent.

The Fiji Women’s Crisis Centre has a set of definitions used for documenting cases of gender-based violence reported to them. These can be correlated to legislative definitions and offenses found in the Domestic Violence and Crimes Decrees. They are also more broadly categorized in a way that aligns with methodological parameters of the WHO multicountry studies on women’s health and domestic violence against women. These are provided below as sourced from the document Somebody’s Life, Everybody’s Business! (2013), page 24.

Physical violence by a husband or partner

- Slapped or had something thrown at her that could hurt her
- Pushed or shoved, or had her hair pulled
- Hit with a fist or something else that could hurt her
- Kicked, dragged, or beaten up
- Choked or burnt on purpose
- Threats or actual use of a gun, cane knife, or other weapon against her

Sexual violence by a husband or partner

- Physically forced to have intercourse when she did not want to
- Had sexual intercourse when she did not want to because she was afraid of what her husband or partner might do
- Forced to do something sexual by her partner that she found degrading or humiliating

Emotional abuse by a husband or partner

- Insulted or made her feel bad about herself
- Belittled or humiliated her in front of other people
- Did things to scare or intimidate her on purpose (e.g. by the way he looked at her, or by yelling or smashing things)
- Threatened to hurt her or someone she cared about
Definitions Related to Gender-Based Physical and Sexual Violence

**Controlling behaviors by a husband or partner**
- Tries to keep her from seeing her friends
- Tries to restrict contact with her family of birth
- Insists on knowing where she is at all times
- Ignores her or treats her indifferently
- Gets angry if she speaks with another man
- Is often suspicious that she is unfaithful
- Expects her to ask his permission before seeking health care for herself

**Physical violence during pregnancy**
- Slapped, hit, or beaten during pregnancy
- Punched or kicked in the stomach while pregnant

**Physical violence by a nonpartner (over 15 years)**
- Hit, beaten, kicked, had something thrown at her, pushed, choked or burnt on purpose, threats or actual use of a gun, knife, or other weapon against her

**Sexual violence by a nonpartner (over 15 years)**
- Forced to have sex or to perform a sexual act that she did not want to
- Attempted to force her to have sex, touched her sexually, or did anything else sexually that she did not want

**Sexual violence below the age of 15**
- Ever touched sexually or made to do something sexual that she did not want to
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Market Development Facility and Australian Aid. 2013. Study on Poverty, Gender and Ethnicity in Key Sectors of the Fiji Economy. DFAT. Canberra.


Secretariat of the Pacific Community (SPC) and Government of Fiji. 2015. *Stocktake of Gender Mainstreaming in Fiji*. Noumea: SPC.


Fiji Country Gender Assessment 2015

Gender equality is a stated priority of the Government of Fiji in achieving national development goals. This assessment examines the progress toward gender equality across social, economic, and political spheres in Fiji, such as health, education, work, political participation, and gender-based violence. It brings together existing research and data for a comprehensive overview of gender disparities in Fiji and recommends strategies to support the government’s commitment toward achieving gender equality.

About the Asian Development Bank

ADB’s vision is an Asia and Pacific region free of poverty. Its mission is to help its developing member countries reduce poverty and improve the quality of life of their people. Despite the region’s many successes, it remains home to half of the world’s extreme poor. ADB is committed to reducing poverty through inclusive economic growth, environmentally sustainable growth, and regional integration.

Based in Manila, ADB is owned by 67 members, including 48 from the region. Its main instruments for helping its developing member countries are policy dialogue, loans, equity investments, guarantees, grants, and technical assistance.

About the Pacific Community (formerly Secretariat of the Pacific Community)

The Pacific Community (SPC) is the principal scientific and technical organization in the Pacific region, proudly supporting development since 1947. It is an international development organization owned and governed by its 26 country and territory members. In pursuit of sustainable development for the benefit of Pacific people, SPC focuses on cross-cutting issues, such as climate change, disaster risk management, food security, gender equality, noncommunicable diseases, and youth employment. SPC supports the empowerment of Pacific communities and sharing of expertise and skills between countries and territories. SPC has its headquarters in Noumea.