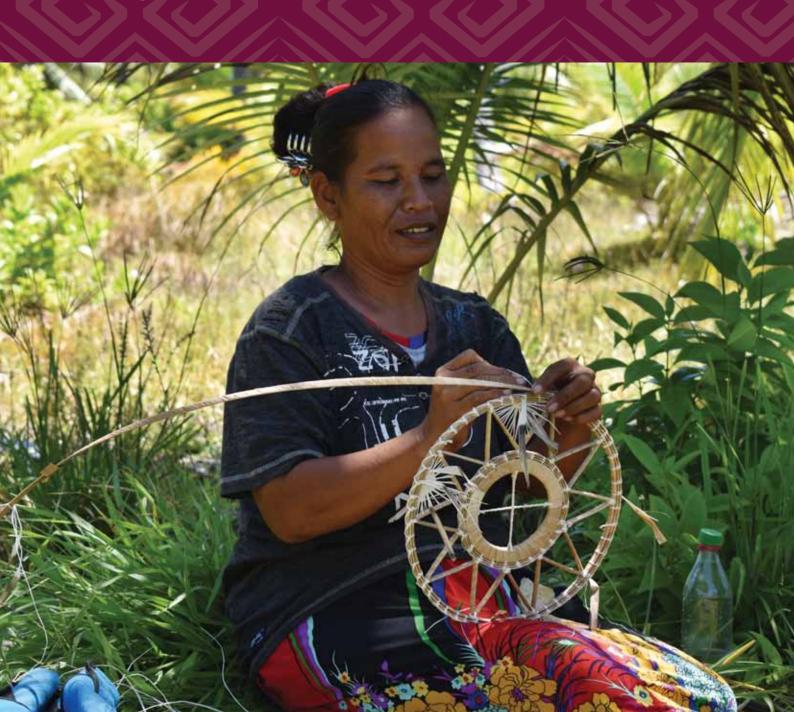




Gender Equality Where do we stand?

Republic of the Marshall Islands



Gender Equality Where do we stand?

Republic of the Marshall Islands

Prepared by the

Community Development Division,
Ministry of Culture and Internal Affairs, and the Economic Policy,
Planning and Statistics Office

Office of the President

Government of the Republic of the Marshall Islands

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Ministry of Culture and Internal Affairs

Majuro

REPUBLIC OF THE MARSHALL ISLANDS

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Foreword

lakwe!

In Marshallese culture, women are traditionally respected as key decision-makers and landowners and recognized for their contribution to our economy, society and families. We culturally value women and girls, but we realize that the lived experiences of our Marshallese women are far from perfect. Women continue to face multiple barriers that prevent them from enjoying a life free from violence and coercion in a society where they can access equal opportunities and equal rights. Teenage pregnancy, violence against women and girls, vulnerable employment conditions, unemployment, and limited access to justice and protection are priority areas that the Government of the Republic of the Marshall Islands (RMI) and development partners are addressing.

We, as a government, recognize these challenges and though we may not have made major progress towards substantive gender equality and the empowerment of women, we are confident that the initiatives being implemented will result in positive change in the lives of Marshallese women and men. The adoption of the 2015 National Gender Mainstreaming Policy has guided the RMI government in mainstreaming gender perspectives across its policies, strategies and programs. This has allowed us to work alongside stakeholders to translate the policy into reality to benefit the people of Marshall Islands.

We are grateful for the assistance and support provided by our stakeholders in government, partners in the development sector and civil society networks that have supported the implementation of the National Gender Mainstreaming Policy. Despite limited human and financial resources, we have made positive advancements towards achieving gender equality in Marshall Islands.

A lot of work is yet to be done. This report uses information from different policy areas to highlight the gaps that exist, the areas where efforts need to be scaled up, and the areas where the progress made must be maintained. We all need to take appropriate action to ensure women and men have equal rights, equal opportunities and equal access to services so they reach their full potential in all areas of life. Let us continue to work together to address the needs and concerns of women and men equitably. The Government of RMI is committed to creating an enabling environment that allows all women and men to develop their capacities and fulfil their aspirations. Gender equality can only be achieved when we unlock the full potential of women and men.

Kommol tata and thank you

Hon. Amenta Matthew

Minister of Culture and Internal Affairs

Government of RMI

Acknowledgements

This publication was produced by the Ministry of Culture and Internal Affairs (Community Development Division) and the Economic Policy, Planning and Statistics Office, Government of RMI, with assistance from the Pacific Community (SPC) under the Progressing Gender Equality in the Pacific (PGEP) initiative. PGEP is funded by the Government of Australia's Department of Foreign Affairs and Trade as part of the program, Pacific Women Shaping Pacific Development. For more information visit: http://www.pacificwomen.org

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Gender equality: Where do we stand?

In early 2015, the Government of the Republic of the Marshall Islands (RMI) adopted its National Gender Mainstreaming Policy. The policy guides the development of laws, policies, procedures and practices to address the needs, priorities and aspirations of all women and men and eliminate all forms of discrimination and inequality in key priority areas: government delivery of gender-responsive programs and services, family well-being, gender-based violence, economic empowerment and decision-making. At this stage of implementation, it is important to assess

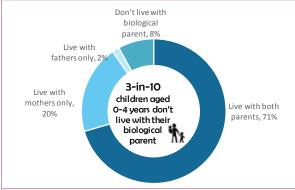
- · what has been achieved in promoting equal opportunities and responsibilities for women and men;
- what steps have been taken to accelerate progress towards achieving gender equality outcomes that sustain the achievements already made.

This summary of progress was prepared as part of gender analysis training for government focal points and stakeholders in the RMI government.



Secure family well-being

Statistics at a glance





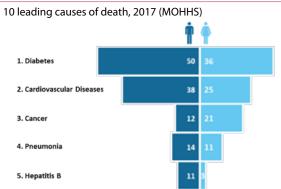
About 1-in-4 (26%) households is headed by a woman



In 2011, average annual household income for women householders was 41% lower than for men householders.



More than 1-in-10 children (11%) age 0-4 have one or both parents living abroad.





Females represented 4-in-10 of the 263 people who died from the 10 major causes of death. One-in-three of these deaths was from diabetes for both females and males; the male share of deaths from diabetes was 58% (2017).

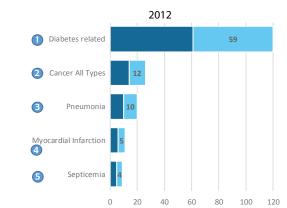


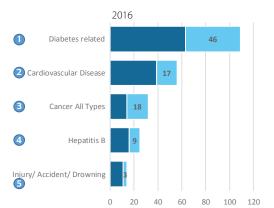
The female share of cancer-related mortality is 64%: for every 10 deaths due to cancer, 6 will be female and 4 will be male.

Non-communicable diseases (NCDs) account for about three-quarters (74%) of the 10 leading causes of death - 70% for males and 79% for females (2017).

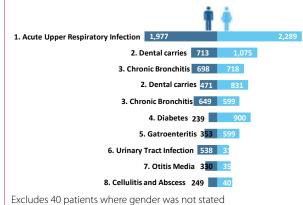
There were no maternal deaths in 2017; in previous years there have been 3 maternal deaths.

Women's share of the five leading causes of death





Top 10 Outpatient Diagnosis Majuro Hospital, FY2017



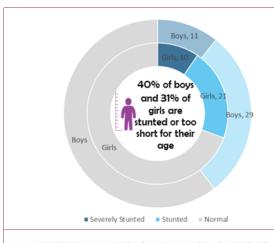


9-in-10 households use improved toilet facilities, although some are shared (91% for both male and female householders).

100% of household members use improved sources of drinking water and 2-in-3 (67%) female householders reported further treatment of drinking water compared with 59% of male householders.

4-in-10 (37%) female householders reported having a place for handwashing inside the house compared with 3-in-10 (30%) male householders.

In 2016, the cost of treating drought-related diseases (diarrhea, influenza, conjunctivitis and scabies) was estimated at US \$137,904 with 5,761 people affected – about US \$24 per patient.





Approximately 1-in-2 (48%) pregnant women receive prenatal care beginning in the first trimester.

In 2017, 1,116 babies were born in health facilities.



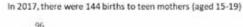
Approximately 2-in-5 mothers (42%) practice exclusive breast-feeding of babies in the first six months as recommended by WHO.

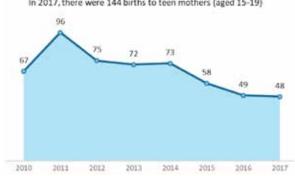


Just over half (55%) of 19-35 month-olds received complete immunization based on the national schedule (2017).

Three out of four mothers are overweight (73%), with nearly one in two mothers obese (45%).







57% of young mothers live in urban areas.

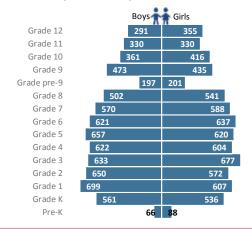
80% of mothers aged 15–24 years have no schooling or elementary level education.

40% of young mothers are in the lowest wealth index quintile.

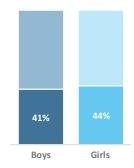
The teen pregnancy rate has decreased by about one-third (34%) since 2014.

16% of women aged 15–44 years used family planning services from the Ministry of Health and Human Services (MOHHS) in 2017.

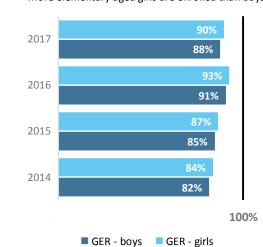
In SY2018, there were 14,400 students enrolled



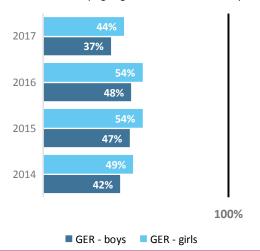
Grade K or Pre-K attendance for 4-5 year olds is low

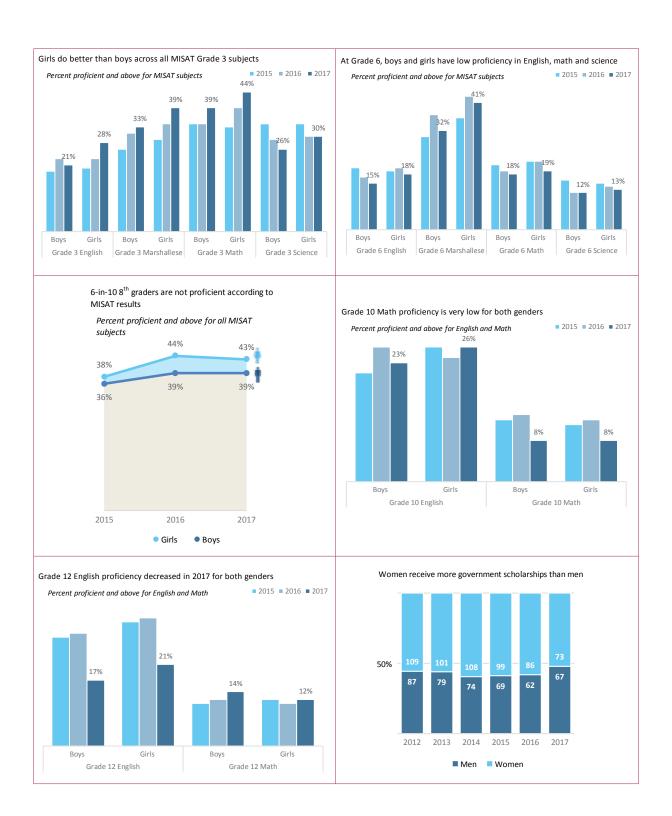


More elementary aged girls are enrolled than boys



More secondary aged girls are enrolled than boys





16 protection orders were issued in 2017 to keep men away from their partners away because of

domestic violence

What the statistics tell us

Secure family well-being, or lack of it, is the result of complex intersectional and intergenerational factors. Family well-being has many facets, including the obvious such as access to safe and secure employment and sufficient family income, safe water and sanitation in addition to more intangible dimensions such as access to education and lifelong learning, secure tenure, adequate housing and access to productive assets, such as fishing equipment and sufficient land to grow staple foods. The adverse impacts of climate change disproportionately affect the most disadvantaged and vulnerable who have limited resources to reduce their risk.

Health

NCDs are at epidemic levels. In 2017, 74% of deaths for adults aged 15 to 49 years were attributed to NCDs. Providing equitable access to affordable health care is a major challenge, with 94% of rural women and 79% of urban women reporting problems in accessing health care, regardless of age, number of children, education or wealth. Within the lifetime of the cohort of the population exposed to radioactive fallout in 1954, the excess cancers caused by the radiation are estimated at 530; the expected total number of cancers (fatal plus non-fatal) is estimated at 6,130.

Women bear the primary responsibility for ensuring the health of their family. Women are on the front line in preventing contagious diseases such as hepatitis and tuberculosis, looking after those experiencing chronic NCDs (and their special medicinal, dietary and exercise needs), and avoiding vector-borne diseases such as diarrhea and pink-eye, which are associated with unsafe drinking water and poor sanitation and hand washing.

Men account for 56% of NCD-related deaths, mostly due to diabetes and cardiovascular diseases. RMI has a relatively high suicide rate; 10 of the 11 suicides in 2017 were male. Men's physical and mental health, including ability to cope with stress, is a major concern.

In 2014, the Ministry of Health and Human Services (MOHSS) began administering human papillomavirus (HPV) vaccine to girls in the 6th grade and estimates that 37% of the target age group (13–17 year-old girls) have received at least one dose. HPV is the most common sexually transmitted infection in women and men and it can cause cervical cancer and other cancers of the genitals, head, neck and throat and is passed on through skin-to-skin contact. MOHSS has noted increasing resistance from parents in approving the HPV vaccination, notably in Ebeye, based on the view that it encourages sexual activity. This indicates that parents need to be educated about HPV and the purpose of the vaccination. CDC (Centers for Disease Control) recommends vaccinating boys and girls at age 11 or 12 before they are sexually active. The vaccine protects against the types of HPV known to be associated with cancer, notably cervical cancer, which has been the leading cause of death for women in RMI for the past 10 years. Effective delivery of HPV vaccine to girls and boys before the onset of sexual activity can protect the next generation of RMI women from cervical cancer.

Childbearing starts early and is nearly universal among Marshallese women. Twenty-six per cent of women aged between 20 to 24 years, married or in a union before age 18, mostly linked with child bearing and rearing. Fertility rates are high at an average of 4.1 births for each woman of reproductive age. The teenage pregnancy rate is one of the highest in the Pacific region. Statistics show that the sexual and reproductive health of women, especially young women, is improving. The number of young women aged 15–19 years giving birth – the so-called teenage pregnancy rate – is decreasing, as is the general fertility rate. Teenage pregnancy is associated with preterm or low birth weight babies, with higher rates of neonatal mortality. Pregnancy has adverse effects for young mothers in terms of their aspirations for education and employment. Many teen mothers drop out of school, with subsequent adverse consequences for not only themselves but also for their families and their communities. In 2017, MOHSS reported that only 16% of women aged 15–44 years were using the free family planning services, implying that a large proportion of family planning is based on using traditional methods and practicing abstinence.

A woman's health is critical to the health of her baby. Women who eat well, exercise regularly and receive regular prenatal care are less likely to have complications during pregnancy and are more likely to give birth to a healthy baby. Most pregnant women do not begin prenatal care in the first trimester, and MOHSS notes that a large proportion of them have their first prenatal check in the last trimester. About two-thirds of pregnant women (68%) received prenatal care at least four times and 30% received it eight times or more (UNICEF now recommends eight prenatal visits). These rates are low. In 2017, UNICEF found that about one quarter of mothers are less than 150 cm tall, with short stature affecting fetal growth and development in utero and contributing directly to low birth weight and early stunting in infants. These issues, combined with relatively low rates of the recommended exclusive breastfeeding for the first six months of life, are compromising children's health, with consequences for their immune systems, protection from allergies, and increased risk of NCDs including diabetes, weight management and tooth development.

Child health is further compromised by relatively low rates of immunization, with approximately 4-in-10 children aged 19–35 months (41%) not fully immunized based on the RMI schedule, despite mass campaigns with so-called mobile teams visiting outer islands. Ironically, in 2017 MOHSS noted that competing priorities caused by disease outbreaks constrained the child immunization program. The diseases concerned, such as measles, mumps and Hepatitis B – the fifth leading cause of death for all people – are preventable through vaccination.

Natural disasters, climate change hazards, food insecurity, water crises and public health risks are other threats facing people in RMI. Climate risks are particularly serious, in part because sources of cash income are limited, leaving people with little in the way of savings or financial resources to adapt to changing conditions or recover from climate change related stresses. In 2016, it was found that the changing climate and environmental conditions associated with drought resulted in higher morbidity rates and declining nutrition levels, negatively affecting human development and quality of life.

Priority setting for developing and implementing programs to address the range of critical health issues is a huge challenge, given MOHHS's financial, technical and human resource constraints. The burgeoning double burden of malnutrition is evident in the high prevalence of stunting in children under five years of age, high and widespread household food insecurity and critically high rates of overweight and obesity in women. This burden adversely affects individual and family well-being at the community level, and poses substantial economic costs on the health system, impacting the country's long-term

development. Stunting associated with malnutrition and poor nutrition is intergenerational, as shown by the high proportion of 'short stature' and overweight mothers with stunted children. However, the solution to improving nutrition extends far beyond the health sector. Food insecurity is a result of poverty and hardship, low incomes and vulnerable employment, limited education and training, and urbanization with associated lack of access to traditional resources and social protection. These conditions all compromise people's resilience.

Did you know?

7-in-10 mothers are overweight and nearly 1-in-2 mothers are obese

Education

The RMI government has long recognized that improving access to quality education is vital for sustainable socio-economic development. Significant investments in education are showing

returns in terms of increased incomes for women and men. Women who have higher qualifications, are getting better paid jobs with aspirations to further their careers. Since independence in 1984, human resource capacity has been a priority for the RMI government. Subsequent reforms, notably the 2014 enactment of the Marshall Islands Public School System Act, ensure affordable education, monitoring of student assessment and progress, student health and safety, and transportation to and from school as necessary. National curriculum frameworks have been developed for elementary grades, English language arts, Marshallese language arts, math and science, including guidance for teachers on assessment strategies, classroom activities and instructional resources. There is ongoing work to increase the quantity and quality of instructional materials and to ensure that these reinforce positive gender stereotypes and promote gender equality and human rights. RMI has a strong special education program for students with disabilities, which caters for about 750 students. However, not all areas of the country receive equal services due to the geographical remoteness of some locations.

The official school entrance age is five, with compulsory education for grades 1–8. Having achieved near universal primary education, the focus of the Public School System (PSS) is on improving the quality of education and learning outcomes. At the end of the eighth grade, pupils wishing to go on to secondary school must pass a high school entrance examination for limited places in the six public and eleven private secondary schools. Based on examination scores, students continue to ninth grade, at a remedial pre-nine grade level, at the Life Skills Academy, or are asked to repeat eighth grade.

RMI recognizes the importance of early childhood education (ECE) and learning to ensure that pupils entering the first grade are prepared for more rigorous education and learning. There have been a number of programs to increase enrolment of four- and five-year olds in ECE, notably the Head Start program implemented during the first Compact funding, replaced by the RMI program for kindergarten classes in elementary schools. ECE enrolment rates are very low. In 2017, 5% of girls and boys aged three to five years were attending ECE. Consequently, children are enrolled at six years in kindergarten class, not first grade, indicating that parents and caregivers are not aware of the importance of enrolling children in ECE when they are aged four or younger. This late enrolment, and requirement for a kindergarten year, means that a high proportion of students in first grade are older than six, with boys more likely to be older than girls. In 2017, 72% of boys and 62% of girls in first grade were not six years old. In rural areas, children's participation in primary school is more likely to be at the correct age (42%) than in urban areas (31%).

School enrolment statistics show nearly equal enrolment of boys and girls, with girls comprising 49% of elementary students and 51% of secondary school students enrolled in public and private schools in the 2018 school year. There were no significant gender difference in terms of the sex ratio. However, the picture is slightly different when looking at ratios based on the proportion of girls or boys attending school. At elementary school, attendance statistics show that 90% of

all girls and 88% of all boys aged six to thirteen years are enrolled. Boys comprise an estimated 51% of out-of-elementary-school children and girls the remaining 49%, with attendance ratios indicating that these out-of-school children are more likely to live in urban than rural areas. Most girls and boys reach the last grade of elementary school, Grade 8, with a higher proportion of girls (95%) compared to boys (87%). The effective transition rate from elementary to secondary school¹ reflects this at 88% for boys and 97% for girls. The 2017 survey data shows higher transition rates to secondary education for children in rural areas, implying that more efforts to reduce truancy and non-attendance are needed in urban areas.

At all grades of MISAT² assessment at elementary school, girls are outperforming boys except in math and science, consistent with global trends showing that gender gaps in science and math emerge during elementary school,³ although proficiency rates for both genders are low and gender differences in performance are small. At Grade 3, girls have higher proficiency than boys across all subjects, with the gap narrowing in Grade 6 for English, math and science.

At secondary school, where places are limited and enrolment is not compulsory, 44% of young women aged 14–17 years are attending in 2018 compared to 37% of young men. Survey data from 2017 and PSS enrolment for 2018 indicate that attendance rates at secondary level for boys are far lower than for girls, supported by lower completion and transition rates at elementary school.

What are the gender issues in education? The statistics show that at elementary level there is generally equal enrolment of boys and girls, albeit over age, with enrolment increasing over time and near universal access to, and uptake of, elementary education. The quality of education, as measured by student learning outcomes, is low but improving, with about 4-in-10 students attaining at least proficiency in core subjects in Grade 8. Gains in science and math proficiency seem especially fragile as indicated by fluctuations in the proportion of students who are at least proficient in these subjects, indicating there are issues to address in relation to teaching skills, classroom facilities and learning resources. Challenges remain to ensure that girls and boys complete their education and are able to pursue further education and ultimately careers, including in some key math- and science-intensive fields, such as medicine, engineering and computer science.

PSS policy does not force or encourage pregnant girls to leave school, yet many do. The RMI PSS Public High School Handbook for Rules and Regulations states that 'if a student becomes pregnant, she will be allowed to remain in school as long as her pregnancy does not affect her grades or attendance'. Private schools do not fall under this policy. During the 2015 drought, student absenteeism was highest in elementary schools, perhaps due to the greater vulnerability of small children to lack of water, concerns of parents that water in schools was inadequate, or families' need to fetch water taking precedence over school attendance.

Post-secondary education opportunities in RMI include the College of the Marshall Islands, which offers associate and some degree programs in nursing, education, liberal arts, business, architecture and engineering; the University of the South Pacific (USP) RMI campus; and several non-government organizations (NGOs) – notably the National Training Council, Community Training Centre, Waan Aelõñ in Majōl (WAM), Youth to Youth in Health and the Australian-Pacific Technical College, which provides training in tourism and hospitality, the automotive, manufacturing, construction and electrical trades, and health and community services. Typically, more young men enroll in vocational and trade-related programs, while young women make up a higher proportion of students taking basic education and life skills programs and sustainable livelihoods courses. WAM provides a six-month program of vocational and life skills training for up to 25 at-risk youth. The program conducts activities such as constructing traditional outrigger canoes, boat building, carpentry and woodwork. The program is attracting an increasing number of young women.

The College of the Marshall Islands' (CMI) enrolment statistics show no real gender disparities in the total number enrolled. Traditional gender stereotypes are reflected in the chosen fields of study, with more young men in technical and vocational programs. CMI recently completed a study to identify obstacles preventing students from completing their studies. One obstacle was lack of appropriate childcare, which puts pressure on young women to drop out to care for their own children, or siblings, nieces and nephews placed in their care. Presumably, women with children considering other training options would face similar challenges and barriers.

The USP RMI campus offers a special preliminary program for students to bridge the gap between high school qualifications and the requirements for the foundation program, to encourage students who have completed high school to continue their education. In 2017, 46 students (67% women) graduated from the RMI USP campus, the second

USP graduation ceremony in RMI. Almost half graduated from the Pacific TAFE⁴ program (46%), with 9% of graduates receiving postgraduate qualifications and three receiving master's degrees.

2-in-10 fathers
engage in activities
that support their
young child's
learning (compared
with 6-in-10
mothers)

¹ The effective transition rate is the number of children in the first year of secondary school (Grade 9) who were in the last grade of elementary (Grade 8) the previous school year, as a percentage of the number of children in Grade 8 the previous year, excluding repeaters.

² Marshall Islands Standards Assessment Test.

³ See for example https://www.nctm.org/Publications/Teaching-Children-Mathematics/Blog/Current-Research-on-Gender-Differences-in-Math/

⁴ Technical and further education.

Overall, women's highest level of education completed is lower than that of men: in 2011, almost half (47%) of adult men aged 25 years and over had completed high school or higher education compared to 39% of adult women. However, statistics indicate that improvements in the accessibility and quality of education are resulting in better educated young people; 99% of young female caregivers aged 15–24 are able to read a short, simple statement, or have attended sufficient years of schooling to be defined as literate in 2017. This is further supported by the increasing proportions of women who are economically active and in managerial positions.

Climate change and disaster risk reduction

Women are more vulnerable than men to the effects of humanitarian crises, such as events related to climate change, and their critical role in recovery and resilience is gaining recognition. The 2015–2016 drought reduced women's incomes from handcrafts because it decreased the supply of materials (pandanus, coconut, vines, etc.) and across RMI increased the time and effort needed (and in some cases the cost) to secure water for drinking and other household tasks for their families. The drought also compromised their food security with related malnutrition, notably in the outer islands. Natural disasters have resulted in an unknown number of internally displaced people, who have been forced to leave their homes and islands because of climate change.

Did you know?

4-in-10 boys are moderately or severely stunted or too short for their age (compared with 3-in-10 girls)

Family life

Marshallese men and women move for education and training, work and employment, or for the opportunity to live and experience life in a different place. This diaspora means that a significant proportion of children and young people do not live with both biological parents, causing stress for the children and their families. More than 1-in-10 children (11%) aged 0–4 years have one or both parents living overseas. For 7% of these children, their father is overseas, leaving their mothers to meet the daily demands of parenting with support from the extended family. These statistics challenge government, NGO service providers, and communities to develop targeted programs and projects for the most disadvantaged, regardless of gender. Food security is paramount for improving child health and development, and is particularly important to address a critically high prevalence of overweight and obesity in the adult population, and reducing morbidity and mortality related to diet-related conditions, such as diabetes, particularly in men.

Women and girls in RMI are demonstrating capacity and achieving gains in areas such as education, despite challenges such as family responsibilities and social attitudes. What is less evident is how these gains translate to increased gender equality and empowerment of women more generally. The trends suggest, however, that government investment in overcoming barriers for women, including through gender mainstreaming across sectors, will be rewarded by women's increased ability to contribute to social well-being at all levels.

Source of the statistics and further reading

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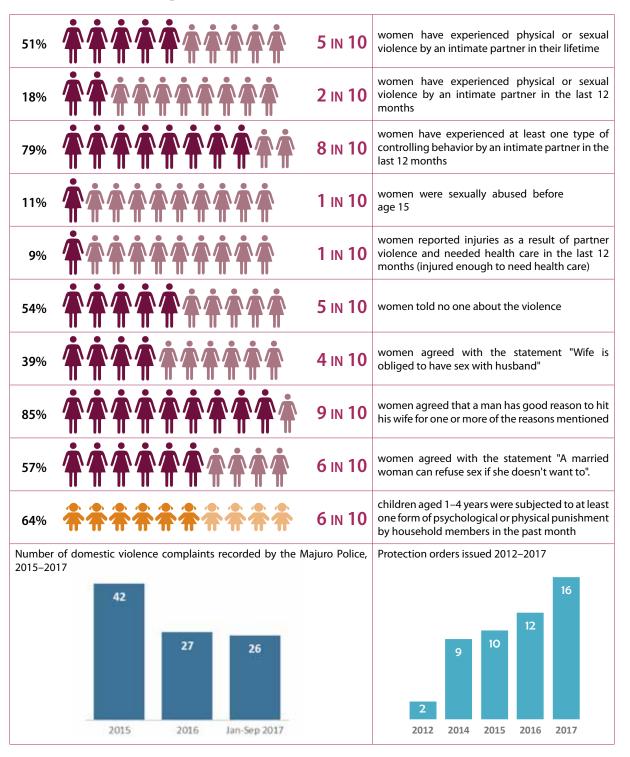
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Elimination of gender-based violence and protection and care of survivors

Statistics at a glance



What the statistics tell us

Not only do women and children (especially girls) experience high rates of sexual and physical violence, violence is entrenched to such an extent that most women accept that men have the right to hit them. Imagine a room full of women. Now imagine that half the women in the room will have been raped, beaten or otherwise abused in their lifetime, mostly by their male partners. This scenario is a fact in Marshall Islands. In 2017, it was found that nearly 2-in-3 young children (64%) aged 1–4 years were subjected to at least one form of psychological or physical punishment by household members during the past month, supported by just over two-thirds (69%) of mothers (or caregivers) believing that physical punishment is a necessary part of child-rearing. There was little difference between boys (62%) and girls (61%) in the prevalence of physical discipline.

Violence against women is a fundamental violation of human rights. In 2010, the brutal murder of a woman by her husband shocked the nation and was a major factor in the passing of the Domestic Violence Protection and Prevention Act (DVPPA) in September 2011, despite a measure of opposition claiming domestic violence legislation was unnecessary.

Half of the victims of gender-based violence do not tell anyone about their experience of violence and only a small fraction of such violence is ever reported to the police. An even smaller fraction is pursued in court through either the criminal or civil process. WUTMI (Women United Together Marshall Islands), a non-governmental organization formed to advance women's rights, has long advocated for victims of domestic violence and has conducted a number of programs to change public attitudes. WUTMI's awareness, advocacy and lobbying campaigns were a major factor in the passage of the DVPPA. WUTMI Weto in Mour: Violence Against Women and Girls Support Service (WIM), which is co-funded by the government and donor partners, ensures that survivors are accommodated in safety, have basic necessities and are provided with transport fares to enable them to attend their appointments with Micronesian Legal Services and with WIM for psychosocial support. WIM has provided 44 survivors with all of these services, with community education reaching about 250 people in the 12 months to September 2017, along with ongoing information and awareness campaigns (statistics from WIM administrative records).

The DVPPA provides for a temporary protection order if the judge is satisfied that a complainant, or a child in the care of a complainant, is in danger from an act of domestic violence. A judge is available 24/7 to consider protection order applications. In 2017, 16 temporary protection orders were issued to women to keep their partners away from them and their homes, and nine (56%) of these woman were granted permanent protection orders; bringing the total number of permanent protection orders issued since 2012 to 26 of the 49 protection orders issued. In 2018 the Ebeye court heard

the first case filed using the DVPPA there reflecting increasing awareness of the Act with more women exercising their rights under the legislation to file for protection orders.

Did you know?

7-in-10 mothers
believe that
physical
punishment is a
necessary part of
child-rearing

The judiciary has made a number of reforms to increase access to justice, including a decrease in fees, reducing the court case backlog and shortening the average time taken to deal with cases from the time of filing until the court's decision. In 2016, the fee for filing child custody and support cases was reduced from \$25 to \$5, recognizing that the \$25 fee was a financial barrier for women. The judiciary has widely publicized its fee waiver program, lower fees for vulnerable parties and availability of free legal services from the Office of the Public Defender. Women comprised 12% of the judiciary in 2016, with one woman serving as a judge in the Traditional Rights Court, and two as Community Court judges.

Statistics from the RMI Courts show that the majority of defendants are men, but the proportion of women defendants is increasing in the High Court and District Courts. In 2017, there were 268 woman defendants compared with 153 in 2015, an increase of 75%. In 2017, 766 defendants were men, compared with 794 in 2015 – about the same number. The proportion of women as

victims is also increasing, with the DVPPA likely to be a contributing factor. One-in-five defendants in juvenile court cases are young women.

In 2013, James H. Plasman, Associate Justice of the High Court, noted that it was early days in implementing the DVPPA but that "...the police response to reports of domestic violence is uneven at best. (...) The response of the police to complaints of domestic violence seems to reflect public attitudes that it is a family matter, not one for the police to be involved in, even after the passage of the DVPPA, which requires the police to immediately investigate and press charges, if appropriate, upon receiving a report of domestic violence." There is little to suggest these challenges have been overcome, with incomplete statistics on domestic violence complaints available from police records. The growing number of protection orders issued by the courts indicate that complaints made to police increased in 2017.

⁵ The judicial response to gender-based violence in the RMI under the Domestic Violence Protection and Prevention Act, 2011. Pacific Regional Consultation for Judges and Magistrates on Human Rights, 3–5 June 2013, Brisbane, Australia. Available at http://rmicourts.org/wp-content/uploads/JHPs_2013_Paper_on_DV.pdf

Source of the statistics and further reading

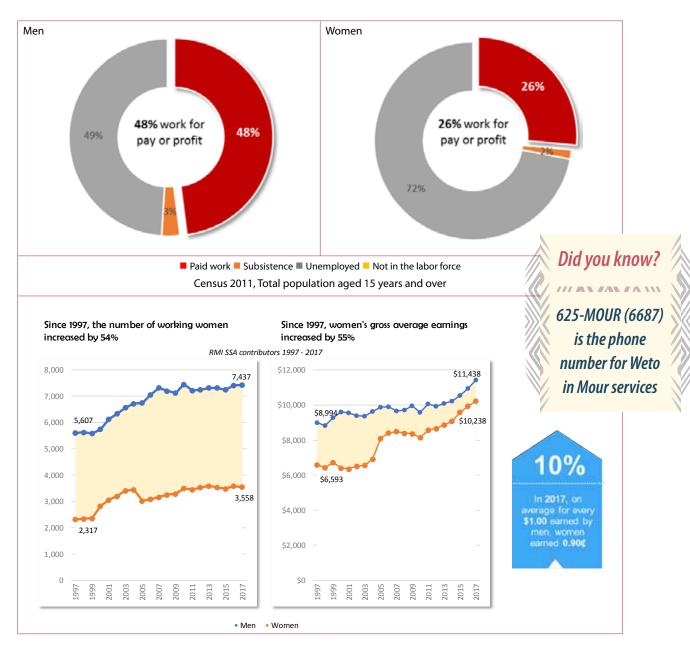
Republic of the Marshall Islands. National Study on Family Health and Safety Dāpij Aenōmman Eo Ilo Mōko Imōd, 2014. Available at http://pacific.unfpa.org/en/publications/rmi-national-study-family-health-and-safety

RMI Courts http://rmicourts.org



Enabling environment for equitable participation in, and benefit from economic development

Statistics at a glance



What the statistics tell us

When economic growth is inclusive, it contributes to sustainable development and secure livelihoods, and reduces inequality. Employment is an important mechanism for distributing the benefits of economic growth. Gender equality in employment and women's access to decent work are therefore measures of inclusive growth. A regular and independent source of income gives women greater voice and agency in the household and has also been shown to increase investment in the well-being of other household members, particularly children, with benefits for long-term growth. However, gender inequality persists throughout the labor market and women are less likely to work for cash income. If women have paid employment, they are more likely to be working at insecure, poorly paid jobs with little protection. Occupations continue to be segregated and gender pay gaps persist.

Women's participation in the workforce was 28% in terms of the work-to-population ratio, 23% points lower than the male equivalent, which was 51% (Census of Population and Housing, 2011). These percentages suggest that many people were significantly under-employed, if not actually unemployed, although there is no information about how these women and men used their time in terms of productive and reproductive work. Working men were more likely to work for wages or salaries than women, and women were more likely to work producing goods for sale than men, with 30% of women working in craft and related occupations compared to 23% of men. Three-in-10 women (31%) worked in vulnerable employment as own-account operators, unpaid workers in family enterprises or producing goods for own consumption or sale, compared to one-in-five men (21%).

In 1997, there were 7,924 people in the social security system (71% men and 29% women). In 2017, 10,995 people were employed (68% men and 32% women). In the past 21 years, the number of women in employment increased by 54% and men by 33%. Gross average earnings for men increased by 27% and for women by 55%, reducing the gender gap in earnings from 27% to 10%.

In 2017, 93% of women worked in service industries, such as wholesale and retail trade, public administration, education and financial intermediation. In the services sector, a higher proportion of women worked in wholesale and retail trade than men, even though the number of women working was lower.

In 2017, on average, women's gross earnings in fisheries were higher than those of men, with men earning 0.89¢ for every \$1.00 earned by women. In electricity, gas and water supply, men earned 0.77¢ for every \$1.00 earned by women. However, in the services sector, where most women work, for every \$1.00 earned by men, women earned 0.83¢.

More women than men work in the banking sector. While the number employed is relatively small, women's gross average earnings are 14% lower than those of men because more women work in lower paid jobs (clerks, tellers) than men (managers, supervisors). In 2017, while more men than women worked in public enterprises such as the National Telecommunications Authority, Marshall Electricity Company, Tolobar, and Air Marshall Islands, on average women working in this sector had higher gross earnings. Similarly, women working in government agencies, such as the Marshall Islands Marine Resources Authority and Social Security Administration, on average had higher gross earnings than men. Men working at the US Base in Kwajalein, local government and the private sector had, on average, higher gross earnings than women.

In 2017, women had higher gross average earnings than men in public enterprises, the RMI government and government agencies. Women's gross earnings in the RMI government and public enterprises were probably higher than for men because women hold professional and managerial occupations in these sectors. In comparison, men's average gross earnings were higher than women's in the private sector, banking, local government and NGOs. The average gender gap in gross earnings was highest in local government, where for every \$1.00 earned by the 841 men working in the sector, the 268 women working in the same sector earned 0.57¢. The gross earnings gender gap in favor of women was highest in government agencies, where for every \$1.00 earned by the 245 women working in the sector, on average the 474 men earned 0.80¢.

Source of the statistics and further reading

Economic Policy, Planning and Statistics Office (EPPSO): https://www.eppso.org/ or http://rmi.prism.spc.int/

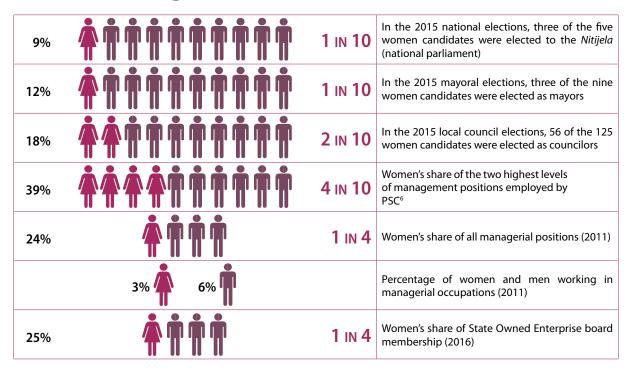
Republic of the Marshall Islands. 2011 Census report. SPC, Noumea, New Caledonia. ISBN 978-982-00-0564-8. Available from: http://sdd.spc.int/en/resources/document-library

Marshall Islands Social Security Administration: http://www.rmimissa.org/



Equitable participation of women and men in decision-making

Statistics at a glance



What the statistics tell us

Traditionally, RMI is a matrilineal society and women are decision-makers. Land rights are passed down through a mother to her daughters. Women are recognized for their contribution to the peaceful development and well-being of families, communities and society as a whole. The fundamental values of Marshallese culture include caring for each other, respect, reciprocity and partnership. However, these traditional beliefs and women's customary rights coexist with dissonant gender stereotypes, gender roles and inequality. In modern society, most decision-making has shifted to the men of the family. Stereotypes include the belief that women's place is in the home, while men should occupy the public space and be the breadwinners. Leadership and decision-making positions are generally regarded as male roles.

Marshall Islands, like the majority of Pacific Island countries, has low representation of women in the legislature compared with international rates. Only three women were elected to the current Nitijela; although the President is a woman. In early 2016, RMI made history by electing its first female President and the 2015 election returned the highest number of women – three – since independence in 1986 or five electoral cycles.

Source of statistics and further reading

The Parliament of the Marshall Islands: https://rmiparliament.org/cms/

Office of the President, Republic of the Marshall Islands: https://www.rmigov.com/

⁶ Public Service Commission.







