

SOCIAL DETERMINANTS OF HEALTH

# COUNTRY CASE

## Violence against women in Solomon Islands

Translating research into policy and action  
on the social determinants of health



World Health  
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Western Pacific Region



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## ABBREVIATIONS

CCC	Christian Care Centre
CEDAW	Convention on the Elimination of All Forms of Discrimination against Women
DFAT	Australian Government, Department of Foreign Affairs and Trade (DFAT)
EVAW	(National Policy on) Elimination of Violence Against Women
GBV	Gender-based violence
GEWD	(National Policy on) Gender Equality and Women's Development
GEWD–NSC	GEWD National Steering Committee
FSC	Family Support Centre
MWYCA	Ministry of Women, Youth and Children's Affairs
NAP	National Action Plan
NGO	nongovernmental organization
NSO	National Statistics Office
NTF	National Task Force
NZAID	New Zealand Aid Programme
NWP	National Women's Policy
RPAC	Regional Project Advisory Committee
RRRT	Regional Rights Resource Team
SIFHSS	Solomon Islands Family Health and Safety Study
SICA–FOW	Solomon Islands Christian Association Federation of Women
SINCW	Solomon Islands National Council on Women
SIPPA	Solomon Islands Planned Parenthood Association
SISC	Solomon Islands Support Committee
SPC	Secretariat of the Pacific Community
TAP	Technical Advisory Panel
UN	United Nations
UNICEF	United Nations Children's Fund
UNFPA	United Nations Population Fund
UNIFEM	United Nations Development Fund for Women, now UN WOMEN
UNiTE	United Nations Secretary-General's Campaign to End Violence against Women
VBMSI	Voice Blong Mere
WHO	World Health Organization

# EXECUTIVE SUMMARY

In 2008, the WHO Commission on Social Determinants of Health underlined that gender inequality impacts health through “discriminatory feeding patterns, violence against women, lack of decision-making power, and unfair divisions of work, leisure, and possibilities of improving one’s life,” (1) in addition to limiting access to health-care services.

One of the most significant consequences of gender inequality in Solomon Islands is the high level of gender-based violence women face, ranging from sexual violence, coercion, emotional and/or physical violence perpetrated by intimate and non-partners. Violence against women “reflects and reinforces inequality between men and women ... [compromising] the health, dignity, security and autonomy of its survivors.” (2) Violence against women has been largely normalized in the country: 73% of men and 73% of women believe violence against women is justifiable, especially for infidelity and “disobedience”, when women do “not live up to the gender roles that society imposes”. (2) A total of 64% of women aged 15–49 who had ever been in a relationship reported having experienced some form of violence (emotional, physical and/or sexual) from an intimate partner, and 56% had experienced controlling behaviour. Women who believed they could occasionally refuse sex were four times more likely to experience violence from an intimate partner than those who did not.

Men cited acceptability of violence and gender inequality as two main reasons for violence against women. Almost all of them reported hitting their female partners as a “form of discipline”, suggesting that women could improve the situation by “[learning] to obey [them]”. Another manifestation and driver of gender inequality in Solomon Islands is the traditional practice of bride price. Although specific customs vary between communities, paying a bride price is considered similar to a property title, giving men ownership over women. Gender norms of masculinity tend to encourage men to “control” their wives, often through violence, while women felt that bride prices prevented them from leaving men. At the same time, and despite continued efforts by nongovernmental organizations (NGOs) and faith-based organizations including Voice Blong Mere (VBMSI), Christian Care Centre (CCC), Family Support Centre (FSC) and Solomon Islands Christian Association Federation of Women (SICA–FOW), “until recently political leaders trivialised and denied the existence of violence against women ... [T]he region has been very slow in developing relevant legislation, policies, programmes and budgets to address the issue.”

In 2011, WHO convened the World Conference on Social Determinants of Health in Rio de Janeiro, Brazil, to review progress on implementing the recommendations of the WHO Commission on Social Determinants of Health, draw conclusions from lessons learnt and catalyse coordinated global action. The present paper was developed in the run-up to the world conference as examples of policy action aimed at tackling key determinants of health and reducing health inequities. Covering the period between 2007 and 2011, it begins with a description of the first national study on violence against women – the Solomon Islands Family Health and Safety Study: A study on violence against women and children (SIFHSS) – as the result of growing regional and global attention to this issue, strong government leadership, growing advocacy from faith-based organizations and NGOs, financial and technical support from the United Nations (UN) and donor agencies as well as the recognition that such violence harms health and significantly impedes social and economic development. As part of the agreement to conduct the study, the Government of Solomon Islands made a commitment to a year of work beyond conducting

