



COVID-19
RESPONSE



September 2021

2021 Assessment of the Impact of COVID-19 on Vulnerable Women in Jordan

Photo: UN Women/Zaid Alawamleh

INTRODUCTION AND DEMOGRAPHICS

UN Women conducted its first rapid assessment of the impact of the COVID-19 pandemic on UN Women Oasis Centre beneficiaries in March 2020, when the first cases of COVID-19 were confirmed in the Hashemite Kingdom of Jordan. Fourteen months into the COVID-19 pandemic, after adapting to the “new normal”, UN Women reassessed the impact of the COVID-19 crisis on current and former UN Women Oasis Centre beneficiaries both in camp and non-camp settings. The assessment included questions related to beneficiaries’ economic status; safety and access to health services; the roles of men and women within the household; their digital access; and their perceptions of crisis management.

The assessment included a representative and stratified sample of 351 women and 209 men (560 respondents in total) by age, location and disabilities. As most UN Women Oasis Centre beneficiaries are women, respondents were primarily female (63 per cent). To better understand the impact of COVID-19 on men and women within the same household, UN Women also

interviewed the women respondents’ spouses or male relatives, representing 37 per cent of those interviewed. The respondents included both Jordanians (45 per cent female; 18 per cent male) and Syrian refugees (18 per cent female; 19 per cent male) located across Azraq and Za’atari refugee camps and in 13 host communities across Jordan.⁽¹⁾ 77 per cent of respondents were married. 45 per cent of households were female headed and 55 per cent male headed. While the respondents ranged from 18 to 72 years old, most respondents were between the ages of 23 and 47.

8 per cent (46 individuals) of the respondents were identified as persons with disabilities (PwDs) based on the Washington Group Short Set of Questions;⁽²⁾ 30 per cent of these were female and 70 per cent male. Most respondents with disabilities had difficulty with walking (61 per cent) and seeing (39 per cent), hearing (26 per cent), and self-care (24 per cent). 76 per cent of PwDs were married and 24 per cent were single (of whom most had never been married). 72 per cent of PwDs were the head of their household.

Respondents: 560



63%

351 Women (252 Jordanian; 99 Syrian)



37%

209 Men (103 Jordanian; 106 Syrian)



8%

46 Persons with disabilities

Al Rawaby
(Ajloun)

Borma
(Jerash)

Allan
(Al-Balqa)

Jabal Bany Hamida
(Madaba)

Mujeb
(Karak)

Taibeh
(Karak)

Zarqa
(Zarqa)

Elbassa
(Amman)

Al Muwaqqar
(Amman)

Eis
(Tafieleh)

Ein El Bedah
(Tafieleh)

Shobak
(Ma'an)

Um Sayhoun
(Ma'an)

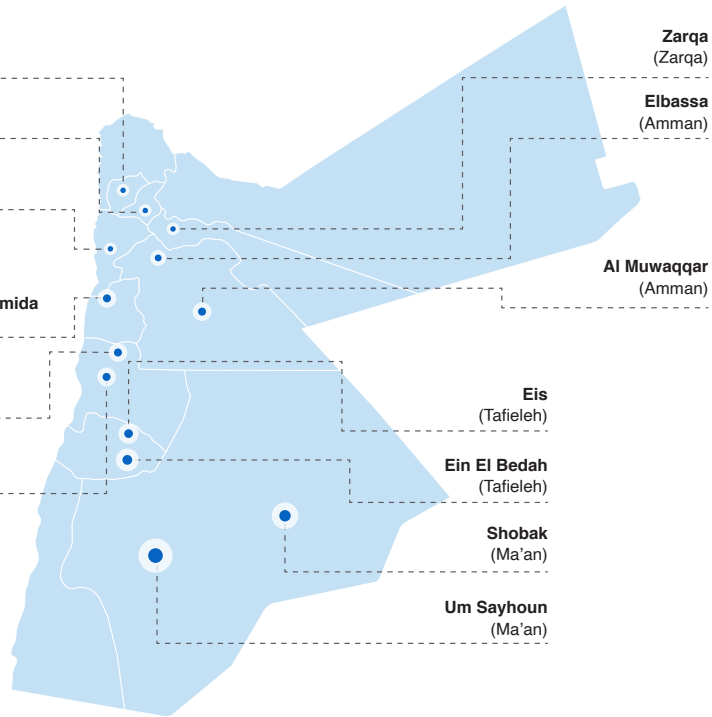


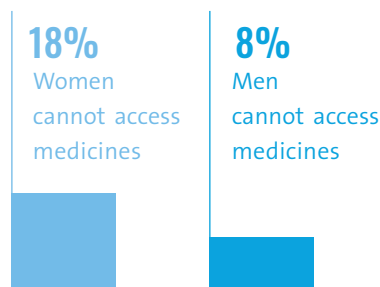
Photo: UN Women/Ye Ji Lee

HEALTH IMPACT

The assessment asked several questions about respondents' health care access and awareness. 81 per cent were worried about themselves or someone in their household contracting COVID-19. Of this group 18 per cent of women and 8 per cent of men said they cannot access medicines, while 8 per cent of women and 3 per cent of men did not know where the closest health facility treating COVID-19 patients was. 76 per cent of PwDs were worried about themselves or someone in their household contracting COVID-19. 13 per cent of PwDs said they did not have access to medicines in the case that they contracted COVID-19.



% of respondents who cannot access medicines



98 per cent of respondents who knew where the nearest health facility was, had access to it. The two per cent of respondents who lacked access were mainly women in remote communities. In these cases, women's key barriers to accessing health care included a lack of permission from their husband, money, and transportation.

The most significant limitations in accessing medicines, health care, and information about their availability were experienced in Eis (Tafieleh governorate), Ein El Bedah (Tafieleh governorate),

Allan (Al-Balqa governorate), and Elbassa (Amman governorate). The highest levels of access were reported in Azraq camp, Za'atari camp, Al Rawaby (Ajloun governorate), and Borma (Jerash governorate). Despite continuing challenges, particularly in remote communities, responses indicate some positive developments since March 2020, when 34 per cent reported that they could not access medicines and 24 per cent said they could not access their nearest health care facility.⁽³⁾

16 per cent of respondents reported contracting COVID-19 during the pandemic (10 per cent female; 6 per cent male). The highest numbers of COVID-19 cases were reported in Al Rawaby (Ajloun governorate), Jabal Bany Hamida (Madaba governorate), and Mujeb and Taibeh (Karak governorate). The rate of respondents who had contracted COVID-19 correlated with household size, as 81 per cent of them lived in households of 4 to 5 or 6 to 10 members. Furthermore, 8 per cent did not have access to medicines when they had contracted COVID-19. 5 per cent did not have access to health care despite 100 per cent being aware of the location of the closest health facility treating COVID-19 patients.



% of respondents not aware of where the closest health facility treating COVID-19 patients was

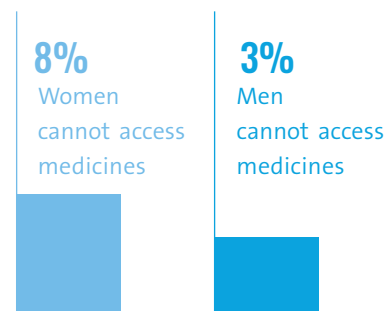


Photo: UN Women/ Lauren Rooney

GENDER-BASED VIOLENCE

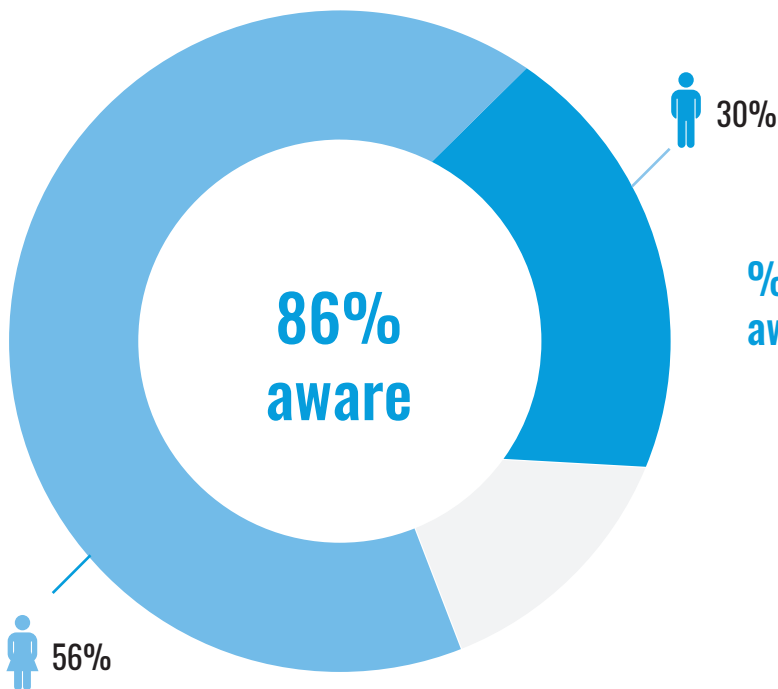
The assessment asked respondents about their awareness of protective services and hotlines available to those who have experienced GBV.

86 per cent of respondents (56 per cent female; 30 per cent male) indicated their awareness of GBV support, while 14 per cent (7 per cent female; 7 per cent male) were unaware of such support. Of the respondents who were aware of available GBV help and support, 56 per cent of women and 49 per cent of men had received information from service providers; 44 per cent of women and 47 per cent of men received information from television; and 35 per cent of women and 26 per cent of

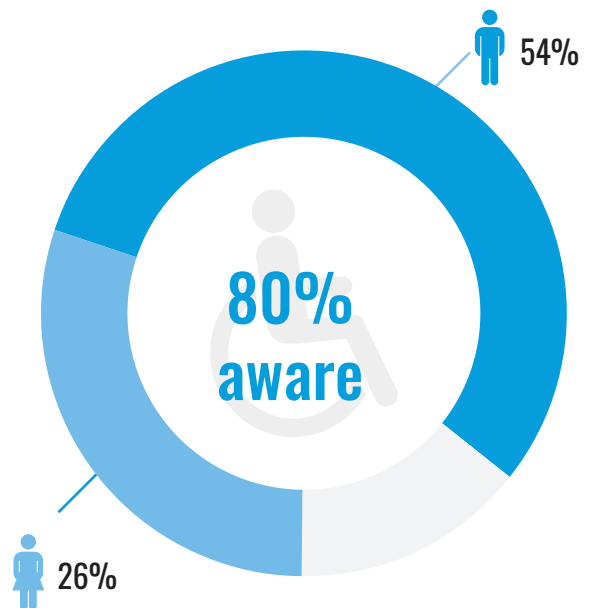
men received information through social media. Respondents reported that SMS, calls and radio did not serve as significant channels of communication about GBV support services.

For PwDs, 19% (4% female; 15% male) were not aware of the supports that are available to those who have experienced GBV. For the 80 per cent of PwDs who had information about services available to those who had experienced GBV, 43 per cent received it through a service provider, 35 per cent through television, and 24 per cent through social media. Although, radio was not among the main sources of this information, it was found to be utilized more substantially amongst persons with seeing difficulties.

% of respondents aware of gender-based violence support



% of respondents with disabilities aware of gender-based violence support



ECONOMIC SITUATION

The assessment asked respondents about the impact of the crisis on their economic situation. 21 per cent of the female respondents and 63 per cent of male respondents said that they were employed prior to the introduction of the lockdown in mid-March 2020. 13 per cent of female respondents and 20 per cent of male respondents who were employed before the lockdown in mid-March 2020 reported losing their jobs due to the pandemic. 85 per cent (36 per cent female; 49 per cent male) of them were employed in the informal sector, whereas 15 per cent (4 per cent female; 11 per cent male) were employed in the formal sector, demonstrating the underlying insecurities of the informal sector.

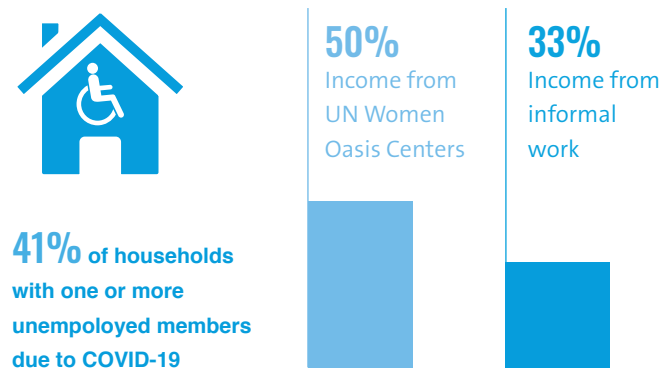
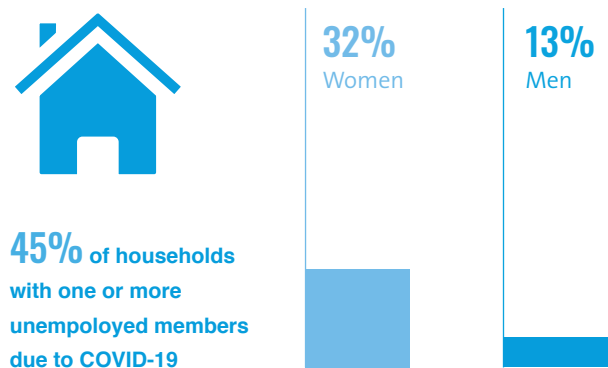
Youth, in particular, were found to be at a disadvantage in terms of labour market participation as 81 per cent of those responding were already unemployed prior to March 2020. 71 per cent of employed youth reported losing their jobs because of COVID-19.

Moreover, 45 per cent of all respondents (32 per cent female; 13 per cent male) reported that someone in their household became unemployed due to the COVID-19 pandemic, negatively impacting the overall household income level. 73 per cent of respondents who had become unemployed because of the crisis reported having not yet found any other source of income.

On the other hand, 56 per cent of respondents who were unemployed before the beginning of the crisis reported having access to other sources of income. For respondents who had found alternative sources of income, these sources included cash assistance from UN Women Oasis Centres, other UN and government agencies; other informal work; and formal work. An alternative, frequent coping mechanism was financial support from family members.

37 per cent of PwDs reported being employed prior to the COVID-19 pandemic and the mid-March 2020 lockdown, of whom 41 per cent reported losing their paid employment because of the pandemic. 86 per cent of those PwDs who lost their jobs reported being employed in the informal sector and 14 per cent in the formal sector. 41 per cent of PwDs who were unemployed prior to the pandemic and lockdown reported finding other sources of income, primarily from UN Women Oasis Centres (50 per cent) and informal work (33 per cent). 45 per cent of PwDs (21 per cent female; 24 per cent male) reported that someone in their household had become unemployed due to the COVID-19 pandemic. Although findings were similar to respondents without disabilities, PwDs experience further vulnerabilities during economic shocks due to the additional costs associated with managing disability.

The assessment also asked respondents about their household-level food security. 21 per cent of households and 11 per cent of PwDs reported not having enough food on a daily basis. Food insecurity was heightened in larger households, as 82 per cent of respondents who reported not having enough food on a daily basis reported living with 4 to 5 or 6 to 10 people. Furthermore, 23 per cent of households reported not having access to sanitation products to mitigate and protect themselves from COVID-19. The most significant, reported barrier to accessing food and sanitation products was a lack of money more so than a lack of transportation or product supply. While food insecurity (reporting a lack of food on daily basis) was more prevalent among Jordanian respondents⁽⁴⁾ (25 per cent versus 12 per cent of Syrian respondents), access to cleaning and sanitation products was more equal as 25 per cent of Jordanian and 20 per cent of Syrian respondents indicated a lack of access to these products.



IMPACT ON HOUSEHOLD ROLES

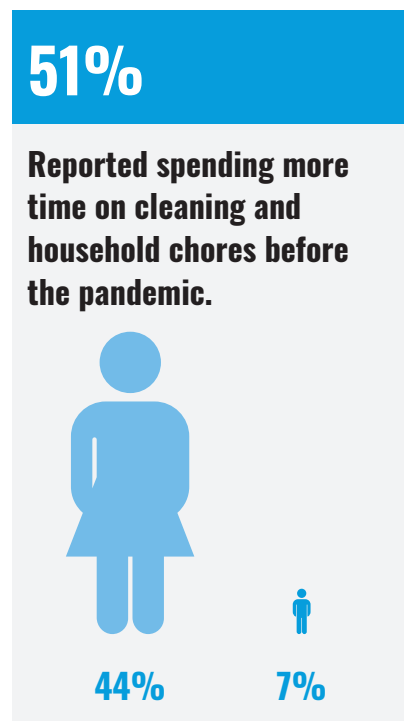
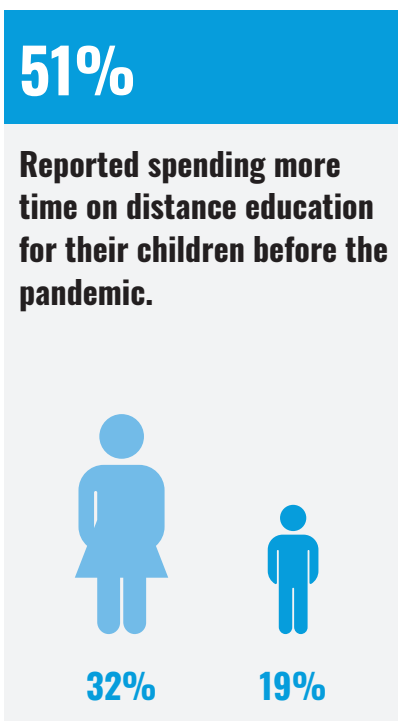
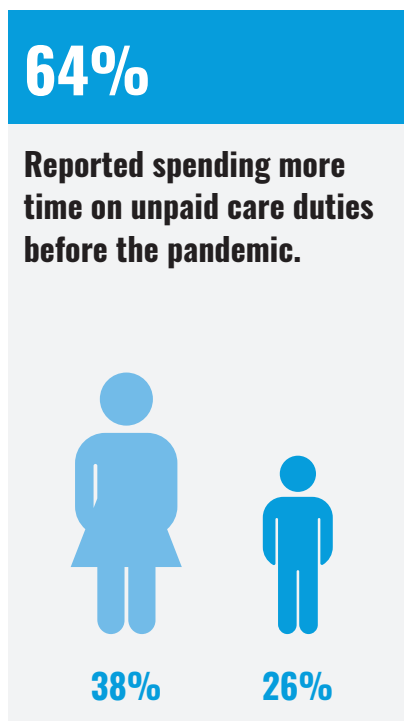
The assessment asked several questions about the distribution of household responsibilities and decision-making roles. Regarding care responsibilities, distance education for children, as well as cleaning and household chores respondents identified women as mainly responsible for these tasks at 40 per cent, 59 per cent, and 70 per cent, respectively, while men were reported mainly responsible for these tasks at 3 per cent, 5 per cent, and 4 per cent in comparison. Women with disabilities were also found to hold more household responsibilities than men with disabilities. PwDs identified themselves as the person mainly responsible for care responsibilities at 24 per cent (20 per cent female; 4 per cent male), distance education for children at 17 per cent (15 per cent female; 2 per cent male), and cleaning and household chores at 31 per cent (22 per cent female; 9 per cent male). Several respondents also reported holding joint responsibility over the tasks with their spouse. While daughters were reported as the main responsibility bearers across all household responsibilities, sons were only reported at 2 per cent in relation to supporting with children's distance education, signifying the imbalanced household roles and responsibilities amongst female and male household members.

47 per cent of respondents reported making decisions about spending money jointly with their spouse (29 per cent female; 18 per cent male), while 22 per cent identified men and 31 per cent women as being primary in decision-makers regarding monetary spending at the household level. 28 per cent (13

per cent female; 15 per cent male) of PwDs reported being responsible for spending money. 83 per cent of women who identified themselves as being in the primary decision-making role in financial expenditures were currently enrolled in the UN Women Oasis programme, demonstrating the positive impact of the Oasis programme on women's economic empowerment.

The assessment found that respondents spent more time after the onset of the COVID-19 pandemic on multiple unpaid care duties. 64 per cent (38 per cent female; 26 per cent male) reported spending more time on unpaid care duties before the pandemic; 51 per cent of respondents (32 per cent female; 19 per cent male) reported spending more time on distance education for their children before the pandemic; 51 per cent (44 per cent female; 7 per cent male) of respondents reported spending more time on cleaning and household chores before the pandemic. PwDs were found to have experienced a similar upsurge than respondents without disabilities, with 61 per cent of PwDs spending more time on care responsibilities; 39 per cent spending more time on household chores; and 37 per cent spending more time on children's distance education.

The findings suggest that underlying gender norms have become more distinct over the course of the COVID-19 pandemic. Although the data indicates that men are now more involved in some household responsibilities than they were at the beginning of the pandemic,⁽⁵⁾ a disparity between women's and men's



contributions remains evident. This has intensified the unpaid care burdens experienced by women and is also likely to increase the existing barriers to entering the labour market that women face in Jordan – particularly for women with disabilities (who prior to the pandemic were already more likely to be excluded from socio-economic opportunities due to social stigma and other barriers). This was also evident when the assessment asked female respondents to identify a person they think could contribute to household chores and care responsibilities if they enrolled in the Oasis Centre programme again.

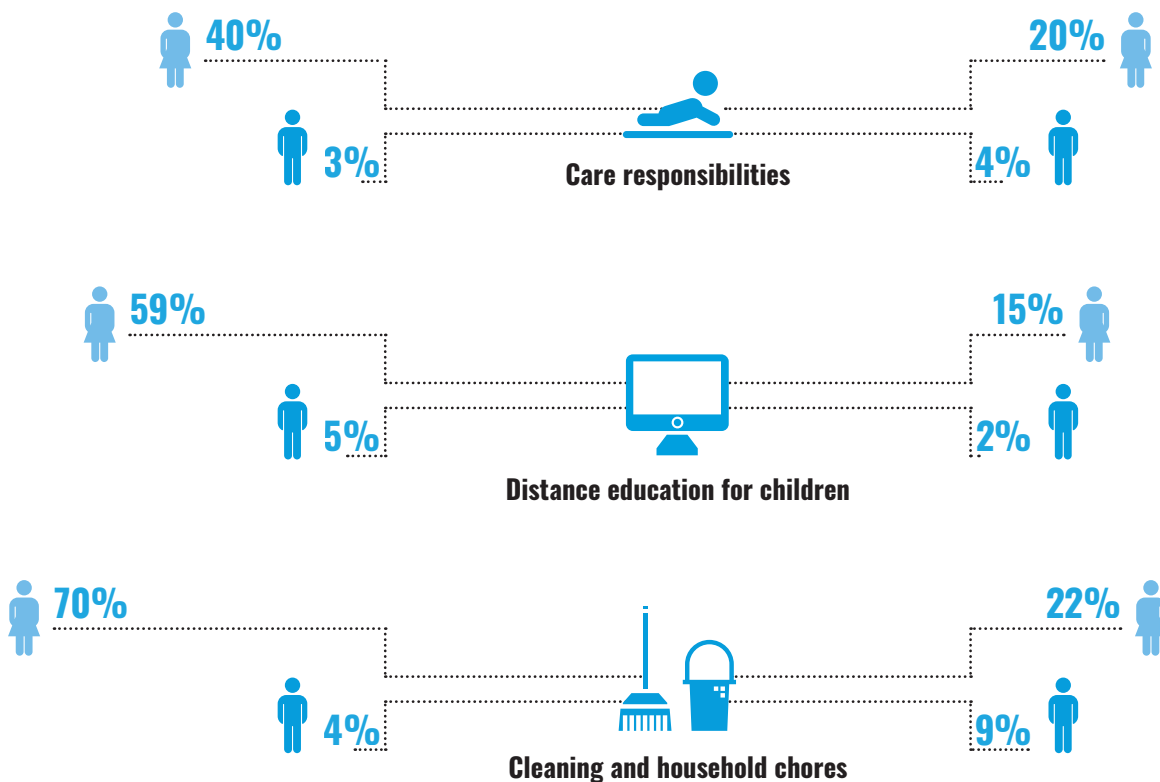
Although 100 per cent of the female respondents indicated their interest in returning to incentive-based, volunteering activities at the Oasis Centre once COVID-19 restrictions were no longer in place, only 26 per cent reported a man as a potential contributing person, including their spouse (22 per cent), son (3 per cent), or father (1 per cent). 22 per cent of the respondents reported not having anyone to support them with household chores and care responsibilities during their engagement at the Oasis Centre. Moreover, 52 per cent identified a woman in the supporting role, such as their daughter(s) (25 per cent), mother (18 per cent), or other women (9 per cent).

The assessment also asked the male respondents about their willingness to support women in their household if they were to return to the Oasis. 84 per cent expressed willingness to support women with some of the household chores. However, there were notable differences in the preferences of the tasks. Most men reported being willing to support women who participated in the Oasis centres with care responsibilities (66 per cent) and distance education of children (52 per cent). On the contrary, only 16 per cent were willing to support women with cooking; and 25 per cent with cleaning and household chores; 16 per cent reported not be willing to take on any of the mentioned responsibilities.

The most common reasons for men’s unwillingness for taking on responsibilities included: negative perceptions of gender norms, a lack of knowledge and experience in carrying out the tasks, health condition, and work responsibilities. These findings suggest a substantial need for care support, as a lack of care support undermines women’s abilities to return to work while adjusting to the “new normal”. Furthermore, sensitization on gender norms and awareness-raising in gender equality and women’s empowerment (GEWE), particularly among men, will be necessary to support the sustainability of this process.

Respondents

Persons with Disabilities

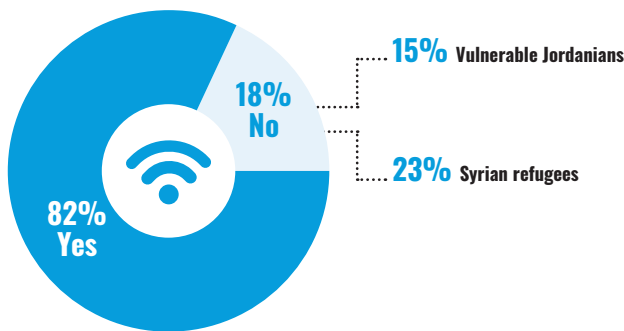


DIGITAL ACCESS

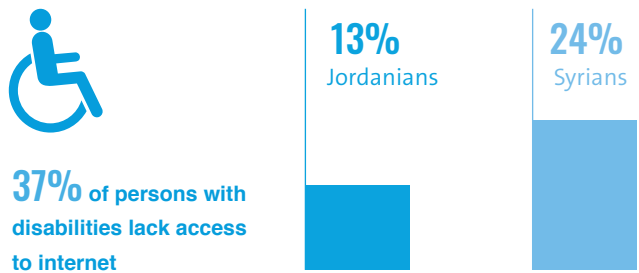
The assessment also sought to map respondents’ digital access to the internet and devices. 82 per cent of respondents reported having internet access, while 18 per cent reported lacking access. Moreover, the assessment found access to the internet was a more significant challenge for PwDs, with 37 per cent reporting that they did not have internet access. Digital access was found to be related to migration status, as internet inaccessibility was more frequent among Syrian refugees (23 per cent) than vulnerable Jordanians (15 per cent) . Furthermore, Syrians with disabilities reported having less access to the internet with 24 per cent reporting a lack of access in comparison to 13 per cent of Jordanians with disabilities. Amongst all Syrian respondents who did not have internet access, female refugees faced even more

substantial accessibility issues (64 per cent) than male refugees (36 per cent). The most common reasons for inaccessibility were the respondents’ ownership of or interest in using a device; digital and alphabetical illiteracy; and poor internet connection. While these were also common reasons for inaccessibility among PwDs, PwDs also reported not having access to someone else’s device in the household—indicating further vulnerability in relation to digital access. Overall, the most significant barriers to internet access were reported in Allan (Al-Balqa governorate), Um Sayhoun (Ma’an governorate), Al Muwaqqar (Amman governorate), Zarqa (Zarqa governorate), and both Azraq and Za’atari camps.

Access to internet



Moreover, 21 per cent of the respondents did not have access to smartphones, tablets, or laptops (15 per cent female; 7 per cent male), while 35 per cent of PwDs reported lacking access to these devices. However, only 1 per cent of respondents reported a lack of any devices at the household level, with 72 per cent stating that there were 2 to 3 devices available in their household.⁽⁶⁾ The number of devices at the household level was also found to be lower amongst PwDs, with 30 per cent, 41 per cent, and 15 per cent of PwDs reporting the availability of 1, 2 and 3 devices, respectively. For the 79 per cent of respondents and 65 per cent of PwDs who have access to these devices, 90 per cent and 97 per cent of them reported the ability to use a device in privacy, respectively. This is important in order to report GBV incidents or access other protection support. Furthermore, it was concerning that 88 per cent of the respondents without private access were women while 12 per cent were men—signifying further underlying gender inequalities in digital access. Although social media and WhatsApp proved to be important means of access to information about COVID-19 and GBV (particularly for persons with hearing and seeing difficulties), PwDs with



these characteristics were also found to face some of the most significant barriers to internet access. Digital and internet access provide an important means (and variety) of communication information to PwDs. PwDs face greater barriers to accessing these—highlighting the importance of interventions to fill the gap with special attention to Syrian, particularly female, refugees.

For the 82 per cent of respondents with access to the internet, the majority (45 per cent) have internet access for more than 2 hours per day, while 36 per cent have access for 1 to 2 hours and 18 per cent have access for less than 1 hour per day. However, only 25 per cent of Syrian refugee respondents reported having internet access for more than 2 hours per day and 55 per cent for 1 to 2 hours per day. 55 per cent of Jordanian respondents reported having internet access for more than 2 hours a day and 36 per cent for 1 to 2 hours per day. This information demonstrates Syrian refugees’ comparatively poorer access to the internet amongst those respondents who reported access to the internet.

PERCEPTION OF CRISIS MANAGEMENT

Overall, 98 per cent of respondents reported receiving information about COVID-19 throughout the pandemic from March 2020 to May 2021. However, awareness of different issues relating to COVID-19 and sources of information varied. While most respondents received information about prevention (98 per cent), transmission (82 per cent) and symptoms of COVID-19 (82 per cent), awareness about registering to receive the COVID-19 vaccine (61 per cent) and the government's curfew, lockdown and defence laws (65 per cent average) were much lower. The assessment found that the areas with the most significant limitations on receiving information about COVID-19 were in Azraq camp, Al Rawaby (Ajloun), Borma (Jerash) and Jabal Bani Hamida (Madaba).

The most popular means of receiving information about COVID-19 included television or radio, social media, the UN Women WhatsApp Group and WhatsApp in general. Furthermore, 20 per cent of respondents reported having

received information related to COVID-19 from a friend, family member or a neighbour. Of these respondents, 79 per cent of women and 86 per cent of men identified a person of their same sex as the source of information. PwDs identified the same most common means of receiving information about COVID-19; family members, friends and neighbours were found to be more significant sources of COVID-19-related information amongst persons with mobility and seeing difficulties than other sub-populations of PwDs. Nevertheless, PwDs reported challenges in receiving information on issues other than the prevention of COVID-19. Examples included information on registration in receiving the COVID-19 vaccination (49 per cent); government-ruled lockdown and other measures (56 per cent); and medical testing and treatment (64 per cent). Information gaps were particularly prevalent amongst persons who reported difficulties with hearing and communicating, indicating a need for a greater variety of communications methods around crisis management.

Highlights

Respondents

98%
Received information about prevention



65%
Government's curfew, lockdown and defence laws



82%
Symptoms



61%
Registering to receive the COVID-19 vaccine



82%
Transmission



Persons with Disabilities

98%
Information on registration in receiving the COVID-19 vaccination

56%
Government-ruled lockdown and other measures

64%
Medical testing and treatment

CONCLUSION

This analysis assesses the impact of the COVID-19 pandemic on vulnerable Jordanians and Syrian refugees, including women and men with disabilities, across the country. The crisis response and lockdown measures have led to economic vulnerabilities, food insecurities, inadequate access to sanitation products (for mitigation and protection from contracting COVID-19), and increased unpaid domestic work especially amongst women. Youth were also negatively affected by a dearth of job opportunities. Direct cash assistance from the UN Women Oasis Centre programme was found to provide women (both with and without disabilities) with positive coping mechanisms and financial decision-making power at the household-level during the pandemic. Despite some positive increase in men's engagement in household work since the onset of the crisis, women's increased unpaid labour commitments, together with inadequate support from male household members and limited formal-care supports, pose an elevated risk to women's already low engagement in the Jordanian labour market. This is particularly concerning for women with disabilities, who were already prior to the pandemic more likely to be excluded from socio-economic opportunities due to social stigma and other barriers to access.

Although access to health facilities and medicines has increased since the beginning of the COVID-19 pandemic, women (particularly in remote communities) continue to face access challenges including to information about the pandemic. Digital access plays an instrumental role in coping with the pandemic (as social media and WhatsApp were identified as critical sources of information about COVID-19 and GBV supports). This reality makes the inadequate internet and digital device access of PwDs and Syrian, particularly female, refugees alarming. While information sharing about the prevention and transmission of COVID-19 has been widespread, notable information gaps on government measures and vaccination registration need to be shared through more accessible channels, with special attention taken to reach PwDs.

These findings should inform the planning of current and future responses while bearing in mind that previous achievements and targets in GEWE have experienced significant setbacks during the pandemic. All of this demands strengthened interventions in the process of adjusting to and defining the "new normal".



Photo: UN Women/Marta Garbarino

ENDNOTES

- 1 The surveyed host communities included Al Muwaqqar (Amman governorate), Al Rawaby (Ajloun governorate), Borma (Jerash governorate), Ein El Bedah (Tafieleh governorate), Eis (Tafieleh governorate), Jabal Bany Hamida (Madaba governorate), Mujeb (Karak governorate), Taibeh (Karak governorate), Allan (Al-Balqa governorate), Shobak (Ma'an governorate), Um Sayhoun (Ma'an governorate), Elbassa (Amman governorate), and Zarqa (Zarqa governorate).
- 2 “The Washington Group Short Set on Functioning (WG-SS) was developed, tested and adopted by the Washington Group on Disability Statistics (WG). The questions reflect advances in the conceptualization of disability and use the World Health Organization’s International Classification of Functioning, Disability, and Health as a conceptual framework. To maximize international comparability, the WG-SS obtains information on difficulties a person may have in undertaking basic functioning activities that apply to people in all cultures and societies and of all nationalities and so are universally applicable. A single question per functional domain is included. The final set of questions includes difficulties seeing, hearing, walking or climbing stairs, remembering or concentrating, self-care, and communication (expressive and receptive).” The Washington Group Short Set of Functioning, Washington Group on Disability Statistics, March 2020, https://www.washingtongroup-disability.com/fileadmin/uploads/wg/Documents/Questions/Washington_Group_Questionnaire_1_-_WG_Short_Set_on_Functioning.pdf
- 3 UN Women, “Rapid Assessment of the Impact of COVID-19 on Vulnerable Women in Jordan”, April 2020, <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/unwjcrapidimpactassessmentcovid19v8.pdf?la=en&vs=3456>
- 4 Particularly in Ein El Bedah and Eis (Tafieleh governorate), Um Sayhoun (Ma'an governorate), and Allan (Al-Balqa governorate).
- 5 UN Women, “Rapid Assessment of the Impact of COVID-19 on Vulnerable Women in Jordan”, April 2020, <https://www2.unwomen.org/-/media/field%20office%20jordan/images/publications/2020/unwjcrapidimpactassessmentcovid19v8.pdf?la=en&vs=3456>
- 6 42% reported having 2 devices at the household level, while 30% reported having 3 devices at the household level.