

United Nations (UN) and Partners
Humanitarian Response for Syrian Refugees in Jordan
Inter-Agency Task Force (IATF) - Health Sector Gender Analysis

Key Findings

The Health Sector Gender Analysis was conducted by the Sector's Gender Focal Points (Elsa Groenveld Health & Nutrition Project Manager-MEDAIR and Ruba Abu-Taleb (Nutrition Coordinator - Jordan Health Aid Society international [JHAS]) with the technical support of Senior GenCap Adviser, Simon Opolot. The health sector gender analysis was undertaken to identify the different health needs of women, girls, boys and men and potential barriers that they face and to ensure that they can access health services equally.

1. Gender Dimensions of Health Risk Factors and Vulnerability:

At the primary health care level, females seek health services under reproductive health (RH) more than males. Female patients prefer female physicians which are often not available. Men under report sexually transmitted infections (STIs) which expose women to STI's. Demand for access to health services related to chronic medical conditions is relatively equal for both males and females.

At the secondary health care level, and in view of limited resources, referral is prioritized to emergency cases starting with women referred for obstetric emergencies. There is equal referral priority to Girls, Boys, Women and Men in need for lifesaving health services.

Females are usually not the decision makers when it comes to breastfeeding. Other factors that limit women's access to primary health care services are transportation costs and child minding. Sexual and Gender-Based Violence (SGBV) is stigmatizing, under reported and usually the offender is a relative.

2. Gender Dimensions of Access and Use of Health Services:

Especially young married women rely more on information conveyed by their mothers instead of accessing RH services. Costs associated with health conditions under consideration influence the choices made by families, which usually are in favour of secure health needs of male children and adolescents over females. Limitations on women's movement results in decreased utilization of health services.

3. Gender Dimensions of Health Seeking Behaviour:

The gender analysis established that due to costs associated with health care, Syrian refugees can be compelled to seek healthcare for a given condition after they start showing symptoms. Male resistance to condom use and women's inability to negotiate safer sex are key factors in STI transmission. In addition, stigma of being a "refugee" has been reported by refugee women and men approaching MoH facilities.

4. Gender Dimensions of Health and Socio-Economic Outcomes:

Some health conditions are chronic and debilitating, as such, entire families (and especially women) are significantly burdened by the need to care for affected individuals. Mothers and older sisters are the first-line family members to be infected with health conditions transmitted via: fecal matter of young children, live infections in children, microbial contamination of raw food and caring for disabled members of the family.

Economic insecurities have so far lead households, especially mothers, into adopting different coping practices to mitigate ever increasing financial burdens; that is, reduction in food consumption, withdrawing children from school and taking on informal, exploitative or dangerous employment. Male and female youth find themselves equally burdened by family obligations beyond their ability to manage, both financially and psychologically. Poverty and desire to satisfy basic socio-economic needs increases adolescent's vulnerability to drop out of schools and eventually, exacerbating illiteracy among the growing Syrian refugee population in Jordan. The combination of illiteracy and economic insecurity (poverty) creates an unsafe environment generally for Syrian refugees in Jordan, and particularly for adolescents/youth.

Overuse and misuse of male gender power privilege is a factor limiting appropriate health seeking practices. Moreover, health ignorance and illiteracy among different refugee population groups has further victimized women, young boys and girls - in particular - as all are dependents of the male head of household and thus, are obliged to abide by rules endorsed by male providers of the household.