

## *Health Sector Gender Analysis*

16 June 2013

### *Primary Health Care*

Most (63%) of the injured treated were males. Of those with injuries, 38% were between age 18 and 59 years<sup>1</sup>.

Women and younger children were suffering from flu and coughs during the winter months and an increased number of diarrhoeal diseases among which they link with the poor tap water quality.<sup>2</sup> In the week of 6-12 April 2013, more boys than girls sought treatment for influenza-like illness, watery or bloody diarrhea (0-4 year olds) and eye infections. Conversely, slightly more girls than boys sought treatment for lower respiratory infections as well as dental conditions.<sup>3</sup>

Women in Irbid advised that the health services are too far away, difficulties in accessing sufficient medicine and poor treatment by health providers, including discrimination, lack of reproductive health services and shortage of female doctors<sup>4</sup>.

### *Nutrition*

In Za'atri camp, 6.1% of women and girls aged 15-49 years (reproductive age) are acutely malnourished and 1.1% severely malnourished. In host communities, 6.3% are malnourished and 0.9% are severely malnourished. Malnutrition is highest amongst teenaged-girls and young women (15-19) in Za'atri camp while it is highest among women aged 25-29 in the host communities.

### *Reproductive Health*

In Irbid, women advised that there was a lack of reproductive health services and shortage of female doctors<sup>5</sup>.

Almost one in ten (9%) babies delivered in Za'atri camp were done by caesarean section<sup>6</sup>. Clean delivery kits were not being distributed in Za'atri or Irbid camps. There is inadequate around the clock access to emergency obstetric and newborn care. ARVs are very limited. There are gaps in menstrual hygiene supplies. Culturally appropriate methods to inform the community on where to access free condoms and other forms of family planning are needed.<sup>7</sup> Items for the care of infants' care (including diapers and infant formula) were identified in several assessments/reports<sup>8</sup>.

In rural areas in Syria, birth rates are kept higher by a culture of preference for sons (and the need for unpaid agricultural labor by family members).<sup>9</sup> While abortion is not legal in Syria, it was practised and not always using hygienic practices, and some viewed it as a means to preserve family honour.<sup>10</sup> The lack of female doctors was portrayed as a major impediment for women and girls accessing reproductive health.<sup>11</sup>

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<sup>1</sup> UNHCR (May 4-10 2013) *Public Health Pro*

<sup>2</sup> Oxfam GB, Jordan (March 2013) *Integrated Assessment in Host Communities: Emergency Food Security and Livelihoods; Water, Sanitation and Hygiene; Protection*

<sup>3</sup> UNICEF (June 2013) *Shattered Lives: Challenges and Priorities for Syrian Children and Women in Jordan*

<sup>4</sup> UNHCR (December 2012) Report of the Participatory Assessment – Syrian refugees in Jordan.

<sup>5</sup> UNHCR (December 2012)

<sup>6</sup> UNHCR (May 4-10 2013)

<sup>7</sup> Women's Refugee Commission (undated) *Evaluation of the Implementation of the Minimum Initial Service Package (MISP) for Reproductive Health among Syrian Refugees in Irbid City and Za'atari Camps-Jordan* by Sandra Krause, Director, Reproductive Health Program

<sup>8</sup> International Catholic Migration Commission (November 2012) *Outreach Analysis*.

<sup>9</sup> Sanja Kelly & Julia Brelin (ed.s) (2010) *Women's Rights in the Middle East and North Africa*, Freedom House, Plymouth

<sup>10</sup> Kelly & Brelin (ed.s) (2010)

<sup>11</sup> Care Jordan (April 2013) *Syrian Refugees in Urban Jordan: Baseline Assessment of Community-Identified Vulnerabilities among Syrian Refugees living in Irbid, Madaba, Mufrug, and Zarqa*

### *Mental Health*

Agency assessments reveal that some women, girls, boys and men are displaying symptoms of general anxiety. Some are displaying symptoms indicating that they are processing their emotional responses to traumatic events.

*Girls:* A group of girls aged 11-14 years in Za'atri camp expressed feeling under constant threat and being unable to stop replaying memories of violent events in Syria, including shelling and scenes of death. Teenaged girls make family visits inside the camp or spend close to or inside the tent. Many must seek permission before leaving their tents or are caring for siblings or family members with disabilities. For some girls, Adolescent Friendly Spaces is the only place their parents allow them to spend their time independently.<sup>12</sup>

*Young women:* In mid-2012, young women (18-24 years) in Za'atri camp report not feeling safe; bored; isolated in the tents; worried about early marriage, disrupted school attendance and not knowing about the fate of family in Syria); fear of the Syrian regime and about safety in Jordan; and guilt because friends are left behind in Syria.<sup>13</sup>

*Adult women:* Women posited that they worried about their family, properties and inadequate health care; fear about safety and uncertain future; psychological distress and crying due to camp's conditions and having to take care of the family; discomfort due to camp conditions and not having privacy and access to needs; aggressiveness towards family and aid workers; unspecified or exaggerated health complaints; and depression.<sup>14</sup>

*Boys:* Teenaged boys choose to spend time with their friends in the camp. For those teenaged boys who assume the role of head of household, they must accompany his mother on a daily basis which restricts their freedom of movement.<sup>15</sup>

*Young men:* Young men (18-24 years) displayed aggressiveness, disturbing others in the camp and fighting because of free time, no opportunity for activities, and difficult camp conditions; were bored because of spending all day at the camp with nothing to do; distressed and complaining about camp conditions; worried about disrupted educational opportunities, finances) and some were in shock from events in Syria.<sup>16</sup>

*Adult men:* Men worry about family members back in Syria, properties, an uncertain future, and not knowing about the situation in Syria; worry about financial problems and finding work; are bored due to having no work, no opportunities for activities, and free time with nothing to do; camp conditions such as the heat, dust, poor hygiene, and difficulties to get basic needs met; aggressiveness in general and towards family and aid workers due to of difficult living conditions; and psychological distress due to hassles like health issues and other basic needs.<sup>17</sup>

Mental health services were provided to 55% males.<sup>18</sup>

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<sup>12</sup> UNICEF (June 2013) *Shattered Lives*

<sup>13</sup> IMC & UNICEF (August 2012) *Displaced Syrians in Za'atari Camp: Rapid Mental Health and Psychosocial Support Assessment*.

<sup>14</sup> IMC & UNICEF (August 2012)

<sup>15</sup> UNICEF (June 2013) *Shattered Lives*

<sup>16</sup> IMC & UNICEF (August 2012)

<sup>17</sup> IMC & UNICEF (August 2012)

<sup>18</sup> UNHCR (May 4-10 2013)