

المنتدى العربي للتنمية المستدامة التعافر والمنعة

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SDG 5 GENDER EQUALITY

Achieve gender equality and empower all women and girls

The present background note was prepared for AFSD-2021 and updated for AFSD-2022 by ESCWA, FAO, ILO, UNDP, UNEP, UNESCO, UNFPA, UN-Habitat, UNICEF and UN-WOMEN.

Arab countries have made measurable progress in increasing women and girls' access to health services and education (SDGs 3 and 4). Advancements in women's political participation have also been evident during the past five years, yet insufficient to achieve full gender parity and the implementation of fundamental rights. Barriers to gender equality, including discriminatory laws and legal practices and gender-biased social and cultural norms remain entrenched (SDGs 10 and 16). Women's economic participation is particularly lagging, especially among young women (SDGs 1 and 8). As a result, women often face constraints on their independence and full human rights, including playing an active role in decision-making at home and in the public sphere. Women also face a greater risk of food insecurity and malnutrition (SDG 2), especially in countries affected by conflicts and protracted crises.

The impact of the COVID-19 pandemic on women and girls has been profound, with growing evidence highlighting a further increase in the vulnerability of women's employment and in violence against women. Women's enjoyment of their fundamental rights, including the right to equitable participation and leadership in public life, are critical to achieving SDG 5 and all other SDGs by 2030.

Impact of COVID-19 on SDG 5 in the Arab region



Owing to the pandemic, women and girls across the Arab region are facing exacerbated economic, social and physical vulnerabilities, and their access to essential services and resources has been limited further. It is more important than ever that women's voices are heard, and their experiences acknowledged, to ensure that the pandemic recovery process strengthens the promotion and protection of the fundamental rights of women and girls.

Violence against women and girls has increased in severity and scale. This increase is partly related to the COVID-19 lockdown measures that restricted access to public spaces, which inadvertently placed women and girls at greater risk of violence from abusers living in their households and limited their access to external support. Food insecurity and loss of livelihoods have also contributed to intrahousehold tensions, negative coping mechanisms, and increased gender-based violence. Assessments conducted in Irag, Jordan, Lebanon and Tunisia in the early days of the pandemic show that women and girls faced an increased risk of emotional and physical violence because of lockdowns.¹ Online space has also become more hostile to women and girls, with around half of women Internet users who participated in a regional study² reporting that they feared online violence.

Moreover, 44 per cent of women who had experienced online violence in 2020 reported that such incidents had moved offline, compared with 15 per cent in other years.³

Women's access to vital sexual and reproductive health services was impacted in several countries, including for women subjected to violence. Health resources and medical supplies were diverted to respond to the pandemic, leaving other essential services heavily under-resourced. Mobility was a challenge, with service providers working with women not given priority in acquiring movement permits in some countries, paralyzing service provision.

Girls are at a higher risk of child, early and forced marriage and of female genital mutilation (FGM).

Increased risk is observed in tandem with the closure of schools, the suspension of school meals programmes, and loss of household income owing to the pandemic. In Jordan, the rates of child marriage, particularly among refugee communities in the Azraq and Zaatari camps, have reportedly increased owing to a loss of informal employment opportunities and increased food insecurity. In Somalia, survey findings indicate an upsurge of FGM, with 31 per cent of respondents noting a significant increase in FGM incidents compared with the pre-COVID-19 period.⁴

3 Ibid.

¹ UN-Women, Violence against women and girls and COVID-19 in the Arab region, 2020.

² UN-Women, Violence against women in the online space: insights from a multi-country study in the Arab States, 2021. The survey covered eight Arab countries, namely Iraq, Jordan, Lebanon, Libya, Morocco, the State of Palestine, Tunisia and Yemen.

⁴ Ibid; and WFP Jordan, Food Security Situation of Refugees in Camps and Communities, 2020.

Women's food security and nutrition is increasingly at risk because of the overlapping impacts of COVID-19 and other crises affecting the region.

Undernourishment, malnutrition and food insecurity have been rising since 2019, with COVID-19 bringing additional stress to agri-food systems in the region. Due to intersecting inequalities that undermine their socioeconomic conditions, women are more likely to suffer from a triple burden of malnutrition. The prevalence of moderate or severe food insecurity is higher for women than for men in six of the eight Arab countries for which data are available.⁵ Obesity rates for adult women are higher in the Arab region than in any other region, and anaemia in women of reproductive age is a severe public health problem in low-income economies, with a prevalence of 43.8 per cent.⁶

The challenges faced by female migrant workers, particularly domestic workers, have increased on

multiple fronts. In addition to greater challenges in accessing services owing to the pandemic and associated movement restrictions, many female migrant workers are under pressure to perform tasks that put them at a higher risk of contracting COVID-19 or at risk of losing their source of income. This is especially the case for women employed under the sponsorship (*kafala*) system.

Women's care and household responsibilities have

increased. The mass shutdown of childcare facilities and schools across the region further increased care needs, disproportionately impacting women who already performed 4.7 times more care work than men.⁷ The pandemic has also increased working women's double burden, leaving many working mothers with little choice but to take time off, or to try to work from home while caring for their children. Increased caregiving responsibilities have also negatively impacted the ability of girls in vulnerable households to stay in school, even via remote learning.⁸

Women's economic participation has weakened. Women's

labour force participation in the Arab region is the lowest in the world at 20.3 per cent in 2019, compared with a world average of around 47.4 per cent.⁹ The pandemic has worsened the situation, posing a serious threat to women's engagement in economic activities in general. Regional estimates suggest that about 1.1 million women lost their job in 2020, with over half expected to drop out completely from the labour market.¹⁰ Especially affected are daily workers in the informal sector, not eligible for many government social security schemes: only 8.6 per cent of women in the region have legal social protection coverage compared with 36.1 of men.¹¹ Workers in economic sectors hit hard by the pandemic have also been disproportionately affected, including those in small and medium enterprises, many of which have experienced net losses pushing them close to exiting the market.¹² The services sector was severely affected, with women accounting for over 50 per cent of workers in that sector in most Arab countries;¹³ as was the agriculture sector, which employs almost a quarter of women in the region,¹⁴ with or without remuneration, on family farms and businesses.¹⁵

Access to services for women are challenged by the gender gap in Internet use and in mobile ownership. The gender gap in Internet use in the region increased from 19.2 per cent in 2013 to 24.4 per cent in 2019.^{16, 17} Moreover, 9 per cent of women are less likely than men to have a mobile phone.¹⁸ This has posed problems for girls and young women in accessing online services provided during COVID-19 lockdowns, impacting the ability of girls to continue their education remotely, and of women to access social assistance in countries where delivery continued through digital technology.¹⁹ Unequal access to mobile phones and the Internet is also undermining women's employment and entrepreneurial opportunities, given the increased digitalization of businesses as a result of the pandemic. For example, the accelerated digitalization of agri-food value chains risks further jeopardizing rural women's livelihood options.²⁰

⁵ The countries are: Algeria, Egypt, Libya, Morocco, Somalia and Tunisia. Source: https://www.fao.org/sustainable-development-goals/indicators/212/en/.

⁶ FAO IFAD, UNICEF, WFP and WHO, Regional overview of food security and nutrition in the Near East and North Africa, 2020.

⁷ UN-Women, The role of the care economy in promoting gender equality, 2020.

⁸ UNESCO, Addressing the gender dimensions of COVID-related school closures, 2020.

⁹ ILOSTAT Database, Labour force participation rate by sex and age (%) - ILO modelled estimates, 2020.

¹⁰ UNDP, The socio-economic impact of COVID-19 in the Arab region: Assessing the potential impact of COVID-19 on women and girls in Arab States, 2021.

¹¹ ILO, World Social Protection Report 2020-22: Social protection at the crossroads - in pursuit of a better future, 2021.

¹² OECD, COVID-19 crisis response in MENA countries, 2020.

¹³ UNDP, The socio-economic impact of COVID-19 in the Arab region: Assessing the potential impact of COVID-19 on women and girls in Arab States, 2021.

¹⁴ World Bank, based on modeled ILO estimates retrieved from International Labour Organization, ILOSTAT database, available at https://data.worldbank.org/indicator/ SL.TLF.CACT.FE.ZS?end=2019&locations=ZQ-1W&start=2019&view=bar.

¹⁵ UN-Women, the role of the care economy in promoting gender equality, 2020.

¹⁶ ITU, Measuring Digital Development – facts and figures, 2019.

¹⁷ The exception is GCC countries where access is almost equal.

¹⁸ GSMA, The Mobile Gender Gap Report, 2020.

¹⁹ UNDP, The socio-economic impact of COVID-19 in the Arab region: assessing the potential impact of COVID-19 on women and girls in Arab States, 2021.

²⁰ F. Popal and B. Langley (2021). Women's Leadership and Economic Empowerment, 2021.

Measures taken by Arab Governments



Many Arab countries have adopted gender-sensitive measures in response to the pandemic, with room to do more. Estimates show that less than 5 per cent of COVID-19 response spending in the region is gender sensitive.²¹

- 1. Most adopted measures²² address violence against women.²³ These include establishing shelters and providing other essential services for survivors, such as hotlines and police and judicial responses; implementing awareness-raising campaigns; and enhancing the collection and use of data on violence against women in the context of COVID-19.24 In Jordan, an emergency response team, including female police officers, was formed and trained to respond to the crisis by conducting home visits to genderbased violence survivors, so as to safely refer them to essential services, including psychosocial support. In Lebanon, the National Commission for Lebanese Women, in cooperation with the Internal Security Forces, set up a new domestic violence hotline. In Tunisia, a knowledge website on equality and violence against women was launched. The website uses simplified knowledge on promoting gender equality and combating gender-based violence to spread awareness on these issues and fight hate speech.²⁵ Egypt and the State of Palestine took measures to improve the collection and use of data on violence against women in the COVID-19 context.
- 2. Few of the measures target women's economic security, and very few deal with the issue of unpaid care work. Social protection programmes, especially social assistance, were used to ensure economic security for women in 17 of the 22 Arab countries. Labour market measures were also used to support women's economic participation in eight Arab countries. Only eleven measures were adopted in eight Arab countries to support unpaid care, including supporting care centres, flexible work arrangements, cash assistance for working mothers, and paid leave for parents with children.²⁶ In Egypt, exceptional leave was granted to women more than 28 weeks pregnant, and to women caring for children below 12 years of age during lockdown.²⁷ In Jordan, employment subsidies were provided to IT companies covering 50 per cent of the wages of fresh graduates to incentivize female employment and support inclusion, non-discrimination, and equal opportunity for young women.²⁸

It is worthwhile noting that while women played an important role in the response to the COVID-19 crisis, women representation in COVID-19 national taskforces remained low. Building on data available on the membership of 16 COVID-19 taskforces in the region, women represented on average just 14 percent of task force members. Moreover, of the 35 COVID-19 taskforces with data on leadership, only 4 were led by women.²⁹



²¹ UN-Women, Assessing macroeconomic policies to COVID-19 in the Arab region: What implications for women's economic empowerment? 2021.

²² For more information on the methodology followed in the classification of policy measures, please refer to the methodological note available at https://data.undp.org/wp-content/uploads/2021/11/COVID-19-Global-Tracker-Methodological-Note-11-15-2021.pdf.

²³ The following 13 countries adopted such measures: Algeria, Bahrain, Egypt, Iraq, Jordan, Kuwait, Lebanon, Morocco, the State of Palestine, Saudi Arabia, the Syrian Arab Republic, Tunisia and the United Arab Emirates.

²⁴ UNDP and UN-Women, COVID-19 Global Gender Response Tracker - Factsheet: Northern Africa and Western Asia, 2020.

²⁵ UNDP and UN-Women, COVID-19 Global Gender Response Tracker, 2021.

²⁶ Ibid.

²⁷ UNDP and UN-Women, COVID-19 Global Gender Response Tracker - Factsheet: Northern Africa and Western Asia, 2020.

²⁸ UNDP and UN-Women, COVID-19 Global Gender Response Tracker, 2021.

²⁹ UNDP and UN-Women, COVID-19 Global Gender Response Tracker, 2021.

Arab women are playing a significant role in combatting COVID-19

Women in science are at the heart of the COVID-19 response in the Arab region. They are guiding Governments and individual-level response measures, contributing to clinical and vaccine research, and studying the social impact of COVID-19. Their participation in COVID-19 related scientific research promotes scientific and technological advancement and excellence, while helping to end bias against them in research. It will also encourage younger girls to consider future careers in scientific research.

Sources: UNESCO, COVID-19 pandemic disproportionately affecting women in science and engineering, 2021; and UN-Women, Women in science who are making a difference during the pandemic, 2021.

Civil society organizations are providing essential services to survivors of violence against women

In response to the impact of the pandemic on essential services for women survivors of violence, civil society organizations have adapted to explore new approaches and initiatives, including online service delivery. According to a regional survey conducted in 2020, 71 per cent of responding women's organizations had switched to providing remote support for women. This switch has raised new challenges, including those related to ICT accessibility for survivors. Moreover, funding streams to support essential work have been cut down.

Source: UN-Women, Violence against women and girls and COVID-19 in the Arab region, 2020.

Most at risk of being left behind



Women in the Arab region are impacted by unequal social structures and entrenched discriminatory social norms. Overall, the overrepresentation of women workers in the informal economy with no social benefits, women's lower economic participation, their limited access to financial resources, and greater care work responsibilities have made them more vulnerable to the effects of the pandemic. Women and girls have also been exposed to increased incidence of harmful practices and gender-based violence.³⁰ These challenges to women and girls'

*	Women from poorer and remote rural areas.
ĥ	Survivors of gender-based violence.
	Women and girls with disabilities.
	Women in the informal economy.
	Refugee and internally displaced women and girls.

enjoyment of their fundamental rights are further magnified by multiple intersecting risk factors relating to inequality, such as age, disability, ethnicity, migratory status, thus increasing the risk of discrimination and compounding the potential harm to women and girls. Consequently, various groups of women and girls are at particular risk of being left behind in the COVID-19 response. Their needs must be addressed to ensure the full implementation of 2030 Agenda for sustainable development.³¹ The following groups are the most vulnerable:

Ż	Disadvantaged migrant women.
	Disadvantaged older women.
	Marginalized ethnic, religious and cultural minorities.
A	Women living with HIV/AIDS.
ķ ∳	Disadvantaged adolescent and young girls.

³⁰ United Nations, Policy brief: the impact of COVID-19 on women, 2020.

³¹ ESCWA, Arab Sustainable Development Report, 2020.

Policy recommendations for ensuring an inclusive recovery and achieving SDG 5 by 2030



The Arab Sustainable Development Report 2020 identified several recommendations to accelerate the achievement of SDG 5 in the region and to support action on other SDGs. These recommendations³² and others provided below can also facilitate the COVID-19 recovery, and strengthen resilience to future shocks and crises.



³² For a comprehensive analysis of the recommendations, see ESCWA, Arab Sustainable Development Report, 2020.

Key facts on SDG 5



33 Regional averages mask existing variations between countries. A breakdown by subregion is provided when available

Proportion of women aged 20-24 years who were married or in a union before age 18



20 per cent of women were married before age 18 in 2020

34 per cent in the Arab LDCs 8 per cent in the Maghreb

3 per cent in the Mashreq

20 per cent of women were married before age 18 in 2020

-1 per cent since 2000

Proportion of women aged 15-49 years who make their own informed decisions regarding sexual relations, contraceptive use, and reproductive health care



59 per cent of women made informed decisions regarding sexual relations, contraceptive use, and reproductive health care in 2020

55 per cent of women made informed decisions regarding sexual relations, contraceptive use, and reproductive health care in 2020

Maternal mortality ratio per 100,000 live birth



149 maternal deaths per 100,000 live births in 2017

-3 per cent since 2000 15 in GCC countries 389 in the Arab LDCs 89 in the Maghreb 46 in the Mashreg **211** maternal deaths per 100,000 live births in 2017 -3 per cent since 2000

Proportion of births attended by skilled health personnel per 100,000 live births



91 per cent of births were attended by skilled health personnel in 2020 +1 per cent since 2003

99 per cent in GCC countries 72 per cent in the Arab LDCs (in 2010) 95 per cent in the Maghreb 93 per cent in the Mashreq 83 per cent of births were attended by skilled health personnel in 2020 +1 per cent since 2003

Proportion of women of reproductive age who have their family planning needs satisfied with modern methods



64 per cent of women aged 15-49 years had their needs satisfied with modern methods in 2020

1 per cent since 2000

50 per cent in GCC countries 38 per cent in the Arab LDCs 71 per cent in the Maghreb

72 per cent in the Mashreq

77 per cent of women aged 15-49 years had their needs satisfied with modern methods in 2020

0 per cent since 2000

Source: ESCWA, Arab SDG Monitor (figures have been rounded).

