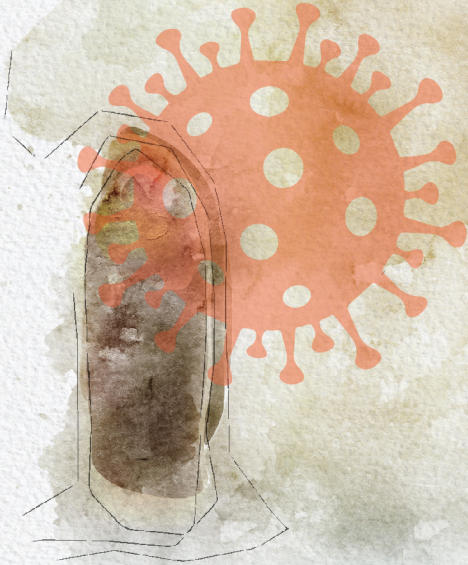


Gender Justice



Policy Brief

Women Advocacy Issues- Volume 4

Redistributing Care Work in Jordan: Enacting Policy Reforms

December 2021



ARDD

النهضة العربية للديمقراطية والتنمية
Arab Renaissance for Democracy & Development

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Acronyms and Abbreviations

ARDD	Arab Renaissance for Democracy and Development
ECCE	Early childhood care and education
KG	Kindergarten
MENA	Middle East and North Africa
NGO	Non-governmental organization
WPS	Women, Peace, and Security

Introduction

Care work, defined by the International Labor Organization as “consisting of activities and relations involved in meeting the physical, psychological and emotional needs of adults and children, old and young, frail and able-bodied,” has historically and overwhelmingly been undertaken by women worldwide in their roles as wives, mothers, and daughters without monetary reward or compensation.¹ Unpaid care work has been proven as a predictor in determining both whether women enter and stay in the labor force as well as the quality of jobs they accept.² This phenomenon is reflected in Jordan where the female labor participation rate is 14.9 per cent and it has been estimated that 51.3 per cent of Jordanian women aged 15 years or above consider domestic household work (which is considered unpaid care work) as their primary activity.³ Moreover, in Jordan, women spend on average 19 hours on unpaid care work per week, regardless of their employment status, whereas men spend only one hour per week on unpaid care work.⁴

It is therefore observed that gender inequalities in unpaid care work and the labor force are interconnected. In order to increase women’s participation in the workforce, inequalities in unpaid care work must be “tackled through the effective recognition, reduction and redistribution of unpaid care work between women and men, as well as between families and the State.”⁵ The State can allocate resources to reduce and redistribute unpaid care services in the form of money, services, and time through care policies.⁶ Such care policies include the direct provision of childcare and eldercare services, care-related social protection transfers and benefits distributed to workers who have care responsibilities, and labor regulations such as leave policies and “other family-friendly working arrangements, which enable a better balance between paid employment and unpaid care work.”⁷

Jordan has enacted a number of care policies into legislation which address the expansion of early childhood care and education, the provision of a stronger care systems for the elderly, and the reform of care leave policies. However, there have been concerns raised by activists about the efficacy of current care policies in relation to the disproportionate amount of time that women in Jordan spend on care work. This brief highlights key findings from a small-scale time-use survey conducted by ARDD in April 2021 that address how women in Jordan perform care work, how they feel about it, and their perspectives and recommendations on how the burden of care work can be redistributed through social protection mechanisms and other policies.

Time Use Survey

To understand how women in Jordan perform care work and how they feel about it, ARDD piloted a time-use survey (TUS) that included questions on demographics, time constraints, the impact of COVID-19, normative frameworks and perceptions on the importance of the work, skills required for activities, gendered attitudes towards care work, the wellbeing of the respondent in relation to care work, and women’s decision making with regards to care work as an economic field. The time-use survey was administered to 41 women, most of whom are Jordanian, with varying household monthly income and education levels. Most of the women are married and around half are heads of their households. The survey received 11 responses from women with dependents with disabilities, 20 responses from women with dependents with chronic illnesses, and 17 responses from women with children.

1 ILO (2018). Care Work and Care Jobs for the Future of Decent Work, p. 6

2 Ibid., p. xxvii.

3 UN Women (2020). The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020, p. 116.

4 Ibid., p. 125.

5 ILO (2018). Care Work and Care Jobs for the Future of Decent Work, p. xxxv.

6 Ibid.

7 Ibid.

The survey addressed care work in two categories: direct and indirect care work. Direct care work comprises activities that relate to the immediate care of dependents, such as feeding, tutoring, and washing a dependent. Indirect care work activities are tangential to the immediate care of dependents but contribute to care; for example, meal preparation for a family or washing a dependent's clothes classify as indirect care work activities because they supplement direct care work and derive from the existence of dependents.

Direct Care Work: Children as Dependents

Experiences of Caring for Children

Seventeen respondents reported that they have children dependents (41.5 percent of the sample). Thirteen of seventeen respondents with children dependents (76.5 percent) reported that they require full-time care. Of these thirteen respondents, eleven said that they provide full time care (84.6 percent), and five said female family members do (38.5 percent). Only one respondent said a male family member provides full time care (7.7 percent). These results correspond with the general perception in the region that women typically engage in childcare more than men.

Five of seventeen respondents with children dependents (29 percent) said that they provide their school-age children with full homeschooling, whereas four provide their children with paid private education such as tutoring in addition to school (23.5 percent), and five provide them with supplementary education (29 percent). Only three reported that they do not provide them with education outside their schooling (17.6 percent). Out of the ten respondents who provide their children with homeschooling and supplementary education, all of them reported that teaching their children was hard or moderately hard.

Childcare Policies and their Efficacy

There are three types of services that address childcare and alleviating the burden of caring for children: paid care leaves, nurseries, and early childhood care and education (ECCE) services. The current care policies establish a baseline to redistribute care work, however the care work survey as well as published analyses from experts show that these mechanisms do not effectively ease women's burden of childcare. This can be attributed to employers finding loopholes in policies, the privatization of care, social norms, and other factors.

Paid Care Leaves

The legislation that governs the employment relationship and subsequently paid care leaves in Jordan is Labor Law No. 8 of 1996, which authorizes 70 days of maternity leave with full pay in the private sector including weekends and 90 days in the public sector, also including weekends.⁸ For the private sector, a woman can distribute these days as she wishes, but must take at least six weeks (42 days) of leave after delivery.⁹ Additionally, if a mother is employed by an organization with more than 10 employees, she is entitled to one year of unpaid leave.¹⁰

In 2010, Jordan changed maternity leave financing from “an employer–liability system, in which the cost of maternity leave falls entirely or primarily on the employer, to a social–insurance system.”¹¹ This financing change requires employers to contribute 0.75 per cent of their total payroll to the government, so the employer's input is based on the total number of workers rather than each individual woman.¹²

8 ILO (n.d.). “National Labour Law Profile: Jordan.”

9 Ibid.

10 Ibid.

11 Ibid., p. 124.

12 Broddman, S. et. al. (2014) Social Insurance Reform in Jordan Awareness and Perceptions of Employment Opportunities for Women. World Bank, p. 42.

In 2019, the Labor Law was amended to include paid paternity leave, which was previously not enacted. The Law allows fathers of newborns three days of paid leave after the birth of their children.¹³ The impact of this law has yet to be seen, due to the timing of the COVID-19 pandemic.

Limitations

From an analysis of the 2016 Labor Market Panel Survey, it was estimated that among women who worked in the private sector during their first pregnancy, 33 per cent did not take any paid maternity leave and 35 per cent reported taking six weeks off.¹⁴ In addition to those women working in small enterprises with less than 10 employees, women working in the informal sector do not benefit from these legislations.

Moreover, interviews with employers conducted by the World Bank in 2014 revealed that most employers believed that the change from an employer-liability system to a social-insurance system would not affect their hiring decisions and they would continue to consider gender in their hiring processes; “reducing cost, finding a replacement and training of replacements during maternity leave continue to be the main reasons why employers do not feel that the introduction of maternity insurance is sufficient to encourage more employers to hire women.”¹⁵ Additionally, according to the Secretary General of the Jordanian National Commission, the policy change does not address the root cause of gender inequality in the workplace, which she attributes to the “persistence of stereotypical gender roles that prohibit women from increasing their time in paid work due to their unpaid care responsibilities ... [and] the absence of decent work environments.”¹⁶

Most of the participants in the time-use survey do not work, so they do not benefit from paid maternity leave. Because of this, they did not address any limitations of the paid care leave schemes.

Nurseries

There have been several reforms regarding the provision of nurseries. Until 2019, Article 72 of the Jordanian Labor Law mandated private employers to establish a nursery if they employed 20 or more women. To evade this obligation, employers often hired 19 or fewer women. To remove this financial disincentive, the law was amended in 2019 and required all private companies whose employees collectively have 15 children aged 5 or under to provide a nursery in the workplace.¹⁷

Additionally, a year prior to the reform, the government announced a JOD 3.5 million project to build 80 nurseries across all governorates by 2020. The nurseries were expected to create 700 new jobs.¹⁸

13 Qutteineh, H. and Anderson, C. (2019). “Jordan’s New Labour Law Amendments Impact the Employment Relationship.” Ogletree Deakins. 28 Oct.

14 UN Women (2020). *The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020*, p. 123.

15 *Ibid.*, p. 41.

16 UN Women (2020). *The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020*, p. 147.

17 Qutteineh, H. and Anderson, C. (2019). “Jordan’s New Labour Law Amendments Impact the Employment Relationship.” Ogletree Deakins.

18 Ghazzal, M. (2018) “38 workplace nurseries to be built by end of year.” *The Jordan Times*. 10 April.

Limitations

Nurseries have remained inaccessible for the majority of families across Jordan, both geographically and financially. The distribution of nurseries skew towards urban areas, namely Amman and Irbid.¹⁹ Most importantly, “the mean monthly cost of childcare in Jordan is equivalent to 88 per cent of the median monthly wage for women, and over 100 per cent of the median monthly wage for women with a secondary degree or less.”²⁰ Because the participation of nurseries is voluntary and costly, many families opt to supervise their young children. This was the case for the majority of participants with children, in which 76.5 percent of those who have children reported that they or their female family members provide full time care to their children.

Early Childhood Care and Education (ECCE) Services

In 2019, the Ministry of Education announced that Kindergarten (KG)2 for those aged 5-6 years would become compulsory beginning in the 2020-2021 year, thus universalizing KG2 access.²¹ The current national economic stimulus plan, for 2018–2022, has allocated almost JOD 1.25 billion to build 2,800 new KG2 classes and 600 basic and secondary schools.²²

Limitations

There are many challenges to ECCE access and provisions in Jordan. Seventy-six per cent of KG2 classes and 100 per cent of KG1 classes were provided by the private sector in 2014-2015.²³ UN Women estimates that “the least advantaged child in Jordan has a 5 per cent chance of attending ECCE, whereas the most advantaged child has a 44 per cent chance. In other words, the most advantaged child is almost nine times more likely than the least advantaged child to attend.”²⁴

It is clear from the time-use survey that most of the participants were not being aided by ECCE services. When asked about institutions that could mitigate burdens of teaching, fourteen respondents said they would prefer support through the provision of teaching centers (82.4 percent), while nine said they would like educational equipment or tools for online learning (53 percent).

Other support

Eleven respondents with children dependents (64.7 percent) indicated that they would like material basic needs to support their overall childcare burden, while seven responded that they would like medical assistance (41.2 percent), and six said they would like training (35.3 percent). Two replied that they do not need support or help (11.8 percent).

19 UN Women (2020). *The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020*, p. 120.

20 Ibid., p. 121.

21 Ibid., p. 118.

22 Ibid.

23 Ibid., p. 119.

24 Ibid.

Direct Care Work: Caring for the Chronically Ill and Persons with Disabilities

Experiences of Caring for the Chronically Ill and Persons with Disabilities

Eleven respondents reported that they have dependents with disabilities (26.8 percent). Of these eleven, nine respondents indicated that their dependents with disabilities require full-time care (81.9 percent). These nine respondents provide the full-time care themselves, while no one addressed male members as caregivers for this category.

Twenty respondents reported that one or more persons in their family has a chronic illness (48.8 percent). The most common chronic illnesses reported in this study were diabetes and heart diseases, and most of the dependents were elderly (parents of the respondents).

A majority of respondents with dependents with disabilities said that special equipment is needed to care for them (72.7 percent), mainly self-help devices for daily living. Most respondents whose dependents need equipment said that they or their family bought the equipment (62.5 percent), while a quarter said that a health institution bought the equipment. Three of eight respondents said they do not have the necessary equipment (37.5 percent). Moreover, 73.6 percent of respondents with dependents with disabilities say that they require special doctors' visits, and nearly all these respondents said they pay for these visits themselves, without insurance (85.7 percent). The one respondent whose dependent with a disability has family doctor visits covered by insurance is the house of her household, and the dependent is her child. Her monthly income is 301-400 JOD.

Unlike children dependents or dependents with disabilities, the majority of dependents with chronic illnesses do not require full-time care (60 percent), according to the participants. Out of the eight respondents who provide full-time care to a chronically ill family member, six said they provide full-time care (75 percent), three said that a female family member does (37.5 percent), and one said that a male family member does (12.5 percent). This subset mostly needs support in managing their medications, so they primarily require less care than people with disabilities; however, the type of chronic disease and the physical condition of the dependent shape the load of burden to a large degree.

Seven respondents said that special equipment is required to care for their chronically ill family members (35 percent). Four of these seven reported that they do not have this equipment (57 percent), and three said they or their family has bought them out of pocket (43 percent). Half of the sample of caregivers for dependents with chronic illnesses said that their dependents need medications to manage their illnesses, but the majority of the caregivers for these dependents said they cannot or only sometimes can afford the medications (65 percent). Of the ten who said they always cannot afford the medication, eight said it was too expensive (80 percent), and two said it is not readily available (20 percent). Three respondents (27 percent) said that COVID-19 has increased their daily activities in caring for their dependent with disability.

Care Policies for the Chronically Ill and Persons with Disabilities and their Efficacy

Paid Care Leaves

While many women support family members with disabilities and/or chronically ill, there are currently no provisions in place to permit specific leaves for the ill or disabled, unless the dependent is a newborn and the time counts as maternity leave.

Monetary Assistance

There are a few social protection mechanisms in the form of cash transfers for families with dependents with disabilities. The National Aid Fund supports families with household incomes of 450 JOD a month or less who bear extra costs due to a child's disability with unconditional cash transfers that increase with the number of household members; however, the amount of benefits ranges from 20 to 80 JOD monthly, depending on the family's income.²⁵ A one-time payment of up to 600 JOD is available through the Ministry of Health to cover costs of rehabilitation equipment for families whose income is 250 JOD or less, do not receive other benefits, and the head of household or at least one child is disabled.²⁶

Limitations

Full-time care is often needed for dependents with a disability, and the care provided by women comes at the expense of her own time and work, with very cash support. Nearly all respondents with dependents with disabilities pay out of pocket for special family doctor's visits, while only a third of the respondents with chronically ill dependents pay out of pocket for such visits, and two thirds reported that they are covered by some insurance.

When asked what support they need to better care for their dependents with disabilities, four of eleven responded that they would like cash assistance (36.4 percent), indicating that they do not currently receive cash assistance. Syrian respondents with dependents with disabilities were more likely to ask for cash assistance as a method of support than their Jordanian counterparts. For those with dependents with chronic illnesses, eight respondents said they would like cash assistance (40 percent).

Moreover, the cash transfers for families with dependents with disabilities would not cover elderly family members with disabilities because they are not children and typically not heads of households. According to The National Strategy for Health Sector in Jordan 2016-2020, 2.8 per cent of the elderly are persons with disabilities (compared to 1.2 percent of the general population) and approximately 86 per cent of the elderly have chronic illnesses, such as high blood pressure, high cholesterol, diabetes, heart diseases, and asthma.²⁷

Other support

Nearly all respondents who have dependents with disabilities said that they believe professional caregivers should care for the dependent in question (91 percent), and only five respondents indicated that they would consider working in the formal care sector (45 percent). These findings suggest that caring for a person with disability requires considerable skill and could be highly burdensome for caregivers. When asked what support they need to better care for their dependents with disabilities, three said they would like external services (27.3 percent), and four said they would like further skill training (36.4 percent); for those with dependents with chronic illnesses, six said they would like external services (30 percent), and six said they would like further skills training (30 percent).

25 Röth, H., Nimeh, Z., and Hagen-Zanker, J. (2017) A mapping of social protection and humanitarian assistance programmes in Jordan, Overseas Development Institute (ODI), Annex I.

Machado, A. C., et. al. (2018) Overview of Non-contributory Social Protection Programmes in the Middle East and North Africa (MENA) Region Through a Child and Equity Lens, International Policy Centre for Inclusive Growth, p. pp. 178-180.

26 Ibid.

27 The Hashemite Kingdom of Jordan High Health Council (2016). The National Strategy for Health Sector in Jordan 2016-2020, p. 20-21.

Direct Care Work: Elderly Dependents

Experiences of Caring for Elderly Dependents

27 respondents reported that they care for elderly dependents, which reflects the prevalence of multigenerational homes in Jordan. As an initial review of the survey revealed that elderly members most often do not require full-time care and are often caregivers themselves, detailed data on the amount of care provided to elderly dependents is unavailable.

Elderly Care Policies and their Efficacy

Paid Care Leaves

There are no mechanisms currently available to permit specific leaves for adults such as the elderly. There has been increasing demand for elder care in recent years, as social protection mechanisms for the elderly are delivered primarily through the pension system.

Pensions

The pension system in Jordan is a “Pay As You Go” scheme that covers formally-employed private sector workers, self-employed, civil servants and military personnel.²⁸ A 2010 special legislation on retirement, which was amended in 2014, increased the required number of years of pension contributions.²⁹

Limitations

Pension coverage in Jordan remains below the regional average, with 42.2 percent of older people in Jordan covered by pensions compared to 49 percent of older people in the region.³⁰ Moreover, a substantial number of workers are not covered by the pension system, including the majority of women since their care work has not been recognized as work, and as such they are not entitled to pensions. In a survey conducted by HelpAge International, 80 percent of their sample of women aged 60 years old and above had never had formal jobs.³¹

Elderly Homes

The national Jordan 2025 document aims to strengthen existing elderly nursing homes based on international best practices, and in 2016 an in-house healthcare accreditation system was established for institutions.³² The government supports elderly nursing homes by granting JOD 260 payments each month to support poor elderly residents of nursing homes; however, in 2016, there were only 10 such establishments across Jordan, and all were private.³³

28 For more information, see HelpAge International (2019) Achieving Income Security for Older Jordanians and Refugees.

29 UN Women (2020). The Role of the Care Economy in Promoting Gender Equality: Progress of Women in the Arab States 2020, p. 122.

30 HelpAge International (2018) Importance of Care and Protection for Older People in Jordan, p. 8.

31 HelpAge International (2019) Achieving Income Security for Older Jordanians and Refugees, p. 6.

32 Ibid., p. 123.

33 Ibid.

According to HelpAge International:

Care homes and private day centers for older men and women are licensed in accordance with the Residential Care Home Licensing Regulations for 2014, and the Older Persons' Day Centers Licensing Regulations for 2014, but there are no specific items on the development of these homes or the regular monitoring of their work. Regulations for these homes and day centers, however, remain inconsistent and do not clearly fulfil the United Nations principles for older persons that were adopted by the General Assembly of the United Nations in 1991.³⁴

While the provision of elderly homes is a popular social protection mechanism in some countries, the time-use survey revealed dissatisfaction with this idea among women, as they consider caring for the elderly a highly valued familial duty. This opinion was repeated by civil society members during an online discussion of the preliminary findings; however, one participant noted that there are cases of elderly people who do not have family members and still need care.

Professionalization of Care Work: Bottom-Up Perspectives

When asked whether they would be willing to work in paid care work sector for the elderly, disabled, or chronically ill as a profession, around of the sample said that they would (48.8 percent). Respondents with chronically ill dependents were more likely to consider it (65 percent of them), whereas respondents with a dependent with a disability were slightly less willing to consider it (45.5 percent of them).

If they had choices between receiving cash assistance for the care work they do, getting professional help free of charge, or continuing the way things are, 46.3 percent said they would prefer getting paid, 22 percent said they would prefer getting professional help, and 31.7 percent said they would prefer to continue the way things are. Respondents with children dependents and respondents with dependents with disabilities were more likely to prefer getting professional help, with 65 percent of respondents with children and 64 percent respondents with dependents with disabilities selecting this option. Of the thirteen women who would prefer to continue the way things are, only one woman has a child, who is between 5 and 10 years old. She is able to pay for paid private education besides formal online education, as her monthly income is 500 JOD or more.

This finding indicates that women were twice as likely to prefer receiving payment for their care work activities than recruiting professional help free of charge. This finding is strengthened by a separate finding in which 83 percent of the sample indicated that they would like subsidies/cash assistance to reduce the difficulties and costs of care work done at the household level, with respondents with children more likely to report that they would like cash assistance, at 94 percent of respondents with children.

However, in regards to professional caregivers providing care for dependents, ten of eleven people with a dependent with a disability believed they should provide care (91 percent), in comparison to fourteen of twenty people with chronically ill dependents (70 percent). This difference can be attributed to the amount of care needed for people with disabilities. Policies relating to care work should therefore address these trends — many women enjoy doing care work and/or deem it their duty, so new legislation or strategies should be designed to compensate women for this work. People with dependents with disabilities should be taken into consideration as well, as there is a need for paid professional help.

34 HelpAge International (2018) Importance of Care and Protection for Older People in Jordan, p. 10.

As for services that could reduce the difficulties and cost of care work at the household level, over half of the sample said this could be achieved through family doctors visits (51.2 percent), regular paid checks at the hospital (53.7 percent), or nursing services (51.2 percent). Respondents were also asked to suggest facilities that could reduce their care burden; 34 percent proposed nurseries, 31.7 percent said kindergartens, 41.5 percent said medical centers for people with disabilities, 44 percent said medical centers for people with chronic illnesses, 26.8 percent said homes for the elderly, and 68.3 percent called for educational centers.

A majority of respondents said they would like cash assistance to reduce the difficulties and costs of care work done at the household level (83 percent). Respondents with children were more likely to report that they would like cash assistance, at 94 percent of respondents with children. Other resources that respondents mentioned that would reduce the burden of care work include basic needs assistance (46.3 percent), medications and medical equipment (53.7 percent), and educational equipment (46.3 percent).

Recommendations

Jordan's current social protection laws, particularly on parental leave, do not sufficiently support caregivers nor do they encourage an equal distribution of unpaid care work between men and women. Findings from the TUS as well as global case studies suggest that the following efforts be made in regards to laws and policies:

- Offer cash transfers or subsidies to caregivers who have dependents to offset some of the burden associated with caring for them. Cash transfers can not only support caregivers so they can afford the necessary materials that accompany their care and provide a source of income in lieu of their ability to do waged work, but can also provide opportunities for unpaid caregivers, typically women, to hire professional help so that they can engage in paid work. One third of respondents in the TUS indicated that they would like cash transfers/subsidies. Promundo notes that “most social protection programs are in fact gender-reinforcing, with only three documented examples trying to engage men in doing a greater share of unpaid care work,” so these policies should target families and men in particular.³⁵
- Provide publicly subsidized ECCE services (such as childcare) for children dependents, and nursing services for dependents with disabilities, dependents with severe chronic illnesses, and elderly dependents. A third of respondents in the TUS indicated that they preferred professional help free of charge to help them with their care responsibilities; in particular, respondents who care for a dependent with a disability were more likely to prefer professional help as their dependents often require full-time and intensive care.
- Reform the current leave policies to include “equal, fully paid, non-transferrable parental leave for all parents, as well as embed paternity leave in national policies as a supplement to maternity leave, not an alternative. Extend this leave beyond the first months of a child's life.”³⁶ The European Union recommends at least 4 months of paid leave for each parent, which can be taken at any time until the child is 8 years old.³⁷
- Include systematic measurements of women's unpaid care work (direct and indirect) into national statistics and quantify their work in terms of contributions to the gross domestic product (GDP). While ARDD does not advocate for the commodification of unpaid care work, it understands that this is a necessary step towards sensitizing policy makers to the market value that this unpaid work brings to the country.

³⁵ Ibid., p. 29.

³⁶ Ibid., p. 39.

³⁷ European Union Council Directive 2010/18/EU (2010).

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