

RAPID GENDER ASSESSMENT: THE IMPACT OF COVID-19 ON WOMEN AND MEN

in North Macedonia



JUNE 2020

RAPID GENDER ASSESSMENT: THE IMPACT OF COVID-19 ON WOMEN AND MEN IN NORTH MACEDONIA



UN Women

June 2020

TABLE OF CONTENTS

TABLE OF CONTENTS	4
ACRONYMS AND ABBREVIATIONS	6
LIST OF FIGURES	7
LIST OF TABLES	8
1. INTRODUCTION	9
2. METHODOLOGY	11
3. GENDER ANALYSIS OF MEASURES TO RESPOND TO THE COVID-19 PANDEMIC	13
3.1. Context	14
3.2. Socioeconomic situation	15
3.3. Crisis measures undertaken by the Government in response to COVID-19	16
4. IMPACT OF COVID-19 ON WOMEN AND MEN: ANALYSIS AND FINDINGS FROM THE SURVEY	19
4.1 Main sources of information on COVID-19	20
4.2. Economic security, employment and livelihood	21
Economic status before COVID-19	21
Change in working hours and use of crisis measures by the employees	22
Imposed leave from work since COVID-19 began	23
Change in workplace location	23
The impact on earnings and businesses	25
In-kind support from the Government, municipalities or civil and non-profit organizations	25
Impact on financial resources and sources of income	26
The impact on the financial situation of women and men	27

4.3. Distribution of household chores and care activities during COVID-19	29
Distribution of hours spent in performing unpaid domestic work, and caring for children and other members of the family	29
Gender roles and responsibilities in the household	31
4.4 Access to basic services and security during COVID-19	33
Health insurance	33
Health conditions and other significant lifestyle changes	33
Access to basic services	34
Discrimination	35
Violence against women and domestic violence	35
4.5. Access to sexual and reproductive health services for women	36
<hr/>	
5. CONCLUSIONS AND RECOMMENDATION	37
Recommendations	40
<hr/>	
ANNEX 1.	
Demographic characteristics of the sample	42
<hr/>	
ANNEX 2.	
Survey questionnaire	43
<hr/>	

ACRONYMS AND ABBREVIATIONS

CATI	Computerized-Assisted Telephone Interviews
COVID-19	Coronavirus
MLSP	Ministry of Labor and Social Policy
Mol	Ministry of Interior
RGA	Rapid Gender Assessment
SLI	State Labor Inspectorate
SSO	State Statistical Office
UNFPA	UNFPA - United Nations Population Fund
UN Women	United Nations Entity for Gender Equality and the Empowerment of Women
WHO	World Health Organization

LIST OF FIGURES

Figure	Title	
1	Quality of information on COVID-19, by sex	21
2	Labour market status, by sex	21
3	Economic status, by sex	21
4	Change in the number of working hours since COVID-19 began, by sex	23
5	Imposed leave from work since COVID-19 began, by sex	24
6	Change in workplace settings during COVID-19, by sex	24
7	How was the business affected, by sex	25
8	Proportion of respondents with decreased income from earnings, by sex (n=204)	27
9	Increase in time spent on unpaid domestic and care work during COVID-19, by sex	29
10	Gender differences in time spent on unpaid domestic work during COVID-19	30
11	Time spent on unpaid childcare and care for others during COVID-19	30
12	Gender differences in the increase of care and domestic work	31
13	Changes in women's roles and responsibilities in the household amid the spread of COVID-19	32
14	Changes in men's roles and responsibilities in the household amid the spread of COVID-19	32
15	Difficulties in accessing food and basic services amid the spread of COVID-19, by sex	34

LIST OF TABLES

Table	Title	
1	Main sources of information on COVID-19, by sex	20
2	Employment status before COVID-19, by sex	22
3	How are the personal income sources of women affected by COVID-19?	26
4	How are the personal income sources of men affected as a result of COVID-19?	27
5	Impact of COVID-19 restrictive measures on the financial situation of women and men	28
6	Experiences and conditions affecting women and men since the start of the pandemic	33
7	Access to gynaecological services and prenatal and postnatal care	36
8	Access to sexual and reproductive health services (contraception, counselling, etc.)	36

INTRODUCTION



1. INTRODUCTION

The COVID-19 pandemic has caused a health crisis that escalated into socioeconomic and humanitarian crises. These come with many negative implications for gender equality and could further deepen existing inequalities. Due to the rapid spread of the virus, many countries were forced to impose full or partial restrictions on the movement of people. Quarantines, isolation, and the closure of schools and kindergartens and other public facilities were meant to control infection and sustain health, economic and social systems to the extent possible.

Industries most adversely affected by the crisis (e.g., manufacturing, tourism, catering) as well as essential and indispensable activities during the pandemic (health care and nursing, production and sale of food, pharmacies, shops and supermarkets, financial services, maintenance of hygiene, etc.) predominantly engage women. In addition, the closure of kindergartens and schools led to a significant increase in time spent on care and household duties that were already mainly performed by women. This significantly increased their unpaid work even as they kept up with paid work. The crisis has had a strong impact on the security, and socioeconomic and health status of women, especially the most vulnerable, such as women who are poor, have disabilities, are elderly, have been widowed and/or are single mothers,

are victims of violence or belong to other vulnerable groups.

To help identify the specific needs of women, and the effects of the crisis on women and men, the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women) conducted a rapid gender assessment (RGA). The RGA provides necessary initial field findings on various effects of the crisis and coping strategies, with a particular focus on socioeconomic impacts, unpaid domestic and care work, the impact of gender roles and stereotypes, domestic violence, as well as access to basic public services. The analysis provides an overview of the pre-crisis situation and changes with the onset of the pandemic. Geared towards policymakers, it gives recommendations for gender-responsive policies and measures during the crisis and in the post-crisis period.

The RGA provides insights into the situation at a specific moment in time between the outbreak of COVID-19 and field research from 8 to 20 May. Further analysis of the unfolding crisis and the effects of economic recovery measures implemented after the RGA may yield additional insights on how the pandemic impacts the lives and livelihoods of women and men, particularly the most vulnerable groups.

2.

METHODOLOGY



2. METHODOLOGY

The research was conducted in May and June 2020, based on a quantitative approach using primary data collection. This was combined with analysis of primary and secondary data related to crisis and pre-crisis gender equality developments, and gender analysis of crisis measures introduced since the outbreak of the pandemic.

The field research used a data collection instrument (questionnaire, see Annex 2) developed by UN Women through the “Making Every Women and Girl Count” global data programme, and adapted to the national context. Data collection took place from 8 to 20 May 2020 through computer-assisted interviews (CATI). The interviews were conducted via fixed and mobile phones with a percentage ratio of 70 to 30. The research covered 1,500 respondents over the age of 18 years, all citizens of North Macedonia, who were selected using a stratified sample. The sample was representative at the national level in terms of age, gender, ethnicity, statistical regions and place of residence (urban and rural areas). Each of the eight statistical regions in North Macedonia was stratified by the level of urbanization. The number of interviews in each of 16 strata (the regions, and urban and rural) was proportional to the size of the estimated strata population. The sampling error was 2.5 per cent with a confidence level of 95 per cent for the 1,500 completed interviews.

From the surveyed respondents (n = 1,500), 50.3 per cent were women and 49.7 per cent were men. Sixty per cent lived in urban areas and 40 per cent in rural

areas. Sixty-two per cent of women lived in urban areas, compared to 58 per cent of men. Since the sample was regionally representative, the highest percentage (29 per cent) of respondents lived in the Skopje region, including 30 per cent of men and 28 per cent of women.

In terms of ethnicity, 64 per cent of respondents were Macedonians, 25 per cent Albanians and 11 per cent members of other ethnic communities (Roma, Turks, Serbs, Bosniaks, etc.). Among women, 68.2 per cent identified as Macedonian, 20.4 per cent as Albanian and 11.4 per cent as members of other ethnic communities. Among men, 59.7 per cent identified as Macedonian, 29.7 per cent as Albanian and 10.6 per cent as members of other ethnic communities.

The sample distribution by age groups shows 29 per cent of women and 39 per cent of men were between the ages of 18 and 34, while 21 per cent of women and 19 per cent of men were aged 35 to 44, and 19 per cent of women and 15 per cent of men were aged 45 to 54. Fifteen per cent of women and 14 per cent of men were 55 to 64 years old, and 16 per cent of women and 12 per cent of men were above 65 years. In terms of marital status, 65 per cent of women and 59 per cent of men were married/cohabitating, 21 per cent of women and 36 per cent of men were single, while 14 per cent of women and 5 per cent of men were widowed or divorced. Further information on demographic characteristics is in Annex 1.

3.

GENDER ANALYSIS OF MEASURES TO RESPOND TO THE COVID-19 PANDEMIC



3. GENDER ANALYSIS OF MEASURES TO RESPOND TO THE COVID-19 PANDEMIC

3.1. Context

The outbreak of COVID-19 in China at the end of 2019 and its rapid spread across countries around the world led to the announcement of a global pandemic on 11 March 2020 by the World Health Organization (WHO).¹ In North Macedonia, the first reported case of infection was registered on 26 February. As of 26 June 2020, 5,916 infections and 277 deaths from COVID-19 were confirmed.² Of the infected, 51 per cent were women and 49 per cent were men. The largest percentage of patients were over age 60 as well as in the group aged 30 to 39 years. The largest number of infected people was in the capital, Skopje.³

The pandemic emerged in a challenging political context, during a pre-election period and a dissolved Parliament. For the first time since the country's independence, the President of the Republic of North Macedonia on 18 March 2020 declared a state of emergency for 30 days.⁴ It was declared again on 17 April for another 30 days, and then extended again for an additional 14 days. An 8-day state of emergency was re-declared on 15 June to enable the smooth preparation of elections given the emergency circumstances.⁵ Movement restrictions (curfews) for the entire country started on 22 March⁶ and were lifted on 26 May, after which a partial restriction was reintroduced from 4 to 8 June due to religious holidays.⁷

With the spread of the virus, the Government established the Coordination Crisis Headquarters and crisis coordination bodies in local self-governments for full coordination of all state bodies at the central and local levels. In accordance with recommendations from WHO and the national Commission for Infectious Diseases, the Government closed all kindergartens, secondary and primary schools and higher education institutions on 11 March 2020, and on 24 March enacted decrees for primary and secondary education according to which schools were obliged to organize distance learning (home learning) through electronic communication.⁸ On 15 March, shopping centres were closed (with the exception of shops selling essential products such as food and medicine), as were all cultural institutions with mass gatherings (cultural centres, cinemas, theaters, galleries, etc.), and sports, catering and tourist facilities. The Government recommended that employers organize work from home wherever conditions allowed.⁹ Where work could not take place at home, the use of vacation time was recommended. Where the work process was continuous, the Government mandated protective measures such as masks, gloves, disinfectants, etc.; regular disinfection of the premises; maintaining a distance (1.5 to 2 metres between workers); and transport in accordance with recommendations and protective measures.

¹ World Health Organization, 2020, WHO Timeline: COVID-19, available at <https://bit.ly/384Q5mm>, accessed 27 June 2020.

² Republic of North Macedonia, 2020, Official information on coronavirus in North Macedonia, available at <https://bit.ly/2NDeogl>, accessed on 27 June 2020.

³ Ibid.

⁴ Decision on declaring the state of emergency on the territory of the Republic of North Macedonia for a period of 30 days, 2020, Official Gazette of the Republic of North Macedonia, No. 68.

⁵ Cabinet of the President of the Republic of North Macedonia, 2020, Decision on declaring the state of emergency, Official Gazette of the Republic of North Macedonia, No. 104/20. New decision adopted on the state of emergency for a period of eight days, available at <https://bit.ly/3i46ESL>, accessed on 21 June 2020.

⁶ Republic of North Macedonia, 2020, Decision on prohibition and special regime of movement on the territory of the Republic of North Macedonia, 21 March 2020, available at <https://bit.ly/3eDicKU>.

⁷ Republic of North Macedonia, 2020, Decision on amending the decision on prohibition and special regime of movement on the territory of the Republic of North Macedonia, 26 May 2020, available at <https://bit.ly/2ZgDQhv>.

⁸ World Health Organization, 2020, Strategic preparedness and response plan, available at <https://bit.ly/2VpuVjx>, accessed on 22 June 2020. Republic of North Macedonia, 2020, Excerpt from the Draft Minutes from the Fifteenth Session of the Government of the Republic of North Macedonia held on 11 March 2020, available at <https://bit.ly/3dEzNAP>. Decrees with legal force for application of the Law on Primary Education and the Law on Secondary Education, 2020, Official Gazette of the Republic of North Macedonia, No. 76/20.

⁹ Republic of North Macedonia, 2020, Excerpt from the Draft Minutes from the Nineteenth Session of the Government of the Republic of North Macedonia held on 14 March 2020, available at <https://bit.ly/2NCooa5>.

These decisions and measures to prevent the spread of COVID-19 significantly affected all citizens, especially people at risk of poverty and social exclusion, such as Roma communities living in improvised settlements, people without legal status and personal identification documentation, homeless people, people with disabilities, victims of violence (predominantly women), elderly people without income, informal workers and low-income households.¹⁰ The measures had a negative effect on the economy, the social sphere, education, culture and every segment in the society. As the health crisis progressed into social, economic and humanitarian crises, everyone was affected, but with differences between women and men, and with the most vulnerable groups hit hardest. Some existing gender inequalities deepened.

The following section elaborates the impact of COVID-19 and the government response from a gender perspective. The analysis covers the period from the beginning of the crisis in March 2020 to June.

3.2. Socioeconomic situation

A domain where the country saw persistent gender inequalities even before the pandemic is the economy. The Gender Equality Index for North Macedonia has shown that inequalities are particularly prominent when it comes to economic status and access to financial resources. Women on average have lower net incomes and lower earnings compared to men, and thus are at higher risk of poverty.¹¹ Women have much lower formal employment rates compared to men (48.4 per cent of women versus 70 per cent of men) whereas more than half of the inactive persons in the labor market are women (64.4 per cent).¹² Furthermore, formally employed women earn less than men, as the latest data for the unadjusted gender pay gap show on average that women's wages are 15 per cent lower than men's wages. This is due to the lower representation of women in managerial positions, discrimination against them in the labour market, and higher representation in industries with lower labour valuation and wages. Men make up the majority of employers (78 per cent) and self-employed (82 per cent).¹³

Women constitute the majority of employees in education, health care and social protection. They also comprise the majority in the textile industry at 24 per cent, where the vast majority (87 per cent) receive salaries lower than the average.¹⁴

Unpaid domestic and care work is predominantly performed by women, where such obligations mainly include cooking, cleaning, laundry, household maintenance, child care, and care for adults and people with disabilities. Recent country estimates show that women in North Macedonia perform 72.5 per cent of unpaid work at home and childcare, which significantly affects their ability and time to perform paid work, pursue career development or greater participation in public life, volunteer or take part in other activities of interest.¹⁵

¹⁰ Ministry of Labor and Social Policy, 2017, Employment and Social Reform Programme 2020, available at <https://bit.ly/3jhhepH>.

¹¹ M. Basevska, 2019, Gender Equality Index of North Macedonia, Ministry of Labour and Social Policy, State Statistical Office, EIGE, UN Women, available at <https://bit.ly/33wpWM6>.

¹² State Statistical Office, 2018, Labor Force Survey 2017, available at <https://bit.ly/3eHLoR8>. Eurostat, 2020, Employment and Unemployment Rates for North Macedonia, 2019, available at <https://bit.ly/3eHTAkn>, accessed on 20 June 2020.

¹³ Reactor – Research in Action, 2020, Is March 8 a happy day? Edition 2020, available at <https://bit.ly/31r7iVO>.

¹⁴ Reactor – Research in Action, 2020, Paid and Unpaid Work, Gender-Based Discrimination and Workers' Rights Amid COVID-19, available at <https://bit.ly/2BiuFoX>.

¹⁵ C. Jacques, 2019, The Unpaid Care Work and the Labor Market: An analysis of time use data based on the latest World Compilation of Time-use Surveys, International Labor Office, Geneva, available at <https://bit.ly/3824AoA>.

With COVID-19, besides the health sector and the activities of doctors, nurses and other health workers, several other activities stood out as essential for daily functioning. These included industries related to the production and sale of food products, pharmacies, shops and supermarkets, financial services and hygiene maintenance. Unlike the general recommendations for employers to organize work from home where possible, in these activities, the need for a physical presence at work did not change, thereby increasing the risk of exposure to the infection, and imposing more difficult working conditions and responsibilities. These jobs in North Macedonia are predominantly occupied by women (30 per cent of the employed women versus 16 per cent the employed men). Women comprise the largest percentage of employees in health care, accounting for 74 per cent of the total.¹⁶

3.3. Crisis measures undertaken by the Government in response to COVID-19

In response to the socioeconomic effects of the pandemic, the Government adopted three packages of crisis measures to support citizens and the economy. These cost a total of 550 million euros, approximately 5.5 per cent of gross domestic product. They have included measures to stimulate the economy (fiscal and monetary), support businesses and preserve jobs, extent social protection for the most vulnerable citizens, protect the health and safety of workers, stimulate consumption, and develop and improve the competitiveness of Macedonian companies. As stipulated in the Law on Equal Opportunities of Women and Men, the incorporation of gender perspectives in policymaking is mandatory, including during emergencies.¹⁷ No information indicates, however, that gender assessments and analyses were conducted during the planning and design of economic measures. These could have assessed potentially different impacts on women and men, and taken into account existing gender inequalities in the economy.

The first two packages were rapid intervention measures adopted in the first month of the crisis (March). They focused on protection and safety measures at work; support to vulnerable sectors and businesses through interest-free loans; support for companies to save jobs by subsidizing employee contributions; subsidies for salaries of employees of legal entities (up to 14,500 denars per employee); and payment of the minimum wage of 14,500 denars (April and May 2020) for sports workers and artists as well as for sole proprietors, craftspeople, farmers and other service providers on their own account (of whom 82 per cent are men).¹⁸ Payment of the minimum wage excluded female and male farmers registered through the Law on Pension and Disability Insurance, even though they perform agricultural activities.

¹⁶ Ibid.

¹⁷ Law on Equal Opportunities for Women and Men, Official Gazette of the Republic of Macedonia, No. 6/2012, 166/2014.

¹⁸ Republic of North Macedonia, 2020, The first set of economic measures will soon be available, we urge companies to reorganize operations in 4 shifts, available at <https://bit.ly/3dZqJH0>, accessed on 20 June 2020. Republic of North Macedonia, 2020, The Government has adopted the second package of economic measures to deal with the crisis in order to preserve as many jobs as possible for the citizens and to support the economy, accessible at <https://bit.ly/2AtJpAW>, accessed on 20 June 2020. Decision with legal force for financial support of natural entities performing independent activities affected by the health and economic crisis caused by the coronavirus COVID-19 during the state of emergency, Official Gazette of the Republic of North Macedonia, No. 92/20, published on 6 April 2020, available at <https://bit.ly/2WavkKW>. Reactor – Research in Action, 2020, Paid and Unpaid Work, Gender-Based Discrimination and Labor Rights in the Time of COVID-19, available at <https://bit.ly/2BiuFoX>.

Additional crisis measures in case of job loss during the pandemic partially referred to already existing unemployment benefits.¹⁹ They increased the flexibility of the social protection system and broadened the scope of beneficiaries eligible for guaranteed minimum assistance. Namely, newly introduced beneficiaries included households with a person who had lost her/his job (by agreement or through a layoff by the employer), or a person who was part of the informal economy, and/or a person left without income or removed from the unemployment records. Given that guaranteed minimum assistance was determined on the basis of the material deprivation of the household and not individuals, these measures may have supported workers who lost their jobs and were at high risk of poverty and social exclusion. Yet workers who lost their jobs due to abuse and violation of labour legislation by employers were not eligible for any other unemployment crisis measures. Initial reports suggested that most workers who had lost their jobs due to the abuse of labour legislation by employers, particularly in manufacturing and textile factories, were women.²⁰

Within the first two sets of crisis measures, two measures stood out as gender responsive, taking into account the specificity of the crisis, and the different impacts on women and men. The first measure, adopted with the closure of kindergartens and schools, provided the right to release one parent to care for a child/children under age 10 during the crisis period, and required the absence from work to be recorded as justified.²¹ In practice, however, this measure was more commonly used by employed women.²² It was also a measure where the State Labor Inspectorate (SLI) registered a high level of violations by employers, meaning that some working parents were forced to continue with regular work arrangements despite not being able to secure safe alternatives for childcare.²³

Other positive measures were the extension of paid maternity leave that ended during the crisis months,

as well as the paid release from work for employed persons with chronic health issues and persons with disabilities. Although these two measures were introduced in a timely manner, they were temporary, and their extended duration remains a challenge for working parents, in other words, the mothers who mostly apply them.

In addition, timely measures adopted to curb COVID-19 in workplaces did not prevent the spread in textile factories where most employees are women, subsequently endangering their health and that of dependent families.²⁴

The third package was adopted by the Government in May 2020. The focus was on short and medium-term measures for economic revitalization and competitiveness, as well as on stimulating the consumption of citizens through payment cards for the unemployed, consumer vouchers, vouchers for co-financing trainings for young people and vouchers for tourism.²⁵ This package was the first to introduce economic measures with a special focus on women. These included interest-free loans and partial grants (30 per cent grants) for micro- and small companies run or founded by women.

Measures for supporting agriculture were singled out, aimed at micro-, small and medium enterprises that produce and export agricultural products. The effect of these measures on female farmers may be limited, however, given that men make up the majority of employers (78 per cent) and self-employed people (82 per cent) in agriculture. The measures have limited reach to women farmers and farmers registered under the Law on Pension and Disability Insurance.

The economic measures in general have had limited outreach. To a certain extent, they only covered women who lost their income with the onset of the crisis, such as the small percentage of self-employed women, self-employed women artists or women workers who have been laid off. The analysis suggests a lack of specific measures for women in the

¹⁹ Decision with legal force for application of the Law on Employment and Insurance in Case of Unemployment During a State of Emergency, Official Gazette of the Republic of North Macedonia, No. 89/20, published on 3 April 2020, available at <https://bit.ly/3bRptFf>. Law on Employment and Insurance in Case of Unemployment, Official Gazette of the Republic of Macedonia, No. 37/97, 25/00, 101/00, 50/01, 25/03, 37/04, 4/05, 50/06, 29/07, 102/08, 161/08, 50/10, 88 / 10, 51/11, 11/12, 80/12, 114/12, 39/14, 44/14, 113 / 14, 56 / 15, 129/15, 147/15, 154/15, 27/16, 119/16, 21/18 and 113/18. Official Gazette of the Republic of North Macedonia No. 124/19.

²⁰ Reactor – Research in Action, 2020, Paid and Unpaid Work, Gender-Based Discrimination and Workers' Rights in the Time of COVID-19, available at <https://bit.ly/2BiuFoX>.

²¹ Republic of North Macedonia, 2020, Excerpt from the Draft Minutes from the Fifteenth Session of the Government of the Republic of North Macedonia held on 10 March 2020, available at <https://bit.ly/3guY11a>.

²² Reactor – Research in Action, 2020, Paid and Unpaid Work, Gender-Based Discrimination and Workers' Rights in the Time of COVID-19, available at <https://bit.ly/2BiuFoX>.

²³ Ibid.

²⁴ Ministry of Labor and Social Policy, 2020, Companies with production facilities to adhere to the recommendations for protection of workers, published on 23 March 2020, available at <https://bit.ly/2Z0jqud>. M. K. Meta, 2020, Out of 800 tested textile workers, 126 are positive on COVID-19, 10 June, available on <https://bit.ly/3gCtrnC>, accessed on 20 June 2020.

²⁵ Republic of North Macedonia, 2020. Economic measures for a new developing Macedonian economy, available at <https://bit.ly/3gwmXxt>, accessed on 20 June 2020.

informal economy, women farmers, single mothers (widows, single-parent families), victims of violence and domestic violence, and manufacturing workers and workers in essential sectors who are at constant risk of infection and of losing their jobs (production facilities, manufacturing, textile factories, shops, markets, etc.).

In addition to economic crisis measures, there has been some institutional response to the increased risk of violence against women and domestic violence. With the start of the pandemic and the introduction of the curfew, upon additional request and alerts by civil society organizations, the Ministry of Interior (MOI) announced that victims of violence could leave their homes to report violence and seek support and assistance.²⁶ Institutions such as the Ministry of Labor and Social Policy (MLSP) have launched campaigns with information on prevention of and protection against domestic violence. Social media has shared information on violence against women and domestic violence, as well as on how a victim can report violence and find help. A special video was prepared by the Cabinet of the President of North Macedonia. Civil society organizations also regularly shared information as did international organizations such as UN Women and UNFPA). Civil society groups provided various services for women victims of violence and domestic violence.

The Ministry of Interior from 12 April to 12 May 2020 registered an increase in domestic violence by 44.6 per cent compared to the same period in 2019.²⁷ The Ministry's data confirmed early warnings that violence against women and domestic violence can increase due to isolation measures and growing uncertainty about the future course of the pandemic.²⁸

²⁶ National Network on Violence against Women and Domestic Violence "Voice against Violence", 2020, Overview of urgent measures and steps taken to protect women and children victims of domestic violence by the Government and relevant institutions, available at <https://bit.ly/326LPRo>. Ministry of Interior, 2020, During the restriction of movement, the persons who report a crime are not sanctioned, 10 April 2020, available at <https://bit.ly/2BUU0Wc>.

²⁷ Ministry of Interior, 2020, press conference of Minister Nake Culev on 27 May 2020, available at <https://bit.ly/2ZUrGeD>.

²⁸ M. K. Meta, In the first three months, the number of reports in the Ministry of Interior for domestic violence has increased by 17 percent, 13 May 2020, available at <https://bit.ly/3gLBK06>. Ministry of Interior, 2020, press conference of Minister Nake Culev, 27 May 2020, available at <https://bit.ly/2ZUrGeD>.

4.

IMPACT OF COVID-19 ON WOMEN AND MEN: ANALYSIS AND FINDINGS FROM THE SURVEY



4. IMPACT OF COVID-19 ON WOMEN AND MEN: ANALYSIS AND FINDINGS FROM THE SURVEY

4.1. Main sources of information on COVID-19

Reliable, understandable, easily accessible and timely public information on risks, preventive measures, protection, pandemic development, access to health services and treatment in case of symptoms of COVID-19 is extremely important to prevent the spread of infection and protect people and public health.

The survey results showed that the vast majority of respondents (89 per cent) received information about COVID-19 through television, as well as the Internet and social media (Facebook, Instagram, Twitter, etc.). For more than half of the respondents (59 per cent), television was the main source of information, whereas 30 per cent mentioned the Internet and social media as the main source. There were no significant differences in sources of information between women and men; the main source was television followed by the Internet and social media. The findings showed, however, that women were more informed through television, whereas

men were more informed through the Internet and social media.

A small proportion of respondents (3 per cent) listed health-care facilities and family doctors as the main sources of information, and the same percentage stated that official government websites were their main source. A very small share of respondents, roughly 1 per cent, stated that they received information from public service announcements, mobile phones, family and friends, or altogether knew nothing about COVID-19. Twice as many men as women had no information on the virus. Most respondents not informed about COVID-19 had secondary education (2 per cent), followed by respondents with higher education (1 per cent). Among those without education or who completed primary education, no one stated that they were not familiar with COVID-19.

TABLE 1.
Main sources of information on COVID-19 , by sex

	Women (percentage)	Men (percentage)
Television	62	56
Internet	28	32
Government websites	3	4
Health centre/family doctor	3	3

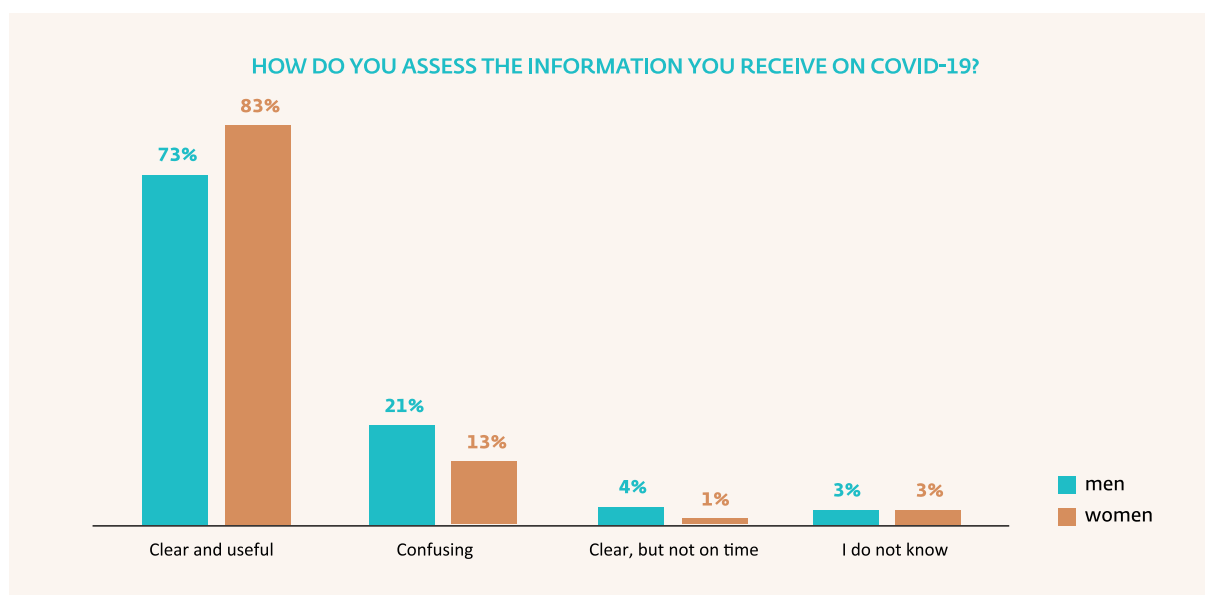
By age, young people were mostly informed through the Internet and social media. As the age among respondents increased, the percentage who were more informed through traditional media, primarily television, increased. Namely, 46 per cent of people aged 18 to 34 compared to 15 per cent aged 55 to 64 and 3 per cent aged 65 and over sought information on the Internet and social media, while 90 per cent of people aged 65 and over compared to 41 per cent of people aged 18 to 34 turned to a traditional media source, television.

The Internet and social media were the main source of information for younger women – 48 per cent aged 18 to 34 compared to 14 per cent aged 55 to 64, and 3 per cent aged 65 and over. Older women tended to rely on television more – 78 per cent of women aged 55 to 64 and 91 per cent of women aged 65 and over compared to 42 per cent of women aged 18 to 34. People in urban areas (34 per

cent) were more informed through the Internet and social media compared to people in rural areas (24 per cent). People from rural areas (69 per cent) used more traditional information media, such as television (53 per cent).

For the majority of respondents (78 per cent), information on COVID-19 was clear and helped them prepare. One in six (17 per cent), however, responded that the information was confusing or contradictory. This was most often the case with young people; 23 per cent in this group were aged 18 to 29. A larger percentage of women (83 per cent) believed that they had received clear information about the virus that helped them to be properly prepared to deal with the risk. This percentage was lower among men (73 per cent). A higher percentage of men (21 per cent) compared to women (13 per cent) considered information about COVID-19 to be contradictory or confusing.

FIGURE 1.
Quality of information on COVID-19, by sex



4.2. Economic security, employment and livelihood

Economic status before COVID-19

Findings suggested that in terms of labour market status, gender differences reflected official statistics in terms of gender gaps in employment, unemployment and inactivity in the labour market. Employment was higher among men. More than half of male respondents (55 per cent) were employed, compared to 39 per cent of women. Among women, almost half (49 per cent) were inactive in the labour market, compared to 37 per cent of men. In terms of unemployment, the gender differences were smaller. Unemployment was higher for women, at 12 per cent, compared to 8 per cent for men (Figure 2).

Gender disparities were also evident in the labour market status of different age groups where men have higher share of employment compared to women in all age categories. The highest percentages of employed women and men are in the ages between 35 and 44, 61 per cent for women compared to 86 per cent for men. The share of unemployed women and men is highest between the ages 45 and 54, 21 per cent and 15 per cent, respectively. In terms of inactivity, the highest share of inactive men is between the ages 18 and 34 (43 per cent) compared to 49 per cent for women in the same age group. The highest share of inactive women are in the ages between 55 and 64 (66 per cent), while for men it is 30 per cent in the same age group.

FIGURE 2.
Labour market status, by sex

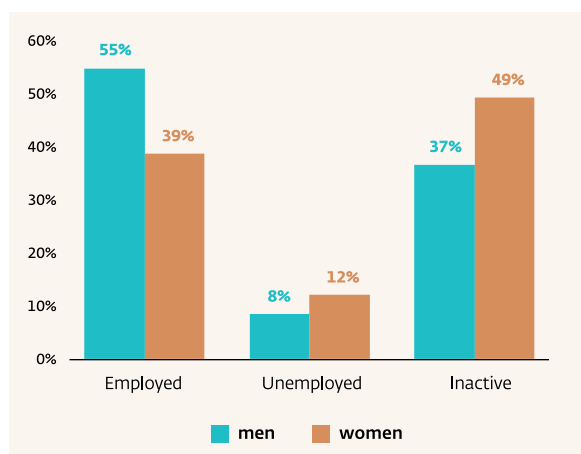
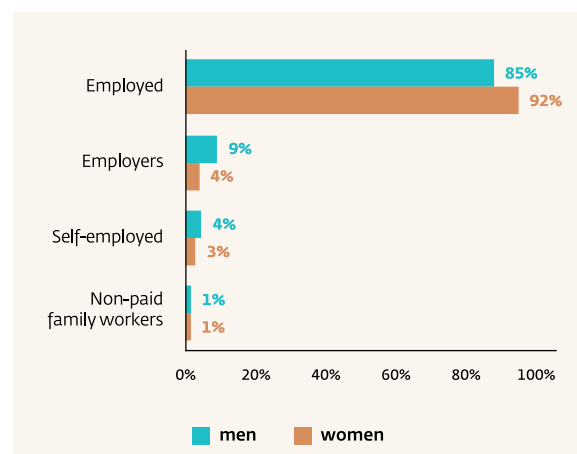


FIGURE 3.
Economic status, by sex



The largest percentage of employed women (97 per cent) and men (94 per cent) worked under formal employment contracts. Twice as many men (6 per cent) compared to women (3 per cent) worked under informal employment arrangements.

The largest percentages of employed women (92 per cent) and men (85 per cent) worked for an employer (company, institution etc.), although women outnumbered men in this category. On the other hand, the share of men as employers (9 per cent) was twice that of women (4 per cent). There was a small difference between women (3 per cent) and men (4 per cent) in terms of the number of own-account employees, whereas there was no gender difference in the shares of unpaid family workers. The small gender differences in the sample in relation to self-employed persons and unpaid family workers do not reflect the official data of the State Statistical

Office (SSO), according to which women dominate among unpaid family workers, whereas men dominate among own-account employees.

The largest share of women with an economic status employed (for a company, institution etc.) was aged 18-34 (96 per cent), and the largest share of women employers was aged 45-54 (5 per cent). The share of self-employed women is highest between the ages 35 and 45 (4 per cent), with the highest share of women unpaid family workers (3 per cent) in the same age group. Similarly, the largest share of men with an economic status employed (for a company, institution etc.) was aged 18-34 (88 per cent), while the largest share of men employers was aged 45-54 (12 per cent). The share of self-employed men is highest between the ages 55-64 (7 per cent), and the highest share of men unpaid family workers (2 per cent) is in the same age group.

TABLE 2.
Employment status before COVID-19, by sex

	Women (percentage)	Men (percentage)
Employed by a person/company/institution	36	47
Business owner/freelancer, employer	1	5
Business owner/freelancer, not employer	1	2
Non-paid worker in family business	1	1
Unemployed, not looking for a job	16	4
Unemployed, looking for a job	12	8
Retired	22	16
Student	10	16
I have disability/health condition/injury	1	1
Other	1	1

The largest percentage of employed persons in the sample were formally employed (95 per cent) and had health and social insurance coverage. Employed men had a higher percentage of informal employment (6 per cent) compared to women (3 per cent).

Of the self-employed workers, 88 per cent stated that their business was officially registered. This percentage was equal for women and men, although men comprised 69 per cent of business owners among respondents. A smaller share (6 per cent) of male business owners indicated that their business was not officially registered, whereas there was no female business owner in this category in the sample. All employees who indicated that their business was not officially registered lived in rural areas.

Change in working hours and use of crisis measures by the employees

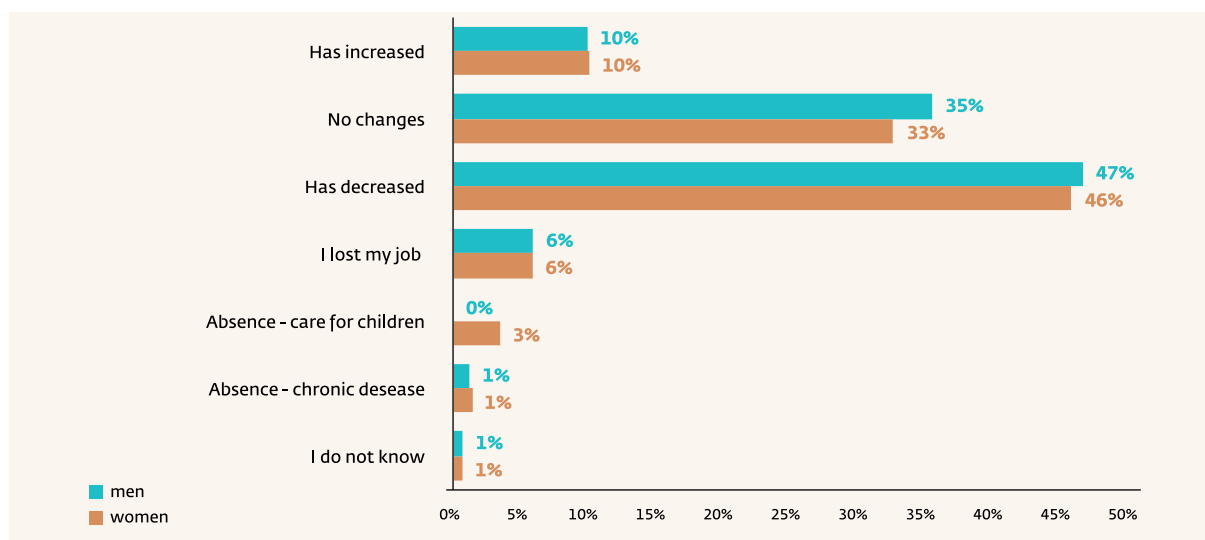
For most employed respondents, the COVID-19 crisis reduced their workload, without a job loss. This was the case for 47 per cent of men and 46 per cent of women. For 33 per cent of employed women and 35 per cent of employed men, the workload remained the same, whereas for 10 per cent of both women and men, the number of working hours increased (Figure 4). A similar percentage of both women and men (6 per cent) had lost their jobs since the onset of the pandemic.

Age group analysis showed differences in working arrangements between women and men. For men, those aged 18 to 34 had the highest share of job losses (8 per cent), while for women, the highest job losses occurred among those aged 45 to 54 (9 per cent). The share of women who had experienced decreased working hours (but without losing their

job) was highest among those aged 35 to 54 (29 per cent), a higher percentage than for men in the same age group (26 per cent). Assessment data indicated that the crisis measure that allowed one working parent to stay at home taking care of a child or chil-

dren up to age 10 had been used only by employed women, living in an urban environment and who are married/cohabitating or are single mothers, with the highest usage among women aged 18 to 34 (7 per cent), and 35 and 44 (3 per cent).²⁹

FIGURE 4.
Change in the number of working hours since COVID-19 began, by sex

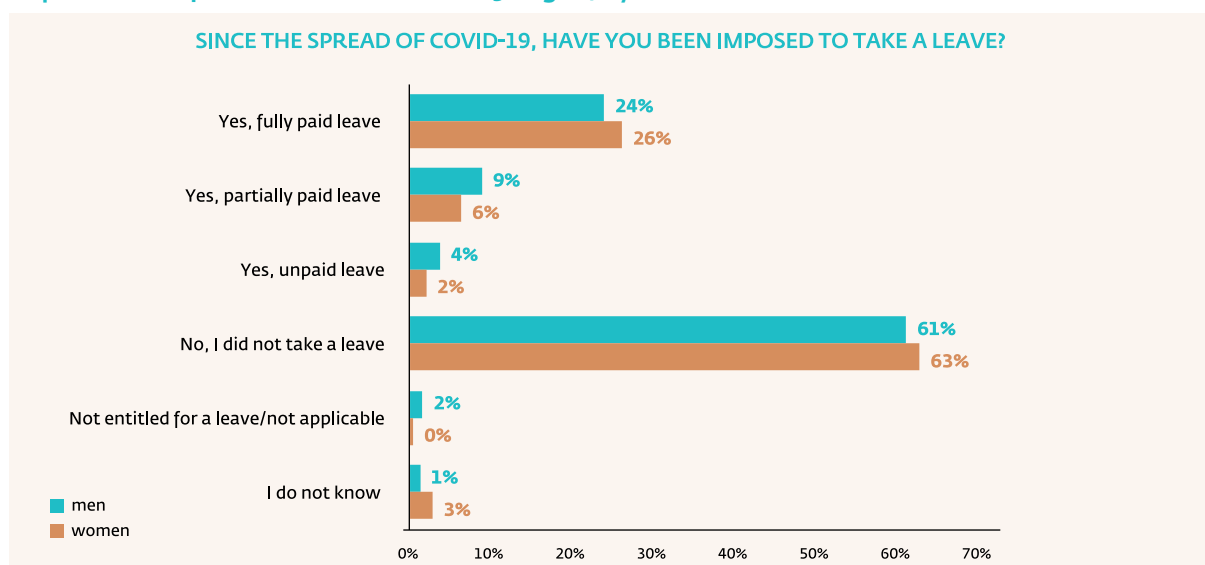


Imposed leave from work since COVID-19 began

The majority of employed respondents (62 per cent) did not take time off work. Among women, 26 per cent had to take paid leave from work and 6 per cent took partially paid leave. Among men, 24 per cent had to take paid leave, 9 per cent partially paid leave and

4 per cent unpaid leave. Age group analysis indicated that imposed leave was more common for younger men, whereas unpaid (5 per cent) and partially paid (11 per cent) leave were highest among men aged 18 to 34. Among women, partially paid leave was highest within the age group 45 to 54 (10 per cent), and full paid leave was highest among women aged 55 to 64 (32 per cent) and 18 to 34 (29 per cent).²⁹

FIGURE 5.
Imposed leave from work since COVID-19 began, by sex



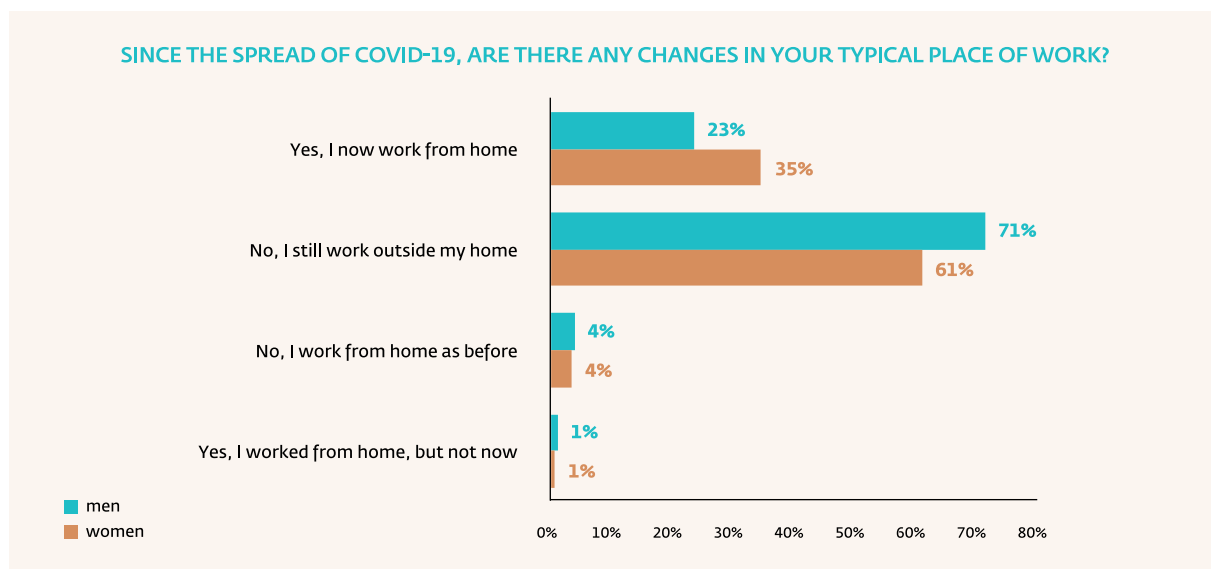
²⁹ Republic of North Macedonia, 2020, Excerpt from the Draft Minutes from the Fifteenth Session of the Government of the Republic of North Macedonia held on 10 March 2020, available at <https://bit.ly/3guY11a>.

Change in workplace location

The largest percentage of employed respondents (67 per cent) continued to work outside their home, while 28 per cent started working from home (Figure 6). Switching to remote work was most frequent among respondents with higher education (38 per cent) compared to those with secondary (22 per cent) and primary education (14 per cent). Among the different ethnic groups, switching to work from home was highest among Albanians (35 per cent). It was 27 per cent among Macedonians and least common for smaller ethnic groups (20 per cent). More women (35 per cent) than men (23 per cent) switched to work from home. This can be

attributed to some extent to gender segregation in the labour market, where women are more represented in sectors such as education, social work and public administration, where remote work was applicable particularly during the lockdowns (March to May).³⁰ Among men, younger men were more likely to switch to remote work – 33 per cent of men aged 18 to 34 compared to 18 per cent aged 55 and above. Among women, a change in workplace location was more pronounced among those aged 35 to 44 (42 per cent) and 45 to 55 (34 per cent) compared to women aged 18 to 34 (27 per cent).

FIGURE 6.
Change in workplace settings during COVID-19, by sex



The flexibility and adaptation of work responsibilities as a result of the crisis could have long-term positive effects on the balance of work and private life, if such arrangements are maintained and improved in the post-crisis period. Namely, improved flexibility in terms of working hours and location (the possibility for remote work) in the post-crisis period may produce a better balance between work hours, free time, and domestic and care work for employees and workers.

More flexible working arrangements for both parents (women and men equally) are particularly important in achieving the equal redistribution of domestic activities and care for children, and decreasing gender discrimination against women in the labour market. Such post-crisis improvements can lead to transformative, positive effects, but only if they do not come at a cost or with trade-offs such as a deterioration in labour rights, social benefits and security for employees.

³⁰ M. Basevska, 2019, Gender Equality Index of North Macedonia, Ministry of Labor and Social Policy, State Statistical Office, EIGE, UN Women, available at <https://bit.ly/33wpWM6>.

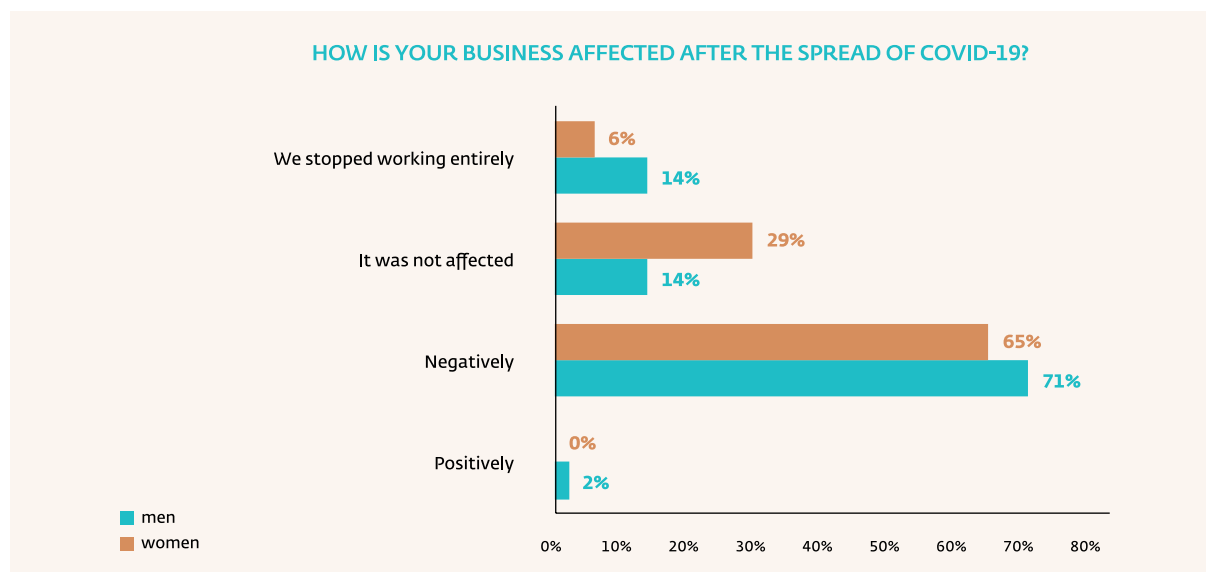
The impact on earnings and businesses

Although the majority of employed respondents (83 per cent) thought that they would continue to receive full or partial income (63 per cent and 20 per cent, respectively) if they were not able to work for at least two weeks, more men (6 per cent) compared to women (3 per cent) believed that such an absence from work would lead to loss of their income.

Among business owners, 69 per cent reported a negative impact on their business (71 per cent of men compared to 65 per cent of women) (Figure 7). Another 12 per cent of business owners or freelancers were forced to stop their business/work. Among those forced to stop working, the share was higher among men at 14 per cent compared to 6 per cent among women.

FIGURE 7.

How was the business affected, by sex



Among business owners or freelancers, 18 per cent stated that their business was not affected by the pandemic; the percentage of women (29 per cent) was higher than the share of men (14 per cent).

Business owners in urban areas suffered greater negative impacts on their businesses compared to those in rural areas. In rural areas, 21 per cent of business owners or freelancers indicated that their business was not affected at all by the pandemic, compared to 15 per cent of owners in urban settlements. None of the business owners in rural areas stopped working due to the pandemic, compared to 20 per cent of business owners in urban areas. These findings reflect the structure and types of businesses in rural areas compared to urban ones. In rural areas, agriculture and farming are predominant economic activities geared towards food production, an essential sector where demand was continuous despite the pandemic.

In-kind support from the Government, municipalities or civil and non-profit organizations

The assessment found that 99 per cent of respondents did not receive any in-kind support from the Government and/or municipalities. Less than 2 per cent had received non-monetary assistance from civil society or non-profit organizations. Only 1 per cent (women and men) stated that assistance consisted of means to prevent the spread of the virus (gloves, masks and disinfectants).

IMPORTANT:

These findings reflect the situation from the beginning of the crisis and during the field research (8 to 20 May), and do not include the large-scale financial support from the Government in the third package of measures announced on 17 May and implemented in the following months.³¹

³¹ Republic of North Macedonia, 2020, Economic measures for a new developing Macedonian economy, available at <https://bit.ly/3gwmXXt>, accessed on 20 June 2020.

Among women, 1 per cent, mostly in rural areas, received non-monetary assistance from civil society organizations in the form of personal hygiene items such as menstrual hygiene items, baby diapers and similar products. The same share of women (1 per cent) received non-monetary food assistance for their families.

Impact on financial resources and sources of income

The highest percentages of respondents who stated that there was no change in their income earned their salary from paid work (33 per cent) or received income as pensions or other social payments (22 per cent). The highest percentages of respondents who registered a decrease in their income were among groups who earned their salary from paid work (8 per cent), earned income from agricultural activities

(3 per cent), and were business owners or freelancers (3 per cent). The highest reported decreases in income from a paid job were among married/cohabitating respondents (9 per cent), in households with three or more persons (10 per cent) and households with children (9 per cent).

The proportion of respondents with decreased earnings (income from paid work, farming, businesses, investments) was higher among men (22 per cent) compared to women (15 per cent) (Tables 3 and 4). Age group analysis showed that for men, decreased income from paid work was highest among those aged 45 to 54 (11 per cent) and 18 to 34 (10 per cent), while for women the decrease was highest among those aged 45 to 54 (14 per cent). Both women and men from rural areas experienced declines in income from agricultural activity, but the drop-off was more pronounced among rural women (7 per cent) compared to rural men (4 per cent).

TABLE 3.
How are the personal income sources of women affected by COVID-19?

WOMEN (n = 755) (percentage)	Increased	No changes	Decreased	It is not a source of income
Income from agricultural activity	0	4	3	93
Income from own business/ freelance work	0	1	2	97
Income from paid work	0	30	6	64
Property income, investments, savings	0	5	3	92
Pensions, other social payments	1	25	1	73
Food from agriculture, livestock or fishing	0	5	1	94
Remittances from abroad	0	3	2	95
Help from the family/close relations (money, food)	1	4	1	94
Government assistance	1	1	1	97
Donations/assistance from civil society or other organizations	0	1	0	99

Compared to men, women lost more in terms of income from pensions, social payments, remittances, and support from families and the Government. The proportion of women with decreased income from these sources was 6 per cent compared to 3 per cent among men (Tables 4 and 5). Decreases in

remittances was more prominent among women in rural areas (3 per cent) compared to urban areas (1 per cent). Age group analysis showed that a fall in remittances was highest among women aged 35 to 44 (3 per cent). Among men, a drop in remittances was more likely among those aged 55 to 64 (3 per cent).

TABLE 4.

How are the personal income sources of men affected as a result of COVID-19?

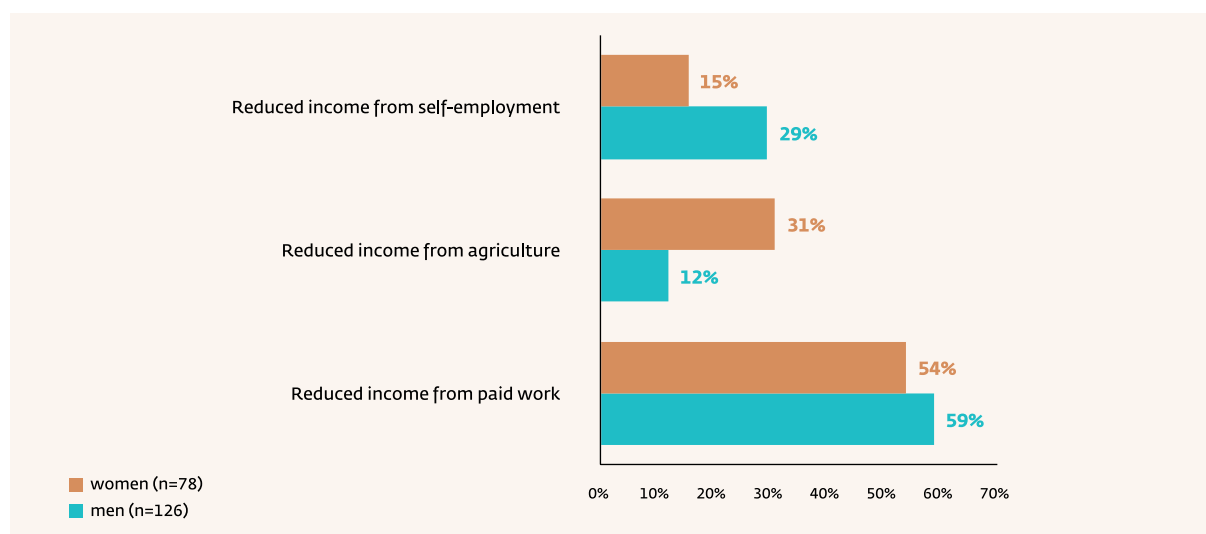
MEN (n = 745) (percentage)	Increased	No changes	Decreased	It is not a source of income
Income from agricultural activity	0	6	3	91
Income from own business/ freelance work	0	2	5	93
Income from paid work	1	36	10	53
Property income, investments, savings	0	6	4	90
Pensions, other social payments	1	19	0	80
Food from agriculture, livestock or fishing	0	7	1	92
Remittances from abroad	1	3	1	96
Help from the family/close relations (money, food)	0	4	1	95
Government assistance	0	1	0	99
Donations/ assistance from civil society or other organizations	0	1	0	99

Further analysis of respondents with decreased income from earnings (agricultural activity, own business/freelance and income from paid work) indicated that the proportion of women (31 per cent) facing a decline in income from farming was higher

than for men (12 per cent) (Figure 8). More men (29 per cent) compared to women (15 per cent), however, faced a fall in income from self-employment/own business/freelance work (Figure 8).

FIGURE 8.

Proportion of respondents with decreased income from earnings, by sex (n=204)



The impact on the financial situation of women and men

If the restrictive measures continue, respondents said they would face difficulties in generating financial means to cover basic living expenses. Thirty-one per cent reported they will find it hard to cover basic expenses related to daily survival, such as food and hygiene products. The same proportion (31 per cent) noted that it would be difficult to cover payments for rent and utilities. Those who were more affected were married/cohabitating (35 per cent) compared to single (25

per cent), and were households with three or more persons (34 per cent) or with children (38 per cent) compared to households without children (27 per cent).

Women were more negatively affected, especially in covering basic living costs. One in three women (33 per cent) said that she would struggle to cover basic costs for food and hygiene products, and one in three women (33 per cent) maintained it would be difficult to pay rent and utilities (Table 5). More women (21 per cent) than men (18 per cent) stated that they would have to seek help from relatives and friends if restrictive measures related to COVID-19 continue.

TABLE 5.

Impact of COVID-19 restrictive measures on the financial situation of women and men

	WOMEN (n = 755) (percentage)			MEN (n = 745) (percentage)		
	Yes	No	I do not know	Yes	No	I do not know
It will be difficult for me to continue paying for basic expenses (food, water, hygiene products, etc.)	33	58	9	29	61	10
It will be difficult for me to pay rent and utility bills	33	57	10	29	61	10
I will have to stop using health services	8	81	11	9	80	11
I will have to seek help from relatives and friends	21	68	11	18	69	13
I will have to ask for help from the local authorities	13	75	12	14	74	12
I will have to take a loan	8	79	13	8	79	13

Differences between urban and rural areas were particularly significant, with the largest disparities of all segments in the survey. Among respondents in rural areas, 40 per cent said that if restrictive measures related to the pandemic continue, they would face difficulties paying basic expenses for food and hygiene products, compared to 25 per cent of respondents from urban areas. The same proportions of rural and urban respondents (40 per cent and 25 per cent, respectively) contended that they will find it difficult to continue meeting costs for rent and utilities. Respondents from rural areas reported more difficulties forcing them to seek help from relatives and friends (26 per cent compared to 15 per cent in urban areas), seek help from local authorities (17 per cent compared to 11 per cent in urban areas), stop using health services (12 per cent compared to 7 per cent in urban areas) or take out a loan (11 per cent compared to per cent in urban areas).

Women from rural areas were the most vulnerable category in terms of their financial situation. They faced more difficulties in paying basic expenses such as for food and hygiene products (42 per cent compared to 27 per cent of women in urban areas) and accessing health services (13 per cent compared to

5 per cent in urban areas). They were more likely to need to ask for help from relatives (29 per cent compared to 16 per cent in urban areas), or take a loan (12 per cent compared to 6 per cent in urban areas). Gender differences among respondents from rural areas were also evident, indicating rural women were more vulnerable than rural men. Forty-two per cent of rural women compared to 37 per cent of rural men said would be difficult to keep up with basic expenses for food and hygiene products, while 29 per cent of women compared to 23 per cent of men reported that they would need to ask for help from relatives and friends. These findings correspond to official data and reports, which indicate higher poverty and higher vulnerability among people in rural areas, reflected in their limited livelihoods and resilience to financial and other external shocks.³²

Analysing the data by ethnicity reveals that people from smaller ethnic communities face almost twice as much difficulty in covering the basic costs of food, rent and utilities, and accessing health services. They are more likely to need to seek additional assistance from relatives and friends or from local authorities should COVID-19 crisis measures continue.

³² World Bank Group, 2018, FYR Macedonia Systematic Country Diagnostic: Seizing a Brighter Future for All, Report No 121840-MK, available at <https://bit.ly/3hIsWJu>. State Statistical Office, 2018, Survey on Income and Living Conditions, 2017, available at <https://bit.ly/3hLON2D>.

4.3.

Distribution of household chores and care activities during COVID-19

The introduction of mandatory preventive measures involving isolation, work from home (where possible), distance learning (education from home) and limiting social contacts translates into people spending most of their time at home, alone or with other family members and children. This significantly increases time spent on domestic activities (cooking, cleaning, disinfection, etc.), care and support for children or other family members, and support for children's education.

Distribution of hours spent in performing unpaid domestic work, and caring for children and other members of the family

For both women and men, the assessment demonstrated that the number of hours spent in cleaning and household maintenance increased by 37 per cent; shopping and procurement of groceries by 36 per cent; general household management, such as

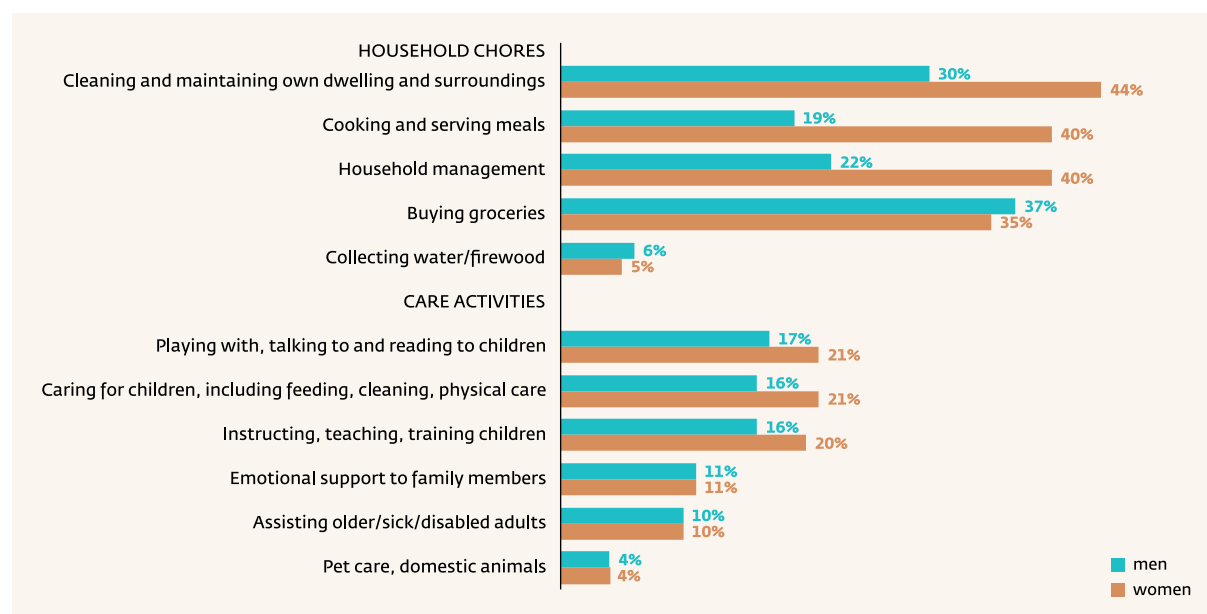
paying bills, by 31 per cent; and cooking and serving meals by 29 per cent.

The pandemic has significantly increased the hours that women spend performing unpaid domestic work, and caring for children. Unlike men, women spent significantly more time doing household chores, with the exception of buying and purchasing groceries (Figure 9). Women spent more time on several aspects of caring for children. The increase in time spent on caring activities and domestic work was greater among those who were married/cohabitating and had children.

The degree of gender inequality in the division of responsibilities in the home was explained by findings showing that 30 per cent of men do not usually cook, 15 per cent do not normally engage in household management activities, and 14 per cent are not engaged at all in cleaning and maintaining hygiene in their own home. Amid the pandemic, the assessment indicates a deepening of already substantial gender inequalities in time spent on unpaid domestic work.

FIGURE 9.

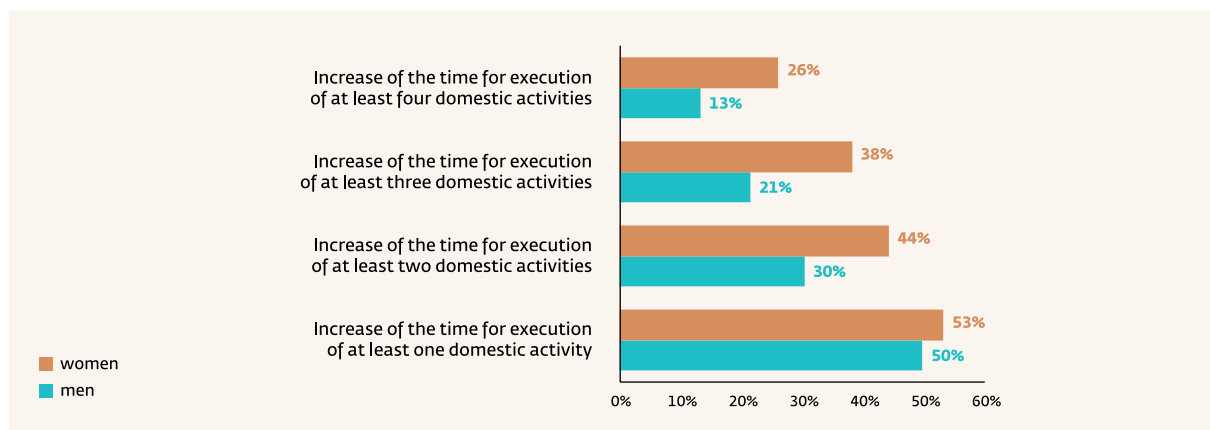
Increase in time spent on unpaid domestic and care work during COVID-19, by sex



Further analysis of gender inequalities in the time required for cooking, laundry, cleaning, household management, etc. indicated an increase in almost all domestic activities for both women and men. The increase was greater for women, however, and the difference grows with the increase in the frequency of domestic activities (Figure 10). In terms of increased time for performing at least one domestic activity since the beginning of the crisis, there was little difference between women and men, with a rise for 53

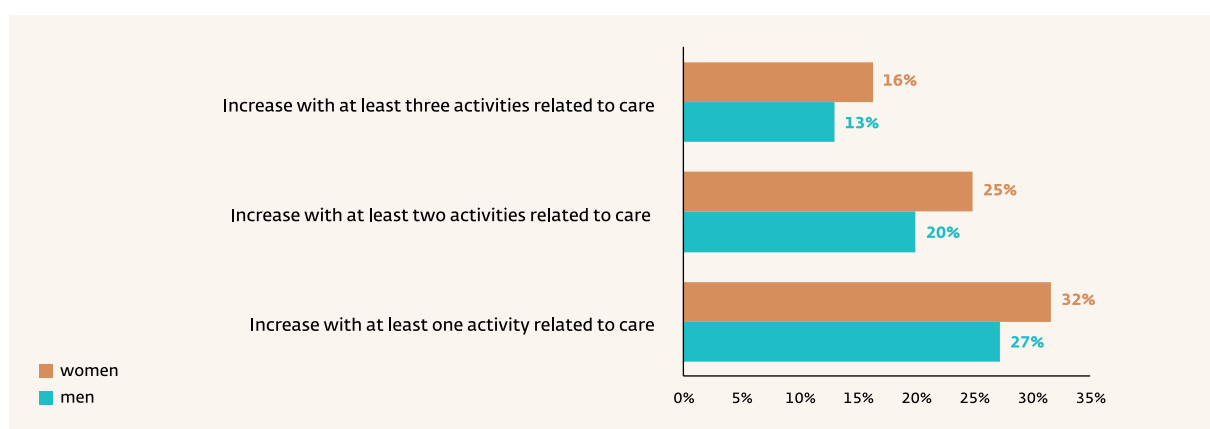
per cent of women and 50 per cent of men. When the number of domestic activities rose to three or four, the difference among women and men was more significant. Almost twice as many women as men reported increased time. These findings showed that since the beginning of the pandemic, women compared to men have undertaken the bulk of the unpaid domestic work in their homes and are performing significantly more activities.

FIGURE 10.
Gender differences in time spent on unpaid domestic work during COVID-19



A more detailed analysis of gender differences in time spent caring for children, supporting their education, and caring for other family members since the start of the pandemic also showed that women devote more time to these activities than men (Figure 11). The gender gap in care activities is smaller compared to domestic work, indicating that men have been involved more in the former.

FIGURE 11.
Time spent on unpaid childcare and care for others during COVID-19, by sex

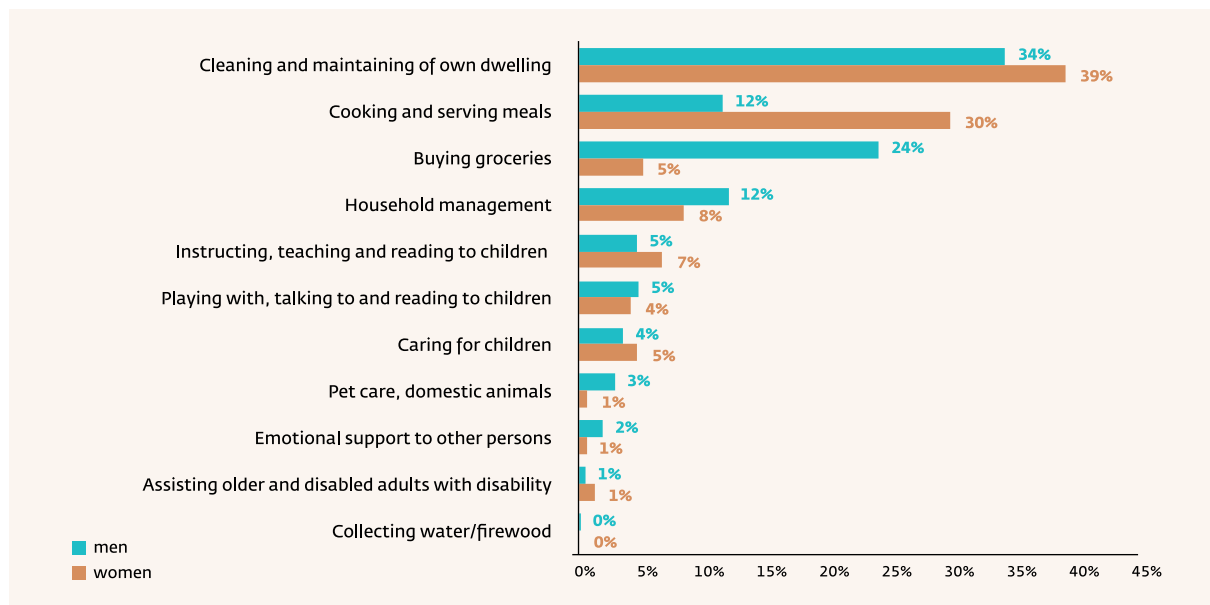


More urban than rural respondents reported increased time spent on cooking, cleaning and managing the household, and caring for and educating children, whereas respondents in rural areas reported more of an increase in time spent carrying water and firewood, and assisting and caring for the elderly/sick/adults and/or persons with disabilities. These findings reflect differences between urban and rural areas in access to social infrastructure. Urban areas offer greater access to social care institutions (kindergartens, specialized centres and homes for care of adults and people with disabilities), better road infrastructure and public transport, and more opportunities for hiring paid workers/carers to carry out various household activities as well as childcare (most of these work-

ers are women). Limited access to childcare facilities in rural areas leaves families with children to rely more on care provision from household members, extended family and friends. With the start of the pandemic and implementation of isolation measures, closed social care institutions as well as lost opportunities to hire paid workers affect more urban citizens by increasing hours spent in care and household activities.

Assessment data suggested a gendered difference in the type of activities women and men perform. For instance, women spent more time on cooking, cleaning, care and support of children and the elderly, whereas men spent more time on groceries and playing with children (Figure 12).

FIGURE 12.
Gender differences in the increase of care and domestic work



Gender roles and responsibilities in the household

The largest percentage of survey respondents (46 per cent) stated that their partner helped more with household duties and/or family care, whereas 43 per cent indicated that they received more help from other family members.

Women received more assistance from their sons (Figure 13), a positive indicator of changing traditional gender roles in the family, particularly when this is part of the everyday life of younger generations.

More women (7 per cent) compared to men (3 per cent) felt that they are left alone with no one to help them with household duties and family care.

A higher percentage of men than women indicated that assistance increased from their partners after the start of the pandemic, as well as assistance from other family/household members (Figures 13 and 14). As with women, increased assistance from men's sons was apparent.

FIGURE 13.

Changes in women’s roles and responsibilities in the household amid the spread of COVID-19

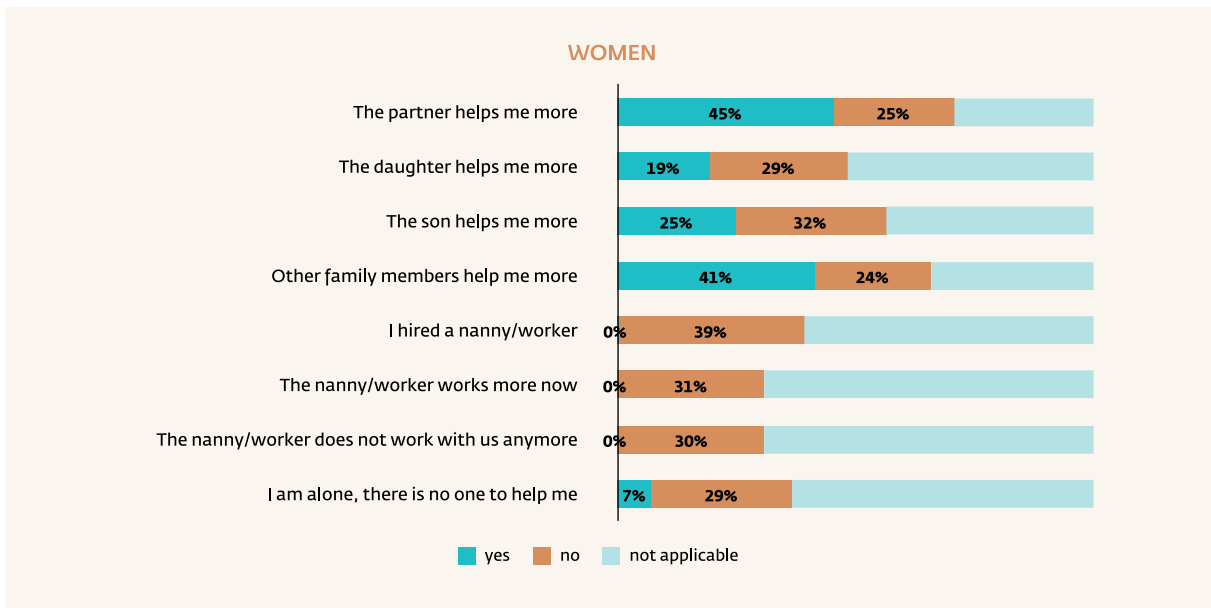
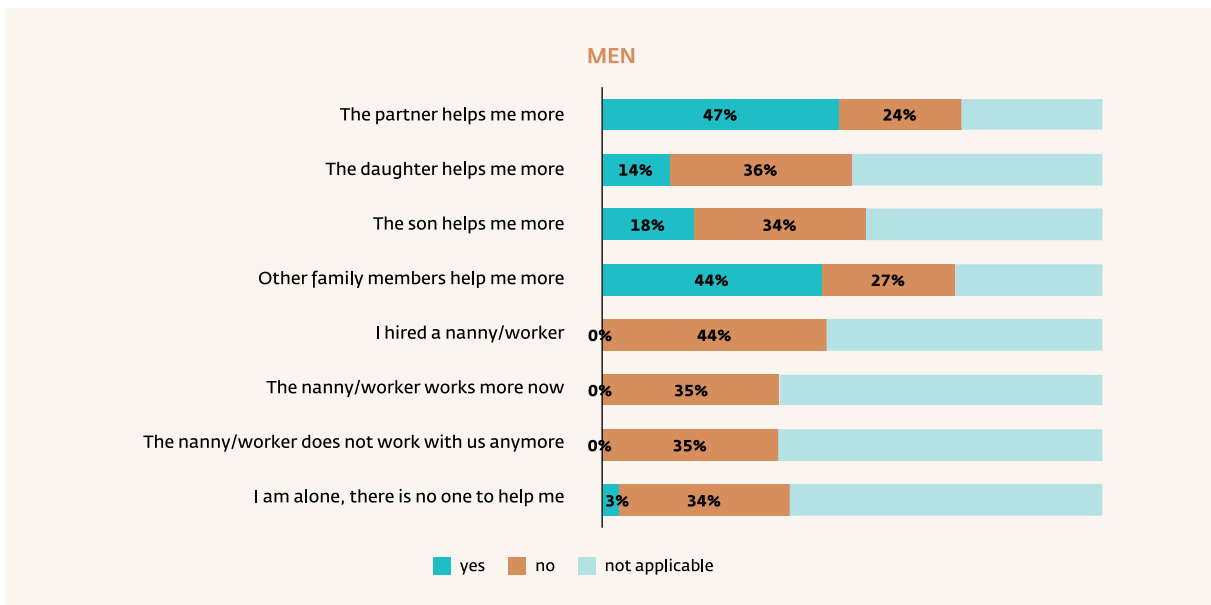


FIGURE 14.

Changes in men’s roles and responsibilities in the household amid the spread of COVID-19



More widowed/divorced men (31 per cent) compared to widowed/divorced women (29 per cent) reported increased help from other family members with household and care work. More married/cohabitating men (78 per cent) compared to married/cohabitating women (68 per cent) reported increased help from their partner. Increased help from a partner was reported more for both women (58 per cent) and men (73 per cent) in households with

children, compared to households without children. These findings showed that men overall received more help from their partners when married/cohabitating or from other members of the family when widowed/single. There is little gender difference in support from a partner in households without children, whereas in households with children, more women (38 per cent) than men (36 per cent) reported increased support from their partners.

4.4.

Access to basic services and security during COVID-19

Health insurance

The highest percentage of respondents (93 per cent) had health insurance coverage, with a minor difference between women (94 per cent) and men (92 per cent). Overall, more men (7 per cent) than women (5 per cent) faced a lack of health insurance coverage. The lack was more prominent among young people aged 18 to 29, and among people in rural areas.

Health conditions and other significant lifestyle changes

Respondents faced additional challenges in access to services and protection of their health and safety. One of the most commonly reported impacts came from the closure of schools and the change in the standard process of schoolwork. Twenty per cent of respondents described this as affecting their daily lives. Students and parents/family carers experienced altered

dynamics in adjusting to distance learning and increasing support to children's education. Respondents in rural areas (22 per cent) more often referred to the closure of schools as an impact of the crisis compared to respondents in urban areas (19 per cent).

Besides school closures, a second important impact was on the mental health of respondents, with 18 per cent reporting increased stress and anxiety. The share was higher in urban areas (19 per cent) than rural ones (17 per cent). A small portion of the respondents (3 per cent) faced physical illness at the beginning of the crisis, whereas 2 per cent contended with the illness of a family/household member.

Further analysis of the three most common changes significantly affecting the lives of respondents showed that women (22 per cent) more than men (18 per cent) reported that the closure of schools and changes in school work affected their lives. Women (21 per cent) more than men (15 per cent) felt a negative impact on mental health, and increased stress and anxiety as a result of the pandemic (Table 6).

TABLE 6.

Experiences and conditions affecting women and men since the start of the pandemic

	Physical illness (percentage)		My mental health was affected (percentage)		My mental health was affected (percentage)	
	Women	Men	Women	Men	Women	Men
Yes	3	3	21	15	22	18
No	96	96	77	83	39	44
Not applicable	1	1	2	1	35	33
No answer	0	0	0	0	4	5

Increased impacts on mental health (stress and anxiety) were reported most among women aged 35 to 44 (30 per cent) and women aged 45 to 54 (26 per cent), while women aged 55 to 64 were least affected (13 per cent) compared to the other age groups. Married/cohabitating women (23 per cent) were

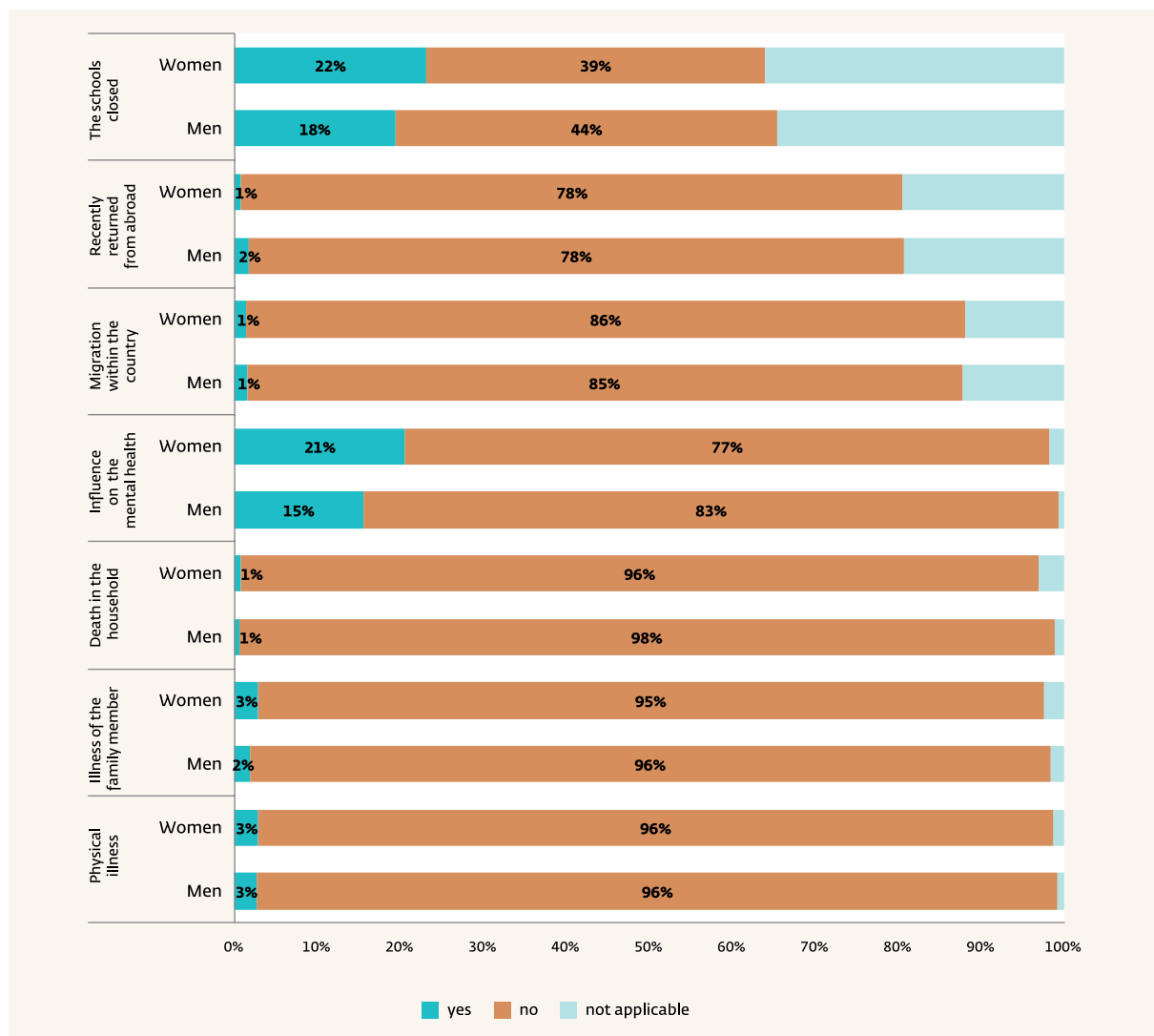
more affected compared to single (17 per cent) and widowed/divorced women (16 per cent). Among men, the most affected were aged 55 to 64 (23 per cent). Married/cohabitating men (19 per cent) were more affected compared to widowed/divorced (13 per cent) and single men (10 per cent).

Access to basic services

Since the outbreak of the pandemic, people have faced difficulties in accessing basic services and products such as food, medical protection (masks, gloves, disinfectants), health services, hygiene and sanitary products, public transport, water supplies and social services.

The largest percentage of respondents reported that they did not have difficulties in accessing water supplies (97 per cent), hygiene and sanitary products (91 per cent), or food products (75 per cent). Obtaining personal protective equipment was not difficult for 66 per cent of respondents, but 34 per cent reported major or some difficulties (Figure 15).

FIGURE 15.
Difficulties in accessing food and basic services amid the spread of COVID-19, by sex



A larger percentage of men indicated difficulties in accessing services and goods. In access to food, 30 per cent of men compared to 20 per cent of women reported facing major or some difficulties. For protective equipment, 35 per cent of men compared to 31 per cent of women reported great or some difficulties (Figure 15).

Access to food was difficult for 27 per cent of people from rural areas compared to 23 per cent from urban areas. This was an issue for 39 per cent of people living alone, 27 per cent of families without children and 21 per cent of families with children. Men faced more difficulties between the ages of 45 and 54 (36 per cent) and 18 and 34 (32 per cent), while women faced more difficulties between the ages of 55 and 64 (26 per cent) and 18 and 34 (20 per cent).

Major and some difficulties in access to health services were reported most often by men and women in the same age groups: men aged 45 to 54 (21 per cent) and 18 to 34 (20 per cent), and women aged 45 to 54 (15 per cent) and 18 to 34 (15 per cent). People from urban areas (36 per cent) had greater difficulties in procuring necessary medical devices for personal protection, compared to people from rural areas (32 per cent). Although smaller, there are differences in access to health services, public transport, hygiene products and access to social services for people from urban and rural areas, whereas people from rural areas were more likely to face major or some difficulties in accessing services or products.

Discrimination

Survey findings indicated that the majority of respondents (92 per cent) had not experienced an increase in any form of discrimination, prejudice or racism in the country and the environment in which they live since the start of the crisis. Although the difference was insignificant, more women than men reported an increase in discrimination, prejudice or racism where they live.

Violence against women and domestic violence

IMPORTANT:

The prevalence of violence against women and domestic violence is always difficult to quantify or determine through official reports and statistics, given the exceptional complexity and sensitivity of the problem, stigmatization and double victimization, distrust in institutions, and the extent to which violence against women and domestic violence is normalized in a society. This section of the report provides a general overview of perceptions, information and/or personal experiences with domestic violence since the beginning of the pandemic, with a particular focus on awareness, access to specialized support services and the reporting of gender-based violence. Additional in-depth analysis is needed for detailed and comprehensive insights into the impact of the pandemic on violence against women and domestic violence.

The survey found that 3 per cent of respondents had experienced or heard of someone who had experienced domestic violence since the start of the pandemic. The percentage was the same (3 per cent) for women and men. Of those who reported that they had experienced domestic violence or heard of other victims of domestic violence since the pandemic began, 81 per cent confirmed that they knew where to seek help or support in case they were exposed to or witnessed domestic violence. A higher percentage of women (84 per cent) compared to men (78 per cent) replied that they knew where to turn for help and support. Among women, all in urban areas, 12 per cent said that they do not know where to seek help, compared to 17 per cent of men. Married/cohabitating respondents (18 per cent) were less informed about access to help and support compared to single respondents (7 per cent).

Of the respondents who knew where to turn for help, 44 per cent stated that they did not face any difficulties, and 10 per cent that they faced some difficulties in accessing support services in cases of domestic violence. Younger women aged 18 to 34 (10 per cent) compared to other age groups faced more difficulties in access, and were most likely to report that they did not seek help or support (14 per cent). For men, those aged 35 to 44 (6 per cent) and 45 to 54 (6 per cent) faced the greatest difficulties in accessing these services.

The findings showed that 43 per cent of women compared to 33 per cent of men had not sought help or support for personal experiences with domestic violence or information on victims of domestic violence since the start of the pandemic. People in rural areas (17 per cent) were more likely to face some difficulties in accessing services for protection from domestic violence compared to people in urban areas (7 per cent), and less likely to seek help or support compared to people from urban areas. This reflects the current limited access to specialized support services to respond to violence against women and domestic violence in rural areas, and limited awareness of available support, help and protection for victims. These factors influence the lower level of awareness and reporting of violence against women and domestic violence in rural compared to urban areas.

4.5.

Access to sexual and reproductive health services for women

Access to sexual and reproductive health services is critical to women's health. As health facilities shifted gears to deal with the pandemic, access to essential health services for women, especially those in the most vulnerable groups, became significantly constrained. The health of women, mothers and newborns deteriorated.³³ For better insights into the specific experiences of

women in accessing health services since the start of the pandemic, a special set of questions was used only for female respondents (n = 755).

The findings indicated that 3 per cent of women have needed gynaecological services and prenatal and postnatal care since the pandemic began, and did not face difficulties in accessing them.

TABLE 7.

Access to gynaecological services and prenatal and postnatal care

Since the beginning of the spread of COVID-19, have you faced difficulties in accessing gynaecological services and prenatal and postnatal care?			
	Women (n = 755) (percentage)	Urban area (percentage)	Rural area (percentage)
I do not need these services	96	96	96
Yes, but I did not face any difficulties	3	4	3
Yes, I faced some difficulties	1	0	1
Yes, I faced great difficulties	0	0	0

When asked about access to sexual and reproductive health services (contraception, counselling, screening and treatment for sexually transmitted diseases, etc.), 98 per cent of respondents said they had not needed such services since the start of the pandemic. Only 2 per cent needed these, but did not face any difficulties in accessing them (Table 8). The small percentage who needed these services were aged 18 to 44, and the majority were married/cohabitating and had children.

These findings reflected the situation only within the first two months after the pandemic. A deepening crisis with prolonged impacts could change these initial results and increase needs for these particular health-care services for women, especially considering that sexual and reproductive health check-ups usually take place over certain time intervals and might entail several months between appointments.

TABLE 8.

Access to sexual and reproductive health services (contraception, counselling, etc.)

Since the beginning of the spread of COVID-19, have you encountered difficulties in accessing health services for sexual and reproductive health (e.g. contraception, counselling)?			
	Women (n = 755) (percentage)	Urban area (percentage)	Rural area (percentage)
I do not need these services	98	98	98
Yes, but I did not face any difficulties	2	2	2
Yes, I faced some difficulties	0	0	0
Yes, I faced great difficulties	0	0	0

³³ United Nations, 2020, Policy brief: The Impact of COVID-19 on Women, available from <https://bit.ly/3dwxMqF>.

5.

CONCLUSIONS AND RECOMMENDATIONS



5. CONCLUSIONS AND RECOMMENDATIONS

Gender analysis of the crisis measures

The desk analysis of the government's crisis measures showed that although economic and social measures were adopted at the beginning of the crisis, and included gender-sensitive measures to a certain extent, there is a lack of a more specific focus on women. Given existing gender inequalities in the economy, there is a danger that the consequences of the pandemic will further deepen inequalities and worsen the economic position of women, especially those in vulnerable groups. Increased reports of violence against women and domestic violence during the pandemic have confirmed warnings from civil society groups, institutions and international organizations. Measures to maintain reporting of violence during the curfew as well as information campaigns on social networks were minimum steps for the initial period of the crisis. A much more comprehensive strategy is needed moving forward to deal with rising violence against women and domestic violence, especially given uncertainty over the duration of the pandemic, and the need for restrictions on movement and isolation measures that could increase risks.

Economic security, employment and livelihood

Although there were no significant gender differences in terms of workload and job losses for women and men as a result of COVID-19, reports of job losses varied among age groups, with higher vulnerability among women aged 45 to 54 and young men aged 18 to 34. The survey data indicated that the crisis measure allowing one working parent to stay home to care for a child or children up to age 10 had been used only by employed women in urban areas who were married/cohabitating or were single mothers, with the highest usage among women aged 18 to 44.³⁴ This may have potentially negative consequences for employed women in the longer run (if the pandemic continues at an intense rate) as it may further increase gender-based discrimination in the labor market and the risk of layoffs for women, particularly if there is abuse and inadequate prevention and protection of workers' rights. Additionally, if the pandemic persists over the longer term, use of this measure exclusively by women may further strengthen traditional gender roles, where women are primarily responsible for childcare and domestic unpaid work, and men are primarily responsible for paid work. This would in turn limit career opportunities for women.

Findings showed that more women than men changed their workplace location and continued with work from home. Flexibility in and adaptation of work responsibilities as a result of the crisis could have long-term positive effects on the balance of work and private life, if such arrangements are maintained and improved in the post-crisis period. Flexible working arrangements for both parents (women and men equally) could be particularly important in achieving an equitable redistribution of domestic activities and care for children, and diminishing gender-based discrimination in the labour market. Post-crisis improvements in work-life balance will lead to transformative positive effects, however, only if they do not come at a cost or impose tradeoffs that result in deterioration of labour rights, social benefits and security for employees.

The crisis has had a significant impact on the livelihoods and earnings of women and men. The highest percentages of respondents with decreased income were groups earning their salary from paid work, earning income from agricultural activities, and working as business owners or freelancers. The proportion with decreased income from paid work, farming, businesses or investments was higher among men than women. Both women and men from rural areas experienced declines in income from agricultural activities, but the drop-off was more pronounced among rural women. Compared to men, women faced greater reductions in income from pensions, social payments, remittances and support from family and the Government. This suggests that women depend more on social transfers and remittances.

If restrictive measures continue, women would be more negatively affected compared to men, especially in covering basic living costs. One in three women said that she would have difficulty covering basic costs for food and necessary hygiene products, and that it will be difficult to cover payments for rent and utilities. More women than men stated that they would have to seek help from relatives and friends. Women from rural areas were the most vulnerable category among respondents in terms of their financial situation. Compared to women from urban areas, rural women would face more difficulties in paying basic expenses (food, hygiene products) and accessing health services, and would more likely need to ask for help from relatives or take a loan. Rural women were also more vulnerable than rural men. People from smaller ethnic communities would face more difficulties in covering the basic costs of food, rent and utilities if crisis measures continue.

³⁴ Republic of North Macedonia, 2020, Excerpt from the Draft Minutes from the Fifteenth Session of the Government of the Republic of North Macedonia held on 10 March 2020, available at <https://bit.ly/3guY11a>.

Distribution of household chores and care activities

The survey found that both women and men were spending more hours on domestic chores (cleaning and household maintenance, shopping and procurement of groceries, general household management, and cooking and serving meals) and care work for children or adults. But women were much more likely to undertake a disproportionately larger share of unpaid domestic and care work since the outbreak of the pandemic, devoting far more time to household activities, caring for and educating children. The gender gap in care activities was smaller than in domestic work, indicating that men have been involved more in the former. These findings confirm that the pandemic has exacerbated pre-existing and high gender disparities in unpaid domestic and care work, which has been predominantly performed by women.

Men overall received more help from their partners when married/cohabitating, or from other members of a family when widowed/single. There was little gender difference in support from partners in households without children; more women compared to men reported increased support from their partners. Women also reported increased assistance from their sons in domestic work. The greater involvement of young men in domestic work is a positive aspect in changing traditional gender roles in the family, particularly for younger generations.

Access to basic services and security

More women than men experienced increased stress and anxiety as a result of the pandemic, implying negative consequences for their mental health. Women more often saw the closure of schools as having a significant impact on their lives, compared to men, which again reflects the pre-crisis situation in house-

holds where women were primarily responsible for care and support in the education of children.

Regarding access to basic services and products during the crisis, men to a greater extent than women said their conditions had become more difficult since the crisis began, especially when it comes to securing food and medical protective equipment (masks, gloves, disinfectants) to prevent the spread of the virus. In terms of specific women-related concerns, such as access to health care and violence, the survey provided indicative findings, but these need to be viewed with caution given the complexity and sensitivity of these issues, especially violence against women and domestic violence.

The findings showed that during the pandemic, almost half of people who had experienced violence or had knowledge of a case of violence did not seek help from appropriate institutions, services or police. This was more often the case with women compared to men. People in rural areas were more likely to face some difficulties in accessing services for protection from domestic violence compared to people in urban areas, and were less likely to report violence and seek help. These findings reflect the current limited access to specialized support services to respond to violence against women and domestic violence in rural areas, and limited awareness of available support, help and protection for victims.

On access to sexual and reproductive health services for women, women had not faced serious difficulties in accessing these. But this finding reflected the situation at the beginning of the pandemic. A deepening and prolonged crisis could change these initial results, including through the diversion of health-care resources to the COVID-19 response. Unmet demand for particular health-care services for women could be an issue, considering that sexual and reproductive health check-ups are usually undertaken at specified intervals, and many that were postponed may now be coming due.

Recommendations

Taking into account the findings of the research, and towards mitigating the negative impacts of the crisis and its prolonged duration, which could deepen existing gender inequalities, the following recommendations are made for policymakers:

1 The design of crisis measures and policies to deal with the consequences of COVID-19 should be based on gender analyses and assessments of the impacts of policies on women and men, and gender equality. An intersectional approach and a focus on vulnerable groups of women must be integral to developing crisis measures and policies.³⁵

2 For effective and comprehensive monitoring of the impacts and course of the crisis, as well as the impacts of crisis measures and policies to respond, it is necessary to use existing systems for collecting and sharing gender-disaggregated data at the national and local levels, and create new ones where required. Institutions should publish systematic, regular reports and reviews with key gender-disaggregated indicators on socioeconomic status, health, education, access to basic services, as well as violence against women and children, and domestic violence. Providing timely and accurate gender-disaggregated statistics enables informed policymaking based on research and analysis from a gender perspective. This in turn ensures the accurate calibration of policies and associated measures as well as budgetary resources to effectively support those who need them most.

3 Crisis management institutions and bodies at the national and local levels need to integrate a gender perspective in every aspect of consultations and decision-making related to crisis measures and policies. Institutional mechanisms (the gender machinery) responsible for promoting gender equality are a good basis for inserting gender expertise in crisis headquarters operations at the national and local levels. The Sector for Equal Opportunities for Women and Men at the Ministry of Labor and Social Policy, the coordinators for equal opportunities in ministries and municipalities, the Commissions for Equal Opportunities at the local level, and the InterMinisterial Consultative and Advisory Group for Equal Opportunities for Women and Men are all mechanisms to promote gender equality. They have the capacity and mandate to be properly involved in the work of crisis headquarters, commissions and bodies. They

can contribute to and follow the inclusion of gender perspectives in all phases of creating, implementing and evaluating crisis measures and policies.

4 A gender equality advisory body should be created to serve as an external consultative and advisory mechanism for a variety of institutions and the main crisis headquarters. It could bring together representatives of the academic community and civil society organizations, experts on gender equality and other relevant actors. The aim would be to mobilize all capacities and extra-institutional expertise on gender equality to help create appropriate crisis policies tailored to the different needs of women and men. At the same time, this body will enable greater transparency, coordination and representation in creating and adopting gender-responsive policies.

5 An urgent priority is to create a national contingency plan for the protection and prevention of violence against women and domestic violence. It should be aligned with the provisions and standards of the Istanbul Convention and the National Action Plan for its implementation until 2023. This plan could clearly and in detail define measures for protecting victims, minimizing consequences, and preventing violence against women and children and domestic violence. The plan could include alternatives for safe and easy ways of reporting violence, as well as a broad spectrum of information and education campaigns that are not limited to social and traditional media. It should seek to increase the capacity of specialized services and enhance flexibility through temporary additional centres that operate under special protocols (such as through the use of hotels, resorts, etc.) and complement existing facilities during the pandemic.

6 Institutions need to develop a precise plan with phases, scenarios and detailed protocols for the functioning of kindergartens and schools during the pandemic, as well as a plan with appropriate measures for rapid adaptation in case of a return of isolation measures and limited movement. Such a plan would provide clear guidelines for the actions of institutions, parents and children, depending on the course taken by the pandemic, and thus would support childcare and students without the danger of women's long-term isolation from the workplace. Such plans must take into account different socioeconomic conditions of families, giving priority to those who are more vulnerable where there are not alternative care options (e.g., single mothers, single-parent families).

³⁵ An intersectional approach refers to operationalizing the concept of intersectionality in policymaking. The concept acknowledges how two or more forms of discrimination (on the basis of gender, class, race, ethnicity, nationality, religion etc.) are intertwined, reinforce each other and create specific forms of discrimination, conditioned by social structures and power relations (see EIGE at <https://bit.ly/2D7ESoW>, and UN Women at <https://bit.ly/3jEgxYB>).

7 All crisis measures and policies must be gender sensitive. A special focus must be placed on gender-responsive budgeting as a tool for developing socioeconomic measures that will specifically target women who are part of the informal economy, farmers, single mothers (widows, single-parent families), victims of violence and domestic violence, and employees in production facilities and essential sectors who are exposed to a constant risk of infection, violations of labour rights and job losses (textile factories, shops, markets, etc.). The findings showed that female farmers and women in rural areas have been particularly vulnerable since the start of the pandemic. Special measures to support their activities (including those registered under the Pension and Disability Insurance Act) are needed to reduce the risk of further deterioration in their already fragile economic condition.

8 Budget adjustments on the central and local level must be gender responsive and based on gender analysis and ex-ante assessments on the effects on women and men, taking into account different needs

during the pandemic. Women compared to men rely more on public services (health care, education, kindergartens, public transportation, social assistance, etc.). Budget adjustments must consider these gender aspects to prevent increases in gender inequalities. Furthermore, budget adjustments need to be made based on broad consultations with representatives from the academic community and civil society organizations, gender experts and all relevant stakeholders working on gender equality and women's rights.

9 In the medium and long term, investing in the care economy is a priority for dealing with the pandemic and reducing gender inequalities, especially in the economic sphere, unpaid domestic and care work, health care and education. Systematic and continuous investment in improving the quality of and access to kindergartens and care centres for the elderly, proper and affordable public health services with coverage throughout the country, and quality public education free from gender stereotypes and prejudices are prerequisites for reducing gender and socioeconomic inequalities among women, in every sphere of society.

ANNEX 1.

Annex 1. Demographic characteristics of the sample

		Total (N = 1,500)	Men (N = 745)	Women (N = 755)
Age of respondents	18-34	34,1%	39,3%	29,0%
	35-44	19,9%	19,2%	20,5%
	45-54	17,3%	15,3%	19,2%
	55-64	14,5%	14,1%	15,0%
	65+ years old	14,2%	12,1%	16,3%
Marital status	Single	28,3%	35,7%	21,1%
	Married/cohabiting	62,2%	59,1%	65,3%
	Married but separated	0,0%	0,0%	0,0%
	Widowed/divorced	9,5%	5,2%	13,6%
	Refuse to answer	0,0%	0,0%	0,0%
Level of education	No education	2,1%	0,8%	3,3%
	Primary	12,7%	10,6%	14,8%
	Secondary	58,7%	63,0%	54,4%
	Tertiary	26,5%	25,6%	27,4%
Residence area	Urban	60,0%	58,4%	61,6%
	Rural	40,0%	41,6%	38,4%
Nationality or ethnic group	Macedonian	64,0%	59,7%	68,2%
	Albanian	25,0%	29,7%	20,4%
	Other	11,0%	10,6%	11,4%

ANNEX 2.

Survey questionnaire

Survey: Consequences of COVID-19 on women's and men's economic empowerment

"Good morning/good afternoon. I am _____ and I work for Indago from Skopje, an independent market research and polling company. The rapid spread of Covid-19 has taken the world by surprise and, UN Women, want to understand how the changing situation is affecting women and men in order to support efforts to ensure that gender perspectives are properly addressed in COVID-19 preparedness and response efforts. Answering this survey questions should take no more than around 15 minutes. All responses will be kept strictly confidential and anonymous.

Thank you for agreeing to provide your time and insights."

DEMOGRAPHIC CHARACTERISTICS

Q1. Sex (MANDATORY)

[Please select one, then NEXT]

1. Male
2. Female
3. Other - (OPTIONAL)

Q2. How old are you? (MANDATORY)

[Please inset your age in years]

__ [YEARS]

Q2.1 Age category?

1. 18-29
2. 30-39
3. 40-49
4. 50-59
5. 60+

3. What is your marital status?(MANDATORY)

[Please select one, then NEXT]

1. Single
2. Married
3. Living with partner/Cohabiting
4. Married but separated
5. Widowed
6. Divorced
7. Refuse to answer

Q4. What is the highest level of education that you have completed? (MANDATORY)

[Please select one, then NEXT]

1. No education
2. Primary
3. Secondary
4. University or equivalent

Q5. Current nationality or ethnic group (OPTIONAL)

[Please select one, then NEXT]

1. Macedonian
2. Albanian
3. Other (please specify) _____
4. Refuse to answer

Q6. Where are you living/residence area? (MANDATORY)

[Please select one, then NEXT]

1. Urban
2. Rural

Q6.1 In which municipality do you live? (MANDATORY)

[Please select one, then NEXT]

Q7. How many people live with you? (MANDATORY)

INT. If the respondent lives with other people, ask him/her TO EXCLUDE HIMSELF/HERSELF from a total number of people by asked age categories

[Please select one, then NEXT]

0. I live alone
1. Number of children 0-17 ____
2. Number of adults 18-64 ____
3. Number of elderly 65+ ____

Q.7.1. How many people with special needs live in your household?

0. No one
1. Number of persons with severe needs _____
2. Number of persons with moderate special needs _____

MAIN SOURCE OF INFORMATION

Q8. What is your main source of information regarding COVID19 (risks, recommended preventive action, coping strategies)? (MANDATORY)

[Correspond. One answer]

1. Internet & social media (Facebook, Instagram, etc.)
2. Official Government websites
3. Radio//Newspaper
4. Television
5. Public service announcement/speaker
6. Phone (telegram, viber, whatsapp, or call)
7. Community, including family and friends
8. Health center/Family doctor
9. NGO/Civil Society organization
10. Other
11. Do not know about COVID19 GO TO Q 9

Q8.1 How would you rate the information you received (MANDATORY)

[Please select one, then NEXT]

1. Clear and helped me prepare
2. Clear, but it came too late for me to prepare
3. Confusing/contradictory
4. I do not know

EMPLOYMENT AND LIVELIHOOD RESOURCES

Q9. How would you best describe your employment status during a typical week prior to the spread of Covid-19? (MANDATORY)

[Read out, one answer]

1. I worked for a person/company/institutions GO TO Q 9.1
2. I had my own business/Freelancer and I employed other people GO TO Q 9.1
3. I had my own business/Freelancer, but I did not employ other people GO TO Q 9.1
4. I helped (without pay) in a family business GO TO Q9.1
5. I did not work and I was not looking for a job and I was not available to work GO TO Q10.
6. I did not work, but I am looking for a job and I am available to start working GO TO Q10
7. I am retired, pensioner GO TO Q10.
8. I did not work because I am studying full time GO TO Q10.
9. I have a long-term health condition, injury, disability GO TO Q10.
10. Other, specify _____ GO TO Q10.

Q9.1 Since the spread of COVID19, has the number of hours devoted to paid work changed? (MANDATORY)

[Correspond, one answer]

1. Increased
2. No change/It is the same
3. Decreased, but I didn't lose my job
4. I lost my job GO TO Q10.
5. I don't work/don't go to work because I am taking care of my child/children, but I didn't lose my job
6. I don't work/don't go to work because of my chronic disease, but I didn't lose my job
7. I do not know

[NEXT QUESTIONS 9.2-9.4 ONLY ASKED FOR Q9 == 1]

Q9.2 Since the spread of COVID19, have you been imposed to take a leave? (MANDATORY)

[Read out, one answer]

1. Yes, full paid leave
2. Yes, partially paid leave
3. Yes, un-paid leave
4. No, I did not take a leave
5. Not entitled for a leave/not applicable
6. I do not know

Q9.3. Does your employer pay contributions toward pension/social insurance on your behalf? (MANDATORY)

[Please select one, then NEXT]

1. Yes
2. No
3. I do not know

Q9.4 Since the spread of Covid-19, are there any changes in your typical place of work? (OPTIONAL)

[Read out, one answer]

1. Yes, I used to work out of home and now I am working at my own home
2. No, I used to work out of home and now I am still going out for work
3. No, I still work from my own home as previously
4. Yes, I used to work at home and now I am working out of home

Q9.5 If you could not work for at least two weeks because of the coronavirus what would most likely happen to your earnings? (OPTIONAL)

[Read out, one answer]

1. I would likely continue to get paid full salary
2. I would likely continue to get paid partially salary
3. I would likely expect not to get paid
4. I do not know

[NEXT QUESTION ONLY ASKED FOR Q9 == 2 OR 3 OR 4]

Q9.6 Is your business formally registered? (OPTIONAL)

[Please select one, then NEXT]

1. Yes
2. No
3. I don't know

Q9.7 How is your business affected after the spread of COVID-19? (MANDATORY)

[Read out, one answer]

1. It had positive impact on our business
2. It had negative impact on our business
3. Our business was not affected at all
4. Our business stopped operating as the result of Coronavirus

[NEXT QUESTIONS ASKED FOR ALL RESPONDENTS]

Q10. Are you currently covered by any form of health insurance or health plan (MANDATORY)

[Please select one, then NEXT]

1. Covered by health insurance
2. Not covered by health insurance
3. I don't know

Q11. Do you receive any unemployment benefits and/or any financial support from the Government, local municipalities related to the elimination of effects of Coronavirus? (MANDATORY)

[Please select one, then NEXT]

1. Yes
2. No
3. I don't know

Q12. Do you receive any in-kind support from the Government and /or local municipalities related to the elimination of effects of Coronavirus? (MANDATORY)

[Read out, Multiple options]

1. Yes, food
2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)
3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)
4. No
5. I don't know

Q12.1 Do you receive any in-kind support from Non-Governmental/civil society organization or other non-profit organizations related to the elimination of effects of Coronavirus? – (OPTIONAL)

[Read out, Multiple options]

1. Yes, food
2. Yes, supplies for prevention (gloves, masks, sanitizer, etc.)
3. Yes, personal hygiene supplies (menstrual supplies, baby diapers, etc.)
4. No
5. I don't know

Q13. As a result of COVID19, how each of the following PERSONAL resources have been affected? (MANDATORY)

[Read out items and answer options]

	Please mark ✓ appropriate box			
	Increased	No change	Decreased	Not an income source
1. Income/earnings from farming				
2. Income/earnings from own business/ family business, freelancer activity				
3. Income/earnings from a paid job				
4. Income from properties, investments or savings - (OPTIONAL)				
5. Pensions, other social payments=				
6. Food from farming, raising animals or fishing				
7. Money or goods received from people living abroad				
8. Support from family/friends in the country (money, food, etc.)				
9. Government support				
10. Support/Charity from NGOs or other organizations				

DISTRIBUTION OF HOUSEHOLD CHORES

Q14. As a result of COVID19, has the number of hours/time devoted to the following activities changed? (MANDATORY)

[Read out items and answer options]

	Please mark ✓ appropriate box				
	I do not usually do it	Increased	Unchanged	Decreased	Not applicable
1. Cooking and serving meals					
2. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)					
3. Household management (e.g. paying bills)					
4. Shopping for my family/household member					
5. Collecting water/firewood/fuel					
6. Playing with, talking to and reading to children					
7. Instructing, teaching, training children					
8. Caring for children, including feeding, cleaning, physical care					
9. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care					
10. Affective/emotional support for adult family members					
11. Pet care, domestic animals					

Q15. Since the spread of COVID19, in which of the following activities do you spend the most time? (MANDATORY)

[Correspond, one answer]

1. Cooking and serving meals
2. Cleaning and maintaining own dwelling and surroundings (e.g. clothes, household)
3. Household management (e.g. paying bills)
4. Shopping for my family/household member
5. Collecting water/firewood/fuel
6. Playing with, talking to and reading to children
7. Instructing, teaching, training children
8. Caring for children, including feeding, cleaning, physical care
9. Assisting older/sick/disabled adults with medical care, feeding, cleaning, physical care
10. Affective/emotional support for adult family members
11. Pet care

Q16. Since the spread of COVID19 have roles and responsibilities within the household been affected? (MANDATORY)

	Please mark √ appropriate box		
	Agree	Disagree	Not applicable
1. My partner helps me more with household chores and/or caring for family			
2. My daughter(s) helps me more with household chores and/or caring for family			
3. My son(s) helps me more with household chores and/or caring for family			
4. Other family/household members help me more with household chores and/or caring for family			
5. Hired a domestic worker/babysitter / nurse			
6. Domestic worker/babysitter/nurse works longer hours with us			
7. Domestic worker/babysitter/nurse no longer works with us			
8. I am on my own, no one can longer help me with household chores and caring for family			

ACCESS TO BASIC SERVICES AND SAFETY

Q17. As a result of COVID19, did you (personally) experience any of the following:: (MANDATORY)

[Read out items and answer options]

	Please mark √ appropriate box			
	Yes	No	Not applicable	Refuse to answer
1. Physical illness				
2. Illness of a family/household member				
3. Death of a family/household member				
4. Psychological/Mental/Emotional health was affected (e.g. stress, anxiety, etc.)				
5. Migrated/moved to different geographical area within the same country				
6. Recently returned from abroad				
7. Children's school was cancelled or reduced (OPTIONAL)				

Q18. As a result of COVID19, did you (personally) experience difficulties in accessing basic services: (MANDATORY)

[Read out items and answer options]

	Please mark √ appropriate box			
	Major difficulties	Major difficulties	No difficulties	No need
1. Food products/supply				
2. Medical supplies for personal protection (masks, gloves, etc.)				
3. Health services/assistance for myself and/or my family member				
4. Hygiene and sanitary products (soap, water treatment tabs, menstrual products)				
5. Public transport				
6. Water supply				
7. Social services/assistance for myself and/or family member				

Q19. If restrictive measures related to spread of COVID-19 continue, what would most likely to happen to your household financial situation? (MANDATORY)

[Read out items and answer options]

	Please mark √ appropriate box		
	Yes	No	Don't know
1. Would be difficult to keep up with basic expenses (food, hygiene products, etc.)			
2. Would be difficult to pay for renting and utilities			
3. Will have to stop seeking health services/assistance			
4. Will have to ask help from relatives and friends=			
5. Will have to ask help from the local authorities			
6. Will have to take a loan			

Q20. Have you felt increase of any form of discrimination, prejudice in the country/area you live

1. Yes
2. No
3. I do not know
4. Refuse to answer

Q21. Have you felt or have you heard about someone who experienced domestic violence since the spread of COVID-19? - (MANDATORY)

1. Yes GO TO Q21.1
2. No
3. I do not know
4. Refuse to answer

Q21.1 Do you know where to seek help and support in case of someone experiencing domestic violence such as hotlines, psychological and police support? - (MANDATORY)

[Please select one, then NEXT]

1. Yes
2. No
3. I do not know
4. Refuse to answer

Q21.2 Have you faced any difficulties in accessing these services during Covid-19 spread/epidemic?

[Please select one, then NEXT]- (OPTIONAL)

1. I did not face any difficulties
2. I faced some difficulties
3. I faced major difficulties
4. I did not seek help or support
5. I do not know
6. Refuse to answer

[NEXT QUESTIONS ASKED ONLY FOR WOMEN]

Q22. Since the spread of COVID19, did you personally experience difficulties in accessing the following sexual and reproductive health services and contraceptives: (MANDATORY)

[NEXT QUESTIONS ASKED ONLY FOR WOMEN]

a) Gynecological and obstetric care services for myself

1. No need for these services
2. Yes, but I did not face any difficulties
3. Yes, and I faced some difficulties
4. Yes, and I faced major difficulties
5. Refuse to answer

b) Contraceptives

1. No need for these products
2. Yes, but I did not face any difficulties
3. Yes, and I faced some difficulties
4. Yes, and I faced major difficulties
5. Refuse to answer

Q23. Are you...- ONLY FOR MOBILE PHONE - SURVEY

[Please select one, then END]

1. The registered owner of this mobile phone END
2. One of the users of the phone which is registered in someone else's name END

END: THANK YOU! If you would like to know the results of the survey in a few weeks, please check:
<https://data.unwomen.org/>

STAY SAFE!



UN Women North Macedonia

Blvd. VMRO 7/10, Skopje, North Macedonia

<http://northmacedonia.unwomen.org>

www.facebook.com/unwomenskopje