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The intersection of gender and disability in exacerbating poverty in displacement settings: Jordan as a case study

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This paper is dedicated to the millions of displaced men, women, boys and girls of all ages and abilities, who have escaped conflict and violence, often at great risk to themselves and who, despite all odds, demonstrated resilience, courage and strength.

Acknowledgements

Abstract

Enduring violence since the start of the Syrian Civil War in 2011 is a reminder that civil wars and inter-state wars are not merely a remnant of the past but struggles which continue to exude destruction in the lives of many people and which have the effect of generating an exponential influx of refugees who attempt to escape oppression and violence. Indeed, the scale at which the Syrian civil war has escalated is exceptional, causing millions to be displaced internally and in neighbouring countries. Jordan, a country which borders Syria to the North, currently hosts 660,582 registered Syrian refugees with the vast majority of them living in urban settlements rather than UNHCR camps. Evidence suggests that Syrian refugees in Jordan are experiencing astonishing levels of poverty due to depleted resources, loss of livelihoods, poor health and limited educational opportunities. However, these deprivations are further exacerbated for vulnerable groups, specifically disabled male and disabled female refugees who may experience specific challenges due to the intersection of gender, disability and displacement. As such, it is vital for humanitarian organisations to develop a deeper understanding of how ones social location impacts their experience of poverty.

Focusing specifically on Syrian refugees in Jordan, this study sought to 1) understand the main factors that exacerbated poverty for disabled Syrian refugees; and 2) understand how gender intersected with disability to exacerbate poverty in displacement settings; and finally 3) to understand how humanitarian organisations can better address the needs and priorities of disabled Syrian refugees, taking into account gendered vulnerabilities. Through focus group discussions, interviews with disabled Syrian refugees and key informants, the study illustrates and illuminates the intersection of gender and disability in displacement settings by showcasing the qualitatively unique challenges associated with being a disabled female or disabled male refugee. Whilst the research certainly provides a unique outlook into the experiences of disabled Syrian refugees in Jordan, due to the small sample size and a focus on one location, it can only offer a fragmented perspective on the current situation of disabled Syrian refugees, upon which recommendations can be made.

List of Acronyms

ACTED – Agency for Technical Cooperation and Development

CBR – Community Based Rehabilitation

FGD – Focus Group Discussion

GDP - Gross Domestic Product

HDI – Human Development Index

HI – Handicap International

HRF – Human Relief Foundation

IOCC – International Orthodox Christian Charities

INGO – International Non-Governmental Organisation

IRC – International Rescue Committee

JOHUD – Jordanian Hashemite Fund for Development

NGO – Non Governmental Organisation

UNHCR – United Nations Higher Commissioner for Refugees

UN – UNITED NATIONS

UNDP – United Nations Development Programme

WRC – Women's Refugee Commission

WHO – World Health Organisation

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Chapter 1: Introduction

As the Syrian Civil War rages on, the humanitarian sector is under more pressure than ever to deliver more inclusive, effective and appropriate relief. As such, understanding the unequal impact of conflict on refugees, particularly on women and disabled refugees is incumbent upon us to protect the rights of these vulnerable groups. According to WHO (2011:29-31), around 15% of the world's population consists of disabled people and the prevalence of moderate to severe disability amongst females is 11% higher than males. In addition, it is suggested that between 7 to 10% of the world's displaced population is disabled (Mirza, 2011: 1). Indeed, the actual number of disabled refugees may be substantially higher if we consider that "as many as half of the 5000 men, women, and children injured over the first three weeks of the conflict could have permanent impairments" (WHO, 2011: 34). Once they have fled their homes to seek safety in neighbouring countries, the challenge of experiencing disability may lead to worsening socio-economic conditions for refugees who already experience an acute risk to poverty due to displacement (Verme et al, 2016: 83). Moreover, since it is frequently postulated that "the combination of male preference in many cultures and the universal devaluation of disability can be deadly for disabled females" (UN, 2004), bracketing disabled men and women into one homogenous category may be inappropriate. While such trends have been identified in a growing body of literature, there are still few studies on the perilous intersection of gender, disability and displacement. It is hoped that this dissertation can contribute modestly, to the demystification of the intersection of gender and disability in displacement settings by attempting to discern specific issues related to being a disabled male or disabled female refugee and ultimately strengthening the discourse and practise surrounding gender and disability inclusion in humanitarian organisations.

1.2 Contextual Background

At the time of writing this dissertation, the Syrian civil war has been ongoing for six years, and the situation is becoming progressively worse. The social stagnation caused by the conflict has contributed to the entrapment of people in a perpetual state of insecurity, frustration and disenfranchisement. The crisis has rendered millions of people in need of assistance and has had a discernible impact on a whole generation of Syrians causing millions to flee into neighbouring countries such as Jordan:

1.2.1 Jordan

Jordan is an upper-middle income country in the Middle East with a GDP per capita of $5214.20 (World Bank, 2013) and a HDI of 0.748 (UNDP, 2015:2). Despite these promising indicators, some segments of the Jordanian community still continue to live in extreme

poverty and the arrival of refugees poses additional impediments for a government obligated to balance the needs of its citizens and the burgeoning refugee population (REACH, 2014:4). Jordan is known to be quite progressive in its response to the Syrian refugee crisis; there are currently around 660,582[1] registered Syrian refugees with only 21% in formal camp settings and 79% in urban settings (UNHCR, 2017; 3RP, 2016: 49). With regards to disability, Jordan has signed the 2006 UN Convention on the Rights of Persons with Disability and is regarded as exemplary in promoting disability rights (UN, 2015:6). Notwithstanding, there is generally a dearth of reliable statistics on disabled Syrian refugees in Jordan, with only one report documenting around 26% of surveyed Syrian refugees with impairments (HelpAge, 2014: 6). With regards to gender, 50.6% of the Syrian refugee population in Jordan is female and the remaining 49.4% is male (UNHCR, 2017).   Despite the lack of reliable statistics, what can be extracted from various reports is that the situation of disabled Syrian refugees in Jordan is rapidly deteriorating as the brutality induced by their status as refugees has intensified their vulnerability to poverty, with women being particularly susceptible to risks (Pearce, 2014:1). In spite of these setbacks, organisations such as the UNHCR's Disability Task Force and Handicap International have recognised the specialist needs of disabled Syrian refugees in Jordan by encouraging humanitarian organisations to make more inclusive programmatic decisions (DTF, 2015:1) and as such, part of this research will investigate the needs and priorities of disabled Syrian refugees in Jordan.

1.3 Research questions

In light of the above, the following research questions have been devised to guide the exploration of this topic:

1. What are the main factors that exacerbate poverty for disabled Syrian refugees?
2. How does gender intersect with disability to exacerbate poverty in displacement settings?
3. How can humanitarian organisations better address the needs and priorities of disabled Syrian refugees in Jordan, taking into account gendered vulnerabilities?

1.4 Research Methods

This research will adopt a qualitative approach to data collection through semi-structured interviews and Focus Group Discussions (FGD) with disabled Syrian refugees and key informants from humanitarian organisations in Jordan. Due to the limited number of

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[1] These figures are subject to change on a daily basis and the actual number of Syrian refugees may be substantially higher if we consider unregistered refugees.

interviews and FGD's, as well as time and capacity constraints, this research does not profess to be comprehensive or statistically representative.

1.5 Dissertation overview

The dissertation is structured as follows:

- **Chapter 1 (Introduction) –** This chapter outlines the introduction and rationale including an attempt to ground the focus of my research in the context of the Syrian refugee crisis.
- **Chapter 3 (Literature review) –** This chapter attempts to illustrate broadly the core concepts and debates relating to gender, disability and displacement, followed by the intermeshing of the three variables with the theory of intersectionality.
- **Chapter 4 (Research Design & Methodology)** – This chapters attempts to introduce the methodological approaches adopted including the research philosophy and data collection methods, as well as the ethical considerations and anticipated limitations.
- **Chapter 5 (Findings & Analysis) –** This chapter will unveil the findings of my research with an in-depth analysis.
- **Chapter 6 (Conclusions & Recommendations)** – This chapter will summarise the research, including the findings and offer recommendations for the humanitarian community.

Chapter 2 – Literature review

In this chapter, I will explore the relevant literature relating to disability, gender and displacement followed by the interlocking of the three variables from an intersectional feminist perspective. It is worth pointing out that the literature review will not unravel new findings but is intended to provide an inventory of research that relates to disability, gender and displacement.

2.1 Engaging with key concepts

This section is dedicated to examining the core concepts that I will engage with throughout this dissertation. Any useful discussion on the intersection of gender and disability in displacement settings naturally requires an understanding of the core concepts involved and their theoretical underpinnings. Consequently, this section is dedicated to examining the concepts that I will engage with throughout this dissertation.

2.1.1 Understanding Disability

When defining disability, it is important to remember that there are various types and degrees of impairments. According to the UN Convention on the Rights of Persons with Disabilities, disabled persons are described as:

> "Those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others (UN, 2008:4)

However, as implied by Harris-White (2003:3), there is no universally agreed understanding of what constitutes disability: "Disability is a relative term because cultures define differently their norms of being and doing". As such, when examining the experiences of different social groups, it is important to be critically aware of how our language and location can construct a view of the world that is incongruent to other contexts. For example, Ogechi & Ruto (2002:64) state that the term 'disability' as a social category does not readily translate into some African languages. The fluidity of defining disability also gives hint to the difficulties of conceptualising it.

2.1.1.2 Conceptualising Disability

Due to the constricted nature of the paper, it is impossible to provide a comprehensive analysis of the conceptual models and theories associated with disability and therefore, it is only possible to provide a synoptic overview:

Medical model – The medical model is informed by the idea that disability is caused by medical impairments solely in need of rehabilitation and treatment (Bury, 2000:179). As such, the model adopts a biologically essentialist approach by pathologising disability (Mohamed & Shefer, 2015: 4). This model has been subject to criticism for various reasons, including its 'othering' of disabled people as well as its concomitance with neoliberal discourses that construct disabled people as less 'productive' in the context of global consumerism, thus rationalising their marginalisation (Barnes & Mercer, 2010: 83; Lang, 2001:15; Mitra, 2006:237). More importantly, however, the emergence of the social model of disability has led to scathing critiques of the 'medical model'.

Social model - The social model of disability represents an effort to break away from the stringent biomedical classification of disability and is largely attributed to the work of Oliver (1996:22) who emphasised that disability is caused by the systematic imposition of structural barriers. As such, disability is a socially orchestrated experience, underpinned by attitudes and structures that lead to the exclusion of disabled people (Goodley, 2007: 5). Despite the cogency of these debates, the social model of disability has also been rigorously criticised by Grech (2011:89) who argues that this concept of disability is overwhelmingly Eurocentric and cannot always be translated effectively into Southern contexts. Moreover, Hughes & Paterson (1997:326) have argued that the social model still concedes with the taxonomy of the medical model by recognising the impaired body in terms of its medical underpinnings – as pre-social and ahistorical rather than recognising impairment as socially and culturally constructed. Notwithstanding the model offers a truly influential exposition on disability and has frequently dominated disability studies debates.

As such, for the purpose of this study, I will borrow the social model's understanding of disability as the product of systematic patterns of exclusion that are structurally woven into society (Emmett and Alant, 2006:446). Moreover, in describing persons with impairments, I will utilise the term 'disabled' as it is consistent with the understanding that disability is not inherent but rather exclusionary environments are what disable a person (Al Ju'beh, 2015:25)

2.1.2 Understanding Gender

Gender has to be differentiated from 'sex' which determines the biological differences between males and females. Gender is socially constructed and determines the values, norms and practises associated with a particular sex and often determine who make decisions and control resources (UNWOMEN, n.d). It is worth noting that 'gender' is not a substitute for 'women' and therefore, discussions on men's socially sanctioned position should feature integrally.

2.1.3 Understanding Displacement

Displacement is typically used to describe the demographic movement or departure of people from their homelands as a result of conflict, persecution and disasters. This can include persons who are displaced internally, known as internally-displaced people (IDP's) and persons who are displaced outside of their homelands (UNESCO, n.d), such as Syrian refugees in Jordan who can be described as those who:

> "owing to well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or, owing to such fear, is unwilling to avail himself of the protection of that country; or who, not having a nationality and being outside the country of his former habitual residence as a result of such events, is unable or, owing to such fear, is unwilling to return to it." (UNHCR, 1951: 14)

For the purpose of this dissertation, however, the term "displaced" and "refugee" will be used interchangeably.

2.2 Poverty and disabled people

Building on the previous section which defined the key concepts, the next section aims to illuminate the interlocking of disability with poverty and displacement. It is envisaged that the examination of literature pertaining to poverty and displacement will partially address research question 1: *What are the main factors that exacerbate poverty for disabled Syrian refugees?* Indeed, a discussion on the links between disability and poverty is particularly pertinent because Verme et al (2016: 83) recently established that Syrian refugees in Jordan are living in perilous conditions and are experiencing appalling levels of poverty; 3RP (2016: 49) reports that 89% of Syrian refugees in Jordan are living below the Jordanian poverty line. Moreover, although Jordan implements social protection measures for its citizens through a multitude of actors, including the Ministry of Social Development (MoSD), refugees are not eligible for these services (Röth et al, 2017:6). As such, it can be surmised that the situation of disabled refugees may be particularly dire due to their acute vulnerability to poverty.

2.2.1 The nexus between disability and poverty

Disabled people are not a homogenous group; living with impairments does not necessarily result in poverty. However, it is frequently postulated that disability and poverty are inextricably linked; in that, endemic poverty contributes to the risk of disability and disability intensifies the risk of poverty (Mitra et al 2013:1; Groce et al, 2011: 1493). In analysing the links between disability and poverty, understanding the term "poverty" is also critical in elucidating this supposed link. Like the term "disability", the term "poverty" has

experienced considerable deliberation; poverty was frequently synonymised with a lack of economic growth, as it was suggested that development was premised on the accumulation of material wealth (McKay, 2004:45). However, this concept has subsequently undergone changes and it is now recognised that "poverty" is a multidimensional concept that transcends simplistic notions of economic growth and captures non-income related deprivations such as capabilities, health and education which are instrumental in enabling participation and human flourishing. This has advanced the notion that structurally imposed inequalities and barriers which hamper opportunities for disabled people are entrenched within the very definition of poverty itself (Sen, 1999:8, UNDP, n.d). Interestingly, the social model of disability has also been noted for its correlativity with Amartya Sen's capability framework which provides a way of evaluating an individual's capacity to achieve well-being across a variety of dimensions including spiritual, social, economic and political dimensions and therefore, recognises 'poverty' as capability-deprivation (Sen, 1993:36-37). Such deprivations severely restrict one's ability to escape poverty, which according to Sen's capability approach occurs when people have the freedom to achieve the functioning's they value (Sen, 1993: 31). According to Burkhardt (2004:740), there are parallels between the social model of disability and the capability framework in the sense that both place emphasis on the removal of societal barriers in order to encourage participation. In a similar way, the UN has attributed poverty to non-material dimensions such as "a denial of opportunities and choices" and "powerlessness and exclusion of individuals"; predicaments which many disabled people experience and which correspond with Sen's capability framework (UN, 1998; WHO, 2011: 10).

In an attempt to explain this relationship, substantial research has repeatedly conveyed that disability heightens the risk of multi-dimensional poverty. For example, a desk-based study of fifteen developing countries based on household survey data by Mitra et al (2011: iv) found disability prevalence to be highest amongst households that fell below the $1.25 poverty line. Moreover, a study focused on chronic poverty in Uganda found that disabled people faced various forms of environmental and attitudinal barriers in accessing education which subsequently subjected them to chronic poverty and contributed to the intergenerational transmission of poverty (Lwanga-Ntale, 2003: 24; Bird, 2007:24). Moreover, using Sen's capability approach as the theoretical underpinning, we can surmise that the environmental and attitudinal barriers experienced by people with impairments resulted in the deprivation of capabilities through inadequate participation in society, thus generating poverty (Burkhardt, 2004:744). Furthermore, research by Boukhari (1997:37) epitomised the stigma of having a disability in Lebanon: "the birth of a disabled child is seen by many as not only a misfortune, but as shameful and embarrassing". The implications of stigma may serve to further isolate disabled people and perpetuate poverty, as Sen (1983: 159) acknowledges that shame is at the "irreducible absolutist core" of poverty due its detrimental impact on an individual's capability to achieve good mental health, social capital and civic engagement (Walker et al, 2007:6). Interestingly, the nexus between disability and

poverty has been described as a "vicious cycle" (Trani & Loeb, 2012:3), in that; poverty and disability reinforce each other. To demonstrate this, a study conducted in Cambodia by DFID found that poor access to healthcare meant that preventable health problems such as ear infections eventually resulted in permanent hearing impairments amongst children (Thomas, 2005:6). From these perspectives, it appears that the interconnectedness of disability and poverty is axiomatic in the rhetoric of international development. Indeed, various multilateral agencies such as the World Bank (2007: 2) and WHO (2014:1) have increasingly regarded disability inclusion as a critical element of their poverty elimination strategies.

Despite the intriguing link between disability and poverty, it is noted by Groce et al (2011: 1494) the credibility given to this link largely anecdotal due to the:

> "Lack of a universally agreed global definition of what constitutes disability and a lack of robust statistical data regarding the social and economic status of people with disabilities".

Moreover, Groce et al (2011:1501) argues that the lack of longitudinal research based on scientifically sound data on disabled people obfuscates our understanding of the poverty-development nexus. In addition to this, Palmer (2011: 216) has noted that most studies on the interconnection between disability and poverty do not disaggregate data by severity or type of impairment which is critical for a satisfactory poverty analyses; in fact, the importance of disability-disaggregated data is alluded to by WHO (2011:8) which acknowledged that persons with intellectual impairments may experience greater disadvantages than persons with other types of impairments. In addition to these critiques, post-structuralists authors such as Grech (2011:89) have challenged the notion that while the relationship between poverty and disability has been articulated by researchers concerned about the plight of disabled people, the authoritarian and destructive implications of neoliberal economic development as an ideological export, which disabled people are to be included in and the potential impact that this may have, has rarely been examined. Despite these criticisms, I will argue that there exists a correlation between disability and poverty but that this link may be influenced by a plethora of contextual factors. It is therefore fitting to follow this by an analysis of the experiences of disabled people in displacement, as it is widely acknowledged that displacement contexts will aggravate prior conditions of poverty.

2.2.2 Disability and Displacement

If poverty intersects with disability, the situation is likely to be considerably worse for disabled people escaping conflicts. According to Groce et al (2011:1499) political upheavals which intensify and devolve countries into civil war herald greater consequences for disabled people and are also less likely than their non-disabled counterparts to benefit from

humanitarian interventions due to exclusionary policies and practises of humanitarian organisations, coupled with environmental and attitudinal barriers of communities', thus exacerbating their poverty (Hemmingway & Priestley, 2006:66). Such assertions correspond well with the social model of disability which constructs persons with impairments as disadvantaged due to the myriad of barriers they face, rather than being disabled as an inherent consequence of their impairment (Oliver, 1996:22). The impetus for this section, therefore, is to survey key literature on the barriers and challenges faced by disabled refugees in displacement settings:

- **Environmental barriers -** One of the issues adversely affecting disabled people in displacement settings is physical inaccessibility to humanitarian programmes. This is particularly problematic for refugees living in urban areas where access to services may be hindered by the geographical dispersion of humanitarian services and the physical environment (WRC, 2008:11). Research in Jordan revealed that refugees with physical impairments could not afford to rent apartments on the ground floor which ultimately restricted their ability to leave and enter the home, thus contributing to their seclusion from the community (Crock et al, 2015: 48). Physical access could have broader consequences for disabled refugees in accessing humanitarian services including access to food distribution points and health services (Mirza, 2014: 422). Moreover, livelihood opportunities have been identified as an area where disabled refugees may face overwhelming barriers, particularly if programmes are not adapted to their needs (WRC, 2008:2; Shivji, 2010:6). Access to educational programmes may be constrained by the physical layout of classrooms and capacity limitations such as a lack of teaching aids or specialist teachers (Mirza, 2014:423). For Syrian refugees in Jordan, Crock et al (2015:54) reported that places in specialist schools were limited and mainstream schools were unfortunately poorly equipped to accommodate children with impairments. Despite these setbacks, some advances have been made which indicates that mainstreaming disability inclusion across the sector is possible. For example, refugee camps in Nepal and Thailand have been noted for successfully integrating disabled children into mainstream schools (Reilly, 2010:9).

- **Institutional barriers -** In addition to these environmental barriers, it is recognised that disabled refugees may require healthcare specific to their disability which they may not be able to afford or have access to in displacement settings due to the exclusionary nature of programmes (Kett & van Ommeren, 2009:1802). According to WHO (2011: 57), disabled people are at greater risk of unmet healthcare needs, particularly sexual and reproductive services in displacement settings, perhaps due to a lack of understanding, lack of appropriately trained professionals and funding constraints (Pearce, 2015:469; Mirza, 2015:483).

- **Loss of social support** - Another major concern frequently cited in literature is the breakdown of community support mechanisms, such as extended families and carers, which could affect disabled refugees disproportionately by contributing to their isolation and exposing them to protection risks (WRC, 2008:2). Indeed, many Syrian refugees in Northern Jordan arrived from Dara'a in the Southern part of Syria; an area considered to be "socially cohesive" with a strong emphasis on tribal and family structures (Ritchie, 2017:11). The loss of social support networks is regarded as detrimental to the emotional well-being of refugees and conversely, where bridging capital has emerged, refugee families have reported a greater quality of life (Stevens, 2016: 59). As such, where disabled refugees face attitudinal, environmental and institutional barriers, the loss of community support mechanisms may considerably heighten their vulnerability to poverty (Kett and Trani, 2010:12; Karanja, 2009).

Ultimately, what emerges from these field-based findings is that impairment, in interaction with a multitude of barriers may intensify the challenges that refugees already experience. Nevertheless, considerable progress is currently being made by the humanitarian community to promote inclusion for disabled refugees. For example, in 2010 the UNHCR Executive Committee on the Conclusion on Disability acknowledged the social model of disability by recognising that refugees with impairments may experience obstacles in accessing humanitarian services (UNHCR, 2010) and as such, the need to attend to the specific needs of disabled refugees was emphasised. However, there still appear to be gaps in the systematic inclusion of disabled refugees for various reasons. For example the lack of data on disabled people has been noted as severely constraining the ability of policy-makers and humanitarian practitioners to adequately assess and monitor the situation of disabled persons (Simmons, 2010: 10). In turn, HelpAge International (2015) has recognised that the collection of disaggregated data on sex, age and disability is essential in order to uphold the minimum standards for inclusion. In addition to these gaps, an analysis of the intersections of disability, gender and displacement has been disappointingly narrow.

2.3 Connecting Gender to Disability and Displacement

Having laid the foundation for understanding disability as exacerbating the experience of poverty and displacement, it is also relevant to analyse disability as a cross-cutting issue which is compounded by gender. As such, this section attempts to weave together the aforementioned discussions on disability, displacement and poverty by introducing gender as a category of analysis. In doing so, the literature addresses research question 2: *How does gender intersect with disability to exacerbate poverty in displacement settings?*

2.3.1 Gender and Inequality

As human society is cleaved around gendered lines, the ubiquity of gender inequality has become a fundamental concern for policymakers and development practitioners with SDG 5 (Gender equality) setting the basis for realising equality and the Convention on the Elimination of all Forms of Gender Discrimination recognising the persistence of inequalities between men and women (UN Women, 2009) . Gender inequality stems from socially constructed distinctions between men and women and is heavily influenced by cultural norms and values which are subsequently enacted to indicate our alignment to a particular sex. These culturally fabricated roles result in the unequal distribution of power and resources which lead to the worsening of poverty (West & Zimmerman, 1987:128). While gender inequality can affect both men and women, it is frequently asserted that globally women are disproportionately affected by inequalities causing poverty and exploitation (Kabeer, 1996:15). In fact, the notion that women are disproportionately affected by poverty is encapsulated in the widely used term: the *'feminisation of poverty'* (Pearce, 1978:28). It is through this realisation that we can discern the magnified disadvantages inherent in being aligned to a particular gender and being disabled.

2.3.2 Gender and Disability

As highlighted in the previous sections, one can infer that disability and poverty are inextricably entwined (Elwan, 1999:1). While the systematic relationship between disability and poverty is insightful, it seldom takes account of other categories of difference. As such, the nexus between gender and disability poses invigorating questions when one considers the fact that despite progress towards economic and human development in the Global South, various indicators reveal that women still straggle behind (UNDP, 2014). In a similar way to disability, gender is a process that generates socially distinguishable statuses which are often unequally ranked and perpetuate poverty (Lorber, 2000:280). Consequently, various literatures now recognise that disabled women are more likely than disabled men to experience 'double' discrimination and therefore, more vulnerable to poverty and social exclusion (Gerschick, 2000:1266). As Abu-Habib (1997:21) states: "the way in which disability is experienced is profoundly affected and determined by gender". Despite these revelations, the systematic inclusion of gender and disability concerns in development programmes is still lacking as many organisations still treat disability as a homogenous category with little consideration for other intersecting categories (WRC, 2017: 2). Moreover, disabled women find themselves at the margins of two movements whereby their experience of disability as uniquely shaped by their gender is marginalised in disability studies and their disability is equally invisible in feminist analyses of women's oppression (Lloyd, 2001: 718; Morris, 1998:1).

An attempt to intermesh feminist theory and disability studies has prompted a body of work that expands our analysis of disability and its interaction with gender (Gerschick, 2000:1266; Garland-Thomson, 2002:1). Feminist disability studies would broaden our understanding of disability as a system that stigmatises the gendered body, the extent to which the body enacts gender roles and an equal focus on the discursive and material realm of gender and disability (Garland-Thomson, 2002: 10). For example, feminists have long argued that the female body is socially constructed to comply with culturally mandated notions of gender and as such, bodily differences are ideological (Lorber and Martin, 2012: 251). However, feminist disability theory recognises that an approach purely built upon social constructionism may deny the physiological experience of impairment (Morris, 2001:9). Therefore, feminist disability studies aims to transform both fields of scholarship by expanding the philosophical theorising of gender and disability (Hall, 2011:1; Garland-Thomson, 2002:3). In sharp contrast, Zarb (1992:194) has suggested that:

> "Characterising people's experiences in terms of multiple jeopardies may only serve to marginalise their experiences further and divert attention from common concerns and issues."

Despite these debates, most work on the intersection of gender and disability has focused on documenting the gendered realities of daily life as Thomas (2006:181) states; feminists have "not allowed themselves to be too weighed down by theoretical baggage". Numerous studies have demonstrated that disability is deeply gendered and women are invariably affected by the social and economic consequences of disability (Hall, 2011:1; Thomas, 1999:98). For example, a study by Kiani (2009:523) on disabled women in North-West Cameroon found that girls experienced greater discrimination in accessing education on account of their impairment and gender as parents felt that the financial investment on disabled girls was not justified. The families of disabled women may internalise the stigma rooted in societal perceptions of disabled women as presumably incapable of completing an education and as less valuable, thus reinforcing their social exclusion and poverty (2009:524). This means that their capabilities and freedoms are restricted to performing traditional gender roles, such as household chores which limits their chances of escaping poverty due to the intersection of gendered expectations and disability. Finally, to demonstrate the full effect of stigma, a study of disability in Sub-Saharan Africa demonstrated that women with epilepsy were perceived as poor partners as their condition would inhibit them from performing expected gendered roles, such as household chores (Baskind and Berbick, 2005: 67). This appears to present a paradox to feminists who seek to emancipate women from oppressive patriarchal institutions such as marriage and disability activists who recognise the calamitous costs that martial limitations carry in some societies (Watermeyer et al, 2006:219). Moreover, Abu-Habib's (1997:17) examination of Oxfam's work in the Middle East revealed that for disabled women, gender identity had profound implications for developing social networks in their community. Indeed, this holds

repercussions for poverty as Narayan (2000:220) suggests, such cohesive networks are "essential for societal stability and for easing the material and psychological stress of poverty". From these findings, it can be construed that the intersection of gender and disability generates capability deprivation which impacts disabled women's full participation in society and further limits their possibilities of escaping poverty (Sen, 1993:36-37)

Furthermore, there appears to be a relatively unexplored link between masculinity and disability. For example, Robertson (2004:78) notes that the stigma of disability is likely to conflict with masculine gendered expectations, and as such, socially constructed notions of gender could be detrimental for disabled men as well. The ability to articulate idealised feminine and masculine behaviours is regarded as a testimony to ones gender and as such, failure to adequately conform to culturally fabricated notions of gender roles may perhaps confront disabled men with an ideological paradox, as disability connotes "dependence" and "weakness" and masculinity connotes "strength" and "autonomy" (West and Zimmerman, 1987:129). Interestingly, however, Abu-Habib (1997:20) recognises that impairments acquired as a result of war afforded greater respect and social standing for men in Lebanon as opposed to women who acquired impairments during the 1993 Israeli-Lebanese war. This suggests that the extent to which a disabled person is discriminated against is invariably contextually specific and highlights the inherent inseparability of disability from other social categories, such as gender. In displacement settings, this dynamic would unequivocally generate more questions such as: to what extent does displacement further facilitate the intersection of gender and disability, particularly as it is frequently noted that displacement has differing consequences for men and women (Gururaja, 2000:13).

2.3.3 Gender dynamics in displacement

The focus on the gendered underpinnings of forced migration can be traced back to the 1980s when feminists levelled criticisms against the 1951 Refugee Convention for its heteronormative assumptions about refugee experiences, resulting in the inadequate investigation of gender-related concerns (Greatbatch, 1989:518). However, Indra (1999:17) suggests that gender concerns have now become a "fully legitimate institutionalised element of forced migration discourse". This is reflected in gender-sensitive frameworks such as the UNHCR's 1991 Guidelines on the Protection of Refugee Women which aims to fully address the specific concerns of women (UNHCR, 1991:1). Such guidelines and various researches have promoted the prevailing view that displacement affects men and women differently (Gururaja, 2000:13). Examples include a study by Pertek (2015:3) which found that forced displacement led to a shift in gender roles amongst Syrian refugees in Jordan with women undertaking activities that were traditionally undertaken by men. Such changes are often viewed as an opportunity by NGOs who recognise that traditional gender norms have historically limited women's empowerment (El-Bushra, 2003:252). However, in such

circumstances, it is critical to appreciate how the loss of traditional gender norms firmly entrenched within the pre-flight culture of refugees could cause feelings of anxiety and loss of self-esteem (Oxfam, 2013:3). Also, a shift in gender roles does not necessarily shift the ideological underpinnings of gender inequality as men still retain control of issues such as finances (2013:4).

Other reports indicate that female-headed households tend to be significantly poorer than male-headed households (UNHCR, 2014:30). To add to this, Syrian refugee women feel isolated and rarely leave their homes which could undoubtedly have profound implications for their psychological well-being, thus heightening their risk of poverty (Boswall and Al-Akash, 2015:204) Other studies have focused on the risk of gender-based violence against disabled refugees with many studies indicating the acute vulnerability of disabled women in displacement contexts to gender-based violence (WRC, 2013:1).

However, as stated earlier, references to gender should also include an analysis of the experiences of men in displacement settings and many reports are beginning to highlight the specific vulnerabilities of men in displacement settings. For example, a report by IRC (2016:7) documented disproportionate targeting by government authorities and exposure to abuse for male Syrian refugees by employers and the host community in Jordan. Refugee men and boys are also likely to experience sexual violence; however, sexual violence against men is significantly underreported perhaps because disclosure of sexual violence may betray a vulnerability which defies subjective gendered norms, in conjunction with cultural and religious taboos and a lack of understanding amongst humanitarian organisations (Allsop, 2017:159). In addition to these gender specific vulnerabilities, the erosion of the socially sanctioned position of men as the breadwinners of the family could also cause disillusionment as they are confronted by challenges in living up to culturally defined gender norms, thus contributing to their low self-esteem and vulnerability (Jaji, 2009:177). Despite these critical revelations, few studies have focused on the intersection of both gender and disability in displacement contexts and as such, the reviewed literature subliminally reinforces the importance of adopting an intersectional approach in assessing gender and disability in displacement contexts.
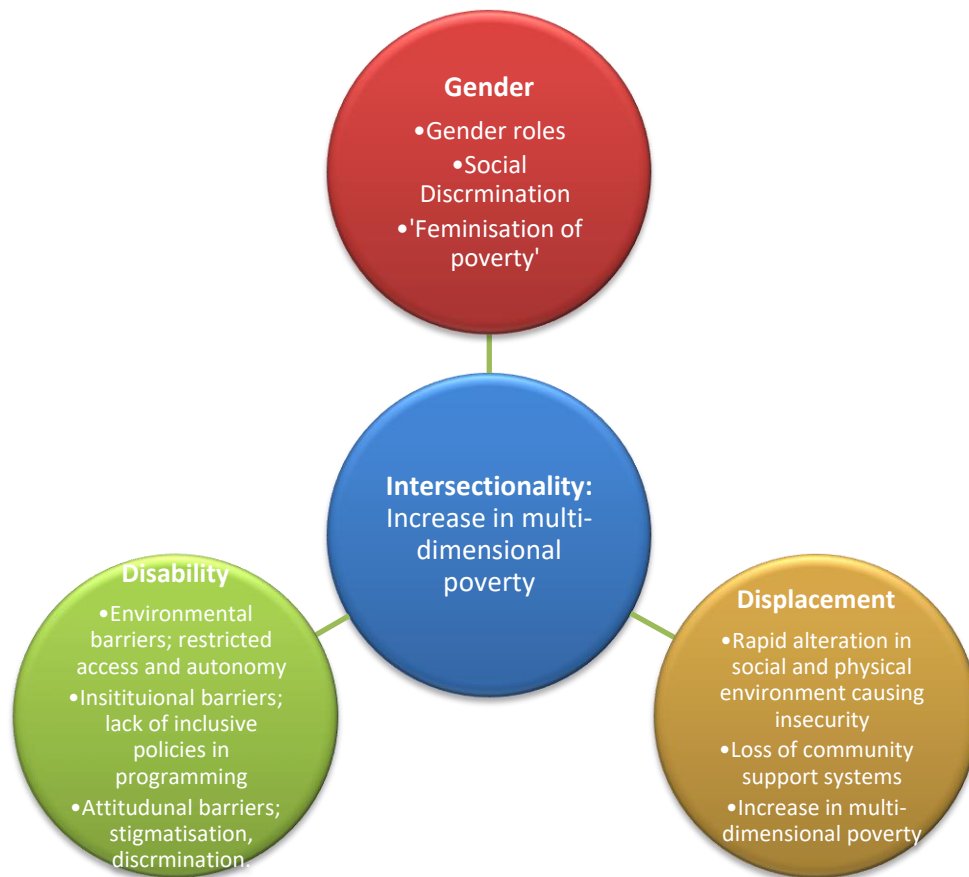
2.4 Intersectionality: Gender, Disability, Displacement

In this section, I will attempt to anchor together the aforementioned discussions on the linkages between disability and gender in displacement settings, using 'intersectionality' as the theoretical basis.

2.4.1 The theory of intersectionality

Owing to the monumental writings of Crenshaw (1989: 166), the theory of intersectionality purports that identities such as gender and race are not separate homogenous categories and that intra-group differences must be considered. As such, gender interacts with other social identities such as class, ethnicity and disability to generate 'distinctive' forms of inequality, marginalisation and disadvantage (Collins and Chepp, 2013:66). Although the focus is on qualitatively 'distinctive' experiences, Emmett and Alant (2006:459) stated that intersectionality can also be used to understand the experiences of disabled people as 'accumulative' rather than 'distinctive', depending on the variables at play. Conceptually, the theory of intersectionality has contributed greatly to discerning the interlocked and constitutive nature of systematically disadvantaged identities which heighten poverty (Bastia, 2014: 238).

Despite the pervasiveness of intersectionality in the rhetoric of feminist theory, the theory of intersectionality has been subject to criticism.   For example, Nash (2008:4) suggests that the theory of intersectionality does not employ a specific methodology. This has been attributed to the intricate nature of the empirical question at hand; as McCall (2005:1773) suggests: "complexity that arises when the subject of analysis expands to include multiple dimensions of social life and categories of analysis". Notwithstanding, the theory of intersectionality provides a useful theoretical perspective for analysing the intersections of multiple identities in producing distinctive or accumulative experiences. In terms of analysing the intersection of disability and gender in displacement settings, the reviewed literature suggests that there clearly has been a proliferation of studies on the intersection of gender and disability. However, few studies have focused specifically on the intersection of gender and disability in Jordan amongst disabled Syrian refugees. The diagram below demonstrates the possible intersections between gender, disability and displacement amongst Syrian refugees in Jordan based on the reviewed literature.

Gender
- Gender roles
- Social Discrmination
- 'Feminisation of poverty'

Intersectionality: Increase in multi-dimensional poverty

Disability
- Environmental barriers; restricted access and autonomy
- Insitituional barriers; lack of inclusive policies in programming
- Attitudunal barriers; stigmatisation, discrmination.

Displacement
- Rapid alteration in social and physical environment causing insecurity
- Loss of community support systems
- Increase in multi-dimensional poverty

2.5 Summary

In considering the intersection of gender and disability in displacement setting, this literature review has presented ample documentation of research which indicates that in many cases, gender and disability interact to heighten the risk of multidimensional poverty, due to processes of marginalisation arising from these identities. Although this review has not adequately focused on the confluence of gender and disability in displacement settings, what can be surmised is that pre-existing social problems such as disabling environments and gender inequality may collide with emergency-induced social problems such as displacement which could worsen the poverty of disabled refugees, particularly women. Indeed, approaching this through an intersectional perspective enables us to circumvent the grossly oversimplified understandings of disability and gender in displacement settings and instead, allows us to interpret and navigate the convergence of multiple identities of disabled people

Chapter 3: Research Methodology

This chapter aims to establish the research methodology applied throughout this study. This will involve setting out the research philosophy, the research methods used for data collection, the framework employed for analysing the data, ethical considerations and limitations encountered during the research phase.

3.1 Research Philosophy

The research design of this study is subscribed to the ontological position that social reality is subjective and dependent on social interactions. As such, this research is founded on the constructivist assumption that "that social phenomena and their meanings are continually being accomplished by social actors" and therefore, dependent on people's feelings, behaviour and rationale (Bryman, 2016:29). Concomitant with this position is the epistemological position that knowledge is socially constructed and interpreted within its situated socio-historic environment (Crotty, 1998:8). Moreover, the intersectionality theory used to interpret the data corresponds well with the constructivist approach since it also recognises the complexity of human experience and rejects essentialism; as Collins (2015: 5) suggests, intersectionality can be conceptualised as a knowledge project that evolves "in tandem with changes in the interpretive communities that advance them". Therefore, as this study seeks to analyse the intersections of gender and disability amongst Syrian refugees in Jordan, the researcher aims to construct an impression of the world as the participants see it.

3.2 Research methods

Due to the philosophical underpinnings and the exploratory nature of the topic under investigation, the researcher intends to adopt a case-study approach which will allow for an in-depth and holistic investigation of the research questions, but where no pretensions of universality or generalisability are claimed (Yin, 2012:4). To guide this, the research will adopt a qualitative approach for data collection.

3.2.1 Qualitative data

Qualitative data collection can be described as research that facilitates a naturalistic and interpretative approach to analysing descriptive data from written or spoken words in order to engage in inductive hypothesis building and generate explanations for social phenomena (Auerbach & Silverstein, 2003:3). Unlike quantitative data, which emphasises reliability and replicability, qualitative data emphasises the importance of unfiltered data and nuanced perspectives of participants in specific contexts (Taylor et al, 2015:9). Qualitative data has

been criticised for its unstructured and cumbersome nature, which makes collected data difficult to analyse and extrapolate to other populations, and therefore lacks the 'reliability' of quantitative data (Huberman & Miles, 2002:309). However, qualitative data is appropriate for analysing the intersections of gender and disability in displacement contexts where it is fundamental to understand how participants interpret their experiences. For this reason, qualitative data entails specific data-generation methods from which the following methodologies will be employed:

3.2.1.1 Semi-structured interviews

A semi-structured interview is a method of data collection which typically involves the inclusion of open-ended questions to guide the interview, whilst providing participants the opportunity to introduce new ideas and guide the conversation as opposed to structured interviews, which deny participants the opportunity to declare their feelings unrestrictedly (Crabtree & Cohen, 2006:1).[2]

3.2.1.2 Focus Group Discussions

Focus group discussions (FGD) usually involve a group of between 4 to 12 participants who interact and discuss a particular topic in order to enable a broad range of perspectives in a single setting. FGD's will enable the researcher to obtain data and insights that would be "less accessible without the interaction found in the group" (Morgan, 1997:2).

3.2.1.3 Data triangulation

It is envisaged that the data obtained from semi-structured interviews and focus group discussions can be triangulated to maximise and strengthen the researchers understanding of the intersection of gender and disability amongst Syrian refugees in Jordan, as well as the findings from the reviewed literature (Flick, 2009: 451).

3.2.2 Selection of Stakeholders

A critical juncture for the researcher is to identify various actors with reliable and divergent perspectives that could vastly enrich the study. The researcher aims to hold semi-structured interviews and focus group discussions with male and female disabled Syrian refugees, through a 'gatekeeper' NGO. Moreover, the researcher aims to hold semi-structured interviews with staff members from humanitarian organisations involved in delivering services to disabled refugees.[3]. All interviews and focus group discussions will be recorded in order to be thematically analysed.

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[2] A list of the guiding questions for semi-structured interviews and focus-group discussions is available in Appendix A

[3] A list of the participants is available in Appendix B

3.2.3 Sampling

For this research, purposive sampling was identified as most consistent for facilitating the precise and systematic selection of participants based on the researcher's judgement of who possesses the relevant sectoral knowledge (Adler & Clark, 2008:121). Despite its appeal, purposive sampling has been criticised for curbing the generalisability of findings due to selection bias. However, due to time and capacity constraints, the researcher opted for purposive sampling, as opposed to random sampling, where each person in the population under investigation has an equal chance of being chosen for the research (Teddlie & Yu, 2007:79).   Furthermore, the researcher has sought to integrate the snowball sampling technique into the selection of relevant stakeholders, which involves asking the identified participants to refer the researcher to other appropriate contacts. This technique is useful as the researcher may not have prior knowledge or access to other relevant stakeholders (Atkinson & Flint, 2001:1).

3.3 Data coding and analysis

In order to facilitate analysis of the data, the researcher will assure all participants that their personal details and responses will remain confidential except for the names of organisations. As such, responses will be systematically coded in order to distinguish responses from participants[4]. Moreover, collected data will focus on the following across following thematic areas in order to unravel the intersection of gender and disability in displacement settings:

Theme	Knowledge and Perceptions about gender identities and disabilities	Participation in humanitarian activities	Building Social networks
Characteristics			

3.4 Ethical considerations

As the guiding research philosophy entails "understanding something within its context (Holloway, 1997:2), it is pertinent to consciously reflect upon ethics and their implications on this study. As the research concerns disabled refugees careful consideration has been given to whether researching such a group is ethically vindicated. Moreover, scrupulous

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[4] See Appendix C for the coding format.

attention has been given to researcher reflexivity as well as trust, sensitivity and confidentiality between the participants and the researcher.

To begin, recognition of the researcher's position has impelled scholars to promote "reflexivity" which is regarded as "the importance of self-awareness, political/cultural consciousness, and ownership of one's perspective" (Patton, 2002: 64). As the researcher is from a developed country with no impairments causing disability, it is important to sensitively view the subject from different perspectives and to monitor how ones privilege affects her interpretations of the findings (Sanjari et al, 2014:2). Further to this, measures will be taken to ensure that the participants feel comfortable and are able to communicate openly. It is therefore important to employ ice-breaking techniques such as informal introductions and conversation. The researcher is also consciously aware that relying on a translator may hinder the possibility of developing a strong and trustful relationship with the participants in a short amount of time. However, as an employee of an iNGO, the researcher has experience communicating with and forming relationships with Syrian refugees in Jordan. Prior experience and familiarity with the culture and religion of Syrian refugees could perhaps allow the researcher to benefit from 'insider status'. Moreover, central to any ethics procedure is the importance of consent (McCarthy, 1998:142). The researcher will develop a consent form which will be translated into simple, comprehensible Arabic.[5] This will ensure that the participants are fully aware that their participation is voluntary and that their anonymity will be preserved.

3.5 Limitations

Several limitations have been identified within this research. As this dissertation has adopted a case study design, in which qualitative data has been collected, the responses are highly contextualised and therefore, it is not possible for the findings to be externally validated and generalised across other social settings (Bryman, 2016 376). Moreover, interview questions will be asked in English and translated into Arabic. Therefore, there is a possibility that some words might be 'lost in translation' and the full extent of their responses may not be apprehended. Furthermore, the researcher has recognised that disability is a broad category which encompasses groups with different types and gradations of impairments. However, due to time constraints and limited data on the exact nature of their disability, the researcher may not be able to produce a sample reflecting a broad range of impairments. As such, the research cannot claim to be representative for persons with all types of impairments. Should the research be extended, it is recommended to include persons with intellectual impairments in order to improve the validity and reliability of the findings.

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[5] A copy of the consent form can be seen in Appendix D

Chapter 4: Findings and analysis

This chapter presents the findings obtained through the data collection phase. The first section will consider the key themes reflected upon throughout the research. The second section will draw on the findings to answer the research questions.

4.1 Background

In July 2017, the researcher collected qualitative data through:

- Five semi-structured interviews with three disabled female refugees and two male disabled refugees in Irbid, Jordan;

- Two Focus Group Discussions comprising four participants respectively; two female and two male disabled Syrian refugees and therefore, a total of eight disabled Syrian refugees in Amman, Jordan;

- Seven semi-structured interviews were conducted with key practitioners in the field of protection and disability inclusion.

4.2 Key themes

As stated earlier, the researcher reflected upon a number of themes that were perceived as having an impact on the opportunities and day-to-day lives of disabled Syrian refugee men and women. These themes were reflected upon in answering the research questions:

4.2.1 Knowledge and beliefs about gender roles and disability

Generally, 'knowledge and beliefs' would refer to the kinds of attitudes and beliefs upheld within a community about a particular social category, such as disability and gender, and the potential impact that this has on poverty (USAID, 2010:7).

4.2.3 Participation in humanitarian activities

Participation in humanitarian activities generally refers to the level of engagement that participants have with humanitarian programmes. As highlighted in earlier sections, differences in the way that women and disabled people experience displacement could have an impact on their level of access to humanitarian programmes.

4.2.4 Building social networks

Conceptually, improving social cohesion between refugees and host communities in order to create a common sense of belonging and harmony is critical to multi-dimensional poverty reduction as according to Narayan (2000:220) "social connections are used to build

solidary, to receive and give emotional support, to obtain help in daily tasks". It is therefore useful to investigate whether the intersection of disability and gender restricts the ability of refugees to build social networks.

4.3 What are the main factors that exacerbate poverty for disabled Syrian refugees?

The key issues reflected upon during the data collection phase would suggest that disabled Syrian refugees in Jordan were experiencing capability poverty; being poor meant more than just lacking an income – disabled refugees were acutely and uniquely vulnerable to multi-dimensional poverty due to their disability but also because as refugees, the rapid turmoil caused by a conflict characterised by immeasurable violence, was beyond their control. As such, disabled Syrian refugees find themselves experiencing "unfreedoms" that "leave people with little choice and little opportunity of exercising their reasoned agency (Sen, 1999:xii). Using the theory of intersectionality, one can also uphold that such "unfreedoms" produce qualitatively different experiences for disabled Syrian refugees due to the intersection of two social categories: disabled and displaced.[6]

Data acquired through interviews and focus group discussions, with a focus on the outlined specific themes suggested that a concoction of institutional, environmental and attitudinal barriers contributed to the acute risk of poverty for disabled Syrian refugees. With regards to institutional barriers, I-KI-UNHCR1 stated that having impairments meant that refugees require specialist medical support such as mobility aid and assistive devices, all of which cost money and are not always covered through humanitarian programmes[7]. Indeed, the need for specialist medical care could impede on an individual's freedom as the intersection of being disabled and displaced entails greater expenses which exacerbates poverty, as Sen (2005:154) states:

> "A disabled person can do far less than an able-bodied person can, with exactly the same income and other 'primary goods'. The disabled person cannot, thus, be judged to be equally advantaged — with the same opportunities."

In addition to this, I-KI-ACTED1 suggested that refugees who acquired impairments as a consequence of conflict were more likely to be prioritised by humanitarian agencies for medical treatment and as such, refugees who were born with impairments were almost

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[6] It is important to reiterate theoretically what we mean by poverty in this section. Poverty is understood as multi-dimensional, together with concepts such as the capability approach which recognise poverty as a multifaceted phenomenon with a focus on non-income related deprivations such as poor health, limited access to education, lack of freedom, powerlessness, dependency and humiliation (Narayan, 2000:4; Sen, 1993:36). A discussion on the meaning of "poverty", "capability approach" and the "theory of intersectionality" is available in Chapter 2: Literature review under section 2.2.1 and section 2.4

[7] This view corresponds with research conducted by Kett & Van Ommeren (2009:182) which recognised the lack of specialist medical care as an overt manifestation of the institutional barriers faced by disabled refugees, thus aggravating their risk of poverty in displacement settings, as mentioned in Chapter2: Literature review under section 2.2.2

being systematically excluded from accessing appropriate care. Indeed, when various institutional mechanisms operate to systematically exclude particular groups, this generates social exclusion and capability deprivation (Kabeer, 2000:86).

In terms of environmental barriers, the distance between homes and services, particularly in urban areas, meant that some disabled Syrian refugees were not accessing humanitarian services including rehabilitation services and educational programmes (I-KI-HI2, 2017; FGD-SR2). This view was confirmed by two female participants in FGD-SR1 and FGD-SR2, both with mobility issues, stating that they found it difficult to leave their homes due the distance between services and a lack of financial assistance meant that they could not afford transportation. In fact, one male participant in FGD-SR1 commented woefully that due his mobility impairment, "buying simple things like bread has become a challenge". This is particularly exacerbated by the fact that apartment buildings in Amman are not wheelchair accessible and the city is not easy to navigate around due to its mountainous terrain (I-KI-ACTED1). According to I-KI-HI1, the situation is not dissimilar in Azraq Refugee Camp; citing an example of a disabled Syrian refugee in Azraq camp who was provided with a wheelchair but because of the rugged and uneven surface of the camp, his wheelchair was destroyed within a month. Such environmental barriers could restrict the ability of disabled refugees from participating in humanitarian activities, thus exacerbating their risk of poverty. Indeed, the intersection of an inaccessible environment and the limited opportunities associated with being a refugee profoundly intensified the poverty of disabled Syrian refugees.

Interviews also revealed disabled refugees experienced setbacks in accessing educational services due to classrooms being poorly equipped to accommodate disabled refugees, thus depriving them of a good quality education which could contribute to the intergenerational transmission of poverty (I-KI-UNHCR1; I-KI-ACTED1).[8] Indeed, this is made worse by the fact that as refugees, they are experiencing appalling levels of poverty and cannot afford specialist schooling or school-related costs such as transportation (Verme et al, 2016:83; HRW, 2016:3). In this instance, the intersection of disability and displacement exacerbated their poverty as disabled refugees were less likely to be prioritised for an education due to the costs associated with transportation and the inaccessibility of schools in Amman. Such environmental barriers also have an impact on their ability to form strong support networks as I-M-SR1, I-F-SR3 and a female participant in FGD-SR1, all complained that their ability to form social networks was largely hindered by the fact that disability restricted their capacity to move around the neighbourhood and due to material poverty, they could not afford to live on the ground floor apartments as the cost of rent was significantly higher. Forming such communal relations could provide disabled refugees with the social capital required to diminish intergenerational poverty, such as material resources and comfort whereas social

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[8] I-KI-IOCC1 mentioned that although the Jordanian government has introduced double-shift schools designed to accommodate the surge of pupils due to the Syrian refugee crisis, this has placed a greater burden on teachers as there are a greater number of pupils. Teachers, who are already under tremendous pressure and who do not possess the specialist skills required to teach children with impairments are therefore struggling under the double-shift system.

isolation severely impedes the capability to achieve well-being across a variety of dimensions and is highly regarded as characterising the experience of poverty (Narayan, 2000:22; Sen, 2000:13).

With regards to attitudinal barriers, I-KI-IOCC1 pointed towards anecdotal evidence that disabled Syrian refugees were being hidden away from families due to the stigma attached to having impairments as families felt that "it was a reflection of them". Indeed, feelings of shame and low self-esteem are inextricably interwoven with the concept of multi-dimensional poverty and social exclusion (Walker et al, 2007: 2)[9]. As a result of the 'knowledge and beliefs' surrounding disability, disabled Syrian refugees may struggle to form social networks, an important element of poverty reduction and it may also hinder their participation in humanitarian programmes, designed to alleviate multi-dimensional poverty such as education and livelihoods (I-KI-IOCC1). Indeed, a male participant in FGD-SR1 felt that due to his mobility impairment, he was frequently discriminated against by members of the host community. Due to this discrimination, he felt marginalised and discouraged from joining livelihood and educational programmes. Similarly, I-F-SR1, a female refugee with a physical impairment explained that neighbours from the Jordanian community commented on the "strangeness" of her condition, thus generating feelings of shame and isolation. Despite this, participants in FGD-SR2 all agreed that although families and communities may harbour feelings of their 'incapability', most accept their impairment as "Gods will", rather than a curse which hints at the possibility of religion being employed favourably to induce attitudinal change in programmes (Tomalin, 2013: 153). Moreover, a male participant stated that having a conflict-induced hearing impairment afforded him respect amongst other Syrian refugees rather than pity, which suggests that different forms of acquirement influence an individual's experience of disability (FGD-SR2).[10] Ultimately, due to the prevalence of stigma associated with disability, coupled with the already precarious status as refugees, disabled refugees are far more likely to experience multi-dimensional poverty generated from feelings of dependency and humiliation.

To conclude, the data acquired strongly suggested that the marginalisation of disabled people is perpetuated and reinforced by a confluence of environmental, institutional and attitudinal barriers generating poverty, particularly as in displacement contexts, even the most able-bodied individuals are likely to face exquisite inequalities and poverty (Grech & Pisani, 2015: 421). As such, the intersection of disability and displacement resulting from these barriers and their status as refugees deepens their risk of poverty and generates overwhelmingly 'distinct' experiences of poverty that can only be observed by examining aspects of these identities simultaneously, as I-KI-UNCHR1 stated:

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[9] As discussed in Chapter 2: Literature Review, Section 2.2.1 The nexus between poverty and disability, many theorists have recognised shame as a persistent element of poverty.

[10] As discussed in Chapter 2: Literature Review, 2.3.2 Gender and Disability, this was similarly documented in a study by Abu-Habib (1997:20) where men who acquired impairments as result of war were afforded greater respect and social standing as opposed to women or those with impairments from birth.

"This is in general for any person with a disability and then it is compounded by the fact that you are a refugee" (I-KI-UNHCR1, 2017).

4.4 How does gender intersect with disability to exacerbate poverty for disabled Syrian refugees?

Although challenges associated with disability affect both men and women, it is important to recognise disability as heterogeneous and inseparable from gender ideologies (Sheldon, 2004:69). Indeed, gender is correlated with specific types of social, cultural and economic disadvantages that may produce a unique risk profile when intersected with other vulnerable social identities such as 'disabled' or 'displaced', thus severely depriving their capabilities and generating multi-dimensional poverty.

To begin with, it was clear that 'knowledge and beliefs' about disability and gender had an impact on the poverty of disabled Syrian refugees. I-KI-IOCC1, I-KI-HI1 and I-KI-HI2 mentioned that stigmatising attitudes, specifically 'knowledge and beliefs' towards disabled women were prevalent amongst Syrian refugees in Jordan and as a result, they frequently found their opportunities limited due to societal perceptions generating profound social barriers. According to I-KI-HI2 and I-KI-HI1, for example, due to these attitudes, combined with the pressures of being newly displaced, families were less likely to prioritise disabled women and girls for livelihood services, whereas disabled men were prioritised as they are perceived as more "capable". These gender discrepancies were attributed to the cultural norm of viewing women primarily as home-makers, further compounded by the stigma and vulnerability associated with their impairments. As such, disabled refugees and specifically disabled female refugees lag behind in terms of their access to humanitarian services, thus deepening their poverty on a multi-dimensional level; materially, due to lack of access to services and non-materially, due to a lack of power and autonomy. This view was also expressed by I-F-SR2 who mentioned that despite the relative autonomy she enjoyed as a volunteer for many local NGOs in Irbid, she felt that many disabled female refugees were secluded, dependent and lacked opportunities due to the stigma attached to being a disabled female and being a refugee in Jordan. In addition, two female participants in FGD-SR1 complained that the prospect for marriage carries monumental value for women in Syrian culture but that their impairments damaged their marriage prospects, with one specifically stating that her disabled brother was able to get married, despite having the same impairment as her. Indeed, not being able to conform to traditional gender roles carried devastating costs for these female disabled Syrian refugees, as it lowered their self-esteem and contributed to their feelings of deprivation; a predicament for feminists who view marriage as an oppressive patriarchal institution.

To add to these challenges, I-KI-UNHCR1 stated that although all disabled refugees face unique challenges due to being displaced and disabled, an additional downside for disabled female refugees was being able to access educational opportunities in displacement

contexts. Younger children with impairments may be able to access specialist schools. However, as they progress into adolescence and adulthood, chances of them finding specialist schools becomes more difficult and for disabled female refugees, this is aggravated by cultural beliefs about the 'natural' role of women as home-makers and further compounded by the perceived vulnerability of their impairments. Therefore, 'knowledge and beliefs' about gender identities and disability was a prominent theme in both interviews and focus-group discussions, which cut across other identified themes such as 'participation in humanitarian activities'. Interestingly, I-KI-HI1 suggested that to overcome the barriers associated with 'knowledge and beliefs' Handicap International established Community Based Rehabilitation[11] (CBR) groups in Irbid, North of Jordan, which seek to involve disabled refugees in the development of services and to equalise opportunities. Despite these efforts, I-KI-HI2 noted that no female disabled refugees participated in the various initiatives as they may have encountered a strong reluctance from their families in joining these programmes due to ongoing, heightened feelings of physical insecurity but also because of cultural attitudes relating to women's autonomy. With regards to 'forming social networks', which a lack-of is regarded as a contributing factor for multi-dimensional poverty, I-KI-UNHCR1 stated that whether it is easier for male or female disabled refugees to interact with the host community is an issue of safety, rather than the result of their impairment or culture. However, female participants in FGD-SR1 and FGD-SR2 argued that the issue of safety in the community is directly linked to the perceived vulnerability of disabled female refugees who are assumed to be more susceptible to risks than disabled male refugees, thus exacerbating their experience of multi-dimensional poverty. For example, one female participant from FGD-SR1 specifically stated that although disabled men are more confident and able to interact with the host community, escaping a war as a disabled female meant that they felt a greater sense of security by staying in-doors. Thus, the theoretical orientation of Sen's capability approach aligns with the view that traditional gendered norms and attitudes towards disability result in severe capability failures causing poverty due to the intersection of gender and disability in displacement settings.

On the other hand, analysing the intersection of gender and disability in displacement settings should expand the way we view gendered perspectives in displacement, as complex and manifold. There is a tendency to assume that analysing 'gender' means exclusively focusing on the experiences of women and girls. As such, I-KI-UNHCR1 felt that an exclusive focus on women from a gendered perspective was unhelpful and that it is important to recognise the specific vulnerabilities of disabled male refugees. Indeed, recognition of male specific vulnerabilities was conveyed in FGD-SR1 where a male participant complained that

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[11] According to WHO (n.d), Community Based Rehabilitation involves the direct participation of disabled people in planning and implementing programmes as well as policies affecting their economic, social and cultural rights. IDDC (2012) states that, "CBR is implemented through the combined efforts of people with disabilities themselves, their families, organisations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services."

he often compared himself to his brother who does not have an impairment and is able to fulfil his role as a breadwinner. He further expressed that this is compounded by the fact that he is displaced in a seemingly insecure and strange environment. In addition to this, an interview with I-KI-HRF1 recognised the vulnerability of disabled Syrian men as a result of 'knowledge and beliefs' when he described the case of a male Syrian refugee who, as a result of conflict-induced impairments, suffered from immobility and injuries to his genitals. In this case, the Syrian refugee confessed that his "masculinity had been eroded" resulting in a loss of self-esteem, not just because his physical impairments affected his marital life but because he was unable to act as a breadwinner due to severe impairments and his refugee status. Indeed, men's feelings of powerlessness are exacerbated in displacement settings where they are unable to conform to culturally-constructed notions of masculinity as strong and independent when intersected with notions of disability and displacement as "weak" and "vulnerable" (West and Zimmerman, 1987:129).   In addition to these vulnerabilities, a male participant in in FGD-SR2 complained that disabled women were far more likely to have access to programmes such as educational programmes and assistive devices because humanitarian organisations perceive women as more vulnerable. This was also implied by I-M-SR1 who agreed that although female disabled refugees are more likely to be stigmatised and undermined by the family and community, men's feelings are often side-lined in humanitarian service provision which generates an imbalance in servicing the needs of disabled refugees as a whole. Such reports highlight the significance of exploring men's gendered experiences of displacement, including their roles and identities, if we are to gauge with displacement across a diversity of contexts.

Ultimately, it appears that gender does intersect with disability to produce distinct experiences arising from issues such as 'knowledge and beliefs', 'forming social networks' as well as 'participation in humanitarian activities'. Such experiences exacerbate the poverty of disabled refugees due to the interaction of mutually constitutive identities which cannot be understood by viewing the 'disability' or 'gender' dimension separately (Crenshaw, 1993:1233).   As such, it is important to examine gender, disability and displacement simultaneously as identities that profoundly intensify the experience of poverty for disabled Syrian refugees.

4.5 How can humanitarian organisations better address the needs and priorities of Syrian refugees, taking into account gendered vulnerabilities?

Interviews with key informants involved a discussion of the how humanitarian organisations can better address the needs and priorities of disabled Syrian refugees, taking into consideration gendered vulnerabilities. Responses focused heavily on the three categories outlined below:

Participatory and disability-specific projects:

I-KI-HI1 and I-KI-HI2 discussed the ways in which Handicap International employs effective institutionalised mechanisms and procedures to meet the needs and priorities of disabled Syrian refugees. For example, in refugee camps as well as urban contexts, disabled Syrian refugees have access to direct services such as rehabilitation programmes, occupational therapy, physiotherapy and psychosocial support. On the other hand, access is facilitated by working indirectly with other NGOs in order to enhance the inclusivity of programmes and reach a far greater number of disabled Syrian refugees. This includes staff training, support on physical assessments of buildings, development action plans, and implementation of programmes. Moreover, according to I-KI-HI1 and I-KI-IOCC1, Community Based Rehabilitation programmes are also designed to address the needs and priorities of disabled Syrian refugees. The CBR has different components and as such, disability is not reduced to a medical issue; it includes a health, education, livelihood, empowerment and social component which therefore acknowledges the varying priorities of disabled refugees such as advocacy and communication, relationships and families, culture and arts, social protection and much more, rather than focusing solely on solving the physiological experience of impairment (WHO, n.d). Indeed, there is growing evidence that CBR can improve the well-being of disabled persons and is, therefore, an effective mechanism for meeting the needs and priorities of disabled Syrian refugees (Chappell, 2009:11). In fact, the success of this approach was reflected upon by I-M-SR1 who stated that CBR was a valuable way to involve disabled refugees in discussions about programmes through its participatory approach. Moreover, I-F-SR2, a female refugee with mobility issues mentioned that as she volunteered with many NGOs in Irbid, she felt that expanding an approach of involving disabled persons in programmes is effective in improving the well-being of disabled refugees, particularly women, who ordinarily due to the intersection of gender, disability and displacement, lack the opportunity to have their voices heard.

Finally, I-KI-OICC1 mentioned that since livelihood is a new area of work for humanitarian organisations in Jordan, it is important to explore how disabled Syrian refugees can fully participate in the labour market, particularly when one considers that disability, coupled with gender, may particularly hinder the access of female disabled refugees in the labour market. The need for this was validated by a female participant in FGD-SR2 who stated that she was discriminated against by potential employers who did not feel that as a disabled woman, she was capable of employment. I-KI-IOCC1 however, mentioned that they received funding from the Austrian government for activities that focus on the inclusion of disabled refugees and that the project will also take into consideration the stigma attached to both gender and disability in facilitating inclusion, thus reducing overall multi-dimensional poverty by increasing the autonomy and voice of disabled female refugees. Interestingly, I-F-SR2 mentioned that although disabled female refugees may have access to vocational training such as sewing classes and handicrafts, the transition from training to an actual livelihood seldom results in income-generating activities as a result of cultural restrictions surrounding gender norms, together with the social stigma attached to disability. In addition

to these barriers, livelihood services that are conducive to cultural norms may be scarce and female disabled refugees may face barriers in accessing conventionally male-dominated roles such as work in factories. As such, culturally appropriate and inclusive educational and livelihood programmes were identified as a priority by humanitarian organisations.

Transportation and reasonable accommodation:

According to I-KI-IOCC1, although efforts are being made to ensure that humanitarian programmes are more accessible, disabled Syrian refugees frequently complain that the distance between services and their homes is a major barrier to accessibility. Indeed, this may be particularly challenging for disabled female refugees, who according to I-F-SR3, already feel under pressure to seclude themselves in urban communities and may not want to increase the burden and costs upon their care givers. To overcome this, they suggested that NGOs embed accessible transportation to-and-from services as part of their programmes (FGD-SR1; FGD-SR2). I-KI-HI1 and I-KI-HI2 confirmed that ensuring ease of access to services by organising accessible transportation should be a major preoccupation for NGOs implementing inclusive programmes in order to meet the needs and priorities of disabled Syrian refugees.

In addition to this, I-KI-IOCC1 mentioned that shelter has consistently been reported as a strong concern for disabled Syrian refugees; considering the fact that many disabled Syrian refugees complained that ground floor accommodation was expensive and impeded upon their ability to 'participate in humanitarian activities' and 'form social networks', suitable accommodation was identified as a strong priority for disabled Syrian refugees, specifically in Amman (FGD-SR1; FGD-SR2).

Behavioural change:

Interviews with key informants revealed that raising awareness and challenging attitudes about disability in a culturally appropriate way, particularly amongst families and carers of disabled Syrian refugees, was integral to achieving better inclusion and ensuring the equal enjoyment of human rights for disabled Syrian refugees. Indeed, I-KI-UNHCR1, I-KI-JOHUD1 and I-KI-OICC1 stated that disability is still considered a stigmatic condition which contributes to the marginalisation of disabled Syrian refugees. For example, I-KI-HI1 advanced the notion that female disabled refugees experience a morass of barriers stemming from harmful attitudes relating to deep-rooted social traditions such as the commonly held belief that women are primarily home-makers, coupled with the stigma attached to disability. As such, the lack of inclusive and culturally sensitive educational and livelihood interventions has particularly affected female disabled refugees and has subsequently contributed to their multi-dimensional poverty and lack of human development; a concept which focuses on empowerment, equity and access to opportunities (Ul-Haq, 1996:17). Both I-KI-UNHCR1 and I-KI-IOCC1 agreed that since refugees in Northern Jordan arrived from Daraa, South of Syria, and are largely very

traditional and patriarchal, there is a need to bring discourse on disability on a community-level and emphasise the need for behavioural change, inclusion and integration through community-based sensitisation sessions that recognise how culture and religion can transform inequalities (Tomalin, 2013: 153) and by asking questions such as "how can we challenge the stigma of disability?" As part of this, responses acquired from both disabled Syrian refugees and key practitioners suggested that the needs and priorities of disabled refugees require implementing organisations, families and care-givers to encompass the social model of disability in their programmes, which considers environmental, institutional and attitudinal barriers as a contributing factor in excluding disabled Syrian refugees and subsequently, exacerbating their poverty. Indeed, recognition of the socially constructed barriers facing disabled refugees, as well as other intersecting identities such as gender, could enable a reframing of attitudes in humanitarian programming which may ultimately influence institutional and environmental change.

Chapter 5 – Conclusion

In considering the intersection of gender and disability in displacement settings, this research has presented an insightful documentation of how the interaction of these social identities can exacerbate the poverty of disabled Syrian refugees. Indeed, if poverty is interpreted through non-material dimensions rather than exclusively through the inadequate possession of material resources, disabled Syrian refugees faced a magnitude of obstacles in accessing services due to a variety of environmental, institutional and attitudinal barriers. In that, the marginalisation of disabled Syrian refugees in Jordan is perpetuated and reinforced by a confluence of structural inequalities and social exclusion, such as a lack of inclusive programmes and negative attitudes, which deepens their risk of poverty. On the other hand, interviews with key informants and discussions with disabled Syrian refugees, both male and female, demonstrated that the intersection of gender and disability affected both disabled men and women perpetually and unfavourably in unique ways and therefore, it was difficult to ascertain whether one group was more prone to multidimensional poverty. For example, the inequalities faced by women, on account of their gender were systematically rooted in cultural practises which perpetuated dependency and inequality, thus contributing to the 'feminisation of poverty' (Pearce, 1978:28). On the other hand, responses from disabled men also confirmed the harmful conflictual dilemma associated with masculinity and disability leading to the loss of their 'gendered identity', as well as how the humanitarian system discriminates against disabled men because of the erroneous assumption that only disabled women are vulnerable. It would therefore be wise for humanitarian organisations to also place emphasis on men's experiences of disability and displacement, and not just women's experiences.

Ultimately, what can be surmised from these findings is that due to the vulnerabilities associated with disability in displacement settings as well as the gendered experience of disability for men and women, the poverty experienced by disabled male and female refugees is heavily shaped by dimensions of difference in their identities such as 'disability' or 'gender' (Crenshaw, 1993:1224). Thus, the intersection of gender and disability in displacement settings heightens the risk of poverty for men and women in distinctive ways.

As such, the following recommendations can be proposed for humanitarian practitioners:

Programme accessibility: Ensure a combination of disability-specific projects and mainstreaming, also known as the "twin-track approach" (DFID, 2015:5[12]) that is sensitive to gendered vulnerabilities for disabled Syrian refugees and which covers all aspects of humanitarian programmes, including the promotion of educational and livelihood projects. Further, to ensure best practise, involve disabled Syrian refugees, particularly women, in the

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[12] A "twin-track" approach implies mainstreaming disability into programmes and policies but also advocating and promoting disability-specific projects to ensure that the specific needs of disabled persons are met.

development of services to ensure that their needs and priorities are at the forefront of programme design.

Transportation: Organising accessible transportation, to and from services, particularly in urban areas should be a priority for humanitarian service providers.

Suitable accommodation: Aim to ensure that refugees with mobility issues receive financial support that allows them to afford ground-floor or accessible accommodation.

Behavioural change: Bring discussions on disability and gender on an institutional and community level in order to positively change attitudes towards disabled female refugees in a culturally appropriate way through community awareness-raising sessions, self-help groups and committees.

It is important to note, however, that this research was constricted by a magnitude of limitations including the focus on one country and a small sample size that not only impacted the generalizability of the findings but also did not reflect the heterogeneous nature of disability. Since both gender and disability are incapable of being understood outside the specifics of their cultural, historical and social location, it is recommended that future research involves a greater sample size across different social settings.

Appendices

APPENDIX A: List of research participants

Code	Type	Organisation/Gatekeeper
I-KI-HI1	Key Informant	Handicap International
I-KI-HI2	Key Informant	Handicap International
I-KI-HRF1	Key Informant	Human Relief Foundation
I-KI-ACTED1	Key Informant	Agency for Technical Cooperation and Development
I-KI-JOHUD1	Key Informant	Jordanian Hashemite Fund for Development
I-KI-IOCC1	Key Informant	International Orthodox Christian Charities
I-KI-UNHCR1	Key Informant	United Nations High Commissioner for Refugees
FGD-SR1	2 Male Syrian Refugees 2 Female Syrian Refugees	Jordanian Hashemite Fund for Development
FGD-SR2	2 Male Syrian Refugees 2 Female Syrian Refugees	Jordanian Hashemite Fund for Development
I-M-SR1	Male Syrian Refugee	
I-M-SR2	Male Syrian Refugee	
I-F-SR1	Female Syrian Refugee	
I-F-SR2	Female Syrian Refugee	
I-F-SR3	Female Syrian Refugee	

APPENDIX B: Arabic and English consent form

Research project title: The intersection of gender and disability in displacement contexts: Jordan as a case study

Research investigator: Bushra Rehman   بشرى عبد الرحمان

أشكركم على الموافقة على المشاركة في هذه المقابلة كجزء من مشروع بحث. ويتعلق هذا المشروع البحثي بفهم التحديات الفريدة التي يواجهها اللاجئون السوريون المعاقون في الأردن، مع الاهتمام الخاص بأدوار الرجال والنساء.

كما نود أن نؤكد لكم أن تفاصيلكم الشخصية ستبقى سرية ولن يتم الكشف عنها لأي فرد أو منظمة أو في ورقة البحث النهائية. وسيتم تخصيص رمز فريد لكل مشارك من أجل الحفاظ على عدم الكشف عن هويته.

الموافقة على الاستمارة هذه ضرورية للتأكد من أنك تفهم الغرض من مشاركتك وأنك توافق على شروط مشاركتك.

قبل التوقيع على المعاملة, يرجى قرائت وفهم ما في الأسفل:

- سيتم تسجيل هذة المقابة بمسجل صوتي

- الملف الصوتي سيستعمل للبحوث فقط, ولن يرسل الى أحد

مع توقيع هذه الورقة, نتوقع التالي

- المشاركة في هذا البحث بشكل تطوعي

- الفهم بأنكم يمكن التوقف في أي لحظة

- الفهم أنكم يمكن أن تسألو أي سؤال عن هذه المقابة وسأحول أن اجاوب على قدر استطاعتي

- الفهم ان هذه المقابلة لأسباب بحثية فقط ونشكرم على المشاركة بشكل تطوعي

التوقيع...

Research project title: The intersection of gender and disability in displacement contexts: Jordan as a case study

Research investigator: Bushra Rehman

Thank you for agreeing to be interviewed as part of the above research project. This research project is concerned with understanding the unique challenges faced by disabled Syrian refugees in the Jordan and with a specific interest in the roles of men and women.

The interview/focus group discussion will take _____ hour(s). We don't anticipate that there are any risks associated with your participation, but you have the right to stop the interview or withdraw at any time.

Ethical procedures from UK academic institutions require that all participants explicitly agree to being interviewed and how the information contained in the interview will be used. This consent form is necessary for us to ensure that you understand the purpose of your involvement and that you agree to the conditions of your participation. **We would also like to assure you that your personal details will remain confidential and will not be disclosed to any individual, organisation or in the final research paper. Each participant will be allocated a unique code in order to maintain their anonymity.**

Before signing the form, please read the following conditions:

- The interview will be recorded.

- Access to these recordings will only be available to the Research investigator (Bushra Rehman) and the Academic Supervisor (David Cobley).

- The actual recording will be destroyed after the research has been completed

By signing this form, you agree to:

- Voluntarily take part in this project.

- Understand that you don't have to take part and the interview can be stopped at any time

- Understand that you can ask any questions regarding the nature of the topic and I will endeavour to respond to the best of my ability.

- Understand that you do not receive any immediate benefit or payment for your participation as this project is merely a research exercise.

Signed …………………………………………………………

APPENDIX C: Interview questions for Key Informants

Location: **Date of Interview:**

Duration (start time and end time):

Participant's summary/Name of organisation:

- What kind of projects does your organisation offer for disabled refugees**?**

- Do you think there are any challenges faced by refugees with disabilities in accessing these programmes?

- Does gender have an impact on the level of participation in humanitarian activities? How and why?

- Based on these hindrances, will there need to be additional outreach to disabled refugees, specifically women taking into account cultural norms?

- Taking into account their position as displaced persons and their double vulnerability due to their disability, do you think this worsens their risk of poverty than refugees without disability not just materially but multi-dimensionally?

- Do you think women with disabilities are more susceptible to this kind of poverty?

- Is a disability-awareness training needed in order for people without disabilities to ensure that men and women with disabilities can participate as equals in same programs and activities?

APPENDIX D: Interview questions for Disabled Syrian refugees

Location: **Date of FGD/Interview:**

Duration (start time and end time):

Participant's summary (include # of women or men):

Age range of respondents:

My name is Bushra Rehman and I would like to ask you some questions about the issues affecting disabled men and women in your community so that I can better understand your needs as part of my research.

Knowledge and Perceptions

1. How do people in your family and community understand your disability? In other words, do you face any prejudice or discrimination because of your disability? Why?

2. Do you think being a woman or being a man has an impact on the level of discrimination you face? If so, how? (Is it easier to be a man with a disability than a woman with a disability and if so, why?)

3. Are there stereotypes or discrimination for women with disabilities compared to men with disabilities?

4. Taking into account the beliefs about gender and disability, do you think these beliefs have an impact on your chances to get out of poverty and access resources?

Participation in humanitarian activities

1. What humanitarian activities do disabled people get involved in? Are they restricted by community norms and their gender to carry out certain activities?
2. Are you as a woman or a man easily able to access humanitarian services? Does your disability restrict this?

3. Do you face any challenges do you face in accessing humanitarian services? Is this impacted by your disability or your gender? In what way?

Forming social networks

1. We believe that social networks with the local community are important in order to help you integrate better. Are you, as a disabled person, able to form connections with the Jordanian community? Do you think your disability affects your ability to do this confidently?

2. Are men and women with disabilities able to form social networks on an equal basis? Is it easier for a man and is it harder for a woman? Why do you think this is?

3. Do these beliefs or discrimination about disability affect your ability to integrate with the Jordanian community? Is it easier for men to make social connections than women?

APPENDIX E: Coding Format

INTERVIEW-KEY INFORMANT-ORGANISATION-NUMBER(#)
INTERVIEW-GENDER-SYRIAN REFUGEE-NUMBER(#)
FOCUS GROUP DISCUSSION-SYRIAN REFUGEE-NUMBER(#)

Example:

I-KI-UNHCR1
I-F-SR1
FGD-SR1

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