

The Impact of Covid-19 on Women in Bahrain:

Evidence from a Survey and Focus Group



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Abstract

The Covid-19 pandemic has had a profound and multifaceted socio-economic effect on the Kingdom of Bahrain. This paper focuses on the impact of the Covid-19 pandemic on Bahraini women. We use an online survey in which approximately 350 Bahraini women participated, in addition to a focus group session that examined women's experience with remote work. We report the results and present recommendations for policymakers and scholars working in the area.

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Executive Summary

This paper used a survey of approximately 350 Bahraini women, and a focus group session with six Bahraini women, to explore the socio-economic impact of Covid-19 on Bahraini women. The main conclusions are as follows.

First, Bahraini women's family relations and mental health benefited from certain aspects of the pandemic (spending more time at home and with the nuclear family) while suffering due to others (school closures, decreased time for personal care routines, etc.). Moreover, the decrease in social interactions with friends and family outside the household also caused considerable distress.

Second, in general women were able to count on various forms of assistance from family members during the pandemic, such as spouses, parents, and children; but there was also a very wide range of variation, with the minimal help forthcoming from some family members contributing to the pandemic's adverse effects on mental health.

Third, relationships with nuclear family members improved considerably for most women, while those with extended family, friends, and colleagues deteriorated, as a direct result of social distancing. Women's mental health deteriorated significantly, but this was tempered by being married and having children, presumably due to the mutual comfort that the nuclear family provides during a lockdown.

Fourth, women were generally able to secure support for dealing with domestic violence and/or mental and emotional health problems during the pandemic, but again there was a large degree of variation in the responses, with some women describing great difficulty in getting the assistance that they sought.

Fifth, for a subset of women, remote work conferred substantive benefits upon their lives stemming from the enhanced flexibility and the saved commuting time. For some women, the result was higher productivity compared to traditional office work, breeding a desire to continue working remotely at least one day a week.

Sixth, there was significant variation in Bahraini women's intention to use various forms of support during the remainder of the pandemic, such as financial assistance from the government and from non-

profit organizations. However, among the support types that were uniformly most desirable were psychological support and support with childcare and other household responsibilities, especially for women in the middle age categories. In addition, the most popular form of support sought by Bahraini women was more flexible working arrangement, especially for younger women who might have young children.

The study's recommendations are as follows.

First, women's experiences and needs are diverse and are distinct from those of men. Policymakers should gather high quality data to inform policies and – where possible – refrain from imposing a one-size-fits-all policy for addressing the diverse needs of men and women.

Second, while not being a panacea, **flexible working arrangements** – including but not restricted to remote work – can potentially offer respite to women during crises such as pandemics and are welcome even during normal times. A follow-up study focusing on the issue of flexible working arrangements for both men and women, including its impact on productivity and family stability, would be highly desirable.

1. Introduction

Since it commenced in December 2019, the Covid-19 pandemic has caused an unprecedented level of health and socioeconomic damage across the globe. As of December 2021, over five million Covid-19-related deaths have been reported internationally (Worldometer, 2021), and while the International Monetary Fund (IMF) predicts a 6% growth in the global economy for 2021, compared to a contraction of 3.3% in 2020, this growth prediction is surrounded with high uncertainty due to the unknowns pertaining to the path of the pandemic and the vaccines' efficacy against the new Covid-19 strains (IMF, 2021).

The social and psychological fallout has been great, too (Pfefferbaum and North, 2020), and the long-term repercussions of the pandemic are exacerbated by the fact that it has led to an increase in the level of inequality between rich and poor, men and women, those with high vs. low levels of education, and so on (Alon et al., 2020). For this reason, policymakers have had to develop novel policy instruments for tackling the crisis.

The Kingdom of Bahrain has been significantly affected by the pandemic. With a total of approximately 1,500 deaths and 600,000 confirmed cases since March 2020, the country has been impacted emotionally, while the economy has been affected by the loss of international tourists, a sharp decline in oil prices, and continued restrictions on business which have adversely affected the private sector. In an attempt to limit the impact, Bahrain's government proactively implemented/introduced new policies, such as paying utility bills on behalf of citizens, paying the salaries of citizens working in the private sector (both as part of a large fiscal stimulus package), deferring loan repayments, and developing systems for remote working and distance learning. During December 2020, Bahrain's government also rolled out vaccinations against the virus, providing them at no cost to all residents of Bahrain. By December 2021, five vaccines had been made available for residents in Bahrain to choose from, and approximately 80% of the eligible population has been fully vaccinated.

In addition to the various forms of assistance provided by the government to men and women equally, the Supreme Council for Women through its mandate to propose public policy and implement programs

relating to the status of women, launched several initiatives to mitigate the socioeconomic impact of the pandemic endured by women. These efforts include launching a campaign to ensure the Council's continuous provision of assistance and advisory services to women in need through introducing new electronic platforms for communication. Services included virtual legal assistance, family reconciliation sessions, the preparation of amicable divorce settlements and economic consultation services offered to women entrepreneurs whose businesses were impacted by the pandemic.

The Council also worked closely with Civil Service Bureau to monitor the implementation of remote work directives in a manner that ensures working mothers are among groups prioritized to benefit from flexible work arrangements considering increasing care responsibilities (Supreme Council for Women, 2020). These efforts at mitigating the impact of coronavirus build upon previous progress in women's economic and social empowerment. (Alansari, Hala, "3 ways Bahrain is supporting women through COVID-19 and beyond", World Economic Forum, September 2020)

High quality data constitute an important input into the policymaking process, both as inspiration during the genesis phase, and as a source of instructions on how to fine-tune policies during the revision stage. The unprecedented nature of the Covid-19 pandemic means that many of the traditional and extant data-gathering systems need to be developed to ensure that policymakers acquire the information that they need. Moreover, all societal stakeholders, including individuals and civil society organizations, need to have a continuous flow of up-to-date information to allow them to assess their own interests accurately, and to enable them to participate in solving the difficult problems raised by the pandemic.

This paper attempts to contribute to this process by reporting the results of – and analyzing – the data gathered from an online survey of the socioeconomic impact of Covid-19 on women in Bahrain. During June 2021, a total of approximately 350 women participated in a short online survey wherein they reported their experiences regarding the impact of Covid-19 on their family relationships, mental health, work-life balance, and childcare responsibilities, among others.

The survey conducted in Bahrain focused specifically on women, aged 18 and above, and residing in the Kingdom. The survey was open to all nationalities, and was available in four languages: Arabic, English, Hindi, and Tagalog, in order to reach out to all affected communities in the Kingdom. Approximately 350

Bahraini citizens participated in the survey, however the data collected on non-Bahrainis remained low despite many attempts to increase the response rate in this area.

The data provide readers with important insights about the pandemic's effects on women's lives and wellbeing in Bahrain. A key conclusion was that flexible working arrangements – including remote work – potentially played an important role in mitigating the distress associated with the pandemic. To explore this issue in greater detail, we also conducted a focus group session with a diverse group of six Bahraini women wherein various aspects of remote work were discussed.

Taken together, the survey and the focus group meeting allowed us to present several policy recommendations regarding the management of future crises such as pandemics.

The remainder of this paper is organized as follows. Section 2 provides readers with an overview of the spread of the coronavirus in Bahrain. Section 3 describes the impact of the pandemic on women globally. Section 4 describes the method used for gathering the data. Section 5 presents the results. Section 6 presents the findings from a remote work focus group. Section 7 summarizes the findings and presents conclusions and policy recommendations.

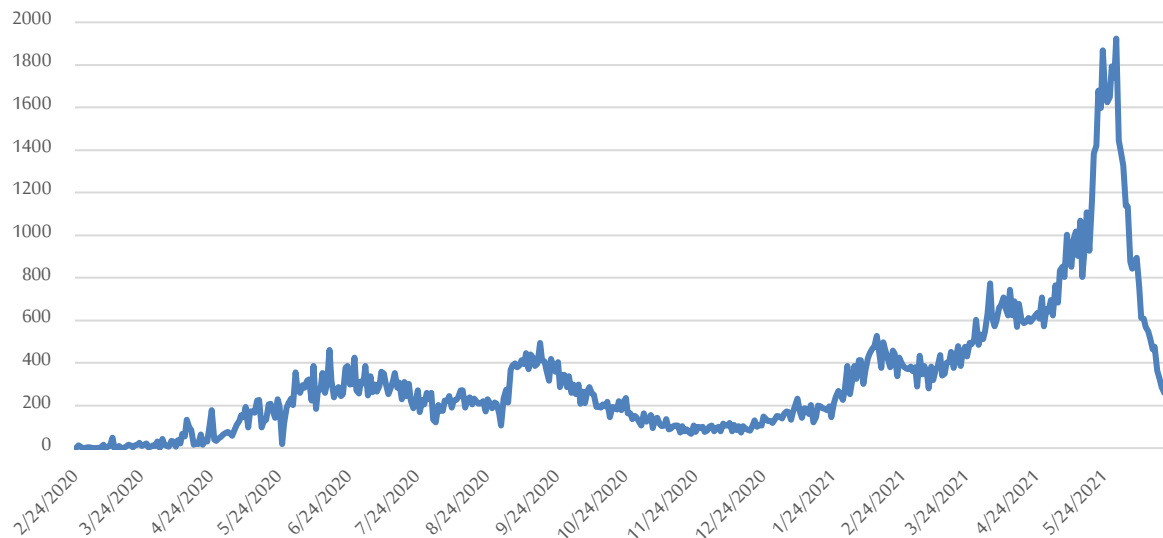
2. The Spread of the Coronavirus in Bahrain

Cases of Covid-19 began to be reported in the Kingdom of Bahrain during February 2020. Figure 2.1 shows the number of daily new cases per million people in Bahrain, while Figure 2.2 shows the number of daily new deaths per million people.

As Figures 2.1 and 2.2 show, the number of daily cases in Bahrain remained relatively steady throughout 2020 with a few upticks during certain key dates, usually around national holidays, and never exceeding 600 cases per million people during this time. Similarly, deaths in Bahrain remained relatively steady during this period, never exceeding 4 deaths per million per day. During this period, the Kingdom also provided all residents of Bahrain with free vaccinations against the virus, allowing individuals to select from five approved vaccines: Pfizer/BioNTech, Sinopharm, Johnson & Johnson, Sputnik, and Covishield.

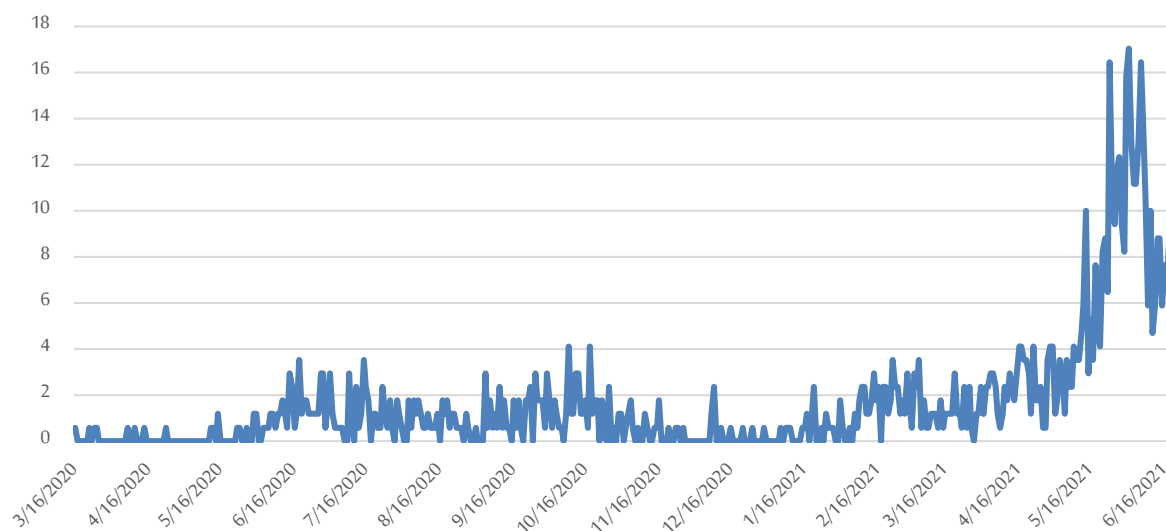
As of December 2021, approximately 80% of Bahrain's eligible population have has been fully vaccinated against the virus.

Figure 2.1: Daily new Covid-19 cases per million people



Source: Our World in Data (2021)

Figure 2.2: Daily new Covid-19 deaths per million people



Source: Our World in Data (2021)

In March 2021, Bahrain saw a large uptick both in the number of daily cases and deaths per million people, leading to the Kingdom enforcing strict restrictions from May 27, 2021 to reduce the number of active cases and transmissions. These restrictions included country-wide closures of shopping malls,

stores, restaurants, coffee shops, gyms, and beauty salons, among others, allowing for the opening of grocery stores and other essential goods stores only. As Figure 2.1 shows, the restrictions led to a significant decrease in cases, with numbers returning to baseline levels seen pre-March 2021. The number of deaths per million also reduced significantly as a result of the restrictions, as can be seen by Figure 2.2.

3. The Impact of Coronavirus on Women

The impact of the Covid-19 pandemic on women has been significant and has been documented extensively. First, Alon et al. (2020) show that pandemic recessions uniquely impact female unemployment in ways that traditional recessions do not. Notably, since pandemic recessions are driven primarily by social distancing rules, male-dominated industries such as manufacturing remained relatively unaffected whereas female-dominated industries such as education and health services experienced considerable contractions. In addition, women are less represented in industries compatible with telecommuting, given that their jobs are considered less “critical”. As a result, women’s jobs are exposed to higher risks of redundancy.

As a result of the above, Alon et al. (2020) show that contrary to previous recessions, where male unemployment traditionally exceeded female unemployment by an average of one percentage point, 2020 showed female unemployment increasing by 2.9 percentage points more than male unemployment. This suggests a significant impact of Covid-19 on women.

The pandemic has also impacted women beyond the realm of employment. Since women globally continue to bear a greater burden of childcare, the closures of schools and daycare facilities led to women allocating a greater proportion of their time to rearing children, while also shifting the work of childcare from the paid economy (nurseries, schools, etc.) to the unpaid economy (Alon et al., 2020; Power, 2020). This has further impacted women’s ability to work, as many have had to either exit the labor force to care for children or have had to take on additional childcare or housework responsibilities on top of their demanding jobs. One study shows that when parents were asked about the impact that Covid-19 has had on their mental health, 57% of mothers reported a declining mental health as a result of the

pandemic while only 32% of fathers reported the same (Power et al., 2020). This provides further evidence that mothers may be bearing significantly heavier burdens compared to their male counterparts as a result of Covid-19, though further research on this issue is needed.

Finally, studies also show that Covid-19 has led to an increase in the reported rates of intimate partner violence worldwide, the victims of which are primarily women (Moreira and da Costa, 2020). This is due to several factors including increased stress, uncertainty surrounding the virus itself, and reduced protection or access to protective social services.

4. Survey Method

4.1. Survey Questions

When designing the survey's questions, we sought to realize the following goals.

1. A high rate of participation among Bahrainis and non-Bahrainis residing in the Kingdom of Bahrain. To do this, the survey questions were translated into four languages: Arabic, English, Hindi, and Tagalog. We targeted a baseline sample of at least 300 respondents.
2. Gathering data that was complementary to the existing data that had been gathered elsewhere on the impact of Covid-19 on women globally. The purpose of this was to gather complementary data specific to the Kingdom of Bahrain's context to assess whether the impacts on women in Bahrain were similar to those in other parts of the world.
3. Gathering data that would support policymaking and be scientifically valuable.

In all surveys, there is a tradeoff between the participation/completion rate on the one hand, and the volume of data gathered per participant on the other hand, especially given that all participation in Bahrain was uncompensated. For this reason, we settled on a series of questions that would take no more than approximately five minutes to answer. The full survey is included in the Appendix. In the interest of expositional clarity, we have chosen to focus this paper on two main topics, rather than covering all the questions and answers provided in the survey, reserving the remaining questions for future research.

After choosing their preferred language and declaring that they were female residents of Bahrain who are at least 18 years of age, participants proceeded to two groups of questions.

The first group of questions examined the impact of Covid-19 on women's family relationships and mental health. How did the socioeconomic impacts of the pandemic, such as school closures, decreased social interactions, increased childcare and family care responsibilities, and time spent on social media impact women's relationships with their immediate families and mental health? Participants were asked to evaluate a range of these impacts on their lives using a Likert scale.

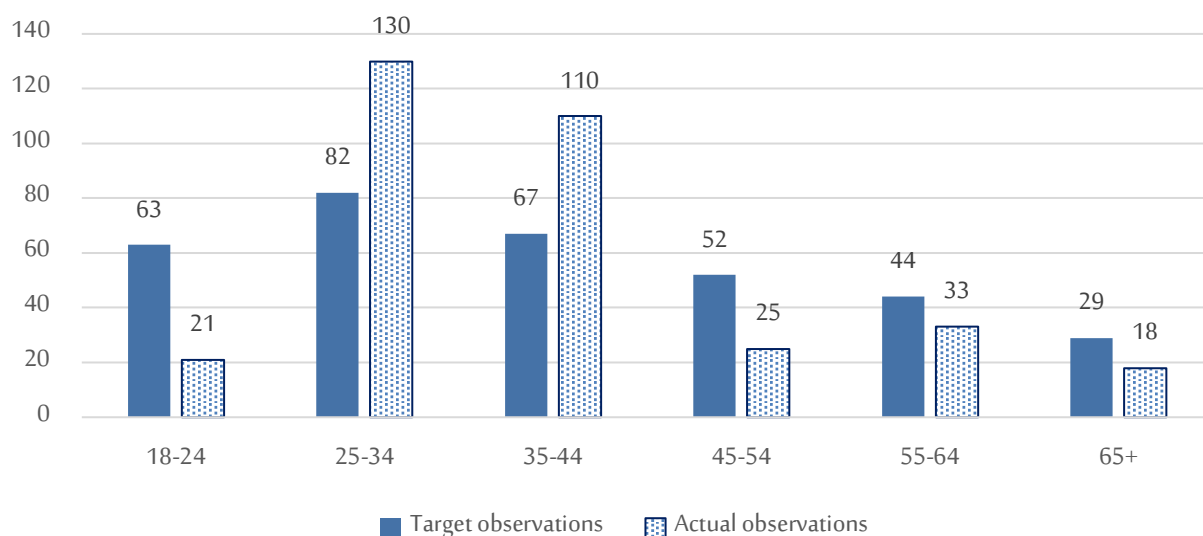
The second group of questions examined the impact of Covid-19 on women's perspectives on remote work and flexible work arrangements as they relate to women's wellbeing and work-life balance. Once again, these evaluations were made on a Likert scale to understand the extent to which these women agreed or disagreed regarding any particular statement.

4.2. Participants and Sampling

The initial target for Bahraini respondents was a sample size of 300 that was close to being nationally-representative, and we also sought as large a sample of non-Bahrainis as possible, knowing from our past experience that non-Bahrainis have low levels of participation. We successfully collected 337 observations for Bahraini citizens, and a negligibly small sample of non-Bahrainis, in line with our expectations. Accordingly, this paper will focus on the results from Bahraini citizens only.

Using demographic data from the national statistics office (IGA), Figure 4.2.1 shows the distribution of target observations by age group for Bahraini citizens, and the actual number of observations collected.

Figure 4.2.1: The composition of a nationally representative sample of 337 Bahraini citizens with target and actual observations



Source: Information and eGovernment Authority and Derasat-UNDP Surveys

Our sample had significant representation for each age group of Bahraini women, but the sample deviated considerably from a nationally-representative sample. In particular, Bahraini women aged 25-44 were overrepresented, while all other age groups were underrepresented, with the largest proportionate gap being for Bahraini women aged 18-24.

4.3. Distribution of the Survey

The survey was delivered online via SurveyMonkey. It could be accessed via any mainstream web browser, via desktop/laptop computers, tablets, and mobile telephones. The survey was active for the period 17 May 2021 – 10 June 2021. The survey was distributed primarily via a variety of social media channels, including those of Derasat and UNDP Bahrain.

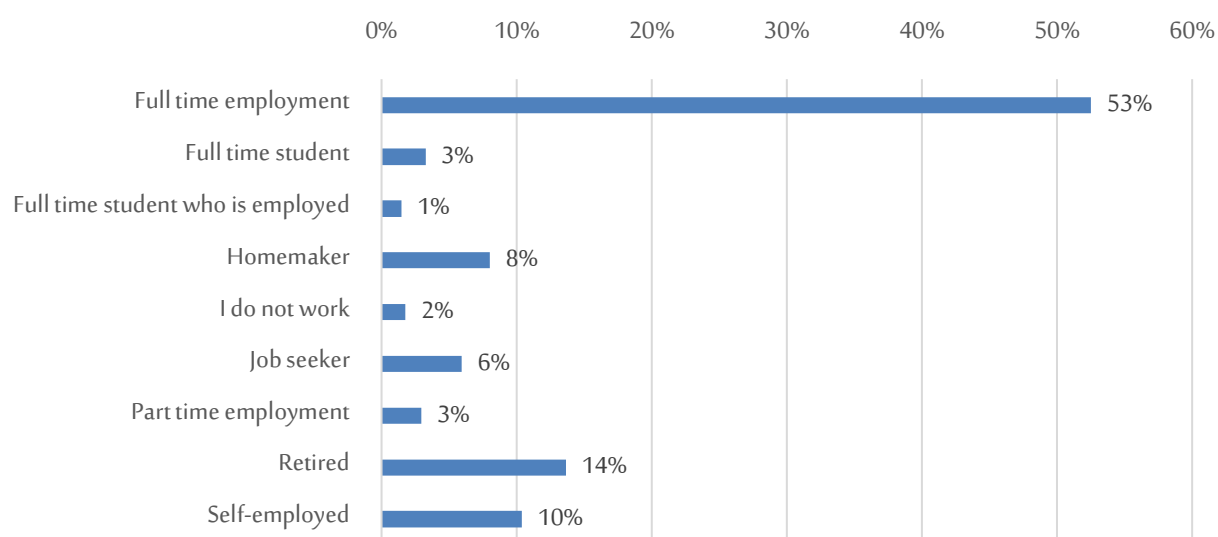
5. Results

We begin by presenting the descriptive results for all the questions posed along with their interactions with socio-demographic traits, and then we present selected relational results regarding remote work.

5.1. Descriptive Results

We first present the answers to the generic socio-demographic questions. Figure 5.1.1 shows participants' employment status.

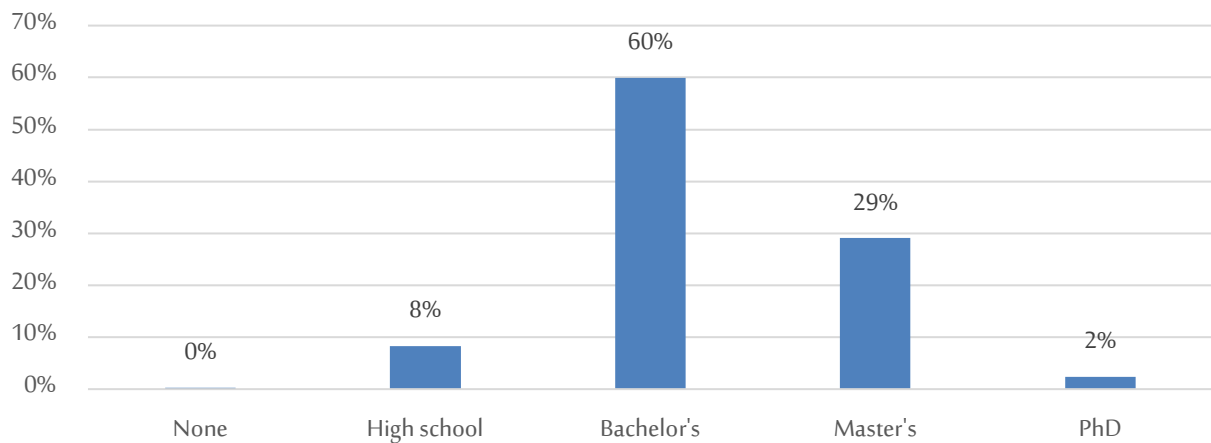
Figure 5.1.1: Participants' employment status



Source: Derasat-UNDP Surveys

Just over half of the participants were in fulltime employment, and homemakers (housewives), retired, and self-employed were each close to 10%. Bahrain's female labor force participation rate for adult females is a little under 50%, and so the 53% level in our survey likely reflected the overrepresentation of working-age women in our sample. Figure 5.1.2 shows the participants' education level.

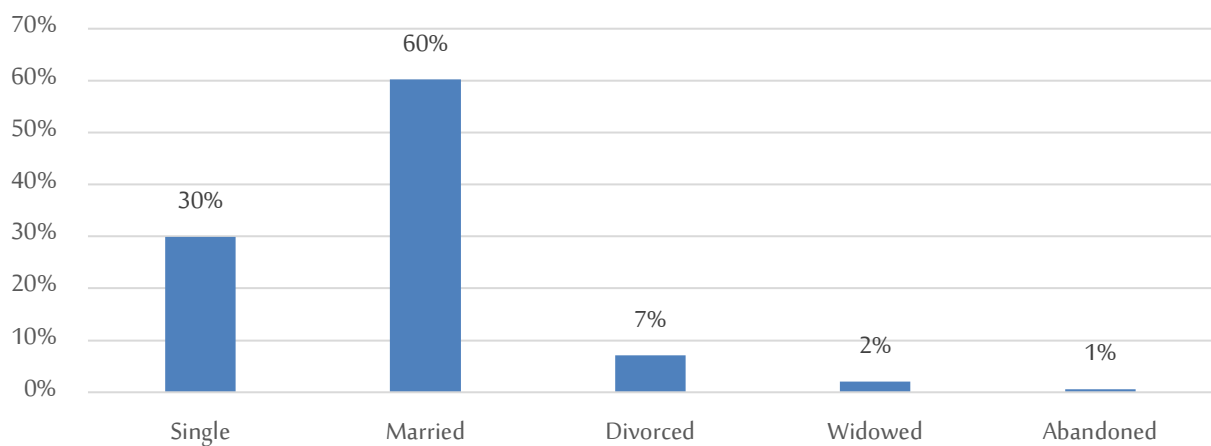
Figure 5.1.2: Participants' educational level



Source: Derasat-UNDP Surveys

Less than 10% of participants did not have a bachelor's degree or higher, suggesting that our data was skewed toward people with higher education levels. This is unsurprising given that the survey was distributed online, and so people with higher education levels were more likely to see it, and they would have found it easier to complete. Figure 5.1.3 shows the participants' marital status.

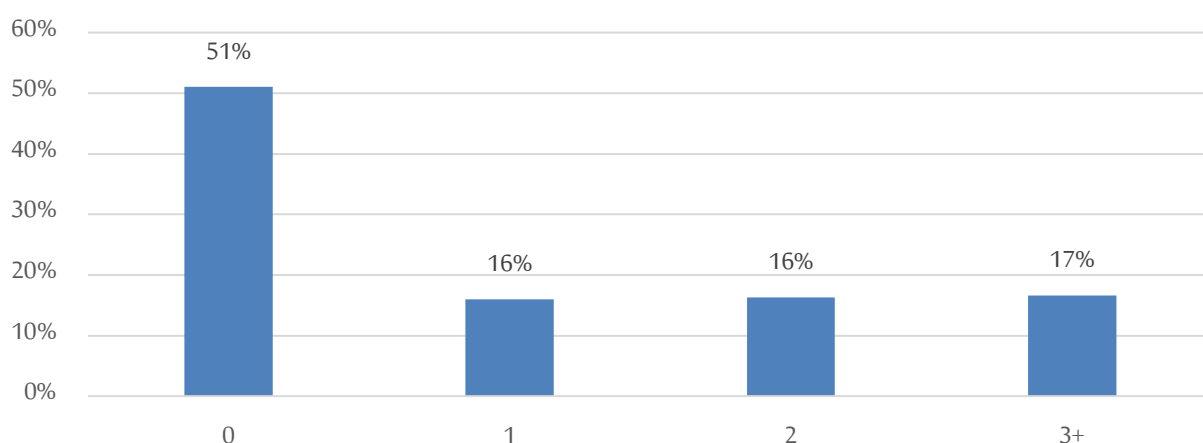
Figure 5.1.3: Participants' marital status



Source: Derasat-UNDP Surveys

The modal response was "married", representing 60% of participants, while 30% were single (never married), and the remaining 10% were primarily divorced, with marginal representation for the widowed and abandoned. Figure 5.1.4 shows the number of children for participants.

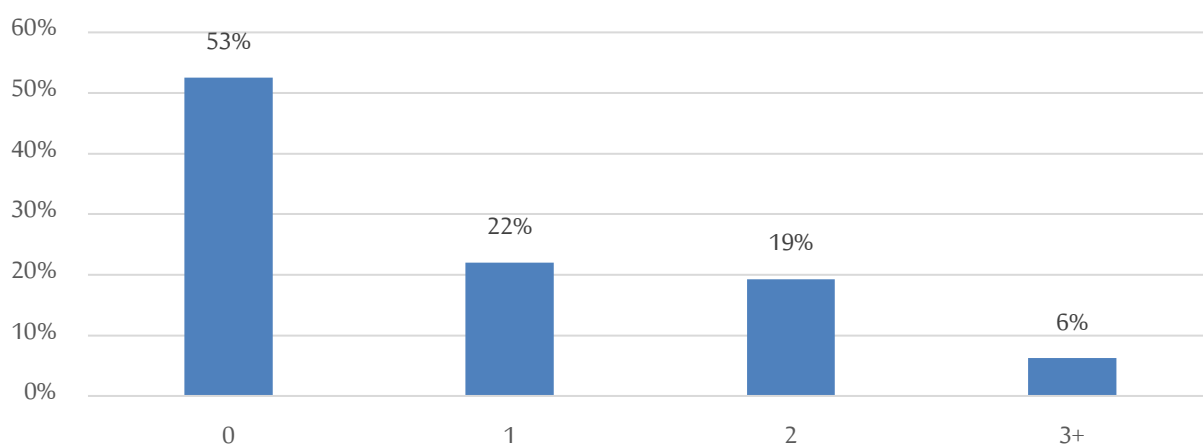
Figure 5.1.4: Participants' number of children under the age of 18



Source: Derasat-UNDP Surveys

The modal response was zero children, representing half of our sample, with the remaining half being equally divided between one, two and three or more children. Figure 5.1.5 shows the number of elderly persons that our participants would take care of.

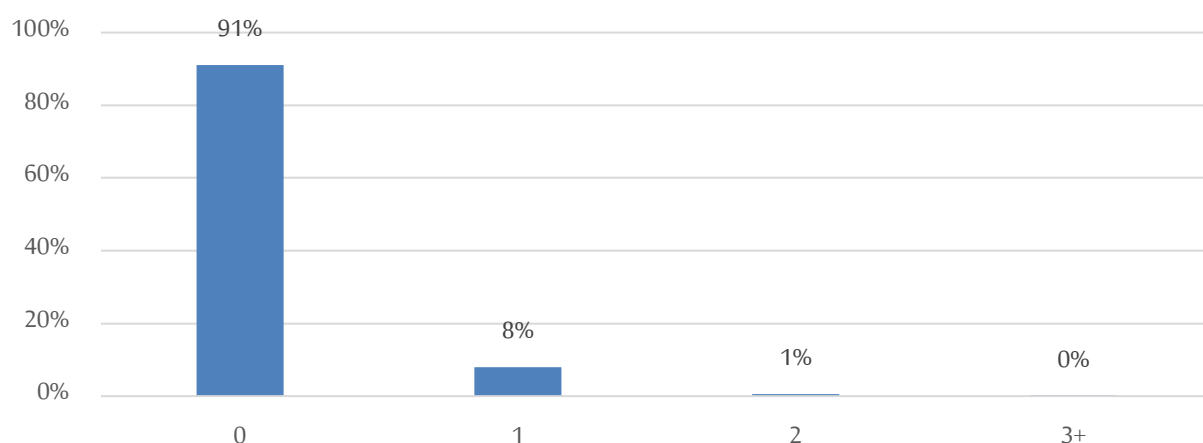
Figure 5.1.5: Participants' number of elderly persons whom they take care of



Source: Derasat-UNDP Surveys

The data are almost analogous to the number of children, with the exception of there being a lower weight (6%) on three or more elderly people, and that weight being reallocated to one or two elderly people. Figure 5.1.6 shows the number of disabled persons whom our participants would take care of.

Figure 5.1.6: Participants' number or disabled persons whom they take care of



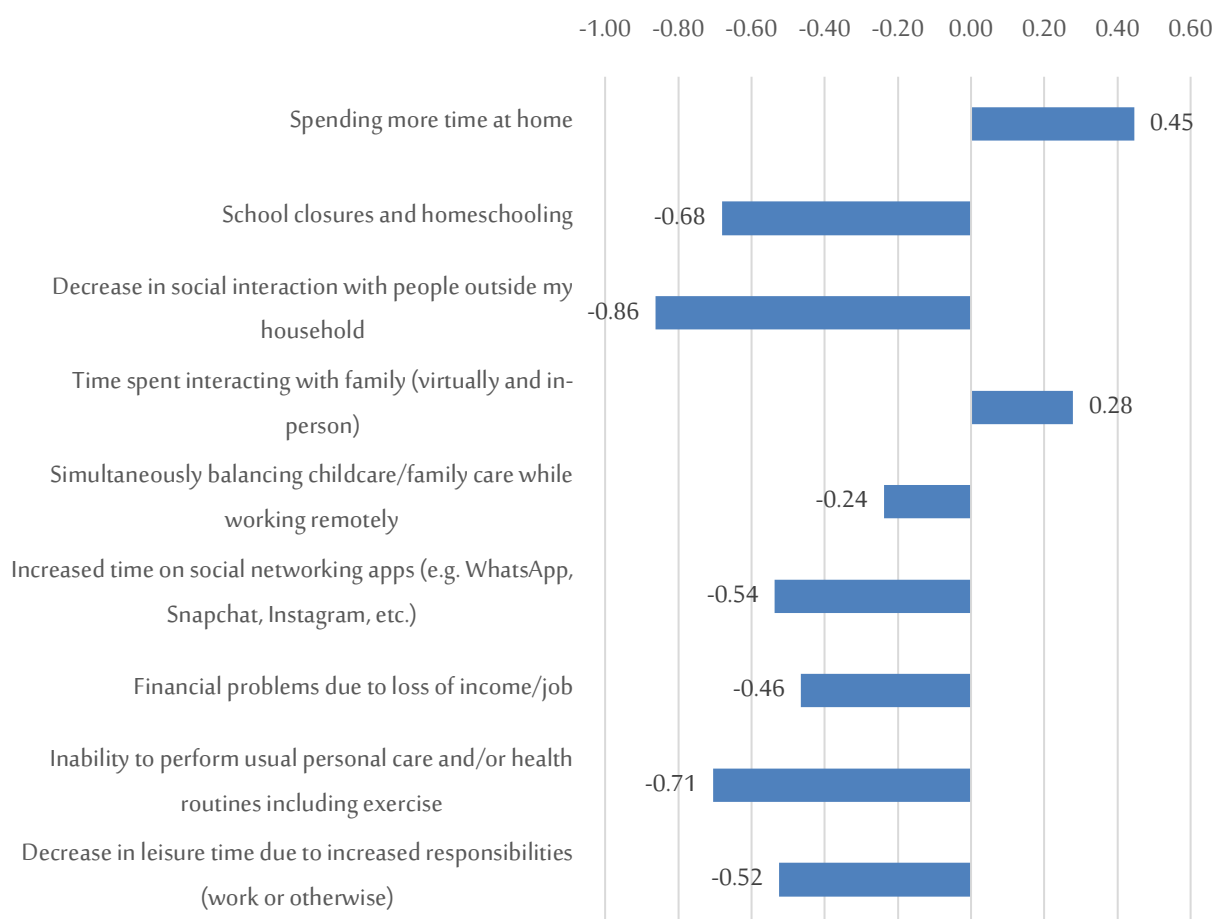
Source: Derasat-UNDP Surveys

Over 90% of participants declared that they take care of zero disabled persons, with almost all of the remainder taking care of only one. In summary, the responses indicate rich variation in the primary socio-demographic variables. Moreover, our sample was quite close to being nationally representative for adult Bahraini women, albeit with overrepresentation for prime working-age women, and underrepresentation of the youngest and older elements of the sample.

We next present the data on the main behavioral questions of interest posed in the survey. Figure 5.1.7 shows the impact of various aspects of the pandemic on the participants' relations with their immediate family, and on the participants' mental health. We considered nine individual factors, and the evaluation was on a five-point Likert scale, from "extremely negative" (-2) to "extremely positive" (+2), where 0 indicated neutrality. In each case, we calculated the arithmetic mean for the participants. In general, in the interests of parsimony, we will not remark on the variation in responses unless it is of particular interest.

Figure 5.1.7: The impact of various aspects of the pandemic on family relations

Evaluate how each of the following has affected your relationship with your immediate family and your mental health since the start of the COVID-19 crisis, on a scale of -2 (extremely negative) to +2 (extremely positive)



Source: Derasat-UNDP Surveys

The first aspect considered was the need to spend more time at home, which was the result of voluntarily and mandated social distancing restrictions. The mean response was 0.45, indicating a slightly positive effect overall. Note that 30% of participants reported a negative effect, which is a sizeable proportion.

Breaking down this effect by socio-demographic group yields additional insights. Spending more time was strongly positive for the older age groups (45 and above), while it was negative for those in the youngest age group (18-24). It was also negative for fulltime students (whether or not they worked) and those who were unemployed, regardless of whether or not they were seeking work. Together, these results indicate that those for whom social contact with people outside their household was normally

important for their work (studies), or was important for helping them to find work, suffered from social distancing. Otherwise, the opportunity to spend more time with immediate family, which includes spouses and young children, was generally a positive experience.

The second aspect was school closures and homeschooling, which yielded a mean response of -0.68, i.e., participants felt that school closures and homeschooling had led to a moderately negative impact on their family relationships and mental health overall. Only 20% of participants responded that school closures had a positive effect on their family relationships and mental health. As remarked in Section 3, the literature has indicated that women bear a disproportionate share of homeschooling responsibilities in most households, sometimes leading to their needing to quit the labor market. This is a direct cause of considerable mental stress.

This negative effect was significantly larger in magnitude for respondents with two or more children, compared to those with only one, which presumably reflected the added workload of supervising multiple children. Another interesting difference was in employment status: homemakers (housewives) reported a considerably more negative effect of homeschooling on their family relationships and mental health than did women in fulltime employment. This may be due to homeschooling crowding out homemakers' (housewives') leisure time, whereas in the case of women in fulltime employment, it primarily crowded out or impeded work time.

Another noteworthy difference emerged for those who cared for disabled children. While respondents reported a negative overall effect on their family relationships and mental health (-0.33), it was considerably smaller in magnitude than the ratings reported by participants with no disabled children (-0.70). This may be due to parents being able to give their disabled children better individual attention than they would have received at school, or on their educational arrangement when schools were operating normally.

The third aspect studied was the impact that reductions in social interactions outside the household had on participants' family relationships and mental health. The average rating was -0.86, which is moderately negative, and only 12% reported a positive effect. A third of the sample reported an extremely negative effect.

The age profile of this effect was hump-shaped: the negative effect was very large (-1.4) for the elderly (those aged 65 or over), and quite large (-1) for the youngest age group (18-24), while the middle-aged reported a mean of closer to -0.5. This likely relates to the importance of these extra-household social interactions to a participant's interpersonal interactions in general: those who are closer to middle age likely interact most with spouses and children, limiting the adverse consequences of diminished interactions with those outside the household. In contrast, the young and the elderly rely on these extra-household interactions for their interpersonal interactions, and therefore suffer considerably when they are restricted by social distancing.

The fourth aspect was to some extent the mirror image, as it looked at the impact that time spent interacting with family members (virtually and in person) had on participants' family relationships and mental health. While the average impact was slightly positive (0.28), there was a wide variation in responses, with 12% reporting an extremely negative effect, and 26% reporting an extremely positive one.

The age-profile was again hump-shaped, with the most positive effects being reported for those in middle age, and the weakest effects (which were sometimes negative on average) being reported by the youngest and oldest age groups. This again likely reflected the fact that for the middle-aged, the most important family members were those already in the house, and so the pandemic allowed them to spend more quality time with these family members. In contrast, the young and old relied more on visits to or visitors from extra household family members and friends, meaning that the pandemic represented more of a challenge.

The fifth aspect related to the issue of simultaneously balancing childcare/family care while working remotely, which yielded a slightly negative effect on respondents' mental health and family relationships overall (-0.24). This ambivalence reflected the fact that many women welcomed remote work as an opportunity to spend more time with their children, even if it meant a greater overall workload. We expand on this issue in Section 6 below. Unsurprisingly, the negative effect was considerably larger in magnitude for women with two or more children than it was for those with one child, as the child-rearing burden would have been higher.

The sixth aspect was increased time on social networking apps, such as WhatsApp and Instagram. The average impact of this aspect on mental health and family relationships was slightly negative (-0.54), with considerable variation: 28% responded “extremely negative”, while 10% responded “extremely positive”. There were no notable differences by socio-demographic subgroup, with the exception of the fact that the negative impact was smallest in magnitude for the oldest age groups, presumably reflecting the minimal role that social media played in these people’s lives, as compared to the young, for whom social media plays a more prominent role.

The seventh aspect was financial problems due to a loss of income or job, where the average impact was slightly negative (-0.46). The modal response by far was “neutral”, which presumably reflected the fact the adverse employment effects for Bahraini women were quite limited (Abdulla et al., 2021). This was due to a combination of the employment protections afforded to public sector workers, and to the fiscal stimulus which included total wage subsidies for Bahrainis in the private sector to protect their jobs during the social distancing stage of the pandemic. There were no notable differences by socio-demographic subgroup.

The eighth aspect was the inability to perform usual personal care and/or health routines including exercise, which yielded a moderately negative average (-0.71), with only 12% reporting a positive effect. For this variable, the age-profile was monotonic, with the most negative effect being reported by those aged 18-24 (-1.2), and almost neutrality (-0.37) for those aged 65 and over. This presumably reflects the greater time that the young allocate to such routines, especially those that one needs to leave the house to perform, such as trips to the beauty salon or gym.

The ninth and final aspect was the decrease in leisure time due to increased responsibilities (from work or otherwise). Overall, this question yielded a weak negative average (-0.52), and only 10% reported a positive effect on their mental health and family relationships. The age profile was again monotonic, with the most negative effect (-0.83) being reported by the youngest age group (18-24), and older age groups approaching a mean of zero. The figure was considerably more negative for single women (-0.72) than for the married (0.47), possibly reflecting the fact that in the latter case, the decrease leisure time was partially offset by increased family time. It may have also reflected that married people (as well as those

in middle age) have lower total leisure time, and so there was a ceiling effect on the volume of leisure time lost due to the pandemic.

Figure 5.1.8: Family assistance during the pandemic

Evaluate whether you approve of each of the following statements since the start of the COVID-19 crisis, on a scale of -2 (strongly disagree) to +2 (strongly agree)



Source: Derasat-UNDP Surveys

The next group of questions asked participants to evaluate the extent to which they agreed with a selection of statements using a five-point Likert scale running from -2 (strongly disagree) to +2 (strongly agree). The nine statements focused on the assistance that women were able to secure during the pandemic from their spouses, their parents, and their children. The sample means are shown in Figure 5.1.8.

The first statement examined the extent to which the participants' spouses helped in caring for the participants' children compared to before the pandemic. There was slight agreement on average in the positive direction (0.34), though 17% of respondents pointed to a decrease in the assistance provided by their spouses. There were no notable differences in the reported effect by socio-demographic group.

The second statement examined the extent to which the participants' spouses helped in caring for the elderly. The average was close to neutrality (0.13), due primarily to the fact that neutrality was the modal response (53%). The effect varied significantly depending on the participant's number of children: it was 0.56 for those with no children, indicating a slightly positive effect; whereas it decreased uniformly as the number of children increased, reaching -0.26 for those with three or more children. This may have reflected some degree of division of labor and/or specialization, whereby the spouse helped more with the children whereas the participant focused more on the elderly.

The third statement examined the spouse's help in household chores. Again, the average was close to neutrality (0.08), but the neutral response only accounted for 37% of answers, with considerable weight on both positive (17%) and negative (16%) extremes, indicating a large degree of variation. There was a lot of variation depending on the number of children, too: the average was 0.55 for those with no children, and it decreased uniformly to -0.32 for those with three or more children, indicating that spouses focused on children and left chores (and elder care) to the female participants.

The fourth statement examined the spouses' help in schoolwork, and the average was -0.19, with significant weight on positive (13%) and negative (22%) extremes. As above, the average declined uniformly with the number of children, going from 0.03 for women with one child, to -0.44 for women with three or more children, suggesting that spousal assistance was centered on childcare rather than helping in schoolwork.

The fifth statement examined the participants' parents' assistance in childcare compared to before the pandemic. The average was approximately neutral (0.13), with very high weight on both positive (24%) and negative (20%) extremes, indicating a very large variation. For those with one child, it was 0.29, while for those with three or more children, it was -0.4. However, looking at the breakdown by participant's age group indicates that the average for those aged 25-34 was 0.62, compared to -0.51 for those aged 35-44. Therefore, it is likely that the children effect is actually an age effect: those with more children tend to be older, and therefore have older parents who are less likely to be able to assist, and who may be in need of assistance themselves. A detailed examination of the socio-demographic data confirms that women aged 35-44 do indeed have more children and **are** look after more elderly people than do those aged 25-34.

The sixth statement examined the parents' assistance in household chores. Similar to the previous statement, the average was approximately neutral (0.10), with high weight on positive (21%) and negative (19%) extremes. As above, the average was considerably higher for younger women and for those with fewer children, likely reflecting the effect of parental age on their capacity to assist. An analogous pattern emerged for the seventh statement regarding parents' assistance in schoolwork, with an overall average of -0.17.

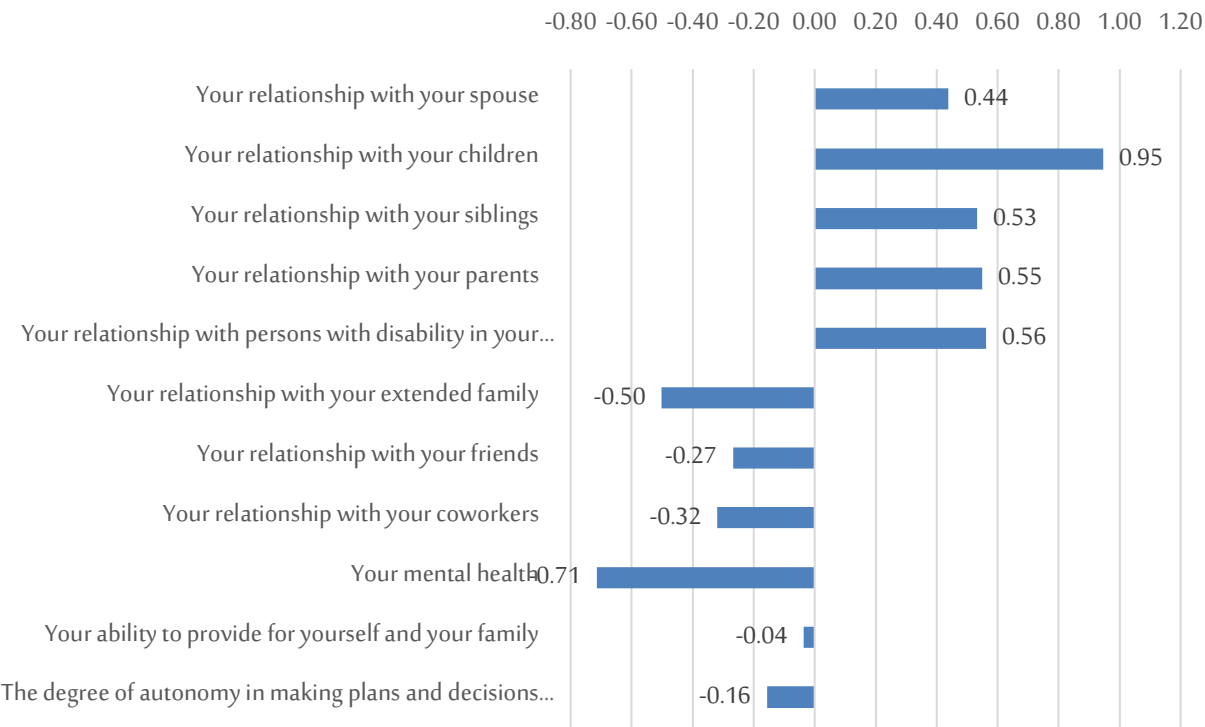
The eighth and ninth statements examined the help provided by female and male children (respectively) in household chores and in caring for their siblings. Somewhat surprisingly, the results were almost identical for both female and male children, with the averages being 0.40 and 0.36, respectively, i.e., slightly positive. In both cases, the average was considerably higher for those with three or more children than for those with two children, probably reflecting an age effect of the oldest sibling in the former case, i.e., it is more likely that they have a teenage son or daughter who is mentally and physically capable of helping in household chores and child rearing. For those with only one child, the average was 0.52 for female children, compared to 0.30 for male children, possibly indicating a greater propensity for young daughters to help than for young sons.

The next group of questions examined how the pandemic affected relationships with specific family members and other members of the participants' social circles, as opposed to the more generic question

posed at the survey’s outset. Participants were asked to evaluate if their relationship had deteriorated a lot (-2), stayed constant (0) or improved a lot (+2) using a five-point Likert scale. Figure 5.1.9 shows the results.

Figure 5.1.9: The impact of the pandemic on relations with family members

Evaluate how the following has changed since the start of the COVID-19 crisis on a scale of -2 (deteriorated a lot) to +2 (improved a lot)



Source: Derasat-UNDP Surveys

The first sub-question asked about the participant’s spouse. The average was slightly positive (0.44), with only 19% of participants reporting a deterioration in the relationship (the modal response was “no change”). The general positivity presumably reflected being able to spend more time with one’s spouse due to social distancing restrictions.

Among the socio-demographic groups, the response was significantly higher for people with three or more children (0.70) compared to those with none (0.38), in line with our previous finding that spouses helped considerably more with childcare for that same group. This could reflect the emergence of more constructive norms of cooperation between husband and wife during the pandemic. Further, this figure

was also considerably higher for those who were retired (0.71) and self-employed (0.85) compared to those who were in fulltime employment (0.31).

The second sub-question asked about the participant's children, and the average response was moderately positive (0.95). In fact, the modal response was a "improved a lot" (38%), and only 9% reported a deterioration. This was presumably the result of spending more time with children due to social distancing restrictions. There were no notable differences by socio-demographic group.

The third sub-question asked about the participant's siblings, and the average response was slightly positive (0.53), with only 12% reporting a deterioration. The positive effect tended to be much stronger for the young than for the old, presumably because younger women tended to cohabit with their siblings, and so the pandemic allowed them to spend more time with them; whereas older women are more likely to live in a separate household than that of their siblings.

The fourth sub-question asked about the participant's parents, and as with siblings, the average response was slightly positive (0.55), with 14% reporting a deterioration. There were no notable differences across the various socio-demographic groups.

The fifth sub-question asked about the participant's disabled family members. Of the 64 for whom this applied, 45% reported no change, and 11% reported a deterioration, with an overall average of 0.56. Again, there were no notable differences across socio-demographic groups.

The sixth sub-question asked about the participant's extended family. Here the balance was reversed, with the average being slightly negative (-0.50), and only 15% of participants responded positively. This presumably reflected the fact that social distancing restrictions disrupted Bahraini women's efforts at spending time with their extended family, almost all of who live in separate households. Bahraini extended families traditionally gather on a weekly basis, either on Friday or Saturday, and for most families this practice was either curtailed or suspended entirely for an extended period of time during the pandemic. Interestingly, the average rises monotonically with age, from being moderately negative for the 18-24 year old women (-0.81) to being marginally positive for those aged 65 and over (0.06); though it is not clear what phenomenon this represents.

The seventh sub-question asked about the participant's friends, and the responses followed a similar pattern to extended family: an average of -0.27, with only 21% reporting an improvement. However, the age-profile was not monotonic, though the oldest category did express a neutral response on average.

The eighth sub-question asked about the participant's coworkers. The average response was -0.32, but it was considerably worse for those with three or more children (-0.63) compared to those with none (-0.20). This probably reflected the severe stress that women with three or more children were under during the pandemic due to the burden of childcare and homeschooling; socializing with coworkers — over video conferencing software or in person — would likely have occupied a very low priority.

The ninth sub-question asked about the participant's mental health, where the overall average was moderately negative (-0.71), in line with the large academic and popular literatures on the mental stress caused by the pandemic. The data also revealed notable variation according to the participant's socio-demographic group.

The adverse mental health consequences were most pronounced for the younger Bahraini women: for those aged 25-34, the average was -0.98, compared to -0.2 for those aged 65 and over. While we initially thought that this might be due to the stress of school closures, we also found that the reported mental stress was most acute for those with no children (-0.84), and was weakest for those with three or more children (-0.46). Moreover, the reported mental health effects were considerably worse for single women (-1.0) than it was for married women (-0.59). Together, these findings suggest that younger women who did not have a significantly sized nuclear family of their own — including single and childless Bahraini women — may have experienced the largest adverse mental health consequences due to a feeling of isolation. For those aged 18-24, the average was -0.67, which may have been smaller in magnitude than for slightly older women due to the former group's comfort with remote social interactions facilitated by social media, which were relatively unaffected by the pandemic.

The tenth sub-question asked about the participant's ability to provide for herself and her family. The average was approximately neutral (-0.04), with over half of the participants responding that there was no effect. Notably, the effect for single women (-0.24) was significantly worse than for married women

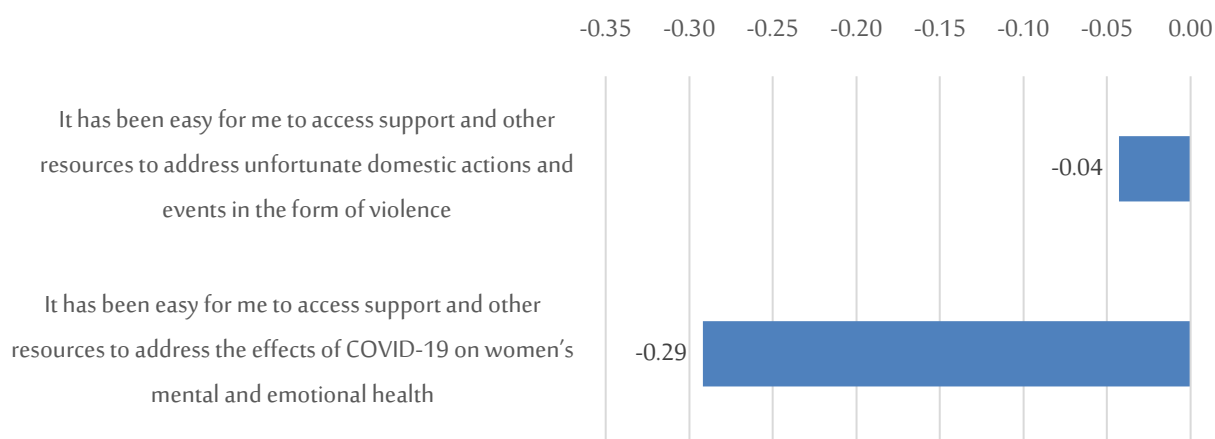
(0.05), and this likely reflected the fact that marriage mitigates income risk by enlarging and diversifying family income. This was the only notable variation according to socio-demographic group.

Finally, the eleventh sub-question asked about the participant's autonomy in making plans and decisions without influence from the participant's spouse and other family members. The overall effect was approximately neutral (-0.16), and the modal response was a neutral effect (51%), but there was some notable variation by socio-demographic group.

Single Bahraini women reported a worsening (-0.47) that was considerably more acute than that reported by married women (-0.06). The age profile was U-shaped, with the nadir being for women aged 25-34 (-0.38), in contrast to those aged 18-24 (-0.12) and those aged 55-64 (0.14). Children seemingly had a positive effect, as those with zero children reported an average of -0.31, and this figure rose with each child, reaching 0.09 for women with three or more children. It is unclear what factors are driving this constellation of socio-demographic heterogeneity.

Figure 5.1.10: The pandemic and access to support

Evaluate whether you approve of each of the following statements since the start of the COVID-19 crisis, on a scale of -2 (strongly disagree) to +2 (strongly agree)



Source: Derasat-UNDP Surveys

The next pair of questions examined the availability of support for women during the pandemic, both for domestic violence, and for mental and emotional health. Participants expressed their agreement on a

five-point Likert scale (-2 to +2) with the claim that access to support was easy for them. The responses are in Figure 5.1.10.

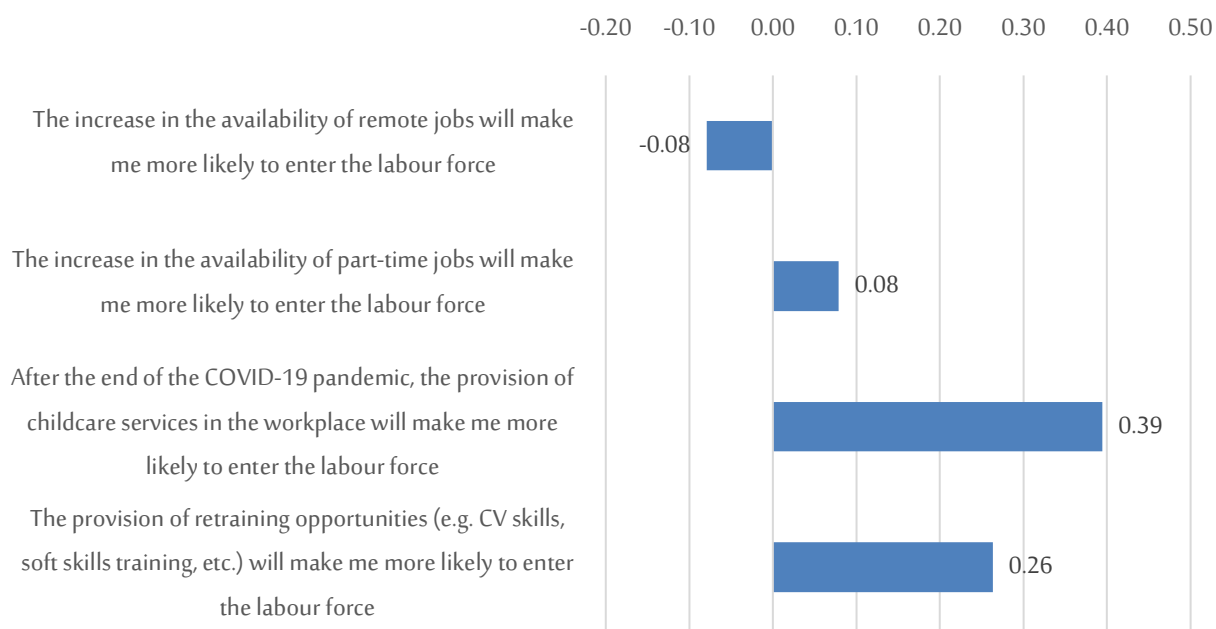
For domestic violence, the average was neutral (-0.04), though it is worth noting that there may have been considerable selection bias in participation in the survey, with those facing extreme threats of domestic violence being too fearful to respond to these questions. Nevertheless, despite the approximate neutrality, there was significant weight on both negative (16%) and positive (15%) extremes, indicating a considerable degree of variation in the responses. In terms of socio-demographic variation, single women (-0.46) reported considerably worse responses than did married women (0.09), while those with fewer children reported greater difficulty in getting access to support than did those women with larger numbers of children.

For mental and emotional health, the average was slightly negative (-0.29), with 22% of participants responding positively. The age profile was close to being monotonic, with the youngest women expressing the greatest difficulty in securing mental health support (-0.79), compared to positive responses for those aged 45-54 (0.43) and 55-64 (0.18). Single women (-0.63) also fared considerably worse than did their married counterparts (-0.09); while childless women (-0.42) and those with one child (-0.47) reported lower averages than those with two (0) or three or more (0.06) children. Together, these results indicate that stable nuclear families offered considerable mental health support to Bahraini women, and that those who were young and unmarried faced significant challenges in securing help for their mental and emotional health challenges during the pandemic.

The next group of questions examined the future job market plans of the participants in light of the pandemic. This question was only for the 38 women who were not employed. Participants used a five-point Likert scale (-2 = strongly disagree; +2 = strongly agree) to comment on their likelihood of joining the labor force after the pandemic due to a hypothetical increase in remote jobs, a hypothetical increase in part-time jobs, a hypothetical increase in the provision of childcare in workplaces, and a hypothetical increase in the provision of retraining. The results are shown in Figure 5.1.11.

Figure 5.1.11: The pandemic and the workplace

Please rate how much you agree or disagree with the following statement on a scale of -2 (strongly disagree) to +2 (strongly agree)



Source: Derasat-UNDP Surveys

The first statement examined if an increase in the availability of remote jobs would make non-working participants more likely to enter the labor force. The average response was approximately neutral (-0.1), though the weight on the negative (26%) and positive (18%) extremes was large, indicating large variation in the responses. For this statement and for the remaining three, due to the small number of observations (38), we will not conduct a breakdown by socio-demographic group.

The second statement examined if an increase in the availability of part-time jobs would make non-working participants more likely to enter the labor force. The average response was approximately neutral (0.1), and again the weight on the negative (21%) and positive (21%) extremes was large, indicating large variation in the responses.

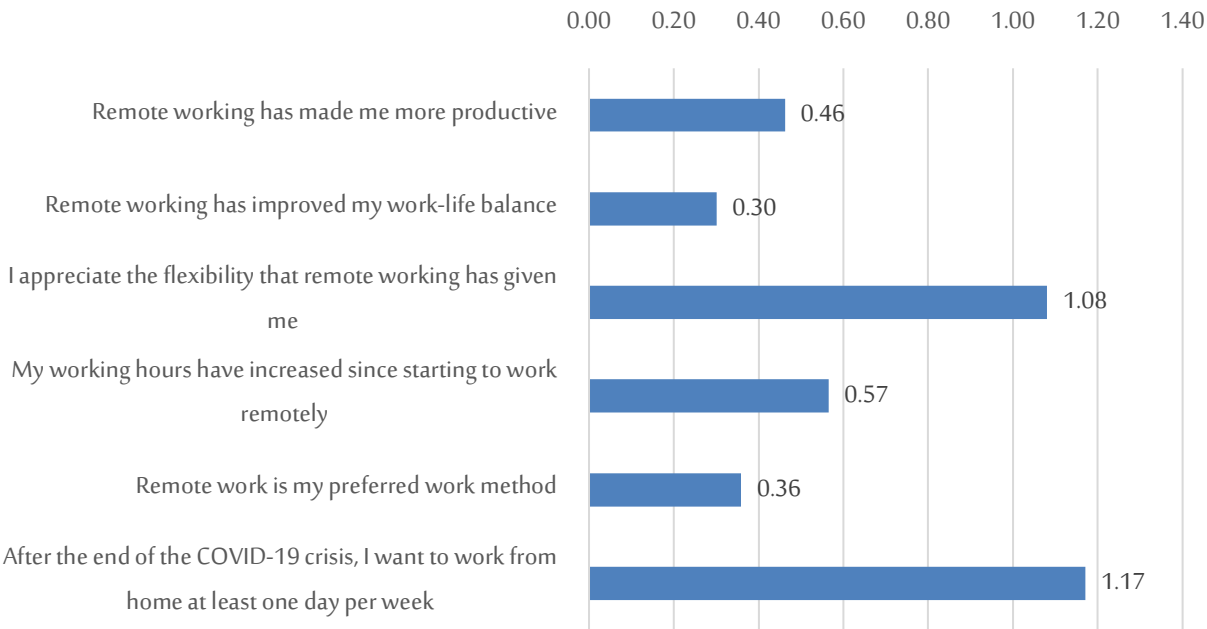
The third statement examined if increasing the provision of childcare services in the workplace would make non-working participants more likely to enter the labor force. The average was slightly positive (0.39), and 24% of participants expressed disagreement, while the modal response was “strongly agree”.

The fourth statement examined if retraining opportunities would make non-working participants more likely to enter the labor force. The average was slightly positive (0.26), with 24% of participants expressing disagreement, though for this statement, neutrality constituted the modal response. Overall, these findings suggest considerable variation in the willingness of non-working women to re-enter the labor force depending on the nature of changes that might occur in the coming years.

The survey then asked all participants to confirm if they had any experience with remote work (be it during the pandemic or otherwise). Almost exactly two-third of the 337 participants responded positively, upon which they were directed to a series of questions regarding remote work (the others skipped these questions and went to the survey’s final stage). Participants were presented with six statements and were asked to evaluate the extent to which they agreed with each statement on a five-point Likert scale (-2 to +2). Figure 5.1.12 shows the results.

Figure 5.1.12: The pandemic and remote work

Based on your experience with remote working, please rank how much you agree or disagree with the following statements on a scale of -2 (strongly disagree) to +2 (strongly agree)



Source: Derasat-UNDP Surveys

The first statement was that remote working had increased the participant’s productivity. The average score was weakly positive (0.46), and only 21% expressed disagreement. The age profile indicated

considerably higher levels of agreement for older participants, with those aged 35-44 reporting an average of 0.65, compared to the lowest average of 0.06 for those aged 18-24. This finding is consistent with the general observation in the literature that remote work is an effective (and sometimes superior) substitute to traditional office work for those with sufficient experience, whereas those with limited or no experience – such as young women – tend to struggle somewhat with remote work.

Interestingly, those with one or two children also reported larger averages than those with none or with three or more. Moreover, those who were married reported considerably larger averages than single women. We explore possible explanations for these findings below.

Education has a seemingly monotonic effect on productivity, too, with the smallest averages reported by women with only a high school degree (0.18), rising for those holding a bachelor's (0.46) and master's (0.46) degree, and reaching the highest point for those holding a PhD (1.00). These findings are consistent with the general observation in the literature that highly-skilled jobs are more amenable to remote work than are low-skilled occupations.

The second statement was that remote working had improved the participant's work-life balance. The average score was marginally positive (0.30), and the variation was large: 18% strongly disagreed, while 27% strongly agreed, representing the modal response. Age group was an important predictor of people's response: for the youngest group, the average was -0.38, and this increased with age, reaching 0.8 for those aged 45-54, and 1.7 for those aged 65 and over. This may be due to the positive role that professional and life experience play in time-management skills, and hence in realizing the benefits afforded by remote work.

The number of children that participants had also affected their agreement with the statement. For those with no children, the average effect was almost zero (0.05), whereas for those with one child, it was moderately large (0.78). This is likely due to the fact that remote work allowed those with one child to spend more time with that child. However, the average was smaller for those with two (0.36) or three (0.49) children, possibly indicating the presence of diminishing returns, as home-schooling two or three children while remote working is an arduous undertaking.

Similar mechanisms were evident when looking at the association between marriage status and response. Single women reported a negative average (-0.15), compared to a weakly positive average for married women (0.55). For the former, remote work meant a decrease in social interaction as co-workers were missed, whereas for married women, more time with husbands at home more than compensated for less time with colleagues in the office.

The third statement was that the participant appreciated the flexibility afforded by remote work. The average was moderately positive (1.1), with only 10% of participants disagreeing with the statement. The average rose monotonically with educational qualifications, presumably reflecting the more educated participants' higher capacity to adapt to the demands of remote work. In principle, an important mediating factor was the role of employers in ensuring that employees adapt to the demands of remote work, such as providing the appropriate training and hardware; future research can shed light on this issue.

The fourth statement was that the participant's working hours had increased since starting to work remotely. The average was slightly positive (0.57), though the modal response (32%) was strong agreement. As with the flexibility statement, the only notable variation with respect to socio-demographic group was in education, where higher qualifications were associated with stronger agreement.

The fifth statement was that remote work was the participant's preferred work method, the average was 0.36 and the responses varied widely. The modal response was neutrality (31%), while 29% strongly agreed, and 25% either moderately or strongly disagreed. The variation by age group was notable: the average for 18-24 year old women was -0.25, compared to 0.47 for 25-34 year old participants. Those with one or two children were much more in favor of remote work than were those with zero or three children. Similarly, married women (0.53) were much more supportive of remote work than were single women (0.14). Those with higher educational qualifications also tended to express a greater affinity for remote work than did those with lower educational qualifications.

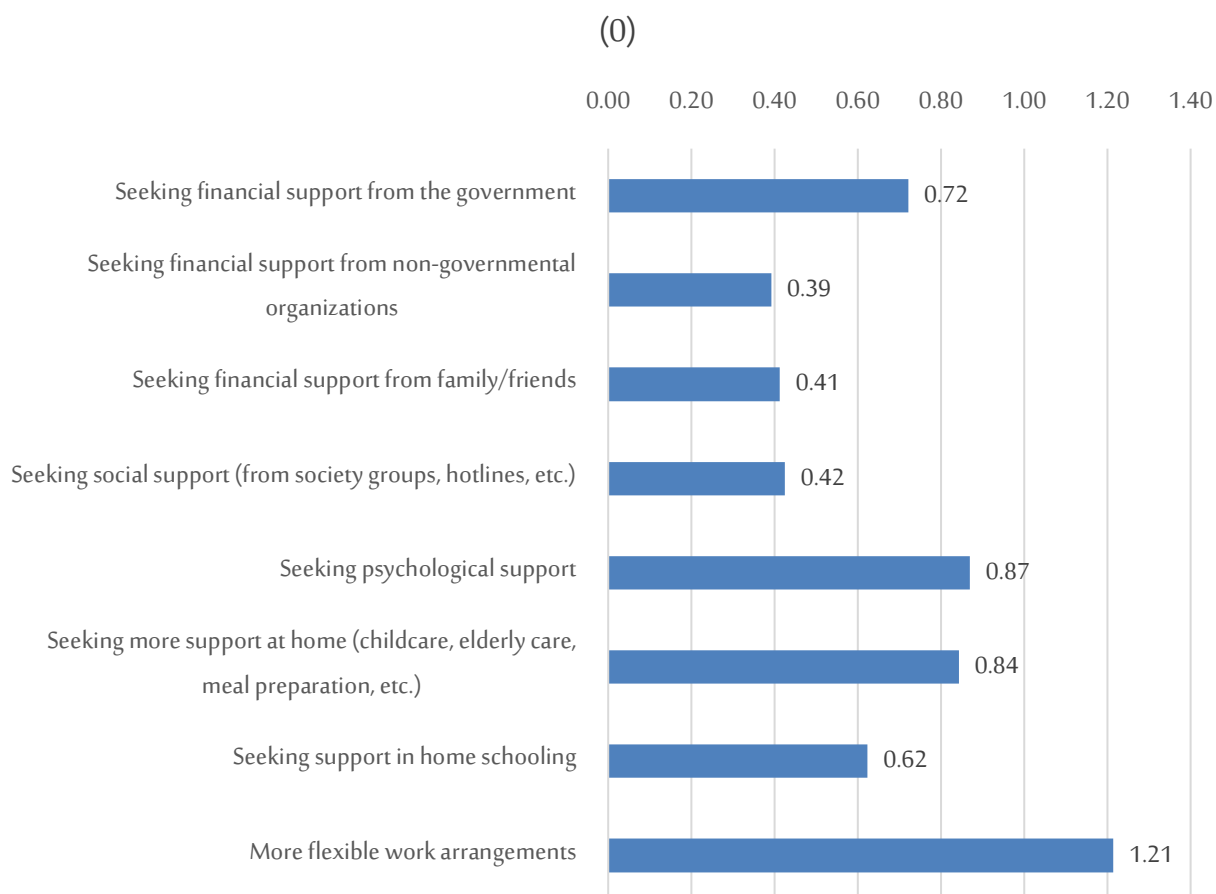
The sixth statement was that following the pandemic's conclusion, the participant wishes to continue working from home at least one day per week. This garnered the strongest agreement of any question in

the entire survey (1.2), with 65% strongly agreeing, and a sizeable proportion (13%) disagreeing moderately or strongly. The age profile was hump-shaped, with the younger and older women being cautiously supportive toward remote work, compared to an average of 1.3 for women aged 45-54. Women with two children reported an average of 1.4, while higher educational qualifications were again associated with stronger affinity for the possibility of remote work in the future.

The final group of questions examined the extent to which participants wished to use various forms of support in the near future until the pandemic's conclusion. For each option, they responded using a three-point Likert scale: not at all (0), a little (1), and a lot (2). Figure 5.1.13 shows the findings.

Figure 5.1.13: The pandemic and forms of support

For each of the following ways of supporting your household in the near future until the COVID-19 situation improves, please indicate whether you will use it a lot (2), use it a little (1), or not use it at all



Source: Derasat-UNDP Surveys

The first form of support was financial support from the government, which yielded an average score 0.72. Younger women were considerably more likely to express a desire to use this form of support than were older women, presumably owing to the former having a much smaller volume of accumulated savings that could be tapped to relieve financial stress. Somewhat counterintuitively, married women (0.60) reported a larger average than single women (0.27), though this may have reflected the fact that married women have more responsibilities (as well as access to spousal income as a risk-sharing instrument). Women with higher education levels also reported a significantly larger likelihood of benefiting from government financial support than did those with lower education levels, though it is not clear what mechanism might cause this phenomenon, beyond the possibility that more educated women have higher levels of awareness about government financial assistance available. Thus awareness campaigns may be needed to ensure that all segments of society are aware of the available government financial assistance programs.

The second form of support was financial support from non-governmental organizations, and the average was very small (0.39), with 73% of participants responding that they would not seek this form of support. The desire to use such support was considerably higher among those with only a high school education (0.68) compared to those with a bachelor's degree (0.42) or a master's degree (0.29).

The third form of support was financial support from family and friends. Again, the average was small (0.41), and 69% of participants stated that they would not look to use this form of support. There were no notable socio-demographic patterns, beyond the fact that older women had a very small average (0.22), presumably reflecting their greater accumulation of personal resources. The fourth form of support was social support from society groups, hotlines, and so on. The average was small (0.42), and the data followed a very similar pattern to the preceding question on seeking financial support from family and friends.

The fifth form of support was psychological, which yielded a considerably higher average (0.87), and over 60% of respondents said that would seek this form of support a little or a lot. The average declined monotonically with age, starting at 1.2 for women aged 18-24, falling to 0.33 for women aged 65 and

over. Single women (0.99) were slightly more likely to seek psychological help than were married women (0.79), while education was not a predictor.

The sixth form of support was seeking more support at home, such as childcare, elderly care, meal preparation, and so on. The mean was quite large (0.84), and 57% of participants expressed a desire to seek this form of help. The age profile was predictably hump-shaped, with women aged 18-24 and women aged 55 and over expressing the lowest desire, compared to 0.96 for those aged 25-44. Women with no children reported 0.62, compared to 1.3 for women with one child, and 1.1 for women with three or more. The demand for this form of support declined with education, with those holding a high school degree reporting an average of 1.0, compared to 0.79 for those holding a master's degree.

The seventh form of support was homeschooling support. The modal response (58%) was that this help would not be sought, and the average was 0.62. Predictably, the average rose with the number of children that the participating woman had (it was 1.0 for women with two children), while married women were considerably more likely to express a desire to use this form of support than were single women. As above, more educated women were less likely to use this form of support.

The eighth form of support was more flexible working arrangements. This was the most favored form of support, resulting in an average of 1.2, and the modal response was seeking this support a lot (46%). The desire for this form of support generally decreased with age, taking the value of 1.3 for 18-24 year old women, 1.4 for 25-34 year old women, and then decreasing monotonically to 0.22 for women aged 65 and over. Women with one child had the most demand for this form of support (1.7).

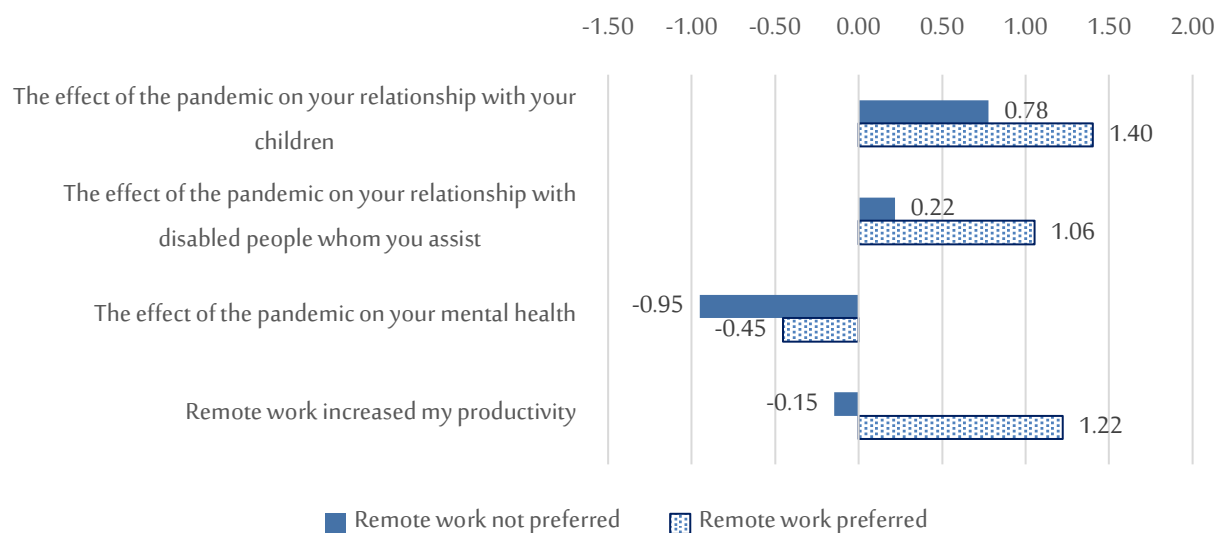
5.2. Selected Relational Results on Remote Work

The last two questions analyzed indicate that Bahraini women have a strong desire for more flexible work arrangements, and that they see remote work — albeit in a partial rather than full capacity — to be a potential source of that flexibility. Moreover, indirect evidence of the desirability of remote work came in the form of the improvements in interpersonal relations within the nuclear family for women who had one or two children, and for married women, as remote work was an important facilitator of greater time

spent with loved ones at home. To investigate these issues more deeply, we examine the relationship between the participants’ responses to a subset of the remote work questions and their responses to some of the other questions.

We first consider the participants’ reported level of agreement with the statement: “remote work is my preferred work method” (for the sample of those with actual remote work experience). The responses used a five-point Likert scale from -2 to +2; we transform this into a binary variable where the value “0” represents -2, -1, or 0; and the value “1” represents a +1 or a +2. Figure 5.2.1 shows the relationship between this binary variable and a selection of other variables.

Figure 5.2.1: Remote work preferences and a selection of other variables



Source: Derasat-UNDP Surveys

The first pair of bars looks at the question on the effect of the pandemic on the participant’s relationship with her children (-2 = deteriorated a lot; +2 = improved a lot). The average score was 1.4 for those with a preference for remote work, compared to 0.78 for the remaining sample.

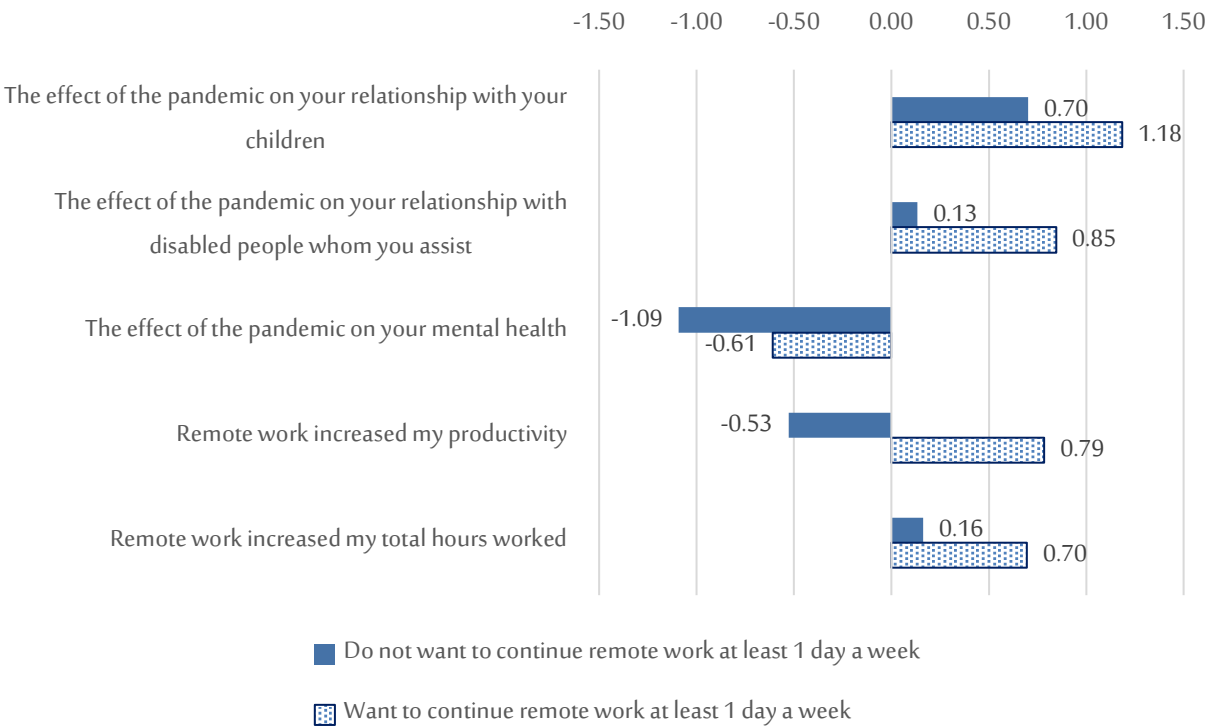
The second pair of bars looks at the same question but for disabled people whom the participant assists. The average score was 1.1 for those with a preference for remote work, compared to 0.22 for the remaining sample.

The third pair of bars looks at the effect of the pandemic on the participant’s mental health. The average score was -0.45 for those with a preference for remote work, compared to -0.95 for the remaining sample.

The fourth pair looks at the effect of remote work on the participant’s productivity. The average score was 1.22 for those with a preference for remote work, compared to -0.15 for the remaining sample.

We next consider the participants’ reported level of agreement with the statement: “after the end of the pandemic, I want to work from home at least one day per week”. The responses used a five-point Likert scale from -2 to +2; we transform this into a binary variable where the value “0” represents -2, -1, or 0; and the value “1” represents a +1 or a +2. Figure 5.2.2 shows the relationship between this binary variable and a selection of other variables.

Figure 5.2.2: Remote work future plans and a selection of other variables



Source: Derasat-UNDP Surveys

The first pair of bars looks at the question on the effect of the pandemic on the participant’s relationship with her children (-2 = deteriorated a lot; +2 = improved a lot). The average score was 1.2 for those looking to continue at least a minimal level of remote work, compared to 0.70 for the remaining sample.

The second pair of bars looks at the same question but for disabled people whom the participant assists. The average score was 0.85 for those looking to continue at least a minimal level of remote work, compared to 0.13 for the remaining sample.

The third pair of bars looks at the effect of the pandemic on the participant's mental health. The average score was -0.61 for those looking to continue at least a minimal level of remote work, compared to -1.1 for the remaining sample.

The fourth pair looks at the effect of remote work on the participant's productivity. The average score was 0.79 for those looking to continue at least a minimal level of remote work, compared to -0.53 for the remaining sample.

The fifth pair looks at the effect of remote work on the total number of hours worked by the participant. The average score was 0.70 for those looking to continue at least a minimal level of remote work, compared to -0.16 for the remaining sample.

Taken together, these data suggest that those who prefer remote work and who are looking to continue at least a minimal level of it had better experiences with their children and disabled dependents during the pandemic, they fared better mentally, they were more productive in a remote work context, and worked a larger number of hours.

This last finding is somewhat counterintuitive: despite working a larger number of hours under remote work than under traditional office work, these women expressed a greater affinity for continuing remote work. This contradicts the stereotype that those who want to continue with remote work are idlers who have perfected the art of shirking by exploiting the monitoring flaws that arise with remote work.

At the societal level, these associations between the desire for remote work and good outcomes such as mental health and productivity suggest that there may be returns to increasing the prevalence of remote work after the lifting of social distancing restrictions. To get a better sense of the mechanisms underlying these relationships, we decided to conduct a follow-up focus group on remote work. The qualitative and unstructured insights offered by focus group meetings often constitute excellent complements to the quantitative and structured data that traditional surveys yield.

6. Remote Work Focus Group

6.1. Method

Based on the responses from the online survey to the subset of questions on remote working, a focus group was organized to dig deeper into Bahraini women's perspectives on this topic. The focus group was held online via Zoom and ran for one hour. The focus group discussion was semi-structured; several broad questions were asked, and participants were given the freedom to discuss the topic in whatever direction they saw fit. This structure was chosen to allow for a free-flowing discussion where the most important topics would come up organically from among the participants, rather than restricting them with too many leading questions. See Almoayyed and Al-Ubaydli (2022) for complete coverage.

The broad questions asked to the focus group participants were as follows.

1. During your time working remotely, did your hours worked increase, stay the same, or decrease? Why do you think that was the case?
2. How would you describe the impact that working from home has had on your productivity?

The focus group was attended by six Bahraini women from various demographics in order to receive a diverse array of perspectives. The demographic split of focus group participants was as follows:

1. Self-employed in the private sector; married with no children.
2. A manager in the private sector; married with no children.
3. A manager in a semi-public organization; married with two children.
4. A public sector worker; married with one child.
5. A private sector worker; single with no children.
6. A worker in a public-private enterprise; single with no children.

6.2. Findings

Below outlines some excerpts from the focus group discussion on the two questions. All identifying information has been removed for the sake of maintaining privacy.

* * *

Question: During your time working from home do you feel like your hours worked increased, stayed the same, or decreased? In the case of an increase, is it that your boss was always expecting you to be on call? And because you could choose your hours/flexibility, was this not an issue?

- My company in general never overworked us, we had boundaries to begin with. So once we started working from home, it remained the same. We were expected to work 8-4 but we also got to design our own hours. I worked and did the urgent things in the morning, and then I would take a break, work out, have lunch, and then I'd go back to doing everything I need in the evening because I work better then. I think I was lucky because a lot of people had other issues, but for me I worked the same amount as before. I just had better productivity hours, or peaks.
- In addition to the points on having a support system at home, you need that support system at work. So I was really lucky to have a boss who was very understanding in terms of respecting my time, not contacting me after work hours unless it was extremely urgent. [...] we would work after work hours, but to be fair, we'd start a bit later than usual. [...] My boss respected my time, they understood I would be busy with other things, especially if it was around evening time. So I think you also need that support system at work, and that determines if you're working more or less.
- I did end up working longer than I should have, given I was fresh out of maternity leave, but I was okay with that because it meant I was home, I could be with the kids when I needed, if I didn't have any meetings or anything I needed to do I could take an hour off, spend some time with kids then go back to work, I could be there for nap time or meal time.
- Usually in my job we have to travel 3-4 times a year and spend a week abroad, so I appreciated not having to do that, especially with my kids being so young. Having everything switched to virtual

meetings was really helpful. Having the right support system in the office was important because I had a very understanding team in general.

- The timings did not change much – I work the same at home as in the office, the only difference is I would start slightly later and finish later compared to the office. I didn't mind finishing later [...] because everyone started late. [...] But I think I'm still able to take regular breaks, unlike in an office.
- I do have [doctor's appointments] at night sometimes, so working from home is better [...] But I had supportive colleagues and [...] they wouldn't mind me staying asleep and working a bit later. So I like it and it's more flexible.
- It also depends on the industry. Those who deal directly with customers will have different experience from those in the backend would have different experiences, so that's an important point for reflection.

Question 2: How would you describe the impact that working from home has had on your productivity? And if you supervise anybody, do you feel the same way about their productivity? Why do you think so?

- If you're talking about productivity at work, I don't think it got affected at all. If anything it got better for me. But then again, I don't have kids or any distractions at home so it worked well for me.
- I supervise one other person at work. I don't think there are any big disadvantages around that. We had Microsoft Teams, we'd have important meetings during the day, I'd catch up with them and see what they're up to, so I don't think it affected productivity at all.
- If we look at it in terms of KPIs, we were more productive; we exceeded all our KPIs last year. But I think productivity is not just KPIs, it's also problem solving on the spot, collaborating with the team, and those were the aspects that were a bit harder because of the virtual aspect. Then of course the constant interruptions for me from the rest of the family. It depends how you look at productivity. In terms of KPIs, really well, the whole team performed really well. In terms of the softer aspects, there was a bit of a challenge.
- Last year, we did turn out to be more productive, and that's the reason we've continued working from home sometimes, because they realized that we're actually more productive – the whole department, the whole workforce in general. And I think that's because we're all able to use more flexible timings,

and some people find afternoons more productive compared to mornings. But in terms of gaining experience, collaboration on ideas or problem solving, it's harder [...] due to the virtual aspects.

- Recently we started working from the office – 2 weeks on, 2 weeks working from home but it's divided 50-50. When it started I was really excited to work from the office[...] It was good because it was quiet and most of my team members were actually working from home, so maybe that made me focus more and forced to finish my work and not procrastinate, but I realized it drains me so much not being able to put work the next day, because of the getting ready for work and driving and everything. And I realized that working from home allows me to be more productive in general. [...]
- Working from home made me more productive, even though I wouldn't learn as many things as I would working from the office.
- Just to build on the concept of problem solving on the spot and learning in real time, I think we faced that issue as well. When I was working with my colleague who I was supervising as well, it was really difficult for us because we didn't have set hours so [...] we found it difficult to find each other or set a meeting and talk, so a bulk of our work was done through voice notes. I would send a voice note [...] and they would reply maybe 2 hours later when they were free, so I felt like in terms of productivity, that slowed us down a bit because we couldn't find a rhythm or set a time to talk, so we had to set meetings in advance. So it was inconvenient, compared to sitting at an office and the colleague is sitting next door and leaving your office to go see them or call them, that would be much easier. And that was lost, having that availability. We lost that during work from home, which did make me think that if work from home is to be more permanent, it would be beneficial to have structured meetings maybe 1-2 times a week so everyone can see each other face to face to work on the issues that you can't work on when you're working from home, and then maybe checking in on each other at set hours throughout the day.
- I found it very convenient. The way we were doing it was deliverable-based. So no timings – you work whenever you want to work, as long as there's a deliverable. There are a certain number of hours that they have to work, but that's it. Like certain number of hours on average – so not every day they have to work those hours. So monthly on average, there's an expectation of how much work

you'd be doing. And I think the team appreciated it as well, because we would communicate through WhatsApp and emails. And if there's a need for a discussion, we'd call for a virtual meeting.

- I think the flexibility allowed for a lot of people to work at night, some would start at 8 or 7am, whereas other people are a lot more productive at 8pm. So I think, at the end of the day, as long as they delivered and managed around the deadline, it worked well. No one asked anyone what time they were on, or what time they're on their laptops. So I appreciated it and I felt that it saves so much time.
- I feel [remote work] saved so much time that we used to spend in attending meetings. Half the meeting is formalities, chatting, catching up, and then the car drive, so it would take you 2, 2.5, 3 hours, and now you can do it in an hour. So that aspect I really liked .
- It was a mix of both good and bad. In terms of the good, the comfort of being at home and the drive as well, something that's ridiculous in Bahrain when it's really busy. It eliminated driving 40 minutes to get to work and 40 minutes to get back. So the amount of time to do the work, and the ease of being at home and being comfortable. That was the positive of it.
- We work quite a lot as a team. And because we were all far apart and not physically together, there were a lot of days where I would have to make sure the team knows I'm here, make sure that my line manager knows I'm available, I want to work on something he's working on, I want to be involved. There were days he forgot I was there because I wasn't physically present. So in terms of the negative, I struggled with that a bit. And obviously it wasn't just me, but in terms of who we report to, it was important to make our presence known when we're not there physically. And we've been back in the office now for a couple of months, and the workflow is so different when we're together compared to when we're apart.
- Now that I've been back in the office for 2 weeks, I can confidently say that we waste a lot more time in the office. So yes, my productivity has been down, I spent most of today talking to people because people like to talk when you're at the office, and I did not get anything done. Not because I didn't want to. I just think a lot of time gets wasted in the office, and it's not socializing – I mean socializing is helpful with teammates of course, but not to this level.

6.3. Synthesis

The focus group discussions help us understand that the preference that many of the participants expressed for remote work going forward (be it in partial form or otherwise). These women nominally perceived themselves to have higher productivity, and this perception was grounded in the fact that working remotely allowed for greater focus. The women also had more energy for this type of work because they were able to eliminate physically depleting work commutes, which take a toll after many weeks of traditional work.

Notably, a combination of the more comfortable work surroundings, the ability to multitask with domestic chores, and the elimination of commutes meant that some women were willing to tolerate an overall increase in their hours worked if it meant that remote work would continue in some minimal capacity at least. and being able to spend more time with their children – even if it isn't dedicated one-to-one time – was something that these women valued greatly.

However, while increased productivity was perceived to be an advantage of remote work, they also indicated that the improvements might be transitory or limited because of the loss of face-to-face interaction. Certain types of group work were slightly impeded by remote interactions, as was the rate of learning, which could be particularly harmful to new hires who traditionally rely on shadowing experienced colleagues to build their skills.

It is important to note that attitudes toward remote work were highly varied according to the survey data. As such, a one-size-fits-all approach would be imprudent. Instead, based on the survey and the focus group discussion, it is evident that a good indicator of the extent to an individual Bahraini woman would benefit from remote work is her own stated preferences regarding remote work: if she wants to work remotely, and feels that it improves her productivity, allows her to spend more time with loved ones, and improves her mental health, then there are potentially large benefits from acceding to her wish. Similarly, forcing someone who does not want to work remotely to do so may lead to diminished productivity as well as mental distress.

7. Summary and Conclusions

This paper presents the results from a survey in which approximately 350 Bahraini women participated. The sample was quite close to being nationally-representative, and all age-groups received adequate representation. The survey's goal was to understand the impact of the pandemic on these Bahraini residents in a wide range of professional and personal domains. The survey builds on previous work (Abdulla et al. 2020) regarding the pandemic's socio-economic impact on Bahrain, but this study chose to focus on women in particular due to the growing literature on the heterogeneous (with respect to gender) socio-economic impact of Covid-19. The main findings are as follows.

First, Bahraini women's family relations and mental health benefited from certain aspects of the pandemic while suffering due to others. Spending more time at home was considered a positive development, especially due to the increased interactions with members of the woman's nuclear family. However, school closures and homeschooling were quite stressful, as was the decrease in time that women could have allocated to leisure, exercise, and personal care routines. Moreover, the decrease in social interactions with friends and family outside the household also caused considerable distress.

For many of these general findings, a key mediator was the woman's age group, and the number of children she had. For example, young women with no children suffered a lot from social distancing restrictions as their primary social contact was outside the house under normal circumstances, and they were denied that. In contrast, older women with several children were able to cope much better under social distancing – and to possibly even thrive – because the pandemic offered them the opportunity to spend more time with their children.

Second, in general women were able to count on various forms of assistance from family members during the pandemic, such as spouses, parents, and children; but there was also a very wide range of variation. Moreover, there was some evidence of specialization, whereby husbands tended to focus on generic childcare, leaving homeschooling and looking after the elderly to wives. The capacity of parents to help was tied to their age.

Third, relationships with nuclear family members improved considerably for most women, while those with extended family, friends, and colleagues deteriorated, as a direct result of social distancing. Women's mental health deteriorated significantly, but this was tempered by being married and having children, presumably due to the mutual comfort that the nuclear family provides during a lockdown.

Fourth, women were generally able to secure support for dealing with domestic violence and/or mental and emotional health problems during the pandemic, but again there was a large degree of variation in the responses, with some women describing great difficulty in getting the assistance that they sought.

Fifth, for a subset of women, remote work conferred substantive benefits upon their lives stemming from the enhanced flexibility and the saved commuting time. These benefits tended to be concentrated in women with higher levels of professional experience and education, and resulted in higher productivity compared to traditional office work, as well as breeding a desire to continue working remotely at least one day a week. Notably, these successful remote workers were willing to tolerate greater working hours if it meant being allowed to avoid having to go to the office.

Sixth, there was significant variation in Bahraini women's intention to use various forms of support during the remainder of the pandemic, such as financial assistance from the government and from non-profit organizations. However, among the support types that were uniformly most desirable were psychological support and support with childcare and other household responsibilities, especially for women in the middle age categories. In addition, the most popular form of support sought by Bahraini women was more flexible working arrangement, especially for younger women who might have young children.

Relatedly, through a campaign launched by the SCW early in March 2020 entitled Together for the Safety of Bahrain, a program called "Your Remote Advisor" was introduced to ensure the continuous provision of the Council's psychological, family, legal and economic consultations. The program conducts consultations via video conferencing and instant live chats in order to respond to requests for support and remote guidance.

To refine our inferences regarding remote work, we conducted a short focus group session with a diverse group of Bahraini women. The discussion indicated that the widespread fears employers have about remote work and shirking could be misplaced. Bahraini women who favored remote work were not shirkers looking to exploit monitoring flaws – they were valuable members of the team who leveraged the advantages of remote work to deliver higher levels of productivity, even if this required a larger number of total hours to be worked. The discussions also affirmed the benefits of offering women flexible working arrangements, including remote work, and letting them select into the scheme that suits their personal circumstances, rather than imposing a uniform policy.

The study's recommendations are as follows.

First, women's experiences and needs are diverse and some may be distinct from those of men. Consequently, evidence-based policies need to acknowledge these differences, and resources must be allocated to gathering data that reveals these differences. Age, marital status, and the number of children a woman has are easily observable differences that can have predictable effects on the manner in which she is affected by a pandemic or crisis. Moreover, policymakers should – where possible – refrain from imposing a one-size-fits-all policy for addressing the diverse needs of men and women.

Second, while not being a panacea, flexible working arrangements – including but not restricted to remote work – can potentially offer respite to women during crises such as pandemics and are welcome even during normal times. While such changes might not be suitable or practical for a certain range of occupations, for a wide range of white collar work, affording women greater flexibility can be to the benefit of both employers and employees, as the latter perform better.

Though this study yielded a rich array of data, it is worth noting three important limitations, beyond the straightforward criticism that the total number of observations would ideally have been larger.

First, when a survey seeks to gather data on sensitive topics or issues that might cause distress, such as experiences of domestic violence during a pandemic, there is likely to be significant selection bias among participants, with those refraining from completing the survey being people who might have suffered more. As such, one must exercise caution when generalizing about the population based on the gathered

data. Using more varied data collection methods can help diminish the bias, as well as supporting the survey data with observational data from third parties.

Second, non-Bahrainis make up approximately half of Bahrain's population, and their participation in the survey was too weak to allow for inference. Therefore, future studies should look to exploit partnerships, as in Abdulla et al. (2020), to help secure participation from these expatriates. Documenting their experiences is both scientifically and morally important, and it is also necessary for ensuring the effectiveness of interventions designed to assist women in dealing with pandemics and other crises. With this approach, it is necessary that the process of data analysis considers the differences in the impact of crisis situations on Bahraini women compared to non-Bahraini women through classifying the data as needed.

Third, conventional measures of economic activity typically understate women's contribution because they do not account for domestic or household work, such as the childcare or housework that many women do. Since this form of work varies considerably across countries, and across demographic groups within countries, it is important to constantly refine data-collection methods in the search for more accurate measures of this phenomenon. This will assist policymakers in devising policies that protect the interests of all groups, including women. It is the SCW's general approach to refrain from using terms such as "unpaid work" which can be controversial.

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Appendix: Full Survey

Welcome to the Derasat-UNDP Bahrain COVID-19 survey. This survey has 18 questions and takes 5 minutes to complete. This survey is for female residents of the Kingdom of Bahrain, who are at least 18 years old. Do you satisfy these conditions?

- Yes/No

Evaluate how each of the following has affected your relationship with your immediate family and your mental health since the start of the COVID-19 crisis, on a scale of 1 to 5, where 1 denotes “Extremely negative effect”, 3 denotes “No effect”, and 5 denotes “Extremely positive effect”. If the issue does not apply to you, please select “Not applicable”:

- Spending more time at home.
- School closures and homeschooling.
- Decrease in social interaction with people outside my household.
- Time spent interacting with family (virtually and in-person).
- Simultaneously balancing childcare/family care while working remotely.
- Increased time on social networking apps (e.g. WhatsApp, Snapchat, Instagram, etc.).

Evaluate how each of the following has affected your relationship with your immediate family since the start of the COVID-19 crisis, on a scale of 1 to 5, where 1 denotes “Extremely negative effect”, 3 denotes “No effect”, and 5 denotes “Extremely positive effect”. If the issue does not apply to you, please select “Not applicable”

- Financial problems due to loss of income/job.
- Inability to perform usual personal care and/or health routines including exercise.
- Decrease in leisure time due to increased responsibilities (work or otherwise).

Evaluate whether you approve of each of the following statements since the start of the COVID-19 crisis, on a scale of 1 to 5, where 1 denotes "Strongly disagree", 3 denotes "Neither agree nor disagree", and 5 denotes "Strongly agree". If the statement does not apply to you, select "Not Applicable":

- My spouse participates more now in caring for our children compared to before COVID-19.
- My spouse participates more now in caring for the elderly compared to before COVID-19.
- My spouse participates more now with household chores (including cleaning, meal preparation, etc.) compared to before COVID-19.
- My spouse participates more now in helping with schoolwork (including homework, etc.) compared to before COVID-19.
- My parents (grandfather/grandmother) participate more now in caring for our children compared to before COVID-19.
- My parents (grandfather/grandmother) participate more now with household chores (including cleaning, meal preparation, etc.) compared to before COVID-19.
- My parents (grandfather/grandmother) participate more now in helping with schoolwork (including homework, etc.) compared to before COVID-19.
- My female children (8 years or over) participate more now with household chores and caring for their siblings (including cleaning, meal preparation, etc.) compared to before COVID-19.
- My male children (8 years or over) participate more now with household chores and caring for their siblings (including cleaning, meal preparation, etc.) compared to before COVID-19.

Evaluate how the following has changed since the start of the COVID-19 crisis on a scale of 1 to 5, where 1 denotes "Deteriorated a lot", 3 denotes "Did not change", and 5 denotes "Improved a lot". In cases that do not apply to you, please select "Not applicable":

- Your relationship with your spouse.

- Your relationship with your children.
- Your relationship with your siblings.
- Your relationship with your parents.
- Your relationship with persons with disability in your household.
- Your relationship with your extended family.
- Your relationship with your friends.
- Your relationship with your coworkers.
- Your mental health.
- Your ability to provide for yourself and your family.
- The degree of autonomy in making plans and decisions independent of influence from your spouse or other family members.

Evaluate whether you approve of each of the following statements since the start of the COVID-19 crisis, on a scale of 1 to 5, where 1 denotes "Strongly disagree", 3 denotes "Neither agree nor disagree", and 5 denotes "Strongly agree". If the statement does not apply to you, select "Not applicable":

- It has been easy for me to access support and other resources to address unfortunate domestic actions and events in the form of violence.
- It has been easy for me to access support and other resources to address the effects of COVID-19 on women's mental and emotional health.

What is your employment status?

- Self-employed
- Full time employment
- Part time employment
- Job seeker
- Retired
- Full time student

- Full time student who is employed
- Homemaker (it would be preferred to use the term “housewife)
- I do not work

Please rank how much you agree or disagree with the following statement on a scale of 1 to 5, where 1 denotes “Strongly disagree”, 3 denotes “Neither agree nor disagree”, and 5 denotes “Strongly agree”

- The increase in the availability of remote jobs will make me more likely to enter the labour force.
- The increase in the availability of part-time jobs will make me more likely to enter the labour force.
- After the end of the COVID-19 pandemic, the provision of childcare services in the workplace will make me more likely to enter the labour force.
- The provision of retraining opportunities (e.g. CV skills, soft skills training, etc.) will make me more likely to enter the labour force.

Do you have any experience working remotely?

- Yes
- No

Based on your experience with remote working, please rank how much you agree or disagree with the following statements on a scale of 1 to 5, where 1 denotes “Strongly disagree”, 3 denotes “Neither agree nor disagree”, and 5 denotes “Strongly agree”:

- Remote working has made me more productive.
- Remote working has improved my work-life balance.
- I appreciate the flexibility that remote working has given me.
- My working hours have increased since starting to work remotely.
- Remote work is my preferred work method.
- After the end of the COVID-19 crisis, I want to work from home at least one day per week.

For each of the following ways of supporting your household in the near future until the COVID-19 situation improves, please indicate whether you will use it a lot, use it a little, or not use it at all:

- Seeking financial support from the government.
- Seeking financial support from non-governmental organizations.
- Seeking financial support from family/friends.
- Seeking social support (from society groups, hotlines, etc.).
- Seeking psychological support.
- Seeking more support at home (childcare, elderly care, meal preparation, etc.).
- Seeking support in home schooling.
- More flexible work arrangements.

What is your nationality?

What is your age group?

Which governorate do you live in?

What is your highest completed educational qualification?

What is your marital status?

How many children do you have under the age of 18?

How many elderly family members do you assist?

How many persons with disabilities do you assist?