

Gendered realities in displacement: The status of Syrian refugee women in Jordan, Lebanon and Iraq



INTRODUCTION

Now in its eleventh year, the Syrian refugee crisis remains the largest in the world, with more than 5.5 million Syrian refugees hosted by neighbouring countries. Women and girls are disproportionately and differently impacted by humanitarian crises, but the drivers and consequences of this is not always well understood.

This briefing note provides the headline findings and recommendations from three country studies of the gendered realities of displacement for Syrian refugee women in Jordan, Lebanon and Iraq. The studies investigated refugee women's role, responsibilities and experiences in displacement, and particularly in the past two years dominated by COVID-19 and economic crises. The research covered women's

employment and economic situation, gendered impacts of coping strategies, changes in women's household roles and responsibilities, access to services, relationship with host communities, gender-based violence, and the impact of COVID-19.

Approach

The findings and recommendations are based on data from two quantitative surveys of nearly 600 Syrian refugee women in each of Jordan and Lebanon (1,155 women in total), nine focus groups with refugee women in Iraq (63 women in total), and key informant interviews in all three countries. An annotated bibliography, covering each thematic area and mapping contextual changes in the three countries was used to triangulate findings from the primary research.



In this regional brief, the main findings from the three countries are highlighted, survey results from Jordan and Lebanon are compared, and recommendations relevant to all three country settings are proposed. The methodology is described in more detail in the three country reports, where the detailed findings are also available.

FINDINGS

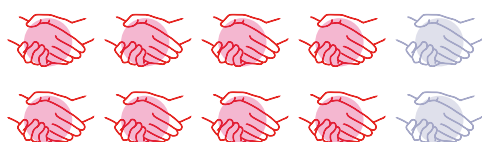
Employment and economy

Household incomes have decreased significantly for Syrian refugees across the three countries in the past two years, with refugees in Lebanon and Iraq deeply affected by the economic crises in the two countries. In Jordan, the minority of refugee households who are in camps were less affected economically by COVID-19 and crisis, in that they were already in the lowest income band and highly reliant on humanitarian assistance before the pandemic.

The vast majority of Syrian refugee women are not in income-generating employment. There are signs that more women are seeking employment to support households struggling to make ends meet, but this is counteracted by the fact that there are few job opportunities available. In Jordan, 28.2% of non-camp respondents reported that women in their household contributed more to household income now than before COVID-19. In Lebanon, most respondents thought the situation had not changed which is most likely because unemployment has soared for everyone. In Iraq, focus group participants perceived there to be stronger pressure on women to find work, but few income-generating opportunities for them to access.

In Jordan, 13% of Syrian refugee women responding to the survey reported to be in employment, while in Lebanon the figure was 15%. In all three countries, women's employment tends to be temporary, precarious and inconsistent.

IN LEBANON, MORE THAN %80 OF HOUSEHOLDS RELY ON HUMANITARIAN ASSISTANCE



For households surveyed, income from employment rarely provides enough to cover monthly basic needs. In Lebanon, more than 80% of households rely on humanitarian assistance. In Jordan, households in camps are highly reliant on humanitarian assistance, while those out-of-camp are somewhat less so. In Iraq, refugee households have seen a steep decline in their ability to cover basic needs, as evidenced in the changes observed between multi-sector needs

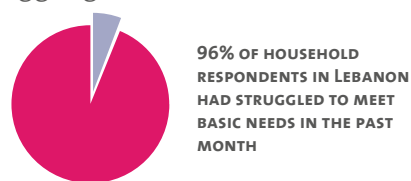
assessments conducted in 2018 and 2021.

Syrian refugee women's income is low, and educational level does not have a large effect on the kinds of work they are able to access. Across all education groups, unemployment for Syrian refugee women is high and income levels tend to have dropped in the past two years. The surveys in Jordan and Lebanon show that female-headed households earn considerably less than male-headed households. In Jordan, women in female-headed households were twice as likely to work (18% versus 9%), but these households had less income and were more reliant on humanitarian cash assistance than male-headed ones.

Coping strategies

Almost all refugee households consulted for this study did not have enough household income to meet basic needs, and the use of emergency and crisis coping strategies have increased notably in the past two years.

In Lebanon, 96% of respondents said their household had struggled to meet basic needs in the past month. The country's economic crisis has had such a severe impact that variations in vulnerability among different categories of respondents was relatively low – everyone in Lebanon is worse off. In Jordan, 9 out of 10 women surveyed had struggled to meet their household's basic needs in the past month. Respondents from female-headed households (93%) and respondents with disabilities (96%) in Jordan were particularly likely to say this, and the situation was worse for households living out-of-camp. All respondents in focus groups in Iraq stated that they were struggling to make ends meet.



IN JORDAN, 9 OUT OF 10 WOMEN SURVEYED HAD STRUGGLED TO MEET THEIR HOUSEHOLD'S BASIC NEEDS IN THE PAST MONTH



A range of emergency and crisis coping strategies were employed by the survey and focus group respondents. In Lebanon and for respondents in Jordan living outside camps, the most common coping strategy was not seeking necessary medical attention. This was used by 75% of all households surveyed in Lebanon, and 83% of out-of-camp households in Jordan (compared to 55% of households in camps). Taking children out of school is a frequently used

coping strategy in all three countries, a strategy likely to have long-term impact of the children's overall wellbeing and future livelihood options. In Lebanon, one third of respondents said children had been withdrawn from school. In Jordan, this was less common, but 17% of out-of-camp respondents said their household had done this, compared to 6% in camps. In Iraq, many focus group respondents mentioned withdrawing children from school, a trend confirmed in UNHCR's latest multi-sector needs assessment for Syrian refugees in Iraq.



IN LEBANON, ONE THIRD OF RESPONDENTS SAID CHILDREN HAD BEEN WITHDRAWN FROM SCHOOL

Many coping strategies affect men and women to a similar extent, but some are highly gendered. Boys were more likely to be withdrawn from school and to be sent to work than girls in both Jordan and Lebanon. Girls were at risk of being taken out of school for child marriage. In Jordan, women were more likely than men to forgo necessary medical treatment while men were a lot more likely to accept a high-risk or degrading job.

In Jordan, across all the types of coping strategies, non-camp residents were notably more likely to have to resort to them than camp residents did. Whether in camp or non-camp settings, large households were the most likely to send children to work.

Women's role and responsibilities

Refugee women reported in large numbers to have taken on new responsibilities in their households in the past two years, and there have been some increases in women's decision-making authority in the family – although this depends on a range of circumstances. In Jordan, the main determinant of refugee women's decision-making authority remains whether there is an adult male household member present. In Iraq, focus group members expressed the same view and tended to report that increased responsibilities for refugee women had not been accompanied by increased decision-making authority. In Lebanon, 8 out of 10 women had taken on new responsibilities in the household in the past two years. In Jordan, women living out of camps were more likely to have taken on new responsibilities than women living in camps, particularly when it comes to financial decisions. The Iraq study provided qualitative evidence to suggest that women were taking on new responsibilities for providing for their families due to the severe economic pressures their households were experiencing.

In Jordan and Lebanon, survey respondents reported that women's responsibilities have expanded in the areas of (i) making health-related decisions, and (ii)

participating in financial aspects of the household, including making major or minor financial decisions, borrowing money, taking jobs and otherwise providing for the family, and negotiating with landlords and finding housing.

The changes in responsibilities have taken place at the same time as a marked increase in tensions within households. Many respondents, particularly in Iraq (focus groups) and Lebanon (survey) perceived that more responsibilities for women had made the situation worse for women and girls within their household. The Iraqi focus groups highlighted increased conflict and violence against women within the household. In Jordan, women were more positive about the effects of the changes, but this should be seen together with the fact that more of the respondents in Jordan reported that women's roles had not changed, compared to the Lebanon survey and the qualitative evidence from Iraq. In Jordan, respondents who reported living with a disability were much more likely to feel that conditions had worsened for women due to their changing roles.

Women's marital status has a strong effect on their decision-making authority, whether or not they provide income to their families. Never-married women and married women living with their husbands report little decision-making authority, while widows, divorced women and married women whose husbands lived elsewhere were often the main decision maker in the household. The findings on this were similar across the three countries.

Women who had become earners tended to have some more decision-making authority in the family than before, but this depended to a strong extent on whether there were adult men in the household – and the attitudes held by these male household members. In Iraq, women who were the sole earners in their household nevertheless reported that although they could contribute to household discussions, they were not the decision makers on financial issues.

Awareness of and access to services

Survey respondents in Jordan and Lebanon were asked a series of questions on access to mobile phones and to a range of services, focusing in particular on gendered differences in access to healthcare and education.

Mobile phones: In both Lebanon and Jordan almost all the women responding to the survey have access to mobile phones, 97.5% in Lebanon and 99.5% in Jordan. Nine out of ten had smart phones. The same proportion reported that they were able to make calls privately, although in Lebanon fewer women living in large households and elder women had private access.

Connectivity is a bigger challenge. In Jordan, just

over half the respondents had good access to mobile phone networks. In Lebanon, almost a third had insufficient funds for network charges. In Jordan, affordability is the main barrier to accessing mobile phone networks whereas inside camps the problem is often connectivity.

In both countries reduced access to mobile phones and networks is strongly correlated to problems with accessing services. In Lebanon, over half the respondents stated that they had been unable to access some of the services they needed as a result of poor connectivity.

Healthcare: In both Jordan and Lebanon, most refugee households were not able to access the healthcare they needed in the past six months. In Jordan, women’s healthcare needs differed between camps and out-of-camp. Women outside of camps reported greater need for health services, but were less able to access them than women living in camps. Access to women’s health services was particularly good in the camps.

In Lebanon, primary healthcare was the main health services needed in the past six months, but only 40% of households who needed it were able to access it. Women’s health services were more available, with 48% of those needing it saying they were able to access it.



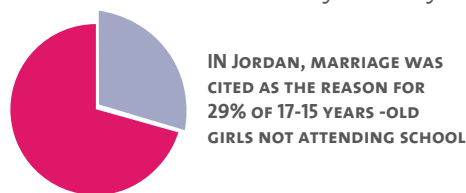
In both countries, respondents reported a strong and increasing reported need for women in their household to access psycho-social and mental health (PSMH) services, but this was one of the most difficult services to access. Of those who needed PSMH services in Lebanon, only 27% could access it. In Jordan, women with disabilities had stronger need of primary health and PSMH services but access was difficult both inside and outside of camps.

Education: COVID-19 and economic constraints has affected access to education for everyone in Lebanon and Jordan, refugees and host communities alike. The survey shows, however, a dire situation in Lebanon, where almost half of primary school-age children in respondent households were out of school, a proportion rising to 81% for upper secondary school-age children. In Jordan, 6% of primary school age children were reported as not being in school, with non-attendance increasing to 45.3% of 14-17-year-olds. There are clear differences between camp and non-camp settings in Jordan: for the younger children, 99% of primary-school age children are in school, but for secondary level, more non-camp children stay on

in school.

In both Jordan and Lebanon, cost was cited as the main reason for taking children out of school. This is regardless of gender but mentioned noticeably more often for girls in Jordan.

Child Marriage was stated as a reason for taking girls out of school from lower secondary school onwards, and is particularly a problem in Jordan. In Lebanon, 5% of households had taken 12-14-year-olds and 5% had taken 15-17-year-olds out of school to get married. In Jordan, marriage was cited as the reason for 12-14-year-olds not going to school in 12% of the cases, and in 29% of cases for 15-17-year-old girls. It was not mentioned at all for boys of any age.



Boys are taken out of school in larger numbers than girls. In addition to cost, the main reason is that they are needed to work and contribute to the family income. Already at primary school age, boys are slightly less likely to be in school than girls, and the gap widens with age.

Gender-based violence

Gender-based violence (GBV) is a serious problem in all three countries. In Lebanon, 57% of refugee women surveyed stated that violence against women is a significant problem in their community, while one quarter of respondents said the same in Jordan. In Lebanon, women living within the host community reported violence as a significant problem more often than women living in informal settlements. In Jordan, there were no differences in perceptions between camp and non-camp settings, but there were considerable regional differences, with 38% of respondents in Balqa compared to 7% in Madaba describing it as a significant problem.

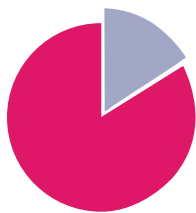


It is not clear to what extent respondents understand intimate partner violence or domestic violence to fall under the category of GBV, as these forms of violence can be normalised within a household and go unmentioned in surveys. Some women in the focus group discussions in Iraq would in response to direct questions on tensions within the household

state that husbands would often beat wives and that this was getting worse, but they would later say 'no' when asked if GBV was a problem in the Syrian refugee community. In Iraq, there was a difference between focus groups in camps and out-of-camp, where the former showed greater awareness of all kinds of GBV, and were also aware of and making use of the support services for women that existed in the camps.

In Jordan, there is a generational difference, with younger women more likely to perceive GBV as a significant problem than older women. Younger women were also more likely to identify the home as a place of high risk of GBV, compared to older women. Other high-risk places identified were 'in open public spaces' and 'at work'. Similar responses were given in Lebanon, where never-married women and women living with their husbands were more likely to identify the home as the highest risk.

A smaller but concerning number of respondents reported that aid and service distribution centres were high-risk locations for GBV. In Jordan, 19% of non-camp respondents and 13% of respondents in camps listed this. In Lebanon the numbers were overall lower, but with regional differences. In Bekaa, 13% of respondents perceived aid and service distribution centres to be high-risk – twice as many as in any other region of Lebanon.



IN JORDAN, 19% OF NON-CAMP RESPONDENTS LISTED AID AND SERVICE DISTRIBUTION CENTRES AS HIGH-RISK LOCATIONS FOR GBV

Perceptions differed as to whether GBV has increased or decreased, both among survey respondents in Jordan and Lebanon and in focus groups in Iraq.

GBV is often not reported. In Lebanon, a third of respondents said incidents would never be talked about to anyone, while more would report to NGOs than to the police or authorities. In Jordan, when asked who reporting would happen to, police was most often mentioned, which could be a sign that domestic violence is not always understood as part of GBV. In Iraq, most focus group participants stated that incidents of GBV would not usually be reported, unless it was very serious. If the perpetrator was a person in a role of authority, reporting was particularly unlikely.

IN LEBANON, A THIRD OF RESPONDENTS SAID GBV INCIDENTS WOULD NEVER BE TALKED ABOUT TO ANYONE



When asked specifically about sexual violence, a majority of respondents in Lebanon stated that it had increased in the past three years, with almost half of the respondents regarding sexual violence to be common or very common. In Jordan, exactly half the respondents stated that sexual violence is common, but respondents living out of camp were much more likely to say it is common than residents in camps. Iraqi focus group participants noted that the risks of reporting sexual violence was higher for the survivor than for other types of violence, with obstacles to reporting ranging from blaming the victim to killing her for 'shaming' the family.

COVID-19

The direct health effects of COVID-19 varied in both Lebanon and Jordan depending on location. In Jordan, the direct health effects of COVID-19 were far stronger for respondents living out of camp than those living in camps. More households had members who fell ill, more stayed ill for longer, and fewer were able to access the care they needed. In Lebanon households in informal settlements were less affected than households living within host communities. Only around one third of all respondents in Lebanon stated that household members who had caught COVID-19 were able to access the healthcare they needed.

9 OUT OF 10 RESPONDENTS IN LEBANON AND JORDAN REPORTED WORSENING ECONOMIC PRESSURES ON THE HOSEHOLD



In Lebanon, Jordan and Iraq all project participants reported that their economic situation worsening due to the indirect effects of the pandemic. 9 out of 10 respondents in both Lebanon and Jordan reported worsening economic pressures on the household. In Iraq, all focus group participants stated that their households had had to make sacrifices because their economic situations worsened due to COVID-19 restrictions. In Iraq, some focus group participants stated that women and girls had to make heavier sacrifices, since that was expected from the traditional role of women in the family. Others felt that men and women were making similar levels of sacrifices.

There was a strong correlation across all countries with participants reporting that the pandemic had significantly increased household tensions. In Lebanon more than half of survey respondents stated that tensions within their households had significantly increased. In Jordan three quarters of respondents noted somewhat or significantly increased household tensions.

This has a clear correlation with increasing risk of violence against female members of the household

in all three countries. 10% of Jordan's out of camp respondents reported that increased tension had placed female household members at greater risk of physical harm. In Lebanon, 15% reported that women and girls in their household were at greater risk of physical harm. Many focus group participants in Iraq noted that having husbands and male household members locked down at home without work led to increased violence. In Lebanon 33% of respondents with disabilities reported a greater risk of physical harm.

The pandemic has also taken a toll on the mental health of women and girls. Over half of the respondents in Lebanon said that the pandemic had significantly negatively affected the mental health of female household members. In Jordan this was particularly the case for women and girls living outside of camps and for respondents with disabilities, who were more likely to say that female household members had been significantly negatively affected (54% versus 32%).

RECOMMENDATIONS

The study of gendered realities of displacement in Iraq, Jordan and Lebanon support a number of recommendations for a range of stakeholders including womens' support organisations in terms of direct support programming, government advocacy, and collaborations with humanitarian actors and support providers. Many recommendations are equally relevant across the three countries, but with some variation. The recommendations listed here reflect the findings set out in this regional summary, but more detailed conclusions and data are presented in the three country reports.

Direct support programming

Increase women's economic empowerment interventions that engage both individuals and households. Interventions should particularly engage men in the household to build their support for women's economic activities and address the gender-normative barriers within households that hinder women's ability to be economically active. Efforts to influence wider perceptions and gendered social norms that confine women and prevent them from seeking employment are also central.

- A key finding from the country studies is that Syrian women refugees are under considerable pressure and strain as they take on new roles and responsibilities but without household support. The experience of working women presented by the focus group participants in Iraq, of double workload and increased tensions at home, is not a sustainable pathway to economic empowerment for refugee women.

- Engaging households can reduce the risk that programming aimed at expanding female economic and decision-making roles contributes to increasing tension within households and increasing risks of mental health problems and violence against women and girls.

Ensure that programmes are well targeted to avert harmful coping strategies, particularly taking children out of school. Economic factors are the most-cited reason for removing children from school, so targeted support to improve affordability of transport and learning materials could help address this directly.

- An emergency coping strategy that has been frequently employed in all three countries has been to take children out of school. This hurts children by reducing their overall well-being and future livelihood options, and it also reduces wellbeing and employment prospects for women who care for them at home.

- Cost is the most important barrier cited in the country studies to keeping children in school.

- A range of gendered strategies need to be undertaken, since secondary school-age boys often leave school for work, whereas girls may leave school due to child marriage. Educational pathways should be created to open opportunities and provide households with stronger positive targeted incentives for keeping both boys and girls in school.

- Poor quality of refugee children's schooling can also be a disincentive, one that was particularly mentioned in Iraq.

Provide assistance to secure needed documentation as part of economic empowerment interventions for Syrian refugee women.

- Alongside livelihoods and economic empowerment interventions, women beneficiaries could be offered consultation to (i) identify documentation that women need and may not possess and (ii) information and advice on the importance of having these documents from the point of view of addressing vulnerability and women's empowerment.

- Having the correct documentation helps reduce anxiety in engaging with authorities.

- Work permits can help women refugees access decent, safer forms of work and protect against exploitation, including GBV.

- Marriage certificates and birth certificates are important for women's ability to assert their rights if household situations change – e.g. through death of a husband or divorce.

Consider programming that provides opportunities for home-based businesses, to include women who would find it difficult to commit to work outside of their homes.

- While livelihoods and employment programmes are positive schemes that economically empower women, they may exclude those who in the absence of a support system and/or childcare facilities, would find it difficult to commit to work outside of their homes. Projects that build on pre-displacement skills coupled with assistance in marketing would give such women opportunities to earn a living.

Direct engagement with government

Advocate with governmental counterparts to increase women's access to social security so as to better assure basic working conditions and employment insurance.

Support women refugees' engagement with government authorities, for instance through the services provided by women-only centres.

- The country studies found that Syrian refugees (and particularly female refugees) are often reluctant to report safety incidents to authorities, and instead turn to UN agencies and INGOs for help. This underlines the importance of UN Women and similar agencies to support with referral and reporting assistance, particularly GBV.

Support governments in strengthening their legislation on GBV to ensure it is increasingly attuned to the rights, wishes and safety of survivors.

Priority areas for humanitarian collaboration

The findings highlight some priority areas for collaboration with other UN agencies, INGOs and national service providers, including:

Cash assistance to Syrian households needs to be increased, and programmes should be made ready to quickly scale up in times of acute shocks like those caused by the COVID-19 pandemic.

- The country studies found that most respondent households are under strong economic pressure, and these have a direct impact on women's well-being.
- Host communities have also been affected and their needs must also be included in plans. Both in Lebanon and Iraq, severe economic crisis has increased poverty levels among the host population markedly.

Women's support organisations should contribute to and collaborate in labour market programmes, including 'decent work' programming (such as that supported by ILO) that establishes workplace standards and works with the sector and employers to improve working conditions and safety.

Ensure that the question of quality and affordable child-care support is considered for all livelihoods and economic empowerment interventions for Syrian refugee women.

- Women's employment opportunities are circumscribed by a wide range of responsibilities in the home. Some of these could be alleviated by

providing childcare and/or supporting the emergence of community-based childcare schemes.

Develop enhanced referral and reporting assistance for Syrian GBV survivors, as these women are often reluctant to report incidents to authorities, and there are significant risks to those who report.

- In Jordan and Iraq, women living in camps had more women-only support services and showed a stronger understanding of GBV and what they could do to protect themselves. Similar services could be strengthened in out-of-camp settings for refugee and host community women alike.

Support the establishment of more women-only safe spaces where women in physical danger can seek help, even in times of COVID lockdown.

- Shelters for survivors of GBV are important, but the creation or enhancement of multi-sector women-only centres would not only provide safe spaces, but also the opportunity to combine protection and empowerment interventions.

- Women-only centres can provide livelihoods training, increase awareness of GBV and provide quality protection services in one space. The added strength of such centres is the sense of community and mutual support they can foster among refugee women using their services.

Extend psychosocial and mental health services, as the need has increased and these services are currently difficult to access.

- Needs for psychosocial and mental health services soared during the pandemic, and the country studies found that most women and girls who need them are not able to access them. Efforts need to be undertaken to extend these services to areas of greatest need.

Assess and address risk factors of GBV in aid and service distribution centres.

- While this was not the main risk factor mentioned by respondents, it is significant. It is also one which humanitarian actors have a particular responsibility to address.

Increase the GBV hotline capacities and access with sufficient funding and staff.

- When asked about GBV services for survivors, focus group participants in Iraq mentioned that hotlines existed but women who tried to call them were met with a busy signal or no answer.

There seems to be a **gap between perceptions and realities of risks**, as interviews with organisations supporting GBV victims all highlighted that GBV is most likely to be perpetrated by the woman's husband and his family.

The survey showed that **GBV incidents are often not reported**. When asked who reporting would happen to, police was most often mentioned, which could be a sign that domestic violence is not always understood as part of GBV.

Views differ among respondents on whether GBV has increased, decreased or stayed the same. Divorced women and women whose spouses live elsewhere are more likely to say it has increased. Women outside of camps are also more likely than those in camps to perceive an increase in violence.

The survey did not include questions about the considerable risk of violence against sexual orientation, gender identity, gender expression and sex characteristics (SOGIESC) diverse community, due to the taboo, stigma and risks involved in talking about this for Syrian refugees.

RECOMMENDATIONS

The report supports several recommendations listed here and described in more detail in the report's conclusion:

- Increase women's economic empowerment interventions that engage both individuals and households: Interventions should particularly engage men in the household to build their support for women's economic activities and address the gender-normative barriers within households that hinder women's ability to be economically active. Efforts to influence wider perceptions and gendered social norms that confine women and prevent them from seeking employment are also central.
- Ensure that programmes are well targeted to avert harmful coping strategies, particularly taking children out of school. Economic factors are the most-cited reason for removing children from school, so targeted support to improve affordability of transport and learning materials could help address this directly.
- Economic empowerment interventions for Syrian refugee women could include consultation and support to identify and apply for missing documentation, especially work permits, to help access more secure forms of work, and reduce feelings of anxiety in engaging with authorities.
- Provide interventions that support opportunities for home-based businesses, to include women who would find it difficult to commit to work outside of their homes.
- Advocate with governmental counterparts to increase women's access to social security so as to better assure basic working conditions and employment insurance.
- Support women refugees' engagement with government authorities, for instance through the services provided by women-only centres.
- Support government in strengthening its legislation on GBV to ensure it is increasingly attuned to the rights, wishes and safety of survivors.
- Cash assistance to Syrian households needs to be increased, and programmes should be made ready to quickly scale up in times of acute shocks like those caused by the COVID-19 pandemic.
- Women's support organisations should contribute to and collaborate in labour market programmes, including 'decent work' programming (such as that supported by ILO) that establishes