Assessment of Reproductive Health and Gender-Based Violence among Displaced Syrian Women in Lebanon

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in collaboration with UNHCR and IMC

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Study Objectives

• Assess current reproductive status and needs of the displaced Syrian women living in Lebanon
• Identify the factors affecting reproductive outcomes within the refugee setting in Lebanon
• Describe of the type and characteristics of GBV or SGBV experienced by Syrian women
• Identify the help-seeking behaviors of displaced Syrian women
• Identify services and referral systems that are in place, including medical, psychosocial, counseling, and other support services for women survivors of violence
Methodology: Focus Groups

- What are the challenges facing a displaced person in Lebanon; awareness of RH and SGBV services; possible experiences with SGBV and their responses; the need for services
- 3 focus groups: Irsal, Baalbeck and Wadi Khaled
- 29 women recruited by DRC; 3 Lebanese
Methodology: Survey

- Cross sectional, age 18-45 years.
- Questionnaire: demographics, displacement history, living conditions, health, RH, pregnancy, violence, response, mental health
- 460 women from 6 clinic sites that provide RH services. A few were filled at place of residence.
Results: Focus Groups
Daily Living Needs

- Shortage of water and electricity
- Need for household utensils and appliances: cooking, food storage (away from insects)
- Food
  - food distributed was of good quality, but lacked variety
  - milk for children above three years of age
- Household necessities
  - North: clothes, bed sheets, and soap
  - Bekaa: refrigerators, fans, washing machines, kitchen utensils and mattresses
- House repairs
Other Needs

• Activities for children
  - *We are all living in a tin house. We are six families with 13 children playing around, and we are not able to control them. There are no toys, games, or playing groups*
  - *the children of (host community) occupied the places, our children were not accepted*

• Financial
  - *What we used to spend in one month in Syria, we are spending here in one week*
  - money for rent, healthcare services, activities for children, and water
Barriers to Access of Services

• Discrimination in service distribution: political and sectarian, creating conflict
  ➢ The way (UN agency) treats us is bad, they discriminate and prefer some people over others
  ➢ Those who are getting the privileges are looking down at others

• Unregistered
  ➢ Our names may reach the Syrian regime

• Transportation (price, distance)
Health Issues

- Anemia
- Mental distress
  - Manage living conditions with extremely limited resources
  - Crowding
  - Boredom
  - Worry about family in Syria
  - Safety concerns in Lebanon
  - Child-related concerns
    - Stress, diapers, illnesses
Reproductive Health Issues

- Women neglect themselves, while prioritizing other family members
- Menstrual problems
- Infections: long standing vaginal discharge, cause: having to wear conservative clothing in hot weather and lack of water, treatment is expensive and transport cost
Reproductive Health Issues

• Pregnancy: need for vitamins, supplements, concerns that the stress will affect the fetus, decrease antenatal visit because of financial concerns "2000 LL for the visit," delaying pregnancy because "high cost of delivery"

• Delivery: cost, don’t know where to go, requirement: UNHCR

• Breastfeeding: no problem "the hijab covers"
Barriers to Seeking Care

• Financial
• Distance
• Expensive transport “The transport is expensive around 10,000 L.L.”
• RH provider not available
• Female provider not available
• Mistreatment at some centers “as if we are begging”
Violence

• Intimate Partner Violence

➢ “as much as you want,” “everyone let go on us”
➢ “May God be with them, they have a lot on their mind, and they have to look for work every day and secure an income for us.”
➢ “Men here are more stressed, but we have to accept the situation”
Violence

• Violence against children
  ➢ “We are letting go (of stress) on our children. Our kids want to go back home, they sense how we became and don’t like it.”

• Sexual
  ➢ Tendency to blame the woman for bringing sexual harassment upon herself (uncovered, make up)
  ➢ Harassments from Lebanese men

• Hostile environment
  ➢ “We hit our kids and tell them they are wrong in order to avoid problems with them (the host community).”
Violence Related Factors

• Boredom
• Unstable residence
• Stress
• Unemployment
• Crowding

➢ “Can you imagine the noise and children jumping all around? It gets to you.”
➢ “Men try to control themselves when there are other men. We live several families in one place; men control their temper when there are strangers”
Coping Strategies

• Supportive community members
  ➢ *We are a group. Everyone helps everyone.*

• Hitting children

• Justifying spousal abuse

• Avoidance: sleep

• Keep quiet
  ➢ “If we say a single word they say ‘we’ll take you back to Syria’, so we shut our mouth and accept. (*bidna el-sotra).*”
Results: Survey
Demographic Background

- **Age:**
  - 18-24: North - 53, Bekaa - 64
  - 25-34: North - 111, Bekaa - 83
  - 35-45: North - 84, Bekaa - 54

- **Married:**
  - 88% in North, 79% in Bekaa

- **From urban area:**
  - 49% in North, 49% in Bekaa

- **From rural area:**
  - 50% in North, 51% in Bekaa

- **Edu (< high school):**
  - 62% in North, 64% in Bekaa
Demographic Background

- **Time in Lebanon (mo.):**
  - North: 6.0 ± 3.9 months
  - Bekaa: 4.5 ± 3.4 months

- **Type of residence:**
  - North: 92% formal homes
  - Bekaa: 80% formal homes

- **# children living with:**
  - North: 4 (0-20)
  - Bekaa: 3 (0-13)

- **# adults living with:**
  - North: 5 (1-41)
  - Bekaa: 4 (1-41)

- **No services received:**
  - North: 37%
  - Bekaa: 11%
# Lack of Services

No Access to:

<table>
<thead>
<tr>
<th>Service</th>
<th>North</th>
<th>Bekaa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Piped water for drinking</td>
<td>30%</td>
<td>33%</td>
</tr>
<tr>
<td>Water for other uses</td>
<td>24%</td>
<td>28%</td>
</tr>
<tr>
<td>Bathing facilities</td>
<td>21%</td>
<td>20%</td>
</tr>
<tr>
<td>Soap, body cleansers</td>
<td>28%</td>
<td>24%</td>
</tr>
<tr>
<td>Sanitary napkins, pads</td>
<td>28%</td>
<td>27%</td>
</tr>
</tbody>
</table>
### Health Status

<table>
<thead>
<tr>
<th>Condition</th>
<th>North</th>
<th>Bekaa</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cig smoking (never)</td>
<td>79%</td>
<td>82%</td>
</tr>
<tr>
<td>Water pipe (never)</td>
<td>85%</td>
<td>87%</td>
</tr>
<tr>
<td>Self rated health</td>
<td>17%</td>
<td>20%</td>
</tr>
<tr>
<td>(poor/very poor)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anemia</td>
<td>31%</td>
<td>24%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>14%</td>
<td>10%</td>
</tr>
<tr>
<td>Diabetes</td>
<td>4%</td>
<td>2%</td>
</tr>
<tr>
<td>Musculoskeletal</td>
<td>26%</td>
<td>21%</td>
</tr>
</tbody>
</table>
Pregnancy

• 74 pregnant during conflict: 38 delivered or had an abortion, 8 had repeat pregnancy.

• 43 pregnant at time of interview: 30% first pregnancy, 3 cases of twins, 70% received at least one antenatal visit

• Complications during Pregnancy: anemia (23%) greater among currently pregnant, abdominal pains (12%), vaginal bleeding (12%), and fever (8%)
Delivery/Abortion (N=38)

- 4 abortion
- 1 infant mortality
- 16% had no antenatal follow up
- 63% in Lebanon, 24% in their home
- Complications (37%): Bleeding (29%), preterm birth (26%), newborn problems (52%)
- 48% breastfed
Gynecological Symptoms in Past 6 months

- Menstrual Irregularity: 54%
- Menstrual Pain: 44%
- Severe Lower Abdominal Pain: 49%
- Pain/Burning on Urination: 41%
- Pain/Burning on Sexual Intercourse: 25%
- Abnormal vaginal discharge: 33%

Stress was statistically significantly correlated with menstrual irregularity, dysmenorrhea, and genital infection symptoms.
Contraceptive Use

• 34% of non-pregnant, married women in the North and 40% of those in Bekaa were using contraceptives

• IUD most commonly used type: 61% in the North and 50% in Bekaa

• Reasons for no use: expense, distance and transport, not given enough contraceptives, type of contraceptive preferred was unavailable
### RH Services

<table>
<thead>
<tr>
<th></th>
<th>North</th>
<th>Bekaa</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Availability</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unavailable</td>
<td>55%</td>
<td>17%</td>
</tr>
<tr>
<td><strong>Accessible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Easily</td>
<td>22%</td>
<td>61%</td>
</tr>
<tr>
<td>Price prohibitive</td>
<td>44%</td>
<td>14%</td>
</tr>
<tr>
<td>Distance</td>
<td>19%</td>
<td>42%</td>
</tr>
<tr>
<td>Mistreatment</td>
<td>7%</td>
<td>2%</td>
</tr>
</tbody>
</table>
### Violence

**Female family member exposed to violence**

- Slapped or hit: 21%
- Choked: 6%
- Beaten or kicked: 10%
- Threatened with a weapon: 31%
- Shot at or stabbed: 35%
- Detained against her will: 17%
- Deprived of food, water or sleep: 35%
- Subjected to improper sexual behavior: 7%
### Personal Exposure to Violence

<table>
<thead>
<tr>
<th>Experience</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Slapped or hit</td>
<td>8%</td>
</tr>
<tr>
<td>Choked</td>
<td>3%</td>
</tr>
<tr>
<td>Beaten or kicked</td>
<td>3%</td>
</tr>
<tr>
<td>Threatened with a weapon</td>
<td>22%</td>
</tr>
<tr>
<td>Shot at or stabbed</td>
<td>25%</td>
</tr>
<tr>
<td>Detained against your will</td>
<td>8%</td>
</tr>
<tr>
<td>Deprived of food, water or sleep</td>
<td>26%</td>
</tr>
<tr>
<td>Humiliated/emotionally abused</td>
<td>25%</td>
</tr>
<tr>
<td>Deprived of money</td>
<td>26%</td>
</tr>
<tr>
<td>Subjected to improper sexual behavior</td>
<td>3%</td>
</tr>
</tbody>
</table>
Violence by Location of Survey

- Clinic (n=425) 136 (32%)
- Home (n=19) 1 (5%)
- Camp (n=6) 2 (33%)
Psychological Symptoms

More than usual

- Feel tense: 89%
- Feel sick and tired: 82%
- Feel worried: 83%
- Feel irritable or in a bad mood: 79%
- Loss of sleep: 80%
- Beat children: 74%
Recommendations related to RH

• Make professionals, preferably women, providing reproductive health services more available. Advertise for these services.
• Equip mobile clinics to provide RH services.
• Establish a protocol at the clinic level for referring pregnant women to needed services, and make staff aware of this protocol.
• Address anemia.
Recommendations related to RH

- Increase health education and awareness surrounding symptoms and treatment of reproductive tract infections
- Address preterm birth
- Increase access to family planning services
- Increase psychosocial services available to Syrian women
- Monitor discrimination in the distribution of services
- Improve children’s services
Recommendations Related to Violence

- Increase services available to women who are survivors of GBV/SGBV, including IPV: need training staff, establish referral system, awareness (flyers, posters..)
- Establish and promote a hotline for survivors of GBV, with a special focus on promoting use among those experiencing intimate partner violence
- Offer women’s support groups
Recommendations Related to Violence

- Offer men’s support groups
- Improve coordination and information sharing between various UN and international relief agencies on SGBV and RH response