GENDER ANALYSIS
2020 Vulnerability Assessment for Syrian Refugees in Lebanon
Developed in collaboration with UN Women
KEY FINDINGS

Findings in this chapter demonstrate gender inequalities across the Syrian refugee population, limiting access, rights and opportunities for women and girls, particularly as related to economic participation, education, food insecurity, humanitarian assistance, legal issues, and wider protections, including sexual and gender-based violence.

Compared with 2019, the vulnerability gap between female-headed households (FHHs) and male-headed households (MHHs) appeared to be shrinking in 2020. The evidence suggested that this was not because the situation for FHHs was improving, but because the overall socioeconomic situation was worsening for all households. Specific indicators included:

- **Proportion of households below the SMEB**: In 2020, 85% of Syrian FHHs and 90% of MHHs were below the SMEB, representing a rise from 63% and 53% in 2019 respectively.
- **Unemployment**: Unemployment rates for women (45%) remained higher than those for men (38%) overall. Unemployment rates for both women and men increased by 8% since 2019.
- **Household per capita income**: The gender gap in the per capita income between FHHs and MHHs with working household members effectively closed in 2020, with households averaging LBP 97,955 per week, in contrast to an approximate 0.44 gender income gap in 2019. In 2019, the mean per capita weekly income for MHHs was LBP 112,095 and in 2020 it was LBP 97,786, representing a 13% decrease. For FHHs, mean per capita weekly income increased from LBP 62,202 in 2019 to LBP 96,334 in 2020, representing a 54% increase. However, the identified increases in income for FHHs should not be interpreted as an increase in FHHs’ socioeconomic wellbeing. FHH with non working members still have a less per capita income than MHH.

**Lack of legal residency**: Women (18%) across all age groups were less likely to have legal residency compared with men (23%), but while the share of women without residency remained the same, it rose by 4 percentage points for men since 2019.

**Accessing needed healthcare**: In 2020, access to needed hospital care declined for FHHs by 16 percentage points, and for MHHs by 13 percentage points compared to 2019; during 2019, almost one third of FHHs (27%) did not have access to care compared with 17% of MHHs.

**Child marriage**: 26% of females aged 15-19 were married or had been engaged, separated, divorced or widowed while only 3% of boys were married.

**Youth**: Overall, 89% of young women compared with 57% of young men between the ages of 19-24 were not in education, employment or training.

**However, women and FHHs remained more food insecure and dependent on humanitarian assistance**:  
- FHH (55%) were slightly more food insecure than MHH (48%) and a far higher proportion of FHH (68%) than MHH (13%) were using coping strategies categorized as "crisis level or emergency level".
- Consistent with previous years, women continued participating in the paid labor force at very low rates: 12%, compared to 65% of men.
- For income, FHHs were highly dependent on humanitarian assistance and informal credit lines, as opposed to working or depending on household members that work, and were becoming more so.
- Almost half (45%) of FHHs reported either E-cards from WFP or ATM cards from humanitarian agencies as their main source of household income compared with 34% of MHHs. This represented a slight decrease for FHHs, 48% of which reported these main income sources in 2019 and an increase of MHHs with this dependency, 27% of which reported such in 2019.

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1 These percentages refer to households that were either severely or moderately food insecure.

*Stress*: Household has debt | Bought food on credit | Spent savings | Sold household goods

*Crisis*: Reduced health expenditures | Reduced education expenditures | Withdrew children from school | Sold productive assets | Marriage of children under 18

*Emergency*: Involved school children in income generation | Accepted high risk jobs | Sold house or land | Begged
This chapter was developed based on the gender-disaggregated results of each indicator included in the VASyR assessment. Some survey questions were posed at the household level (i.e. the head of household was asked a question regarding the entire household) while others were posed at the individual level per each household member.

A note on Female-headed Households
A female-headed household (FHH) is a household in which an adult female is the sole or main decision-maker, where a male headed household (MHH) is led by an adult male. In the VASyR, the head of household is self-identified, where enumerators ask the first person they encounter upon visiting the household to designate the main decision-maker of the household. If the head of the household is not available, information about this person is gathered and enumerators interview another adult in the family capable of conducting the interview. Hence in some cases, the sex of the head of the household (HoH) and that of the respondent is different. In the VASyR 2020, 67% of respondents were male and 33% were female, suggesting a male data bias the overall VASyR findings.

It should be noted that in many Syrian communities across Lebanon, women are not usually considered as heads of households unless no adult male is living permanently in the household as the patriarchal assumption is often that the head of a household is always an adult man, even if a woman’s economic contribution to the household’s maintenance is the same or greater.

In keeping with trends in the past few years, there was an even split between men and women in the Syrian population and 19% of households self-identified as FHHs. Like in 2019, there was a gender gap among 20 to 30-year olds. In this age group, there was a slightly larger share of women compared to men. Otherwise, the population was relatively equally distributed among women and men in age categories of adults aged 30 and older, as well as among children and youth.

FHHs were smaller than MHHs on average and MHHs more frequently included young children. Similar to 2019, the average family size for MHHs was 5.3; whereas for FHHs, it was 4.1 and 60% of FHHs had 4 members or less compared with 37% of MHHs. A possible reason for this difference is that twice as many MHHs have young children in their household than FHHs: 65% of MHHs reported having children under 5 in the household compared with 37% of FHHs. MHHs having more young children means they had a slightly higher dependency ratio (1) than FHHs (.92). Almost twice as many FHHs (48%) had no dependent or only one dependent compared with MHHs (28%), while MHHs reported having more dependents overall.

These demographic differences between FHHs and MHHs are potentially related to a smaller proportion of FHHs with women who are bearing children, supported by the fact that MHHs (33%) include at least one household member who is pregnant or lactating far more frequently than FHHs (13%). Moreover, 28% of FHHs were widowed and 17% divorced/ separated, while none of MHHs fell into these categories. All these findings are consistent with those of 2019, indicating little change.

Gender Analysis was conducted by UN Women, in partnership with UNHCR, UNICEF, and WFP.
On the other hand, FHHs more commonly included older people and more frequently had older persons as the head of the household. Approximately 17% of FHHs included older people compared with 9% of MHHs. Notably, 37% of FHHs respondents were themselves older persons who were unable to care for themselves and 16% were older persons with children, compared with 22% and 4% of MHHs respectively. FHHs included single parents five times more frequently than MHHs: 41% of FHHs had at least one member who was a single parent compared with 8% of MHHs. FHHs (37%) were also slightly more likely than MHHs (32%) to include at least one household member with a disability. There does not appear to be significant gender difference in terms of the distribution of disability types, however.

There were more women in the general population as well as FHHs in the Baalbek and Bekaa governorates. Baalbek and Bekaa reported the lowest ratio of men to women (.92 and .93 respectively). FHHs were most common in Baalbek (26% of households), Bekaa (25%), South Lebanon (25%), and Akkar (22%). In addition, both Baalbek and Bekaa have high percentages of FHHs who are widowed: 34% and 33% respectively. Almost half (46%) of working Syrian women were in the agriculture sector, most commonly in Akkar, Baalbek and Bekaa. In Akkar, 75% of working women were employed in agriculture, 74% in Baalbek, and 61% in Bekaa. It is also worth noting that FHHs (28%) were also more commonly living in non-permanent shelters than MHHs (20%) in Baalbek and Bekaa, as informal tented settlements were common shelters for agricultural workers in these areas.
Rates of legal residency have continued declining over the years for both men and women. Women (18%) across all age groups are less likely to have legal residency compared with men (23%).

Lack of legal residency was particularly prevalent for both genders in the 15-19 age group (86% for men and 89% for women), as well as those above the age of 70 (87% for men and 88% for women). It is worth noting that while the proportion of women without legal residency remained the same compared with 2019, it increased for men by 5 percentage points. FHHs were also slightly less likely to have all members of their households with legal residency. Male household members being prioritized for legal residency in Syrian refugee households is likely a result of men being more likely to work and of the perceptions that men were more likely to be arrested or detained without legal documentation compared with women.

Males who had residency had more often obtained it via sponsorship (46%) than females (19%). This could be connected to the fact that men (65%) were more often in the labor force\(^3\) than women (12%) and the sponsorship system is connected to labor. The most prevalent reasons for FHHs lacking legal residency was inability to secure a sponsor (32%) while men were more likely to lack legal residency due to reasons linked to previous renewal based on sponsorship. As opposed to sponsorship, the most common form of residency for women was UNHCR certification: women (68%) were more likely than males (44%) to have residency in the form of UNHCR certificates.

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\(^3\) The labor force refers to the number of individuals either employed or who are of working age and looking for work in the paid economy. For the purpose of this assessment, it covers everyone who stated they had worked in past 7 days or who stated they had actively looked for work in past 30 days (or have tried starting a business during same time period). Work, in this sense, includes: working for someone else for pay, working in own- or family farming, working in any other kind of business activity, doing other activities to generate income (e.g. casual work, making things to sell), and help without pay in a family business. Household labor is not calculated as part of the labor force.
The absence of legal residency exposes both women and men to heightened protection concerns such as a risk of arrest, detention or extortion. Women who lack residency are also less likely to approach police or justice mechanisms to report incidents of harassment or violence. This means a lack of legal recourse and justice for gender-based violence against Syrian women, which is highly prevalent. Without valid residency permits refugees are unable to complete administrative processes to obtain civil documentation such as registering marriages or births of children. For example, women (10%) are slightly more likely than men (5%) to have no marriage documentation. Most children who were born in Lebanon have not been registered at the Foreigners’ registry, but even fewer children born to FHHs had been registered there. Only 21% of households headed by women had registered births with the Foreigners’ registry compared to 29% of male-headed households. FHHs are behind on all steps involved with registering births. The main reasons women are not registering births are due to the prohibitive cost (43%) and not being aware of procedures (35%). In addition, women are less likely than men to approach the GSO to undertake these procedures: 66% of women compared with 50% of men said they had never approached GSO.

Response rates for safety and security questions were low overall, but it appeared that MHHs were slightly more likely to have been extorted, robbed, to have been involved in community violence, to have been detained, had their identity documents confiscated or had a curfew imposed on them. On the other hand, FHHs (17.5%) were slightly more likely than MHHs (13.6%) to report that lack of safety compelled their movement.

**CHILD PROTECTION**

Consistent with the findings of previous VASyR reports, child labor was a key protection issue among boys while child marriage was a more pressing issue for girls. The rate of children engaged in child labor rose from 2.6% in 2019 to 4.4% of all children in 2020. A higher proportion of boys (7%) were working than girls (2%) and spent more time per week on average working; this includes girls’ domestic labor and care work, which is often disregarded as unpaid female labor. Working boys spent 54 hours/week compared to working girls who spent 34 hours. The nature of work performed is gendered: while boys were more likely to be engaged in economic activities, such as agriculture, girls were more likely to be working in household chores, for which they were often unpaid. Child labor was often linked with economic vulnerability, where sending young boys to work was a coping mechanism of poverty. In fact, 95% of households with children working fell beneath the SMEB.

Child marriage was particularly prevalent in Beirut governorate, where 37% of all women aged 15-19 were married. Although child marriage was also often linked to economic vulnerability, households with married girls were slightly less economically vulnerable. This surprising finding was consistent with the results in 2019 and should be further explored.

![Figure 6: Marital status for 15-19 year old boys and girls](image)

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<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single</td>
<td>97%</td>
<td>74%</td>
</tr>
<tr>
<td>Married</td>
<td>3%</td>
<td>24%</td>
</tr>
<tr>
<td>Separated</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Divorced</td>
<td>0%</td>
<td>1%</td>
</tr>
</tbody>
</table>

Girls, on the other hand, were far more likely to be exposed to child marriage. 26% of females aged 15-19 were married or had been engaged, separated, divorced or widowed while only 3% of boys were married.

**SHELTER**

High concentrations of women relative to the broader population appeared to be living in non-permanent informal tented settlements in the Bekaa and Baalbek governorates. FHHs were over-represented in these areas: they constituted 25% of households in the Bekaa and 26% in Baalbek compared with the national average of 18%, and the ratio of men to women was lower than the national average. Consistent with previous years, FHHs (27%) were more frequently living in tents than MHHs (19%) and FHHs (15%) were more often hosted for free than MHHs (8%). This trend could be a result of landlords being more sympathetic to the needs of FHHs, where the culture asks communities to ‘protect’ women, or worse, free shelter could be indicative or more exploitative conditions where women are subjected to work for rent or sex for rent. Notably there was no significant difference between MHHs and FHHs in terms of the 5% of HoH under threat of eviction.

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4 This process involves notifications issued by a doctor; obtaining a birth certificate from a mukhtar; obtaining a certificate registered with the Noufous, registering the birth with the Foreigners Registry, getting the Ministry of Foreign Affairs (MoFA) stamp on the birth certificate as well as a stamp from the Syrian Embassy.
MHHs are more commonly living in residential settings which are more likely to be overcrowded and where they pay more on average than FHHs in rent. The median rent for MHHs was LBP 250,000 compared with LBP 200,000 for FHHs. Of the 6% of tenants that experienced a change in the cost of rent in the past three months, MHHs (74%) were more likely than FHHs (63%) to have had their rent increase. In addition, MHHs lived in slightly more crowded settings (8.97 meters per person) than FHHs (9.29 meters per person). These disparities could be an effect of MHHs having more children to accommodate on average than FHH.

There was no significant gender difference in terms of the types of rental agreements (verbal vs. written), whether lease agreements were registered with the municipality, payment of municipal taxes, periods of rental agreements or the proportion of households that reported any change in rental cost. Nor was there a notable gender difference in the 18% of households living in sub-standard shelter conditions overall.

Possibly due to differences in the prevalence of shelter types, MHHs (52%) were more likely than FHHs (45%) to state cost of rent as the most important factor in selecting a place of residence while FHHs (33%) were more likely than MHHs (21%) to state proximity to family or relatives as their main reason for selecting a residence, likely due to gendered sociocultural norms.

The main gender difference in terms of men and women’s access to WASH was the proportion of FHHs (67%) with access to improved sanitation facilities that were not shared was lower than MHHs (78%). This could be related to the different shelter types common for both groups and should be further explored. In addition, a smaller proportion of FHHs (67%) had access to drinking water than MHHs (74%), perhaps due to higher economic vulnerability. On the other hand, FHHs benefitted from NGO WASH services more: 11% of FHHs had their water trucked by UN or NGO providers compared with 7% of MHHs. Apart from this, there were no notable differences in terms of types of improved water sources used. Nor were there differences between MHHs and FHHs in types of unimproved water sources used, use of improved drinking water sources, distance from drinking water sources, and use of improved sanitation facilities.

About half (49%) of Syrian children aged 3-17 were enrolled at the beginning of the school year in 2020, and consistent with 2019 findings. The gender parity index indicated that the share of girls in school remained almost equal to that of boys at primary level. The share of girls was reported to be slightly higher than that of boys at lower secondary (1.14) and lower at higher secondary. MHHs more commonly had very young children in the family so they were more likely to have children not at school age (39% MHHs vs. 22% FHHs). As in all previous assessments, reasons for not sending children to school were different for boys and girls: 30% of boys between the ages of 15 and 18 not attending school were not attending due to work compared with 10% of girls, while 25% of girls not attending school who were in this age range were not attending due to marriage. Not attending school due to work rose to 43% for young men in the 19-24 age group and not attending due to marriage to 58% of young women 19-24. In general, women in this age group were neither enrolled in education nor participating in the labor market. Overall, 89% of young women compared with 57% of young men between the ages of 19-24 were not in education, employment or training.
Women (61%) were slightly more likely than men (56%) to have required primary healthcare in the 6 months prior to the assessment. Among households that did not access the care they needed, FHHs (94%) were markedly less likely than MHHs (83%) to not attend the health care consultations they required in the first place. Compared with 2019, the rate at which MHH and FHHs did not access the hospital care they needed appears to have evened out. In 2019, 27% of FHHs did not access needed hospital care compared with 17% of MHHs, while in 2020 these figures fell to 16% and 13% respectively.

Reasons for not accessing healthcare somewhat differed between men and women. FHHs (67%) were more likely than MHHs (44%) to cite transportation costs as a reason for not accessing primary health care services and somewhat more likely than MHHs to cite the cost of drugs as the reason (86% FHHs vs. 75% MHHs). MHHs (86%) were more likely than FHHs (72%) to not access the hospital due to the cost of treatment. FHHs (10%) were far more likely than MHHs (1%) to say they refrained from going to the hospital due to the way they are treated by the hospital staff. It appeared that transportation costs also weigh into women’s decision making around which healthcare service to access more so than men. FHHs (10%) were more likely than MHHs (6%) to report accessing a given primary healthcare service because of its proximity to where they live, while MHHs (54%) are more likely than FHHs (40%) to access based on a trusting relationship with the doctor or pharmacist.

Figure 8: Reasons for not enrolling in school

<table>
<thead>
<tr>
<th></th>
<th>6 to 14</th>
<th>15 to 18</th>
<th>19 to 24</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Education</td>
<td>Transportation</td>
<td>Other reasons</td>
</tr>
<tr>
<td>Female</td>
<td>Materials</td>
<td>Cost</td>
<td>Other reasons</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>School did not allow enrollment</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Difficulties at school with curriculum or language of instruction</td>
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FHHs were struggling to send their children to school for financial reasons, particularly during the pandemic and the change to remote learning modalities, which collectively contributed to increased household chores and care work for women. FHHs more commonly stated financial reasons such as transportation costs (25% FHHs vs. 13% MHHs) and education material costs (27% FHHs vs. 19% MHHs) as the reasons for not sending children to school. Data showed that most children (65%) attended schools only physically at the beginning of the 2020 school year.

When learning switched to online modalities during the pandemic, many children did not attend school. For one third (33%) of children who attended school partially or fully online learning, this shift was challenging, and reasons for this challenge differed for MHHs and FHHs. FHHs (38%) were more likely than MHHs (25%) to say their children were unable to follow remote learning modalities due to not having the qualifications or time to teach children as needed, while MHHs (59%) were more likely than FHHs (48%) to state lack of internet access as the reason.

Women (61%) were slightly more likely than men (56%) to have required primary healthcare in the 6 months prior to the assessment. Among households that did not access the care they needed, FHHs (94%) were markedly less likely than MHHs (83%) to not attend the health care consultations they required in the first place. Compared with 2019, the rate at which MHH and FHHs did not access the hospital care they needed appears to have evened out. In 2019, 27% of FHHs did not access needed hospital care compared with 17% of MHHs, while in 2020 these figures fell to 16% and 13% respectively.

Reasons for not accessing healthcare somewhat differed between men and women. FHHs (67%) were more likely than MHHs (44%) to cite transportation costs as a reason for not accessing primary health care services and somewhat more likely than MHHs to cite the cost of drugs as the reason (86% FHHs vs. 75% MHHs). MHHs (86%) were more likely than FHHs (72%) to not access the hospital due to the cost of treatment. FHHs (10%) were far more likely than MHHs (1%) to say they refrained from going to the hospital due to the way they are treated by the hospital staff. It appeared that transportation costs also weigh into women’s decision making around which healthcare service to access more so than men. FHHs (54%) were more likely than MHHs (41%) to report accessing a given primary healthcare service because of its proximity to where they live, while MHHs (54%) are more likely than FHHs (40%) to access based on a trusting relationship with the doctor or pharmacist.

FHHs (35%) were slightly more likely than MHHs (30%) to have received information on COVID-19. However, there were no notable differences in the types of information households received nor knowledge on where to receive services if a family member is suspected to have COVID-19.

Overall, households under the SMEB rose dramatically from approximately 55% in 2019 to 89% in 2020. While in previous years FHHs have tended to be more economically insecure than MHHs, this gap appeared to have grown smaller during 2020 as the rate of MHHs below the SMEB has risen dramatically during the economic crisis and COVID-19 pandemic. In 2020, 85% of Syrian FHHs and 90% of MHHs were below the SMEB, representing a rise from 63% and 53% in 2019 respectively. There did not appear to be a significant difference between FHHs and MHHs in terms of household expenditure patterns, apart from FHHs being slightly more likely than MHHs to spend more on health (15% FHHs total expenditure vs. 9% MHHs).
FHHs were slightly more food insecure than MHHs and reported poorer consumption scores. Data showed that 55% of FHHs were either moderately or severely food insecure compared with 48% of MHHs. FHHs (24%) were also slightly more likely than MHHs (19%) to report poor food consumption scores. Members of FHHs were less likely than MHHs to report daily protein consumption (36% FHHs compared with 43% MHHs) and daily vitamin A consumption (26% FHHs compared with 34% MHHs). Seven percent of all households reported restricting the food consumption of female members of the household specifically.

Economic vulnerability and use of coping strategies were high among all households. However, a far higher share of FHHs (68%) than MHHs (13%) were using coping strategies categorized as "crisis level or emergency level". More FHHs (50%) were somewhat more likely than MHHs (41%) to have borrowed food or relied on help from friends or relatives in the last 7 days. They were also more likely than MHHs to have reduced their expenditures on health as a coping strategy.

**LIVELIHOODS AND INCOME**

Labor force participation (those aged 15-64 and employed plus those not working but seeking work) remained far lower for Syrian women than for Syrian men. Only 12% of Syrian women participated in the labor force compared with 65% of men, and these figures have remained similar since 2017. Almost half (46%) of working Syrian women were in the agriculture sector. Unemployment rates remained higher for women (46%) than for men (38%); it is worth noting that unemployment rose by 8 percentage points since 2019 for both genders. Two thirds (67%) of women reported not working due to having dependent children or other family members at home. In addition, women were working in services such as hotels, restaurants and transportation (24%), professional services (13%), and other sectors. Syrian women's low economic participation could underpin wider gender inequality of living standards and rights.

Only 35% of FHHs had members of their household who had worked in the past seven days compared with 56% of MHHs. This represented a significant decrease in household members in FHH who were working from 2019, when 46% of FHHs had members working. The gender gap in the per capita income between FHHs and MHHs effectively closed in 2020, with households averaging 97,786 per week, in contrast to an approximate 0.44 gender income gap in 2019. In 2019, the mean per capita weekly income for MHHs with working members was LBP 112,095 and in 2020, it was LBP 97,786, representing a 13% decrease. For FHHs with working members, mean per capita weekly income increased from LBP 62,202 in 2019 to LBP 96,334 in 2020, representing a 54% increase. However, when considering all households and not just those with working members, FHHs in 2020 have a lower per capita income (52,258) than MHHs (65,240).

A portrait emerged of FHHs that were highly dependent on humanitarian assistance and informal credit lines, as opposed to working or depending on household members that work, and which were becoming more dependent on these sources. Almost half (45%) of FHHs reported either E-cards from WFP or ATM cards from humanitarian agencies as their main source of household income compared with 34% of MHHs. This represented a slight decrease for FHHs, 48% of which reported these main income sources in 2019 and an increase of MHHs with this dependency, 27% of which reported such in 2019. Informal credit was the second most common source of income for FHHs and was relied upon at a similar rate to MHHs (approximately 17%). Previous trends showed that MHHs typically borrowed more often to pay for rent and food, whereas FHHs borrowed more often to pay for healthcare and medicine, perhaps due to women having more sociocultural responsibilities to pay for dependents (children, the sick, and elderly relatives).

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5 Labor force participation includes everyone who stated they had worked in past 7 days or who stated they had actively looked for work in past 30 days (or have tried starting a business during same time period). Work, in this sense, includes: working for someone else for pay, working in own- or family farming, working in any other kind of business activity, doing other activities to generate income (e.g. casual work, making things to sell), and help without pay in a family business.

6 It should be noted that reductions in income occurred during a year of economic crisis, where the exchange rate for the Lebanese lira inflated from 1,500/$1 to 8,300/$1 and the Consumer Price Index (CPI) has increased by 137% compared to October 2019. According to the CPI, food prices have increased by 183% between Oct 2019 and Nov 2020. In tandem with income reductions, this has significantly reduced Syrian purchasing power.

7 Data on overall per capita income was not collected.