

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

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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”*

- 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



	<u>North</u>	<u>Bekaa</u>
• Age:		
18-24	53	64
25-34	111	83
35-45	84	54
• Married	88%	79%
• From urban area	49%	49%
• From rural area	50%	51%
• Edu (< high school)	62%	64%

Demographic Background



	<u>North</u>	<u>Bekaa</u>
• Time in Lebanon (mo.)	6.0 ± 3.9	4.5 ± 3.4
• Type of residence: formal homes	92%	80%
• # children living with	4(0-20)	3 (0-13)
• # adults living with	5 (1-41)	4 (1-41)
• No services received	37%	11%

Lack of Services



North Bekaa

No Access to:

• Piped water for drinking	30%	33%
• Water for other uses	24%	28%
• Bathing facilities	21%	20%
• Soap, body cleansers	28%	24%
• Sanitary napkins, pads	28%	27%

Health Status



	<u>North</u>	<u>Bekaa</u>
• Cig smoking (never)	79%	82%
• Water pipe (never)	85%	87%
• Self rated health (poor/very poor)	17%	20%
• Anemia	31%	24%
• Hypertension	14%	10%
• Diabetes	4%	2%
• Musculoskeletal	26%	21%

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



	<u>North</u>	<u>Bekaa</u>
• Availability		
– Unavailable	55%	17%
• Accessible		
– Easily	22%	61%
– Price prohibitive	44%	14%
– Distance	19%	42%
– Mistreatment	7%	2%

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



- Slapped or hit 8%
- Choked 3%
- Beaten or kicked 3%
- Threatened with a weapon 22%
- Shot at or stabbed 25%
- Detained against your will 8%
- Deprived of food, water or sleep 26%
- Humiliated/emotionally abused 25%
- Deprived of money 26%
- Subjected to improper sexual behavior 3%

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%

- **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**

- **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**

- **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**

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