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

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Background:

The current crisis in Syria began during spring 2011, and continues today to displace Syrians from many towns and cities across Syria. Reports of the number of Syrians that have fled to nearby Lebanon range from around 48,193 to 90,000, a number put forth by activists (Daily Star 2012). The majority of these refugees are women, adolescents and children.

Research shows that in conflict settings and refugee crises, prevalence of poor reproductive health (RH) outcomes can increase and reproductive health needs, more generally, can spike upward (IAWG 2010; Jamieson et al. 2000; Lederman 1995). The problem becomes even more complex considering the conservative background of most Syrian refugees and the controversial political situation in Lebanon. Accordingly, the following study aims to a) assess current reproductive status and needs of the displaced Syrian women living in Lebanon; b) identify the factors, including services available, affecting reproductive outcomes within the refugee setting in Lebanon; c) describe the type and characteristics of Sexual and Gender based Violence (SGBV) experienced by Syrian women and adolescent girls, and d) identify the help seeking behaviors of Syrian refugees survivors of violence in general, and SGBV in particular, and the factors affecting these behaviors.

Methods:

The research employed dual methodology: focus group discussions and a cross sectional survey.

The aim of conducting the focus group discussions (FGD) was to find out, in greater depth, about the challenges surrounding being a displaced person in Lebanon; the awareness of the displaced women/adolescent girls in the community to the RH and SGBV services; their possible experiences with SGBV and their responses to these experiences. Three FGD were done, the size of each ranged from 8-10 women (29 women in total) recruited from the refugees residence areas. They were conducted in a community center run by a local NGO.

The cross sectional survey was intended to collect information on the reproductive health status of displaced Syrian women, their exposure to SGBV, their general and health needs, as well as their help-seeking behaviors and coping mechanisms. Syrian refugees women (452 in total) presenting to health care centers interviewed using a structured questionnaire developed in Arabic and adopted from the “Gender-based Violence Manual
for assessment and program design, monitoring and evaluation in conflict affected settings”.

**Results:**

Of the 452 women surveyed, almost a third of them were using contraceptives, more commonly intrauterine device. 74 were pregnant during the conflict, some of them (8) got pregnant more than once; preterm delivery was high (26%), low birth weight (11%) and bleeding during delivery was reported by 29% of them. 40% had pregnancy related complication yet only 51% sought medical care. The most common pregnancy related problems were anemia (26%), severe abdominal pains (16%) and bleeding (9%). Almost half of the women interviewed reported RH diseases: menstrual irregularities, dysmenorrhea and vaginal discharges were common, 47% of them necessitating treatment. Some of the reported causes of the increase in RH morbidity were lack of basic daily necessities like water, electricity and sometimes food. In addition, prioritizing other members’ wellbeing was a major reason for not seeking help for medical conditions; other barriers for health services included difficulty to access medical care (financial and transport), and unavailability of women health professionals.

Moreover, 31% of women had personal experience of violence since conflict began (physical, sexual or psychological) and some are currently experiencing IPV, as well as harassment by members of the host community; Almost all of them acknowledged the need for mental health services; and there was a strong correlation between experiences of violence and psychological distress; More than 75% of women were feeling, more than usual, tired, worried, sick, and having sleeping problems. Yet half of them elected not to talk about abuse. Although crowding and sharing informal dwellings with other families was considered by many women to be a cause of stress, they mentioned it to be a protective factor for IPV, as their husbands would treat them better in the presence of others. 41% of those who did not seek care for violence thought “nothing could be done” and they did not trust anyone. Many of those who are suffering from IPV said they wouldn’t declare being subject to violence for fear of being returned back to Syria by their husbands. Only 9% were able to access mental services and 74% of women admitted beating their children more than usual as a way to release their anger and frustration. Reading religious books was also mentioned as a way of coping.

**Conclusion**

The results revealed an increased reproductive health and pregnancy complications as well as exposure to violence including intimate partner violence among Syrian refugees in Lebanon. The relation of forced migration to reproductive health morbidity and the factors affecting it will be presented and recommendations for improvement will be highlighted.

**References**


Inter-agency Working Group on Reproductive Health in Crisis (IAWG). Inter-agency Field Manual on Reproductive Health in Humanitarian Settings. (Revision to Field Review) 2010.


