

# Syria and the Refugee Crisis – A focus on Women & Girls

## General Information about Syria

Population (2013): 21,898,000

Population living in urban areas (2013): 57%

Ethnic groups: Arabs (nearly 90%), Kurds (around 9-10%), Others (Turkmen, Assyrians, Circassians, Armenians)

Languages: All Syrians speak colloquial Arabic & most read and write Modern Standard Arabic. Other languages are Kurdish, Armenia, and Syriac/Aramaic.

Religious groups: 90% Muslims (74% - Sunni Muslims; 16% - Alawites, Druze, Ismaili); 10% Christians (Arab Christians – Greek Orthodox & Catholic; Syriac Christians, Aramaic-speaking Christians, Armenian Orthodox & Catholics)



Source: [www.glenville.edu](http://www.glenville.edu)

## General Information about Syrian Women & Girls

% of Total Population (2014): 49.4%

Life Expectancy at Birth (2013): 78 years

Total Fertility rate per woman (2013): 3.0

Maternal mortality rate (per 100,000 live births):  
49

Contraceptive prevalence (2010): 53.9%

Literacy Rates (UN Statistics, 2008): 93%

## Adult Risk Factors for Women:

- Raised blood glucose level (aged 25+, 2008) – 12.8%
- Raised blood pressure – 29.6%
- Obesity (aged 20+, 2008) – 39%
- Tobacco use (aged 15+, 2011) – no data

## Top 3 Causes of Death for Women (2012)

- Cardiovascular diseases & diabetes
- Suicide, homicide & conflict
- Cancers

## Cancers in Women:

- Breast cancer is most prevalent cancer in Syrian women and most prevalent cause of cancer deaths in women.
- Cervical cancer is the 13<sup>th</sup> most prevalent cancer in women and the 10<sup>th</sup> most prevalent cancer in women aged 15-44.

## Gender roles in Syria

- In general, Syrian society is patriarchal.
- Economic class, family and urban/rural residency affect gender roles and relations in Syria.
- Women are generally responsible for upkeep of the home and care of the children. Men are generally responsible for working and financially supporting the family.
- Girls are expected to help with housework but children are generally not expected to work outside the home and do so only upon finishing school.

## Marriage in Syria

- Syrians tend to marry at a young age. Legally, males can marry at 18 and females can marry at 17.
- Rural and working class women tend to marry younger than urban and/or more educated women.
- Women do not take their husband's name in marriage.
- Most Syrian marriages are arranged by families.
- Divorce is rare among both Muslims and Christians but it does happen and divorced women often receive child support.



Source: <http://www.pilotguides.com/articles/syria-before-civil-war/>

### Health care Before the Refugee Crisis

- The health care system was easily accessible and affordable.
- Syrians highly value Western medicine and place great trust and faith on doctors. Most Syrians have a basic familiarity with Western medicine.
- Syrians may be embarrassed by personal questions, especially those related to sex.
- Syrian women generally prefer female health care providers.

### Maternal health care

- Prior to conflict, 96% of women had medical assistance when giving birth. Around 88% of pregnant women received prenatal care (2007-2013).
- Women were free to choose their maternity health care provider and preferred private doctors than midwives. The private sector dominated maternal health care.
- Most Syrian women received antenatal care from their doctors. One study cited 87.7% had at least one antenatal clinic visit and 64% had at least 4 antenatal clinic visits.
- Breastfeeding was not widespread prior to the conflict with 43% of children under six months being exclusively breastfed.

## **Syrian Refugee Crisis**

### War related deaths:

- Number of verifiable deaths among civilians and combatants between March 2011-April 2014: 191,369
- Study on 78,769 civilian deaths from 18 March 2011 to 21 January 2015 revealed that

majority of deaths were of men, nearly 25% killed were women and children

- Women were the second most likely to die (next to children) due to explosive weapons. Men were mostly killed by shootings and executions.



Source: *Woman Alone – The fight for survival by Syria's refugee women* <http://www.refworld.org/pdfid/53be84aa4.pdf>

### Displacement:

- UNHCR data released in July 2015 cited over 4 million Syrians who have left the country and at least 7.6 million internally displaced. The exodus from Syria is the highest recorded since 1992.
- Syrian refugees have fled to Turkey, Lebanon, Jordan, Iraq and Egypt. There are existing camps in Turkey, Jordan and Iraq.
- 85% of Syrian refugees live outside camps.
- 75% of Syrian refugees are women and children. Over 700,000 are women and girls of reproductive age.

### Nutrition

- Surveys conducted in the Zaatari camp (Jordan) by UNHCR between April & May 2014 revealed 48.4% of children (327 aged 6-59 months) had anaemia,
- 44.8% of non-pregnant women (314 aged 15-49 years) had anaemia,
- Acute malnutrition in children in the camp was low at 1.2%
- Chronic malnutrition in children in the camp was significantly higher at 17% compared to children outside the camp.

## Sexual and Reproductive Health

- Refugees in Lebanon: Largest proportion of women and girls of reproductive age are in Lebanon. UNHCR covers about 75% of healthcare of Syrian refugees.
  - Refugees do not reside in camps but in tented settlements.
  - Women refugees reported gynaecologic problems (menstrual irregularity, reproductive tract infection, severe pelvic pain or dysmenorrhea and some combination of these conditions).
  - Close to 100 babies delivered monthly
  - Only 34.5% reported using family planning (versus 60% prior to conflict)
  - Many women experience complications during labour and report difficulty breastfeeding due to constant displacement.
- Refugees in Turkey: Turkey is home to 2<sup>nd</sup> largest population of Syrian refugees.
  - Unlike Lebanon and Jordan, very few NGOs deliver refugee health care in Turkey.
  - Very limited data on women's health and reproductive health issues of Syrian refugees
  - Turkish government reported that 96% of pregnant women deliver in a health care setting and that 55% of refugees need psychological services.
- Refugees in Jordan: Over 70% of Syrian refugees reside with host Jordanian communities and 30% reside in refugee camps.
  - Assessments in camps indicate that 28% had experienced unplanned pregnancy and 17% did not access antenatal care
  - 100% in Zaatari camp attended by skilled health worker in 1<sup>st</sup> quarter of 2014
  - 96% of Syrian deliveries are in a health facility



Source: *Woman Alone: The Fight for Survival by Syria's Refugee Women*

Source: [www.theguardian.com](http://www.theguardian.com)



© Syrian women queue to receive aid at a refugee camp in the town of Katermaja, Lebanon. Photograph: Bilal Hussein/AP

## Sexual Violence

- Rape and sexual violence were identified as most extensive form of violence faced by women and girls while in Syria.
- Intimate partner violence (IPV), early marriage, sexual harassment and survival sex are other forms of violence experienced by women and girls.
- Early marriages seen by families as a way to 'protect' their young girls.
- Many women and girls live in unplanned and overcrowded refugee settlement.
- Survivors of sexual violence reluctant to report or seek support due to shame, fear and 'dishonour' to their families.
- Women and girls have restricted access to information about availability and support to survivors of gender-based violence.

## Family Violence

- DV widely reported by women and children in Syria due to conflict-related stress, financial strains and lack of long-term solutions.
- Violence towards women and children has increased because men vent their frustration and abuse their power in their household.

## Mental Health

- A review of data by the International Medical Corps between February and March 2014 found that the most common mental health diagnoses were severe emotional disorders (54%) including depression and anxiety, epilepsy (17%) and psychotic disorders (11%).

- More women than men sought mental health services in Syria (60.1%). However, slightly more refugee men than women sought mental health services in Lebanon, Turkey and Jordan.
- Syrian women reported praying, talking to family and friends, distracting themselves (e.g., house cleaning), organising support groups as positive coping behaviours. Negative coping behaviours include sleeping, smoking, crying, seeking time alone, isolating themselves and denial of current stressors.
- Girls commonly reported confinement in the home and harassment as their main stressors.

### Resettlement of Syrian Refugees

- Since 2014, UNHCR has called on states to admit (through resettlement and other avenues) 130,000 Syrian refugees by the end of 2016.
- As of May 2015, around two-thirds of the requested 130,000 places have been made available by states globally. Approximately 55,000 places have been offered by European Countries.
- Germany (30,200), Norway (8,500) and Switzerland (8,200) have offered the highest number of places. Outside Europe, Brazil has offered the most number of places at 7,000.

### Resettlement in Australia

- On 9 September 2015, the Australian Government announced that it will make an extra 12,000 humanitarian places available in response to the conflicts in Syria and Iraq.
- The 12,000 places are in addition to the existing Humanitarian Program intake of 13,750. These places will be filled by those assessed as most vulnerable, including women and children who are living in Jordan, Lebanon and Turkey. They will not include refugees who are still in Syria or Iraq.
- It is anticipated that the first batch of refugees will arrive at the end of 2015.
- There were 297 individuals born in Syria who were resettled as refugees (Visa 200, 204) and 710 as humanitarian entrants (202) in Australia in 2013-2014.

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