



SYRIA RESILIENCE  
CONSORTIUM

# HIDDEN, OVERLOOKED AND AT RISK

THE ROLE OF GENDER, AGE AND DISABILITY IN SYRIA



DRG DANISH  
REFUGEE  
COUNCIL



## The Syria Resilience Consortium is funded by:



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## EXECUTIVE SUMMARY

The Syrian civil war has caused one of the biggest humanitarian crises of our time. Eight years since the beginning of the conflict, more than half of Syria's pre-war population has either fled to neighbouring countries or is displaced within Syria. More than 11.7 million people are in dire need of humanitarian assistance, women and children comprising the majority. Last year, around 1.4 million people returned to their places of origin. Many are struggling to survive and need support to rebuild their lives.<sup>1</sup> This research examines the intersection of **age, gender and disability from a socio-economic perspective**. Which groups are the most vulnerable? How have power dynamics at the household and community levels changed? What impact has the conflict had on society? These are some of the questions this report addresses, using data collected in Northwest, Northeast and Central Syria. Qualitative and quantitative data collected include **a total of 1,282 surveys, 54 focus group discussions, 45 key informant interviews and 20 in-depth interviews with persons identified as "positive deviants"**. The stories of these powerful individuals are shared throughout this report.

**We are presenting key findings in five thematic areas:**

### The impact of the Syrian crisis on social norms and behaviours

In Syria, men are traditionally responsible for providing for their families, while women are in charge of childcare and housework. This study found that gender roles are mostly still defined by the same family and community expectations. However, some **women, girls and boys are experiencing a change in their traditional roles**. Since the beginning of the war, it has become more common for multiple family members to work, as living costs have increased and wages are low. Nearly **one quarter of women of working age report that they now have to provide for their families financially**.



**31%**  
of women report  
new roles and  
responsibilities

As a consequence, women are now more visible as workers outside their homes. Roles and responsibilities have also changed considerably for male and female youth, who often cannot complete their education as a result. **Young men report having to drop out of school** to support their families financially. **Young women have greater household responsibilities**, especially when their mothers work outside the home. The conflict has increased the number of persons with disabilities, and while women are more impacted than men in their inability to continue previous responsibilities, both men and women with disabilities are often left disempowered, left out of the public sphere, and looked down upon by community members.

### Changes in household and community-level social dynamics

In most families across Syria, **male family members are the main decision-makers at household level**.



**Working women  
33% more likely to  
influence family's  
decision-making**

While women can contribute to decisions such as their children's education and marriage, and sometimes family income, a male family member is likely to have the final say. However, if women contribute to the family's income, the likeliness of being able to be part of the decision-making process rises significantly from 17% to 50%.

<sup>1</sup> UNOCHA, "2019 Humanitarian Needs Overview: Syrian Arab Republic", March 2019.



Among people with disabilities, men above the age of 26 are most likely to participate in family decision-making. Women with disabilities, on the other hand, are most marginalized when it comes to influencing any household-level decisions. At the community level, **only 8% of those surveyed confirmed their ability to influence local decision-makers** such as elected officials. Civic participation in local governance is considerably limited among all sub-groups.



**only 8%**  
**able to influence**  
**local decision-**  
**makers**

### Cultural norms as barriers to generating or controlling income and assets

“Traditions” and “customs” are most frequently stated to be the **key barriers to women’s ability to work outside their home**, followed by long commutes to work and the preference for women to work from home. At the same time, however, **community perceptions of women who work outside their homes and social norms have noticeably changed over time**. This is mainly due to the necessity for women to earn an income to help their families meet basic household needs.

### Livelihood opportunities

The type of work different community members can do is influenced by **gender norms, education and physical capacity**. In both rural and urban areas, stark categorization is noted of what is considered suitable work, particularly by gender, and for older populations this is reinforced by the presence of skills upheld across generations of traditional livelihood roles. On the other hand, **male and female youth** who have not been able to finish education or receive vocational training lack many skills needed for work. Men with disabilities report mostly the same options as men without disabilities, while women with disabilities are the most limited in livelihood opportunities. Yet, both **men and women with “invisible” disabilities**, such as hearing, seeing, intellectual, and cognitive disabilities, or those with mental health conditions face more obstacles than persons with visible disabilities when it comes to finding work, especially in rural communities.

### Trends around protection concerns based on gender, age and disability

The research reveals that child marriage and child labour are increasing in Syria. Findings show that over 20% of the surveyed families had at least one daughter married before she turned 18, highlighting the need to reduce the financial stress of providing for their daughters as well as receiving a dowry as key reasons. Furthermore, families seek to transfer the responsibility of ensuring their daughter’s safety, chastity and protection to the new spouse.

Child labour is also on the rise. Roughly 42% of male and 18% of female youth below the legal working age are currently participating in the workforce. This often means that they must drop out of school. For men and women with disabilities, anecdotal evidence indicates that it is not uncommon for them to experience violence in the form of mockery, exposure to physical and verbal abuse and the deprivation of rights, such as the right to inherit.



**42% of boys and**  
**18% of girls (aged**  
**15-17)**  
**have to work**

# 1. INTRODUCTION

The aim of this research is to support the Syria Resilience Consortium (SRC) in better understanding the **socio-economic dynamics and changes in Northwest, Northeast, and Central Syria** in order to adapt, refine and extend the consortium's activities in these areas. In specific, the research provides an in-depth analysis of the intersection of gender, age, and disability (GAD).<sup>2</sup> This approach is crucial to identify those groups that are most affected by the conflict, while understanding their position within the evolving power dynamics at the household and community levels. To this end, the study examines **economic and gender roles, and social dynamics among different groups in Syria**. The sub-groups considered are women, men, boys, girls, older women, older men, women with disabilities and men with disabilities. The study is built upon the common understanding that to intervene in support of and in cooperation with the most vulnerable, an in-depth understanding of socio-economic and relational dynamics is pivotal to ensure interventions are tailored to individual needs.

The study analyses relevant dynamics and changes since the onset of the crisis, taking variables such as displacement, injuries, and other hardships into account. Considering current gaps in the literature, and the overall goal of this research, **this report covers the following aspects of social change:**

- Shifts in roles, responsibilities and engagement in decision-making, both at the household and community levels, among vulnerable/marginalized groups;
- Individually practiced psychosocial coping strategies and available community-level support structures, with a focus on practices that build resilience;
- Who currently owns, has access to and benefits from the available resources disaggregated by gender, age, and disability;
- Changes in trends around protection concerns based on GAD, and opportunities to mitigate these.

## OBJECTIVES OF THE STUDY

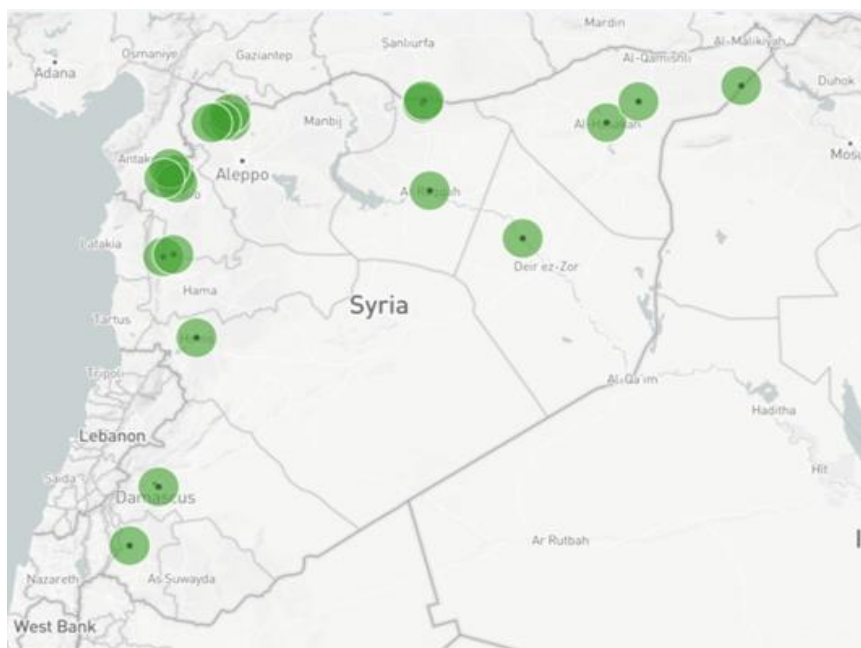
In specific, the main objectives of the study are to:

1. Improve SRC's understanding of the social impact of the Syrian conflict on various sub-groups (women, men, girls, boys, women with disabilities, men with disabilities, older men and older women) within the three hubs where the SRC is currently operating, namely Northwest, Northeast and Central Syria;
2. Identify opportunities to improve the consortium's ability to support the resilience and wellbeing of marginalized people, based on their needs and changing roles, and to leverage opportunities to promote gender equality;
3. To Identify the sub-groups that are most negatively impacted (most marginalized) by the conflict from a socio-economic perspective;
4. Provide evidence-based and practical recommendations on how the SRC can increase the effectiveness of its interventions regarding resilience building, improving psychosocial wellbeing, and beneficiary targeting.

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<sup>2</sup> The term "intersectionality" refers to the interconnectedness of various social characteristics, such as age, gender and disability and how having one or several of these attributes could lead to various degrees of marginalization.

## METHODOLOGY AND DATA COLLECTION TOOLS:



The GAD research employed a **mixed-methods design** where both **quantitative** (household surveys) and **qualitative** (focus group discussions, key informant interviews and semi-structured individual interviews) data were collected in parallel, addressing the same research questions through triangulation.

Data was collected from diverse sources to allow a more **nuanced interpretation of the context** and changes within communities, with sub-districts determined based on SRC priorities, researcher's access, and resources available.

### The research included:

- A total of **1.282 surveys** within 20 communities across nine governorates in Syria;
- **54 focus group discussions** with women, men, girls and boys. The discussions were held separately with internally displaced persons and host community members, allowing disaggregation of the analysis. Each group consisted of six to ten participants, who shared their individual and collective perceptions, beliefs, attitudes and behaviours regarding social norm change and dynamics at the household and community levels.
- A total of **45 key informant interviews** with representatives from non-governmental organisations, civil society organizations, local governance structures and other community level stakeholders.
- **20 individual interviews** with community members who were identified as positive deviants. Positive deviants are defined as individuals confronting similar challenges, constraints, and resource deprivation to their peers, but who manage to employ uncommon but successful behaviours or strategies which enable them to find better solutions. **The stories of these powerful individuals are shared throughout this report.**

The estimated proportion of **persons with functional difficulties ranged between 7% to 73%** depending on the age and gender of the group, with the vast majority being men and women over age 55. This is considered representative of the survey population. The Washington Group Short Set of Questions (WGQs) were the primary tool to identify persons with functional difficulties and were used only in the quantitative survey tool to capture information on prevalence.

For qualitative interviews, research participants were **selected based on self-reported disabilities**. Therefore, whenever the term “functional difficulties” is used in this report, it should be noted that this data was collected using the WGQs. When the word disability is used, the source of information is key informant interviews and focus group discussions.

## 2. FINDINGS

### 2.1. THE IMPACT OF THE SYRIA CRISIS ON SOCIAL NORMS AND BEHAVIOURS

#### Traditional roles and responsibilities of family members

Before the Syrian crisis started in 2011, traditional social and cultural norms expected the head of household (typically the oldest male) to provide for his family by earning enough income for shelter, food, education, and healthcare, as well as to protect his family from possible danger. Women, on the other hand, were expected to take care of the children and housework. Traditionally, women “educated the next generation”, by teaching them “community manners” and “good morals and values”. The traditional responsibilities of women older than 55 included “...cooking, cleaning and caring for the house within their abilities. Their role is limited to caring for children, buying the necessities of the home and clothing the grandchildren... teaching them some of the principles of life”<sup>3</sup>. Similarly, the traditional role of older men included “guiding” and “supervising” the family members by sharing their life experience, especially with their sons and grandsons. These expectations were common across Syria.

“The expected behaviour from girls is that she can study and finish university. But then no one supports her in establishing her own life. Everything a girl does should lead to getting married and being a housewife. Our community does not give girls their full rights.” - - Alia (name changed), 16, Aleppo

Male and female youth in the past were expected to complete their education. Boys were expected to find a job that provided a good income before getting married and settling down. Girls, however, were expected to get married as soon as they completed their education. Qualitative findings suggest that current family expectations of girls to continue their education are more common in urban communities across hubs, while in rural areas in Daraa, Deir ez Zor, Idleb and Aleppo, girls are more frequently expected to “have good morals”, “obey her parents” and “learn about housework”.

#### Changes in traditional roles and responsibilities

While there are some geographical differences across Syria, community and family **expectations of men, especially those who are married with children, have remained unchanged in most cases, while those of women and youth have changed**. More than 90% of men aged 18-54 claimed that their families expect they should provide for the family. 69% of male youth (age group 15-17) and 62% of older men (Figure 1) reported similar expectations. These findings are in line with pre-crisis expectations. Among men and male youth with functional difficulties, close to 60% have families that expect them to earn an income.

<sup>3</sup> FGD, men with disabilities, ages 26-54, IDPs, Homs, July 13, 2019.



Close to **74% of adult women** who report changes in their roles state that these relate to the need to **“provide for my family financially”**. This increase in women as breadwinners is more pronounced among

“Women nowadays are handling everything. They are playing the role of the father and the mother at the same time.” - - Yasmin (name changed), older than 55, Ar-Raqqa

widows (70%) compared with married women (28%). Secondary sources also confirm survey findings that gender roles are changing the most significantly in households in which men are no longer able to be the primary income earners.<sup>4</sup> The main reasons are that many men died or were injured in the conflict, were imprisoned or had to flee,<sup>5</sup> and that work opportunities are insufficient.<sup>6</sup> In addition to earning an income, most women also have to manage the household after work, carrying a double burden. However, some respondents in rural communities (Kisreh, Hassakeh,

Idleb, and Aleppo) reported that men also support their wives with household tasks, including raising children while women work.

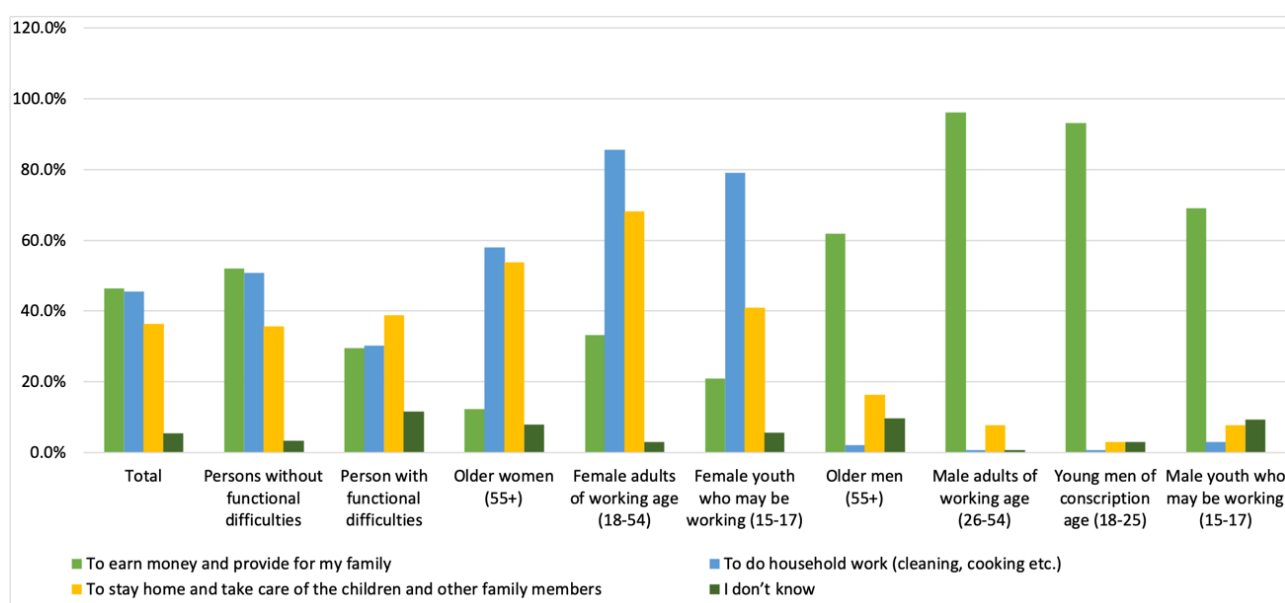


Figure 1: Roles and responsibilities expected from family members

As suggested by similar studies<sup>7</sup>, findings show that both male and female youth aged 15-17 are given substantial additional responsibilities. **Female youth** carry more domestic responsibilities in households where the mother is working outside the home: *“Women started working and participating in securing the family’s income which was not very common in the past. When the mother goes to work, she lets her older daughter take care of the children while she’s gone...in the past, we had less responsibilities; we just had to worry about going to school. As for now, we have a lot of responsibilities that started becoming more than we can handle.”*<sup>8</sup>

<sup>4</sup> See for example: Cornish, Clohe, “Shortage of men sees more Syrian women enter the workforce”, Financial Times, January 2016; Middle East Monitor, “Post civil war Syria challenged by profound gender imbalance”, January 2016; The Tahir Institute of Middle East Policy, “Syria’s women, Policies and Perspectives”, December 2017; UNFPA, “Voices from Syria 2019. Assessment findings of the humanitarian need overview”, 2019.

<sup>5</sup> The Tahir Institute of Middle East Policy, “Syria’s women, Policies and Perspectives”, December 2017; Middle East Monitor, “Post civil war Syria challenged by profound gender imbalance”, January 2016.

<sup>6</sup> International Rescue Committee, “Basic Gender Analysis. Idleb, North West Syria”. October 2018, Unpublished.

<sup>7</sup> Mercy Corps, “Adolescence lost. Forced adulthood and a fragile future for Syria’s next generation”, February 2019

<sup>8</sup> FGD, female youth, ages 15-17, IDPs, Ar-Raqqa, July 2019.

**Male youth** (age 15-17) are often removed from school in order to start work<sup>9</sup>, sometimes under unsafe conditions and increasingly so since the start of the conflict. Boys consider their contribution to the household income a priority to meet basic needs, sometimes in addition to completing their education:



*"Boys might be studying or working if the financial status is not good. Most boys have to work to help their families. If his father has a business, he works to help him with it. If not, he works anywhere to help his parents. People say that the boy can work in any kind of job. He helps his parents at home, studies, works and does anything he is capable of."*<sup>10</sup>

**For men with recent disabilities** with lighter functional impact, findings suggest their roles remain unchanged and they are still expected to be the main providers for their households: **Women with recent disabilities** (depending on the severity of their disability) may try to maintain their reproductive<sup>11</sup> roles but need more assistance from their families. For **men and women with longer standing disabilities** prior to the crisis, traditional expectations of being a provider (for men) or having a caregiver role (for women) are not seen. Less is expected of them and they are seen as in need of more support.

### "I HAVE BECOME THE BREADWINNER OF MY FAMILY"



Ali (name changed) had to flee his home in Syria, when it was destroyed by an airstrike three years ago. Ali's father and brother were responsible for the family's income before the war, as the 25-year old was born with a physical disability. When his father and brother were injured, they lost their jobs and could not earn an income for the family anymore. "This is how I suddenly became the main breadwinner of the family. In the beginning it was very hard for me to go to the market and work in a little shop. But I managed to adjust my working environment to my disability. I like my job and am really proud that I can help my family and earn my own money."

<sup>9</sup> International Rescue Committee, "Basic Gender Analysis. Idleb, North West Syria". October 2018, Unpublished.

<sup>10</sup> FGD, male youth, ages 15-17, HCMs, Afrin, Aleppo, June 29, 2019.

<sup>11</sup> This includes activities such as childbearing and rearing responsibilities, the care of family members and other domestic responsibilities held by women to ensure the maintenance and reproduction of the society's labor force.

## The impact of changes in roles and responsibilities on people's wellbeing

Changes in roles and responsibilities were reported by most to have a **negative impact on overall wellbeing**. Participants in different sub-groups and across hubs reported that they experience increased psychological pressure and tension, largely due to changes in status as economic providers. Some **adult women who work**



recognize the value of sharing responsibilities between husband and wife and working outside the home, as this contributed to a new sense of empowerment. However, many women stated a preference to preserve women's traditional roles, and report that in some cases these changes resulted in increased family violence: *"The interaction with other men in the workplace might infuriate the husband and lead to disputes and separation in the family...these disputes are negative to the family."*<sup>12</sup>

Similarly, men respond differently to changes in income earner roles. Literature suggests that the pressure experienced by men during the conflict, partially due to reduced roles as sole providers,<sup>13</sup> has led to feelings of helplessness,<sup>14</sup> emasculation, and shame<sup>15</sup>, which is supported by this study. However, increased prevalence of multiple incomes has led to **more acceptance of women's roles as income generators**, albeit sometimes unenthusiastically among men who prefer to continue being sole providers – one respondent characterized it as a "divided society"<sup>16</sup> in which some men accept women working while others do not.

The need for **female youth** to drop out of school to work or assume responsibilities at home, thereby reducing time for recreational or other activities to develop essential life skills, has negatively impacted their wellbeing.

*"Our bad economic situation forced us to leave our education and start working instead. In the past we went out and had fun. Now we have to think about how to bring money home for our families" - - Ali (name changed), 15 Ar-Raqqa*

This notion is supported by available literature suggesting that girls "become isolated and gloomy", facing psychological distress leading to "mild to severe depression, trauma, and social isolation".<sup>17</sup>

Most youth would like things to go back to the time before their responsibilities increased. However, some male youth also **expressed satisfaction with having learned a new trade** as a result of the changed expectations of them.

Those who have a permanent disability due to war injuries also experience emotional distress, which may lead to anxiety and depression. Severe depression may also be a consequence of long lasting rehabilitation periods endured by those with injuries, not knowing to what extent they will recover.<sup>18</sup> The current study also shows that the wellbeing of women and men who acquired disabilities during the crisis **largely depends on their ability to work and contribute to their household income** as productive community members, as opposed to being dependent on their families: *"After I lost my leg, I became a vendor to a small stall and... I consider that this is something good that could help me with my situation... My situation is better than before because I am providing for my family."*<sup>19</sup>

<sup>12</sup> FGD, female youth, ages 15-17, HCMs, Hama, July 9, 2019.

<sup>13</sup> See for example International Rescue Committee, "Basic Gender Analysis. Idleb, North West Syria", October 2018, Unpublished; UNFPA, "Voices from Syria 2019. Assessment findings of the humanitarian need overview", 2019.

<sup>14</sup> International Rescue Committee, "Basic Gender Analysis. Idleb, North West Syria", October 2018, Unpublished.

<sup>15</sup> CARE, "Women, Work, and War: Syrian women and the struggle to survive five years of conflict", 2016, Unpublished.

<sup>16</sup> FGD, older women, age group 55 and above, IDPs, Hama, July 7, 2019.

<sup>17</sup> UNFPA, "Voices from Syria 2019. Assessment findings of the humanitarian need overview", 2019. For in depth details see also, UNFPA, "When caged birds sing", December 2018.

<sup>18</sup> Handicap International, "Syria, a mutilated future. A focus on the persons injured by explosive weapons", Factsheet, May 2016.

<sup>19</sup> Il, Positive Deviant, man with disability, 57 years old, Ar-Raqqa, July 2019.



## Social and cultural norms restricting economic participation

Constraints faced by **adult and young women** that impact their ability to work include the risk of harassment in public space, challenges related to commuting longer distances (especially in areas with a high level of insecurity) and spending long hours outside the home. Nevertheless, the economic difficulties caused by the crisis have, at

“Before the crisis, women were always sitting at home and taking care of the children. Now they share the responsibility with the men to support the family financially. This is completely due to the effect of the war.” - - -  
*Nadia (name changed), 15, Aleppo*

the same time, **removed some of the cultural restrictions that limited women’s economic participation**. Focus group discussions with various sub-groups across Syria indicate that families struggling have no choice but to let women and female youth contribute in any way they can, including accepting work opportunities outside the home.

It is also worth noting that in some cases, a lack of suitable work opportunities is a more prominent barrier for women than tradition, notably in Damascus, Daraa, Ar-Raqqa, Deir ez Zor, and Hama. These areas, however, have strong gendered notions of what work

is appropriate, and these perspectives were similar prior to the crisis. There was little variation across geographic locations as to what was considered “women’s work”, namely teaching, tailoring, knitting, hairdressing, handicrafts, farming, working in shops, administrative work, healthcare, and animal breeding.

### “Women should never let anyone look at her with pity”



“My husband and I are a great team”

Amira (name changed) and her husband both had polio when they were very young. When the war started, everything became more difficult as their entire family fled. The couple and their two children were the only ones who could not leave. “It was very hard, but we did not give up. Thankfully, my husband and I are a great team,” Amira says.

“In our society, men often don’t accept women working for money. Even older women think like some men in this regard. A lot of women want to work, but it is difficult for them, and they often get a very small salary. At home, raising children and household chores are the responsibility of the woman. As a woman I think it is important that we do not hide from society. Everyone can work if they want to. A woman should never let anyone look at her with pity.”

Amira and her husband opened an IT shop where they repair computers and sell mobile accessories. “We try to stay engaged in our community. I really want people to change their idea and perspective on how they think about people with disabilities.”

For **men and women with disabilities**, the lack of work opportunities, their inability to compete with persons without disabilities, and exploitation (e.g. smaller wages) are some of the barriers that restrict their economic participation. Women with functional difficulties in particular are situated at the bottom of the wage hierarchy. This is why many start their own small business or work in family businesses. Another barrier is the assumption that women and men with disabilities are not fit for work, with the common perception that they are a “burden” on their families, are not able to earn an income, and are in need of additional care<sup>20</sup>: *“Yes I applied once to a job at an association, and in the interview when they first saw me they apologized immediately and I was rejected. I hope people will stop looking at us with pity. We had to endure a lot... there could be a positive change by people respecting you, along with your talent and work. Plus, people [should consider] us equal to them not less.”*<sup>21</sup>

The perception of persons particularly with **intellectual or cognitive difficulties** being unable to work is more prominent in rural areas (73%) than urban (55%), and women with such difficulties appear to have the least access to opportunities.

In addition to the economic exploitation faced by persons with disabilities, they also encounter negative behaviours from the community. For women with disabilities in particular, it is common for families to confine them to their home due to perceptions of shame: *“They really can’t participate in society because even (non-disabled) women are restricted... Families that include such women try to hide and isolate them from the society completely.”*<sup>22</sup>

That said, some men and women with disabilities are determined to show their communities that disability does not prevent one from being accomplished, as highlighted through short stories (positive deviants) throughout this report.

Hanine (name changed) lives in Idlib with her husband and their two children. Hanine and her husband were both injured when their neighbourhood was hit by a bomb. Both of them are now living with physical disabilities. Hanine had to drop out of university to help her family survive. With help from her husband, friends and family, she opened a small, successful shop selling make-up and perfume. “My life is very challenging, especially because of my disability. I am taking care of my kids, my husband, my store, I do the cooking and the household. Thankfully, my husband supports me. He is always home and takes care of the kids more than I do.” Hanine says that her husband’s support and the willingness to share caregiving duties enable her to be successful. In the future, Hanine hopes that she can go back to her home city and continue her studies. “I want my children to live in safety and hope that my husband’s health will improve.”

<sup>20</sup> II, Positive Deviant, man with disability, 28 years old, Idlib, June 28, 2019.

<sup>21</sup> II, Positive Deviant, man with disability, 29 years old, Aleppo, July 17, 2019.

<sup>22</sup> FGD, older women, age group 55 and above, IDPs, Hama, July 7, 2019.

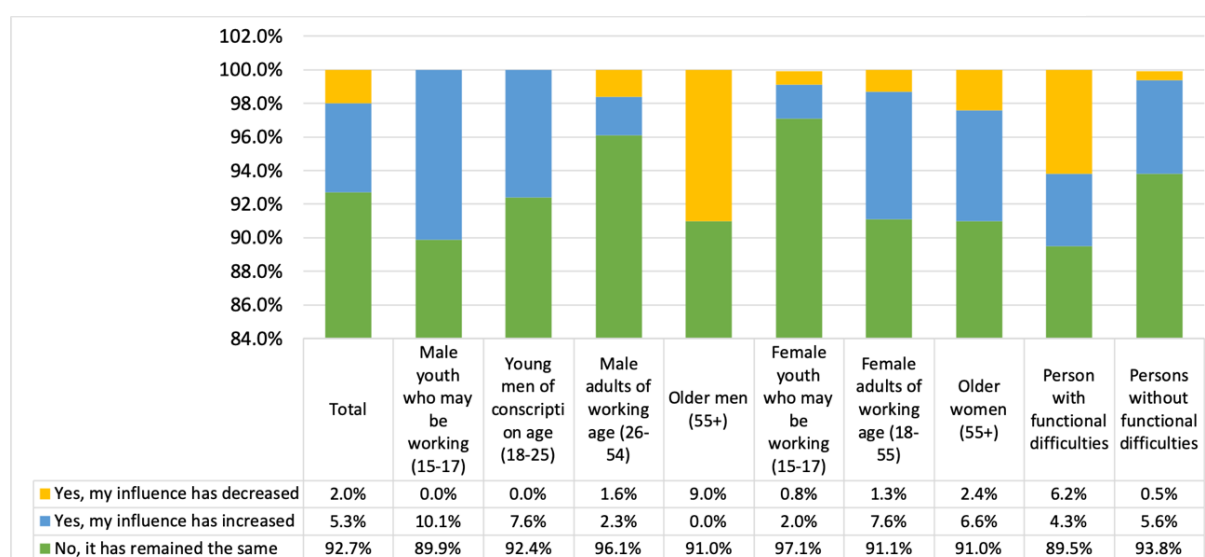


## 4.2. CHANGES IN HOUSEHOLD AND COMMUNITY-LEVEL SOCIAL DYNAMICS:

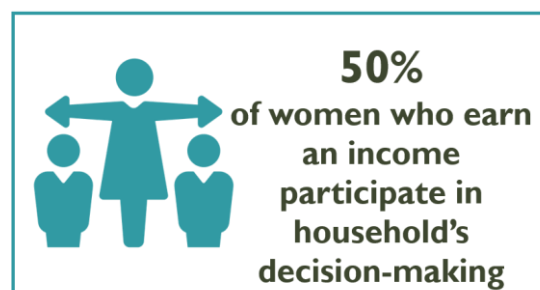
### Household level decision-making

Male youth up to age 25 and female adults are more likely to perceive an increase in their ability to influence decisions within their household since the onset of the crisis. Older men in particular (9%) report a decrease in their ability to influence the household. The survey results do not show significant differences across the geographical locations. Survey results suggest that male family members are primarily involved in decision-making in 59% of households included in the sample. The remaining 41% of households pursue a more participatory decision-making process involving multiple family members, including women, with more men than women reporting this. Participatory household decision-making seems more common in communities in Northeast Syria, while less common in Aleppo.

Figure 2 Perceived change in the ability to participate in decision-making at household level



Women contribute more to household decisions about issues such as the education and marriage of children. This has not changed since the beginning of the crisis. Although they are able to express their opinions about other matters such as the management of household resources, the final decision is mostly taken by male heads of household. That said, the survey results suggest a **correlation between inclusive decision-making at the household level and women's ability to earn an income**. While overall, 70.4% of surveyed female adults of working age (18-54) do not participate in household decision making, 50% of those who work to earn income **actually do participate**, while only 17% of those in the same age group who do **not work** confirmed the same.



Among **persons with disabilities**, older men and male adults age 26-54 are best able to participate in family decision-making, while women with disabilities are least likely to influence household decisions. Persons with disabilities, and especially women, are among those who are most marginalized, within and outside their homes.

## Community level decision-making

At the community level, those least likely to influence decision-makers include youth and women. Predictably, men of all ages feel more confident about their ability to influence local decision-makers, though access to such

“Women and youth are not able to take decisions, so how do you think it is for people with disabilities? They don't have any rights. The only things they are allowed to do are eat, sleep and go to the bathroom.” - - - *Hanadi, older than 55 (name changed), Hassakeh*

individuals seems limited in general. **Only about 8% of the entire survey population noted their ability to influence local decision-makers**, including elected officials such as local councils and municipalities, by replying “a lot” or “somewhat” when asked about the extent of their influence.

A clear majority (75.2%) across all sub-groups replied “not at all” when asked about their ability to influence community decisions. This suggests a lack of inclusive community participation in local governance in Syria, which is confirmed by

qualitative findings. A comparison at the sub-district level shows that community influence in local decision-making is more possible in areas such as Hassakeh, Afrin and Salqin and least possible in Homs and Jaramana.

Some community members suggested that the only way anyone can have their voice heard is by forming a group or an association, though such groups were not reported to exist. The need for **awareness raising initiatives to promote social change** was frequently recognized and mentioned by focus group participants across both rural and urban communities of all three hubs.

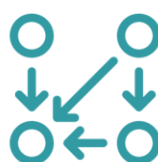


**Much needed:  
Promoting social  
change through  
groups and  
initiatives**

## Dependence and interdependence between sub-groups to meet basic needs

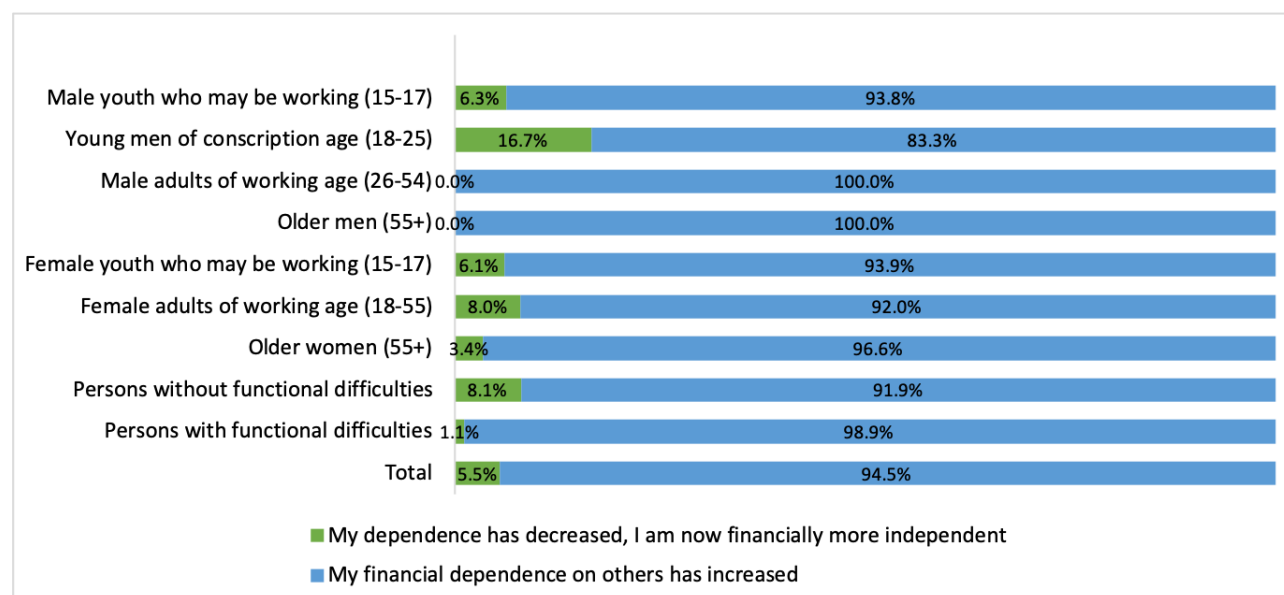
The research findings suggest that **interdependence between household members has increased** over time in all surveyed communities. The majority of community members depend on their families, and try to contribute in whatever way possible, though the vast majority of those contributing economically are still boys and men aged 15-54, as well as almost one quarter (23.1%) of older men with functional difficulties. While there is a degree to which family member dependence on income are shifting (Figure 4) and trending towards more interdependence, these dependencies still follow traditional trends, with heavy reliance on older men, 100% of whom report the family depends on their income. This suggests that **older men are unable to retire, despite having functional difficulties**, due to the dire economic circumstances and continued family reliance on their income.

Change in dependence on income is mainly noted among persons with functional difficulties (55.6%) – including older men and women – female youth (47.1%), male youth (37.2%) and female adults of working age (32.9%). In addition, **the vast majority (95%) of community members feel that their dependence on other family members has increased** since the start of the crisis in 2011.



**95%**  
**people feel they are  
more dependent on  
family members'  
support**

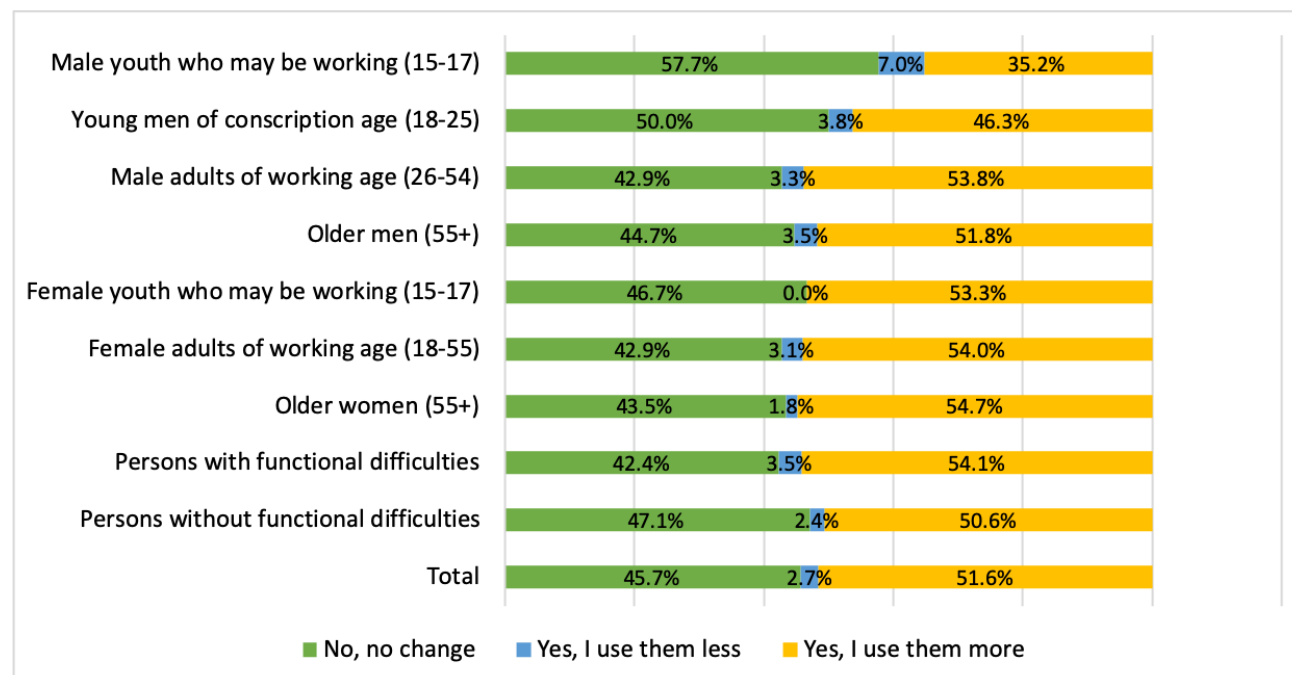
Figure 3 Description of change in dependence - % who report an increase or decrease – by sub-group



## Changes in social and psychological coping strategies

The most common types of coping strategies reported by individuals in the areas covered by the research include “praying” (38%), “seeking the companionship of family and friends” (32%), “talking to a trusted person” (11%) and “avoiding people” (7%). These strategies are used by community members to reduce stress and tensions, with about half of respondents noting they now use these more frequently.

Figure 5 Change in the use of coping strategies



Older women are not only most likely to use coping strategies more frequently after the crisis generally, but also more specifically to isolate or avoid people. Women and men with functional difficulties have much less access (about half compared to those without functional difficulties) to a trusted person from whom to seek psychosocial support. While noting that persons with disabilities may need to be better targeted by psychosocial support activities, it is also necessary to understand the barriers service providers might face in delivering these to persons with disabilities so that they can access these in an appropriate and adapted manner.

## Changes in and obstacles to mobility and sense of safety within and outside communities



**70%**  
feel unsafe  
outside their  
community

The study did not detect any change regarding the ability to move freely **within each of the 20 surveyed communities** in the past year, across sub-groups, with higher rates of decreased mobility among older men and women. Yet there is a considerable difference between how safe the community members feel within their own communities versus outside; **close to 70% feel “not so safe” or “not safe at all” outside their community.**

Similarly, community members’ perceptions of threats such as kidnapping, robbery and difficulty/fear of passing through checkpoints, as well as women’s risk of harassment and need for accompaniment increase significantly when people travel outside their communities. Among male and female survey participants with self-identified functional difficulties, the need for someone to accompany them when moving – inside and outside their community – was mentioned as the primary obstacle affecting their mobility. In addition, “physical transportation barriers” was also mentioned by some women and men with functional difficulties in Ar-Raqqa and Idleb as impediments to their ability to move within their communities.

Table 1: Sense of safety within and outside the communities

Sub-group	Very safe		Fairly Safe		Not so safe		Not safe at all	
	Within	Outside	Within	Outside	Within	Outside	Within	Outside
Male youth who may be working (15-17)	17.1%	0.8%	65.1%	31.8%	16.3%	46.5%	1.6%	20.9%
Young men of conscription age (18-25)	17.6%	3.1%	71.8%	32.1%	10.7%	46.6%	0.0%	18.3%
Male adults of working age (26-54)	19.5%	10.2%	66.4%	31.3%	14.1%	43.0%	0.0%	15.6%
Older men (55+)	22.4%	5.2%	64.9%	33.6%	11.9%	35.8%	0.7%	25.4%
Female youth who may be working (15-17)	20.9%	2.0%	63.9%	18.4%	15.2%	47.1%	0.0%	32.4%
Female adults of working age (18-54)	17.1%	3.0%	65.1%	25.3%	15.8%	41.1%	2.0%	30.6%
Older women (55+)	13.2%	3.3%	73.1%	26.4%	13.2%	39.2%	0.5%	31.1%
Person <u>with</u> functional difficulties	17.0%	5.9%	70.1%	34.0%	12.0%	39.2%	0.9%	21.0%
Persons <u>without</u> functional difficulties	18.4%	2.8%	66.0%	24.6%	14.9%	43.8%	0.7%	28.7%
Total	18.0%	3.6%	67.0%	27.0%	14.2%	42.7%	0.8%	26.8%

### 4.3. CULTURAL NORMS AS BARRIERS TO GENERATING OR CONTROLLING INCOME AND ASSETS:

“Most women are limited by the traditional norms in terms of the work they can do. They have to stay home or return before 8 pm. But by working, her self-confidence grows, her participation in the society improves and she can help provide financial support for her family.”  
- - - Duaa (name changed), age group 18-54, Hassakeh

The **main obstacles to women's ability to generate income** are identified by all sub-groups as “traditions” and “customs”, in addition to the inability to commute long distances to reach the workplace. Travel conditions and the expectation that women return home before dark, lead to the preference that women work in places that are close to their homes.

Nevertheless, community members' **views of women who work outside the home vary** and seem to have changed over time, recognizing the need to sustain themselves and their families as a priority. Some male community members (in all locations) even claimed that women working outside

the home are respected, because they are trying to support their families when their husbands can't do so alone.

Women's and youth's abilities to control household income and assets diverge depending on the extent to which the household head is willing to share control. In most cases, family assets and income are managed by the father, husband, brother, or oldest son, as even in female-headed households, it is deemed inappropriate for a woman to do so if male family members are present: “... *the society will condemn the man and consider him unable to support and manage his family. Therefore, the family's income and all of its valuables should be controlled by the man.*”<sup>23</sup>

**Women and men with disabilities** appear to be most vulnerable in terms of controlling their income and assets, as family members may interfere on their behalf and take control: “*Some say that people with disabilities are not capable of managing their own assets because they are weak.*”<sup>24</sup> The most common cases are those with cognitive or intellectual disabilities.



“Both of my legs were amputated. My life is different from others, but this is my reality now and I have to face it. At the beginning, people used to look at me with pity, but after all my hard work many see me as a role model. **People with disabilities should not underestimate their capacities** and abilities, they can accomplish anything they set their mind to. Even the decision makers now listen to what I have to say.”

Omar (not his real name), 34, lost is bound to a wheel chair after an accident ten years ago. When the war started, his brothers fled the country, leaving Omar and his father behind. In the beginning, they struggled, but then Omar started helping his father in his book shop, making it a successful business.

<sup>23</sup> FGD, older men, age group 55 and above, IDPs, Aleppo, June 26, 2019.

<sup>24</sup> FGD, male youth, age group 15-17, HCMs, Hama, July 15, 2019.



## 4.5. TRENDS AROUND PROTECTION CONCERNS BASED ON GENDER, AGE, AND DISABILITY

Child marriage emerged strongly in the findings around protection concerns based on gender, age and disability. Interviews reveal that since the onset of the conflict, prevalence of child labour (more prominent among boys) and early marriage (more detrimental to girls) has increased steadily.

**19%**  
of girls aged  
15-17 are  
married



The underlying impetuses of increased child marriage in Syria are explained as protection against sexual and gender-based violence and reduction of financial stress<sup>25,26</sup>. The age gap between genders is also increasing: *“Before the crisis, girls got married between 18 and 20 and boys when they were 25 or older. I think child marriage is happening to reduce family expenses... after the crisis child marriage for girls increased as well as late marriage for boys. Some boys are getting married at the age of 30 due to unemployment.”*<sup>27</sup>

Demographic information from the survey confirms that **close to 19% of girls age 15-17 are presently married**. Further, close to 30% of households surveyed have at least one female family member who got married before turning 18, with no noteworthy difference between urban and rural areas. The ratio is somewhat **higher among female-headed households (36%)** than male-headed households (28%).

“Most women started suffering from domestic violence due to this crisis, because their husbands are under a lot of pressure and take out their negative energy on their wives. Some women do the same to their children. Even children themselves act more violently towards each other.” - - - *Lara (name changed), 55+, Hama*

In addition to child marriage, the study highlighted an increase in domestic violence perpetrated by male family members. This is in line with an assessment conducted by the SRC in Northeast Syria in late 2018, which confirmed wider reports<sup>28</sup> that Syrian communities are witnessing an increase in domestic violence directed against women and children.<sup>29</sup> Other studies also report that men react to a high level of psychosocial stress by beating women and children in their households.<sup>30</sup> Forms of gender-based violence reported by the current study participants include

physical abuse, emotional ill-treatment, and forcing children to drop out of school for work, largely attributable to deterioration of economic circumstances and the resultant psychosocial stress.

<sup>25</sup> Especially considering that a girl that has endured sexual violence becomes a burden to the family domestic economic and “social honour”, as she is considered unsuitable for marriage in many Syrian communities.

<sup>26</sup> See for example: UNFPA, “Voices from Syria 2019. Assessment findings of the humanitarian need overview”, 2019; Mercy Corps, “Adolescence lost. Forced adulthood and a fragile future for Syria’s next generation”, February 2019; Jay Feghali, “Gender-based violence in Syria. Rapid Needs Assessment. Executive Summary”, Norwegian Church Aid, January 2019; UNFPA, “When caged birds sing”, December 2018; Ghayda Hassan, Peter Ventevogel, Hussam Jefee-Bahloul, & Laurence Kirmayer, “Mental health and psychosocial wellbeing of Syrians affected by armed conflict”, Epidemiology and Psychiatric Sciences, 2016; UNFPA, “When caged birds sing”, December 2018.

<sup>27</sup> FGD, male adults, age group 25-54, Aleppo, July 15, 2019.

<sup>28</sup> Voices from Syria 2019: Assessment findings of the Humanitarian Needs Overview

<sup>29</sup> Syria Resilience Consortium, “Rapid Gender Analysis, North-East Syria”, November 2018, Unpublished.

<sup>30</sup> Alun McDonald, “Invisible wounds. The impact of six years of war on the mental health of Syrian children”, Save the Children, 2017.

Interviews suggest that **men and women with disabilities** are sometimes treated with mockery in their community, which hurts them emotionally and damages their self-esteem: *"There are people who gloat at us and our circumstances, and this leads us to sometimes hate ourselves."*<sup>31</sup> Some men with disabilities also identified "deprivation of rights" such as the right to inherit and "exposure to physical and verbal abuse because of their inability to defend or support themselves" as other forms of violence they experience.

#### "I FEEL RESPONSIBLE FOR MY FAMILY AND COMMUNITY"



"My family completely depends on me. But thankfully I love my job. This is really what keeps me going."

Eman (name changed), 27, was walking to work with her fiancé when an airstrike hit nearby. Her fiancé was killed, and Eman was severely injured. Her leg had to be amputated and she had to flee her hometown with her mother and siblings, leaving everything behind. Eman, who has a degree in teaching, found a job as a project assistant and has become the sole breadwinner of the family.

"In the beginning it was really difficult. People told me I should not work because I am a woman and I have a disability. But I feel responsible for my family and my community. As a teacher, I want to make sure that children can go to school, especially girls. My family completely depends on me. Thankfully, I love my job and believe in what I do. This is really what keeps me going."

### 3. CONCLUSION & RECOMMENDATIONS

More than eight years since the onset of the Syria crisis, traditional gender expectations among Syrian communities and families are still strong. Fathers, sons and brothers are very much expected to continue their **roles as the protectors and providers for their families**. Women, young girls and older women are expected to manage reproductive work alongside **additional expectations for income generation that pose a double burden for adult women**. These shifts in traditional roles and subsequent perceptions of women's contribution to the economy, albeit gradual and not yet dominant in changing cultural perceptions, present an **opportunity to move towards more equitable household and community relations**. This, however, requires the right conditions and support.

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<sup>31</sup> FGD, women with disabilities, ages 18 and above, IDPs, Yaroubiyeh, Hassakeh, July 5, 2019.

Much of individuals' perception of well-being is tied to their **economic contribution** – both for those who seek to maintain their roles as providers and for those who are experiencing new roles as contributors. A balance must be sought across age and gender dimensions to ensure sub-groups (e.g. adult women) are not absorbing a **disproportionate burden between productive and reproductive tasks, and that young girls do not suffer from lack of opportunities in consequence as they absorb more household duties**. This requires ensuring collaboration across sub-groups around decision-making to determine household priorities and responsibilities, with the aim of valuing more equitable and inclusive participation, capitalizing on increases in interdependence among family members.

Older persons are particularly vulnerable in the Syrian context. Older men are pressured to continue providing for the family, while older women are much more isolated – which is further exacerbated if experiencing a **functional difficulty**. Their experience and knowledge could be capitalized on while ensuring broader and more shared involvement of the household in contributing to income generation and household work. Overall, the level of psychosocial distress (and in some cases resultant violence) across Syria is continuing to increase.

## RECOMMENDATIONS:

1. **Donor agencies should:**
  - a. Promote consistent use of instruments such as the Gender with Age Marker (GAM) to ensure funding prioritizes the consideration of gender and age needs and tailoring of activities accordingly.
  - b. Encourage and financially support the creation of a standardized marker for disability to help ensure disability needs are similarly addressed.
  - c. Increase funding for programs that specifically aim to include and support marginalized groups based on intersectional identities, such as older men and women with disabilities or youth of school age who are instead working. Priority should be given to plausible approaches capitalizing on opportunities for social norm change as they are more sustainable.
  - d. Prioritize funding of livelihood programs that account for the childcare and educational needs of households to increase women's participation and reduce burden for girls.
2. **SRC, humanitarian response actors, and donors should** increase support for resilience programming that goes beyond traditional economic interventions towards the social wellbeing of the community as a whole. This should incorporate analysis of interpersonal dynamics into design and implementation of programs and seek to dismantle gender, age and disability barriers, thereby ensuring benefits of resilience interventions not only impact but are driven by marginalized community members.
3. **SRC, humanitarian response actors, and UN agencies and coordinating bodies** should facilitate and reinforce the consistent collection and analysis of SADD data, prioritizing agreement on age categories. This should include a greater amount of qualitative data collected from relevant sub-groups to inform more nuanced analysis and programmatic decision-making for resilience approaches.
4. **SRC** should embed this study's approaches in its regular assessment and analysis practices. This will enable both consortium members and the wider humanitarian community to better measure social norm changes and track the impact of adapted assistance models to meet gender, age, and disability needs. This should be followed by regular platforms to discuss implications and learning.
5. **Humanitarian actors** should promote inclusive local governance by facilitating communication between local leaders and their constituents through outreach activities and campaigns, targeting participation of women, youth, and persons with disabilities. This should include, where appropriate, establishing representative community committees to advocate for the needs of the diverse population.
6. To combat stigma against persons with disabilities, **humanitarian actors** should expand community engagement campaigns that prioritize leadership and representation of persons with disabilities. These

efforts should focus on sharing positive stories and imagery that may contribute to changing the community narrative on persons with disabilities, with an emphasis on sensitizing community members on issues faced by those with less visible physical impairments, such as psychological/cognitive, learning, visual, and hearing difficulties. In addition to efforts aimed at changing perceptions and attitudes, humanitarian actors implementing livelihoods interventions should ensure these are adapted to meet the needs of persons with both physical and non-physical disabilities, capitalizing on elements that will enable them to be competitive in the job market.

7. **Humanitarian actors** should increase the provision of age-specific psychosocial support and mental health services, including training more personnel for basic service provision, to alleviate emotional distress resulting from conflict and displacement and better enable resilient and productive communities.
8. In recognition that older persons, particularly women, with disabilities experience a heightened vulnerability due to these intersecting identities, **SRC and other response actors** should prioritize designing tailored interventions that address their needs. This could include reducing the physically demanding labour for older men while exploring activities that utilize their advisory role in the home to focus on skills and knowledge transfer for younger generations. For older women, particularly those with disabilities, activities should additionally emphasize self-confidence, vision-building, and promotion of their role as leaders in the home to influence perceptions of their capabilities.
9. In program design and corresponding funding applications, **humanitarian response actors** should more intentionally pair economic and livelihoods activities with interventions that aim to increase equitable decision making in the home. In addition to capitalizing on women's increased influence when they are contributing to household income by prioritizing work opportunities for women, accompanying activities should ensure women have the skills and confidence for influencing decisions and that men are more supportive of such joint decision-making processes.

For additional information or to view the full version of the report and annexes, please contact [Courtney.Phelps@care.org](mailto:Courtney.Phelps@care.org)