

EMPOWERED WOMEN EMPOWERED CHILDREN

EXAMINING THE RELATIONSHIP BETWEEN WOMEN'S EMPOWERMENT AND THE WELL-BEING OF CHILDREN IN MIDDLE EASTERN FRAGILE STATES

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World Vision is a Christian relief, development, and advocacy organisation dedicated to working with children, families, and communities to overcome poverty and injustice. Inspired by our Christian values, we are dedicated to working with the world's most vulnerable people. We serve all people regardless of religion, race, ethnicity, or gender.

CHILD AND ADULT SAFEGUARDING

World Vision ensured the safe and ethical participation of girls, boys and women, adhering to World Vision's Safeguarding policy and protocols on data collection and World Vision's Code of Conduct. Data collectors were trained on Psychological First Aid (PFA) and how to conduct interviews in an ethical and safe manner. Names of participants have been anonymised and changed to ensure confidentiality. Children and women were oriented on the possibility of withdrawing from the interview process at any moment. Identified cases of child and adult abuse and violence were referred to specialised agencies for case management.

Acronyms

COVID-19	Coronavirus Disease-19
GBV	Gender-based Violence
GoS	Government of Syria
HH	Household
IDP	Internally Displaced Person
IPV	Intimate Partner Violence
KII	Key Informant Interview
MENA	Middle East and North Africa
MEER	Middle East and Eastern Europe
MEERO	Middle East and Eastern Europe Regional Office
NWS	Northwest Syria
UN	United Nations
UN Women	The United Nations Entity for Gender Equality and the Empowerment of Women
UNFPA	United Nations Population Fund
UNICEF	United Nations International Children's Emergency Fund.
WHO	World Health Organization





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Executive Summary

Gender equality and the well-being of children go hand in hand. When women are empowered to live up to their full potential, their children prosper, but when women are restrained and denied equal opportunities within a society, their children suffer. Lebanon, Iraq and Syria are among the lowest-performing countries on the Global Gender Gap Index 2021, ranking 132nd, 152nd, and 154th respectively. Children from these three countries are greatly impacted by years of continuous internal and external conflict, an escalating economic crisis and the COVID-19 pandemic. While assuring the well-being of children remains a global challenge, it is especially challenging for those in fragile contexts, where the vulnerability of children is greatly exacerbated by gender inequality. To explore the relationship between women's empowerment and child well-being in fragile contexts in more depth, we designed a mixed methods research where we assessed the level of women's empowerment through selected personal, environmental, and relational empowerment factors and looked at how these three empowerment dimensions in women are associated with the core well-being outcomes in children.

RELATIONAL LEVEL
"Power from with,
Power over"

The findings showed that none of the surveyed women are empowered at a relational level. In a deeply patriarchal society, women have limited decision-making power within their families and limited control over household assets. Most of these women experience time poverty and continue to provide most of the unpaid care work, often leaving them with little or no discretionary time. Many of the women are also subjected to gender-based violence (GBV) and domestic violence, undermining their health, dignity, security and autonomy.



Unlike empowerment through relational factors, more women are empowered through personal factors. The majority of the surveyed women have moderate-to-high self-esteem and a positive self-image, as well as being spiritually empowered through their religion. Most of them have good mental health, are resilient, and can cope with challenging situations in their lives. However, the challenges encountered in their societies make it difficult for these women to break out of their traditional gender roles and consequently, the majority of them still hold self-sabotaging, discriminatory attitudes and beliefs.



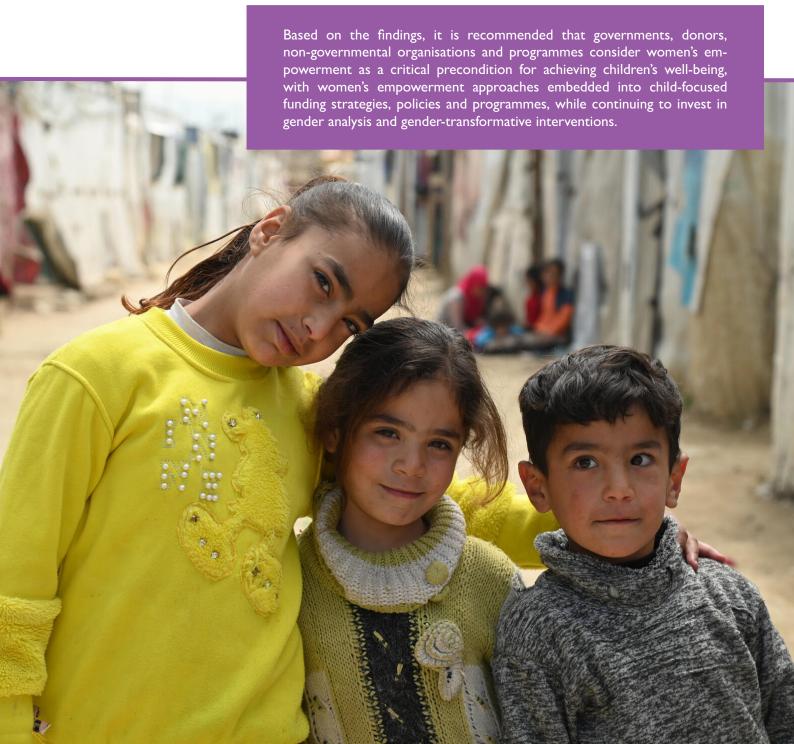
In this region, the vast majority of the women live in communities with highly restrictive gender norms and relations that restrain their behaviour and limit their freedom of movement. Very few women are aware of their own civic rights (when such rights exist) and they lack access to much needed legal services. There is also very little legislation in the three countries that supports women's rights and needs. Consequently, none of the surveyed women from any of the three countries are empowered through environmental factors.



None of the surveyed children achieved total well-being. Although most children are enrolled in formal education, the self-perceived functional literacy is still low in all three countries, particularly in the area of digital literacy, and attitudes towards learning are either neutral or negative. The surveyed children who do not benefit from humanitarian food assistance programmes, especially in Lebanon, have inadequate and non-diverse nutrition. Only a small percentage of the children have developed positive health-related behaviour and exposure to violence is prevalent, especially at home. In contrast to the physical and protection outcomes, the surveyed children showed better results in the areas of psychosocial and mental health. The majority of them are resilient, have empathy, and are spiritually and mentally empowered.



When studying correlations between the empowerment of mothers and children and their well-being, a number of significant associations were identified. These include displacement, the poor education of mothers, living in an extended family and marriage at a young age – all of which limit women's empowerment and are negatively associated with child well-being outcomes. The study also shows that violence against women at home shapes a child's physical and mental health incrementally, as well as increases the risk that the children will also be subjected to violence. On the other hand, participation in power structures, better time use, and increased decision-making power within the household enables women to better protect their children from abuse. Finally, the research identified a strong connection women's mental health and children's mental health and resilience.



1. Introduction

Achieving child well-being outcomes remains a global challenge due to the prevalence of child vulnerability, particularly in fragile countries. Childhood is a critical period in human development, which affects social and economic life achievements in adulthood. For this reason, child-focused outcomes have featured prominently in the international development agenda, especially in the last 20 years. World Vision is no exception with its strategic commitment to help the most vulnerable children overcome poverty and experience the fullness of life.

The social, economic and health status of women is closely related to a child's survival and developmental outcomes. Throughout history, women have been considered as the primary caregivers; it therefore follows that the empowerment of women is going to have an impact on the physical and emotional well-being of children. Protecting women's rights is essential for both women and children. At the same time, protecting the rights of children, especially girls, is a crucial step towards gender equality.

This paper represents a compilation of research results carried out by World Vision in the countries of Iraq, Lebanon and Syria response countries including Syria, Jordan and Turkey. The research is aimed at measuring the extent of women's empowerment and then examining its association with the well-being of children in structured families in Middle Eastern fragile states.

2. Context overview

The Middle East and North African region has the largest gender gap on the Global Gender Gap Index 2021 and, considering the slow progress being made, it is estimated that it will take 142.4 years to close the gender gap. Most of the lowest performing countries on this index are from this region, including the countries covered in this report. On the Global Gender Gap index 2021, Lebanon ranks 132nd, Syria 152nd and Iraq 154th. Syria response countries, Jordan and Turkey rank 131st and 133rd respectively on the Global Gender Gap index. Though Lebanon is relatively ahead in closing the gender gap, over the last few decades, it has made a very limited progress in promoting gender equality and women's empowerment. Lebanese women continue to face discrimination at numerous levels, especially in the areas of civil affairs and personal status, which keeps gender equality in Lebanon an elusive objective. When it comes to Syria and Iraq, women there still fight for their basic rights. Ten years of conflict has significantly exacerbated gender inequalities and increased the prevalence of violence against Syrian women and girls, both inside and outside Syria. The conflict has also taken its toll on Iraqi women and girls, who suffer from insufficient education opportunities, healthcare and limited access to the labour market, along with high levels of gender-based violence.

Map of Lebanon, Iraq and Syria response countries



- 2 UNFPA; UNICEF. (2010). Women and Children's Rights: Making the Connection. New York.
- 3 Ibid
- 4 http://www3.weforum.org/docs/WEF_GGGR_2021.pdf.
- 5 http://www3.weforum.org/docs/WEF_GGGR_2021.pdf.
- 6 World Bank (2015). Lebanon: Promoting Poverty Reduction and Shared Prosperity a Systematic Country Diagnostic. World Bank.
- 7 UN Women, Oxfam, From the people of Japan (2018). Gender Profile Iraq.

3. Research framework

The current research framework is a result of analysing, adapting and merging several internal and external models and frameworks of women's empowerment, gender equality and child well-being. Consequently, the research framework is the first of its kind and different from existing research models available in the literature.

Empowerment dimensions:



Empowerment at the personal level refers to women's self-perception, qualities, and a woman's perceptions in relation to herself, her well-being, how she considers her role in society and the roles of other women.



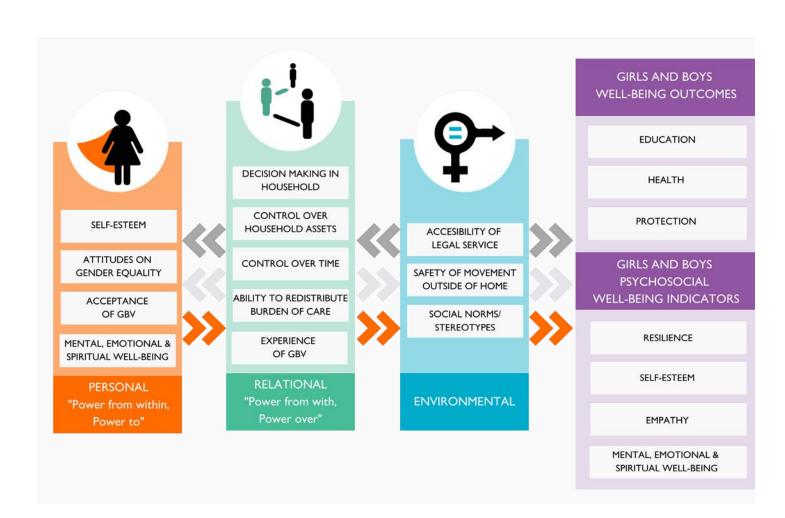
Empowerment at the relational level takes place in a woman's immediate surrounding network such as her family and community. It refers to the relationships and power relations within this network and includes decision-making power, control over assets, control over time (unpaid domestic work) and ability to redistribute the burden of care, as well as the experience of GBV.



Empowerment through environmental factors implies a broader context which consists of informal factors, such as equitable social norms, attitudes, and the beliefs of wider society, and formal aspects, such as a gender-responsive political and legislative framework.

In addition, the research framework consists of the specific child well-being indicators that focus on children's education, health, protection, and psychosocial well-being.

Research framework



4. Methodology

WorldVision carried out a mixed methods study design with children and mothers benefiting from WorldVision programmes in Iraq, Lebanon and Syria response countries and areas of intervention including Northwest Syria (NWS), Government of Syria (GoS), Jordan and Turkey. Participating girls and boys were aged 11-15, while the mothers were between 35 and 50 years old. The quantitative data was gathered through population-based cross-sectional design. The qualitative data was gathered through key informant interviews (KIIs). The sample of surveyed children and their mothers was selected by convenience from a group of World Vision programme/project participants in the vulnerable communities. The sample size for each country is provided in the table below.

Sample size in response areas/countries

AREA/COUNTRY	TARGET
LEBANON	100 women, 49 girls and 51 boys 2 KIIs with women and 4 KIIs with girls and boys (split equally)
IRAQ	102 women, 52 girls and 50 boys
INAQ	5 KIIs with women and 5 KIIs with girls and boys
NWS	97 women, 48 boys and 49 girls – all Syrian beneficiaries
INVVS	2 KIIs with women and 4 KIIs with girls and boys (split equally)
GOS	110 women, 56 boys and 55 girls – all Syrian beneficiaries
GO3	2 KIIS with women and 4 KIIS with girls and boys (split equally)
JORDAN	91 women, 46 boys and 45 girls – split between inside camp (Syrian) and outside camp (half Syrian and half Jordanian) – HC and refugees
	2 KIIs with women and 2 KIIs with one girl and one boy - all Jordanian.
TURKEY	64 women, 35 boys and 29 girls – Syrian refugees

The survey tools relied on existing reliable and valid instruments/scales to measure various indicators of women's empowerment and children's well-being. The quantitative and qualitative tools for women and children were compiled and translated into Arabic by World Vision MEERO.

The data collection took place during May/June 2021, with full consideration to COVID-19 preventive measures. The data collection was guided by the World Vision International Safeguarding policy and minimum standards for interviewing children, developed by the Inter-Agency Working Group on Children's Participation.

When considering the findings of the study, some methodological limitations should be noted. First, the sample size was chosen through a convenient sampling method, which follows non-probability rules. Thus, the results from this research cannot be generalised to the entire population of children and their mothers in the target countries. It should also be noted that statistical associations were drawn from a convenient sample with limited power. Therefore, research conclusions should be analysed carefully and explored further in future research. Finally, the sample from Turkey could not be fully completed due to implementation problems through partners and difficulties accessing beneficiaries by phone and in person. KIIs could not be conducted in Turkey either.

5. Demographic and socio-economic profile of surveyed women

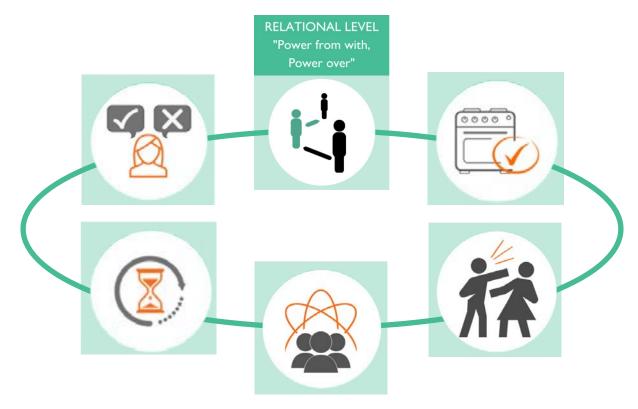
The women surveyed in fragile states were on average 30 to 31 years old, with exception of Lebanon were the average age was 42. Most of women were married around the age of 19-20 and they now live with extended families consisting, on average, of six to nine family members. The majority of surveyed women in Iraq and Lebanon are citizens, while in NWS and GoS a high percentage of the women are internally displaced and in Jordan and Turkey – the vast majority is a refugee. With exception of Lebanon and GoS, a high percentage of the surveyed women have an intermediate level of education. The majority of surveyed women are not involved in any kind of paid activities.

			IRAQ	LEBANON	NWS	GoS	JORDAN	TURKEY
****		Average	31.0	42.4	29.7	31.5	30.8	29.2
	AGE GETTING MARRIED	Average	20.3	22.1	17.7	20.5	18.9	18.5
	HOUSEHOLD SIZE	Average	9.2	5.6	7.7	7.5	7.9	6.3
		Citizen	73%	91%	15%	30%	30%	3%
	RESIDENCY STATUS	Internally displaced	27%	0%	85%	70%	0	0
		Refugee	0%	9%	0	0	70%	97%
		Illiterate	29%	7%	20%	11%	15%	8%
	EDUCATION	Primary	51%	22%	20%	8%	9%	17%
		Intermediate	20%	30%	50%	37%	41%	55%
		Secondary and higher	0%	41%	10%	44%	35%	20%
	PAID	No	93%	74%	81%	72%	81%	86%
	ACTIVITY	Yes	7%	26%	19%	28%	19%	14%
\$	MONTHLY INCOME	Average	USD 225	USD 85	USD 147	USD 45	USD 375	USD 257

6. Women's empowerment factors

6.1. Women's empowerment through relational factors

Empowerment at the relational level takes place in the relationships and power relations within a woman's surrounding network. In order to define women's empowerment through relational factors, five core indicators were selected, namely: household decision-making power, control over household assets, control over time, ability to redistribute the burden of care, and experience of GBV.



6.1.1. Household decision-making power

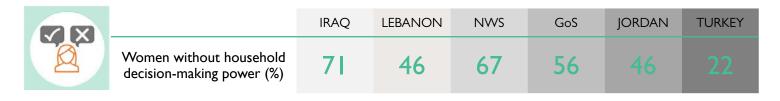
Access to decision-making power in the household (HH) is limited for women in all three domains covered in the research. As the survey data shows, women from Iraq and Syria (NWS and GoS) are the most deprived of decision-making opportunities at HH level, while in asylum countries like Turkey, women are more likely to exercise their HH decision-making power. This is because the gender roles are more balanced (relatively), and also that most of the displaced women in Turkey are heads of their HHs. In Lebanon, almost half of the surveyed women have HH decision-making power, but often through joint decision-making with their husbands.

Surveyed women's decision-making authority is often limited to HH management, such as children's education, as well as consumption and expenditure like buying food and kitchen equipment. There is considerably less decision-making power when it comes to investment and business activities, such as purchasing assets, transferring properties or taking out loans.



'We discuss together but he always has the last word since he is the income provider.' – Yusra, 32, NWS

99



6.1.2. Control over household assets

The level of control that women have over their HH assets differs in the various countries and is defined by factors such as: existing property legislation in the country, the displacement context, and the power distribution in the HHs (where men mostly control the family resources, including money and other assets). In Iraq, Lebanon and Syria, the women surveyed were found to have very little control over properties, land and houses, and relatively more control over small assets such as kitchen equipment. Women from Iraq have the lowest control over assets, followed by Lebanon. In Syria, both citizens and internally displaced women inside the country have very little control over HH assets, while refugee women in Jordan and Turkey have relatively more control. This is mainly because the women in Turkey and Jordan have refugee status, meaning they do not own property but do have some control over their small HH assets. Inside Syria, women's inheritance rights are limited by law, as well as in practice, making it difficult for women to inherit land and property.



'There are things that belong to the husband, and I do not like to interfere in his decisions, such as replacing or selling those things.' — Nahda, 42, Iraq





Women with no control over household assets (%)

IRAQ	LEBANON	NWS	GoS	JORDAN	TURKEY
69	68	64	62		15

6.1.3. Experience of gender-based violence (GBV)

The data collected supports the evidence that GBV is highly prevalent in fragile contexts. Women from Syria (both IDPs and refugees in Turkey and Jordan) report the highest incidence of GBV, while in Iraq and Lebanon approximately one in four of the women interviewed have experienced GBV. As the survey results show, emotional abuse is the most frequently experienced form of GBV, followed by physical and sexual violence. In most cases, GBV occurs at home in the form of intimate partner violence (IPV).



'I am divorced, and due to my situation, I cannot work or go out alone. If I walk the streets, I might end up being sexually abused.'— Nahida, 40, GoS





Women with experience of GBV	
(%)	

IRAQ	LEBANON	NWS	GoS	JORDAN	TURKEY
25	24	45	38		

6.1.4. Control over time and ability to redistribute burden of care

The survey results in all three countries confirm that HH activities are unequally divided between women and the male family members. Women do all the unpaid and reproductive work, while men are responsible for the paid labour, which puts them in control of the HH income. The findings show that the majority of the women surveyed in Iraq do not have control over their time, with most overworking and resting less than 10 hours per day (including sleeping hours). The situation is similar in Lebanon; while in Syria, most of the women (in all four areas) work less than 10 hours per day, but also rest less than 10 hours per day, which is less than their husbands' rest time.

The results also show that care activities remain the women's primary responsibility in the HH. Dominant restrictive gender norms discourage men from active engagement in fatherhood and the provision of caregiving responsibilities; accordingly, men's involvement in childrearing remains minimal. In all the countries, the women confirmed that they hardly ever share the care burden with their husbands or other family members to give them time for rest or personal activities. The least delegated childcare activities include helping a grown-up child with schoolwork, or bathing, feeding and dressing smaller children.

The time poverty experienced by women as a result of the unequal division of HH and reproductive roles is considered one of the biggest barriers to women's empowerment. It is this disproportionate burden of unpaid domestic and care work that limits women's participation in the labour force.



'I am fully responsible of the household tasks and my husband does not help me in any way.' — Gina, 36, Lebanon





Women with no control over time (%)

Women without ability to redistribute the burden of care (%)

IRAQ	LEBANON	NWS	GoS	JORDAN	TURKEY
79	88	75	76		
83	80	75	89		

The research results show that

none

of the women surveyed in any of the countries met all five of the core indicators necessary for women's empowerment through relational factors. It is also evident that women from Syria, Iraq, and Lebanon experience similar challenges at the relational level. Although they have (to some extent) legal rights to property ownership, finances, employment, and inheritance, the strong patriarchal attitudes and norms so prevalent in these societies continue to prevent women from realising their human rights. In addition to this, conflict, poverty and the COVID-19 pandemic have further exacerbated violence against women.

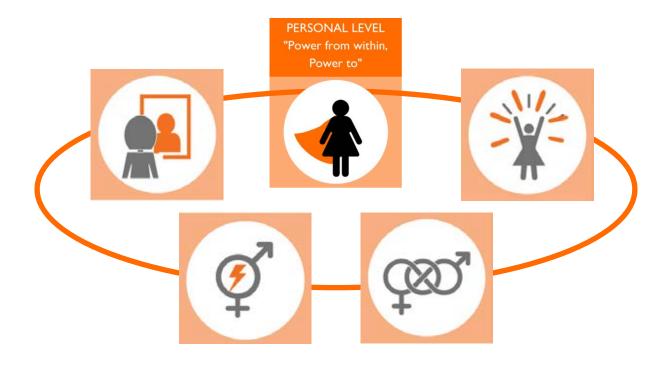
Together with personal and environmental conditions, relational factors are critically important to achieve the full empowerment of women, however, it is an area that is

severely lacking at the moment. It is also worth noting that the relational domain is one of the most challenging areas of empowerment work, due to the fact that the responsibility lies in a woman's immediate environment (her family and community) which is usually resistant to any change in regard to the redistribution of power.



6.2. Women's empowerment through personal factors

Empowerment at a personal level takes place within a woman. This refers to how a woman perceives herself and her well-being, as well as what she considers her role (and that of other women) to be in society. In this study, the personal empowerment dimension was measured through five indicators: self-esteem, attitudes on gender equality (sexism), acceptance of GBV, mental/emotional well-being, and spiritual well-being.





6.2. I. Self-esteem and mental and spiritual well-being

The research data shows that, unlike the relational factors, more women possess the internal resources critical for empowerment. Overall, most of the surveyed women reported having high or moderate self-esteem, a positive self-image, and high or moderate mental well-being. Furthermore, all the women surveyed reported having high or moderate spiritual well-being.

The mental well-being of the women in the survey was shown to be affected by a variety of factors. One of the main causes is intimate partner violence (IPV) which has serious short and long-term consequences for women's mental health, as well as on their personal and social well-being. The incidence of IPV has been exacerbated by lockdown measures during the COVID-19 pandemic with increased unemployment and spouses spending longer periods at home. The increased domestic/care burden for women during lockdowns, along with financial difficulties, has also had a major effect on women's mental health.

Spiritual well-being can be considered a sign of a woman's resilience against hardships. Religiousness is a significant resilience factor for many people, helping individuals withstand the effects of life crises and major life stressors.



'My husband's presence affects my mental well-being the most, especially that he abuses me physically.' — Fatima, 3 I, Lebanon.





'God helps me to continue despite all the hardships in my life. I put all my issues in God's hands and He watches over me.'—Yusra, 32, NWS



		IRAQ	LEBANON	NWS	GoS	JORDAN	TURKEY
	Women with high/moderate self-esteem (%)	92	82	93	87	91	94
	Women with high/moderate mental well-being (%)	77	76	83	80	90	91
1	Women with high/moderate spiritual well-being (%)	100	100	100	100	100	100

6.2.2. Attitude on gender roles (sexism)

While internal factors such as positive self-esteem and mental/spiritual well-being were shown to be important supporting resources for women's empowerment, other factors such as the stereotypical discriminatory attitudes held by many of the women, are likely to impede women's empowerment. The analysis showed that even though most of the women are likely to endorse egalitarian and gender transcendent beliefs, they still find it difficult to reject patriarchal norms, and therefore continue to conform to the gendered norms so prevalent in their societies. The results show that women still hold the same traditional views on gender roles with beliefs like 'some types of work are not appropriate for women', 'mothers should only work if that is necessary', 'girls should be protected and watched more than boys' and 'men have more sexual demands than women'.

66

'I strictly supervise my daughter's manners and behaviour since people judge girls based on their manners, unlike boys.'—A woman, 43, Jordan

99

66

'I am happy that my daughter got married before she was 18. Marriage is very important to girls.' — Fatima, 47, GoS

99



Women with sexist attitude (%)

IRAQ	LEBANON	NWS	GoS	JORDAN	TURKEY
54	58	42	62	62	

6.2.3. Acceptability of GBV

The acceptability of GBV and the harmful social norms that sustain GBV, including protecting a family's honour over women's safety and men's authority to discipline women, is high in some areas, especially in Iraq and North West Syria, where a vast majority of women accept GBV. The most common circumstances given for the justification of GBV include when a man suspects his wife of being unfaithful, when a woman disobeys her husband, or when she does not pay attention to their children.



Women who accept GBV (%)

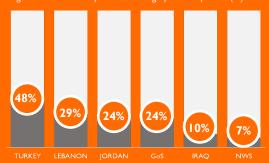
IRAQ	LEBANON	NWS	GoS	JORDAN	TURKEY
69	33	76	26	8	

Compared to empowerment through relational factors,

women
are much more
likely to be
empowered
through
personal
factors.

According to the data, Syrian refugee women in Turkey seem to be the most empowered through personal factors, while Syrian women living in NWS are the least. Lebanon, GoS and Jordan have approximately one in four women who demonstrate empowerment through personal factors, with Iraq having about half that amount. Maintaining the internal resources to stay empowered speaks to women's overall resilience and the ability to manage daily stress. It also shows how women appear to internalise relational factors (and the barriers to empowerment) — a process which does not appear to affect their self-perception or well-being, as it has become such a part of everyday life and its corresponding social norms.

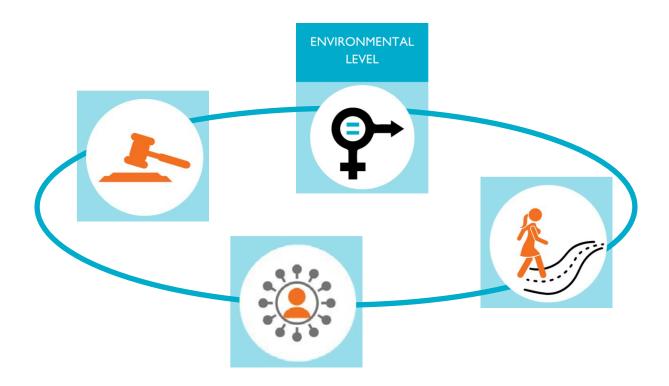
igure 5: Women empowered through personal factors (%





6.3. Women's empowerment through environmental factors

Empowerment through environmental factors looks at the broader context, which consists of informal factors such as inequitable social norms, attitudes and the beliefs of wider society, and formal aspects such as the gender-responsive political and legislative framework. This dimension was measured by three key indicators: accessibility of legal services and civic rights (formal), safety of movement outside home (informal) and social norms/stereotypes (informal).



6.3.1. Social norms and stereotypes

Women from the research areas continue to face discrimination at numerous levels, all of which is rooted in laws and regulations, prevailing patriarchal culture and traditional social values. The majority of the surveyed women confirmed living in communities with highly restrictive gender norms and gender stereotypes related to HH task distribution, girls' education, early marriage and controlling girls' behaviour. Child marriage remains culturally accepted and is often seen as a protection mechanism for preserving the 'purity' and 'honour' of the girls.



There is no equality at all in my community, men have all the privileges and rights like inheritance and access to employment. Women are supposed to stay at home and do domestic work.' – Nahida, 40, GoS





Women living in communities with high or moderate restrictive gender norms (%)

IRAQ	LEBANON	NWS	GoS	JORDAN	TURKEY
96	99	95	88	78	

6.3.2. Civic rights and access to legal aid and assistance

In all the countries, the surveyed women face restrictions to their freedom of movement. This is due to different factors such as cultural barriers and legal limitations, fear of kidnapping, and being controlled by their husbands. The highest percentage of women denied to move freely are from Iraq; followed by Syria (especially NWS and GoS). Most of the women indicated that, when alone, they cannot attend events or activities in their communities, or go to the market to buy personal items, and that they do not feel safe to move around on their own. In the context of the lockdowns, curfews, and increased caregiving burdens, women have had even fewer opportunities to leave their homes.



'Women and girls are kidnapped in the streets, that's why they cannot move freely.'— I 3-year-old girl, Daraa

99



Women not able to enjoy safety and freedom of movement outside home (%)

94	50	84	63	53	
IRAQ	LEBA- NON	NWS	GoS	JORDAN	TURKEY

6.3.3. Civic rights and access to legal aid and assistance

Very few women have access to legal aid and justice when needed, although women in Lebanon are in a better position compared to those from other countries in terms of accessing legal aid. Similarly, only a few women have access to legal civic rights or are even aware of their civic rights in the first place.



Women without access to legal aid/assistance (%)

Women without access to civic rights (%)

IRAQ	LEBANON	NWS	GoS	JORDAN	TURKEY
91	22	68	71	67	56
100	98	100	99	97	97

The result showed that:

none

of the surveyed women from the targeted countries are empowered through all of the environmental factors set out in the survey.

Considering the fact that the relational and environmental factors are closely related and reinforce one another, this outcome was anticipated.

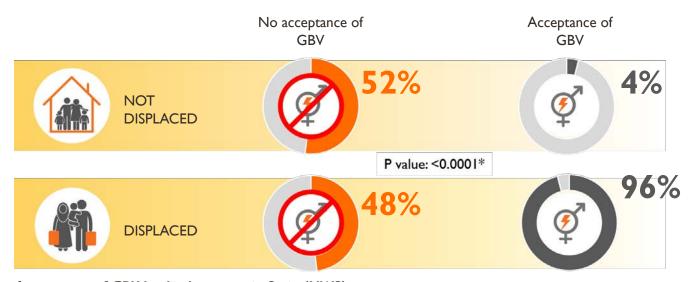


6.4. Associations between women's socio-economic and demographic characteristics and empowerment factors

Finding #1:

Displacement is identified as one of the major factors limiting women's empowerment

Displaced women are more likely to hold discriminatory attitudes, as well as accept GBV and experience the high restrictive gender norms in their communities. In addition to this, the research found the displacement status to be also associated with poor access to justice and legal aid.



Acceptance of GBV by displacement in Syria (NWS)

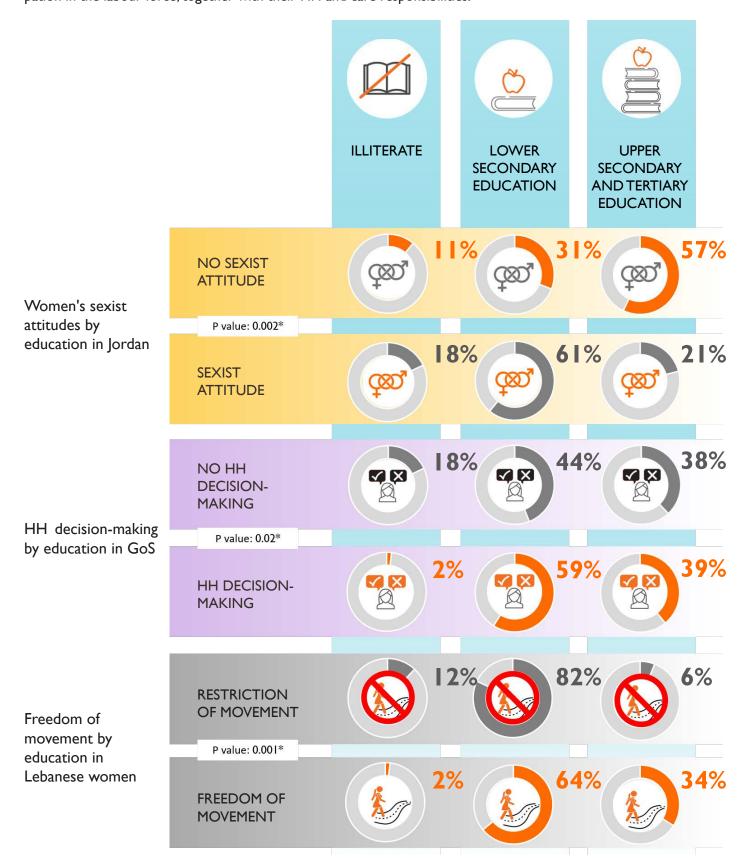


Access to legal aid by residency status in Lebanon

Finding #2:

Education is a critical factor associated with women's empowerment

The data showed that in comparison to less educated women, educated women are less likely to hold gendered stereotypes and accept GBV. They also have more decision-making power in HHs, more freedom of movement and a more positive self-image. On the other hand, these more educated women are faced with less control over their time due to their participation in the labour force, together with their HH and care responsibilities.



Finding #3:

Living with an extended family and being married at a young age limit women's empowerment

Women who live in large families, especially polygamous families, have less freedom of movement, less decision-making power, less control over HH assets, as well as lower self-esteem. Young mothers are not able to ask their husbands to share the domestic/care responsibilities, and tend to have more discriminatory views on gender relations. In addition, women married at a young age are more likely to experience GBV and have worse mental health.

No control over HH assets

Control over HH assets



AVERAGE HOUSEHOLD SIZE



P value: <0.0001*

10 people



7 people



AVERAGE MARRIAGE AGE



19 years

P value: 0.004*



23 years

Control over assets by HH size and marriage age in Iraq women

Poor mental well-being



P value: 0.01*

7 years

Good mental well-being



19 years

Mental well-being by marriage age in Jordan

AVERAGE MARRIAGE AGE OF

AGE

AVERAGE-MARRIAGE

No experience of GBV



P value: 0.03*

Experience of GBV



18 years



AVERAGE MARRIAGE AGE OF SYRIAN WOMEN

IRAOI WOMEN



P value: 0.02*



9 years

Experience of GBV by marriage age in Iraqi and Syrian women

Restriction of movement

P value: <0.0001*

Freedom of movement



AVERAGE MARRIAGE AGE



9 years



23 years

Freedom of movement by marriage age in GoS

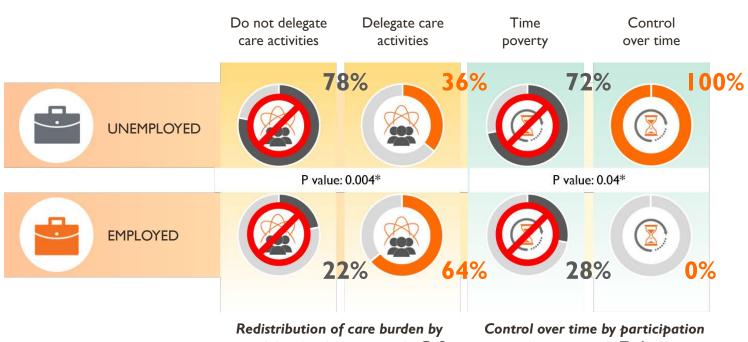
Finding #4:

Women's economic participation plays a major role in women's empowerment

Women involved in paid labour are more likely to redistribute the burden of care, let go of sexist attitudes, have a positive selfimage, and be protected from GBV. Furthermore, higher family income is associated with women's access to legal aid, freedom of movement outside home, positive self-esteem and good mental health. It is, however, important to note that women participating in the economy are less likely to have control over their time in comparison to women who are not participating in the economy.



Freedom of movement by income among Iraqi women



participation in economy in GoS

in economy in Turkey

7. Child well-being outcomes

Children's well-being was measured by looking at their education, health, protection, and psychosocial outcomes. In education, three indicators were prioritised: self-perceived functional literacy, access to formal education and positive attitude towards learning. With regards to health, children's diet diversity and positive health-related behaviours were measured. For protection, physical, emotional and the community's perceived sexual/online violence indicators were used. Self-esteem, mental well-being, spiritual well-being, resilience, and empathy all feed into the psychosocial dimension of a child's well-being.

The research results showed that none of the surveyed children from any of the countries met all the well-being criteria. In all countries, self-perceived functional literacy was shown to be low among children, especially in the dimension of language development and digital literacy, with extremely low scores in children from NWS, GoS, Iraq and Jordan. Most of the children surveyed are enrolled in formal education, but only a small percentage have positive attitudes towards learning and a willingness to pursue their education, with the lowest scores for children in Lebanon.



'Education is the only empowerment opportunity for me in order to have a voice. I want to have an education.' — Zeinab, 13, Lebanon

99

Regarding nutrition and health, a high percentage of the children were shown to have adequate nutrition, with good or moderate diversity in their diets, especially when benefiting from food assistance programmes. The lowest percentage, with only average diversity in their diet, is in Lebanon. This is due to the impact of the economic crisis and currency devaluation which has led to food insecurity. In all the countries, only a small percentage of the children have developed positive health-related behaviour, with Iraq being the lowest at only 9 per cent.

The research results also show that violence against children is a significant problem in fragile contexts. For example, one in three children from Lebanon have been exposed to violence, with no difference between girls and boys, while in NWS, about nine children in every ten have experienced at least one form of violence. Previous research published by World Vision MEER showed that girls and boys in Iraq, Syria and Lebanon are at an increased risk of violence at home, resulting from a variety of compounding structural, interpersonal, and individual-level risk factors. These are related to COVID-19 and the socio-economic crisis, including the increased economic strain placed on families, stay-at-home orders, school closures and other COVID-19 response measures.



'Children are not protected from violence, teachers at school hit us for any mistake, our parents also hit us when we do something wrong.'— Mohamad, NWS



The majority of the children surveyed were found to have high self-esteem and high resilience, as well as a high degree of empathy and all of them were found to be spiritually empowered. Despite many of the children showing signs of good mental health, approximately one in five showed possible or probable signs of depression, which is due to a variety of factors such as the pandemic, poverty, violence in the family, or displacement.

Children well-being outcomes by countries (%)

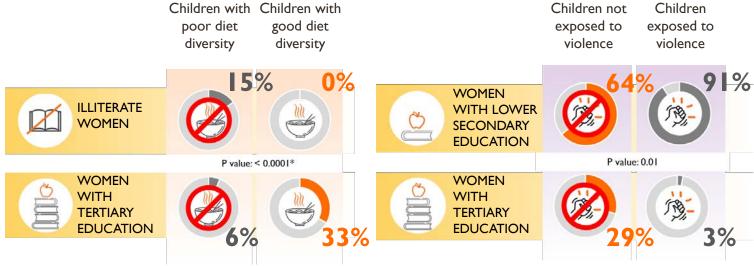
Dimension	Indicators	Iraq	Lebanon	NWS	GoS	Jordan	Turkey
Education	Children with self-perceived functional literacy	2%	10%	0%	0%	3.3%	12.5%
	Children with positive attitude towards learning	43%	11%	61.9%	46.4%	44%	51.6%
	Children enrolled in formal education	83%	92%	76.3%	98.2%	96.7%	64.1%
Nutrition- Health	Children with diet diversity	90%	52%	93.8%	78.2%	65.9%	78.1%
	Children with positive health-related behaviour	9%	72%	22.6%	34.5%	39.3%	25.4%
Protection	Children non-exposed to violence	61%	66%	8.3%	30%	48.4%	53.1%
Psychosocial	Children with self-esteem	99%	95%	92.7%	97.3%	98.9%	95.3%
	Children with socio-ecological resilience	86%	89%	76%	97.3%	94.5%	95.3%
	Children with empathy	98%	100%	94.8%	98.2%	100%	95.3%
Mental	Children with mental well-being	87%	86%	80.2%	96.4%	86.8%	89.1%
Spiritual	Children with spiritual well-being	100%	100%	100%	100%	100%	100%
Children with overall well-being		0%	0%	0%	0%	0%	0%
Children educated with good health and protected from violence		0%	0%	0%	0%	0%	0%
Children with psychosocial and mental well-being		78%	82%	68.8%	91.8%	85.7%	82.8%

8. How women's socio-demographic and empowerment factors affect child well-being

Finding #5:

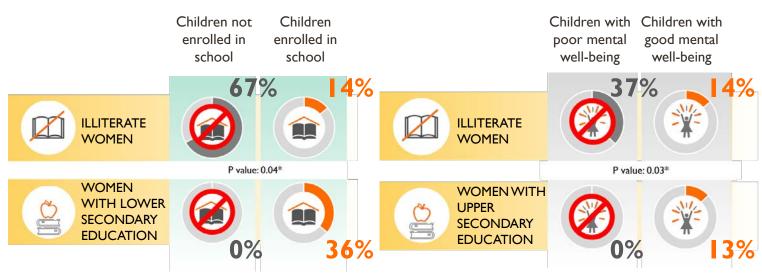
Women's education and participation in labour force enable well-being in children

The children of educated, and economically empowered women are generally well-nourished and better protected from violence. They can also access education and have good mental well-being. This finding is supported by an extensive body of literature demonstrating that the educational background of women has a significant impact on child development. For example, previous studies have shown that children whose mothers have finished middle school (or higher) are less likely to be suffering from malnutrition. A multi-country study of adolescents aged 15 to 18 found that the number of years a mother has spent at school is directly associated with her children's average years of schooling.



Child's diet diversity by mother's education level in Lebanon

Child's exposure to violence by mother's education level in Lebanon



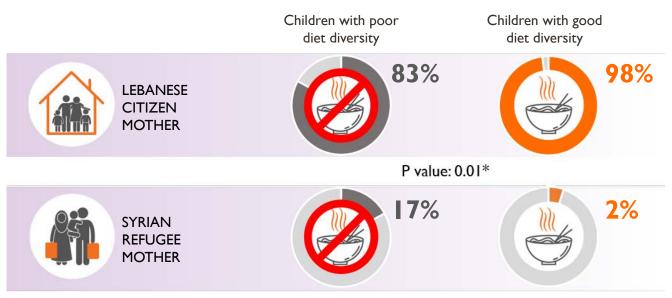
Child's enrolment in school by mother's education level in Jordan

Child's mental well-being by mother's education level in NWS

Finding #6:

Displacement is a limiting factor to child well-being, as well as women's empowerment

Children who suffer from poor nutritional outcomes due to an undiversified diet are more likely to be the children of displaced women.



Child's diet diversity and mother's residency status in Lebanon



Finding #7:

Living with an extended family, marrying and becoming a mother at a young age are factors negatively associated with child well-being outcomes

Findings showed that women who live in large families, especially polygamous families, have less control over the HH assets and less self-esteem, and this reflects on their children who are at a higher risk of experiencing violence. Moreover, living in extended families is associated with poor nutrition in children and an increased risk of dropping out of school. The analysis also shows that the children of women who marry at a young age are less likely to be enrolled in formal education.

Children unexposed to violence

Children exposed to violence



AVERAGE HOUSEHOLD SIZE



8 people

P value: 0.04*



I people

Child's exposure to violence by HH size in Iraq

Children not enrolled in formal education

P value: 0.03*

Children enrolled in formal education



MOTHERS AVERAGE MARRIAGE AGE



9 years



22 years



AVERAGE HOUSEHOLD SIZE



P value: 0.00**4***

people



5 people

Child's involvement in formal education by mother's marriage age and HH size in Lebanon

Children with poor diet diversity

Children with good diet diversity



AVERAGE-HOUSEHOLD SIZE



P value: 0.02*

people

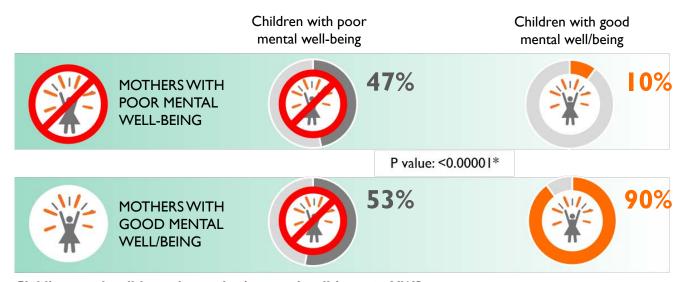
7 people

Child's diet diversity by HH size in GoS

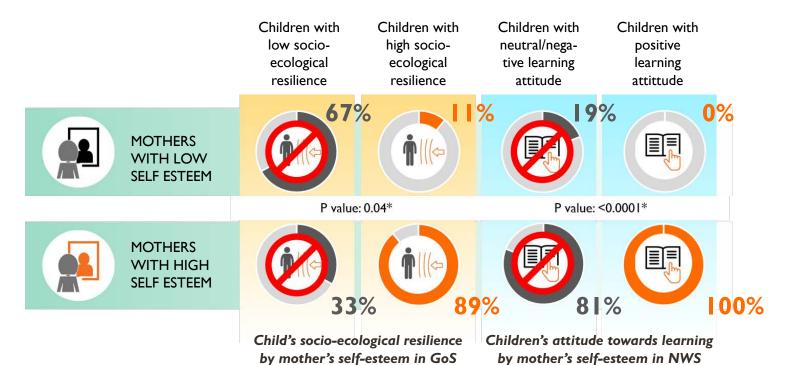
Finding #8:

Women's mental well-being is strongly associated with their children's overall well-being, resilience, and good mental health

The findings showed that mothers with a positive self-image and good mental well-being have children who are willing to learn and have better functional literacy. A mother's self-esteem and mental well-being is also associated with the nutrition of her children. The literature also suggests that a mother's mental health can affect her children in various ways, including poor attachment and developmental delays in early childhood.¹² Other research indicates that the children of mothers with depression or depressive symptoms are also more likely to experience developmental delays, behaviour problems and other health related issues.¹³ According to a 2008 report from WHO and UNFPA, mothers from developing countries who experience depression provide less stimulation to their infants (lower quantity and quality) and are generally less responsive. They also have lower self-esteem as a parent, which reflects negatively on their children¹⁴.



Child's mental well-being by mother's mental well-being in NWS.



¹² Crenna-Jennings, W. (2019, May 3). Maternal mental health: how does it impact children and young people? Retrieved September 5, 2021, from Education Policy Institute: https://epi.org.uk/publications-and-research/maternal-mental-health/.

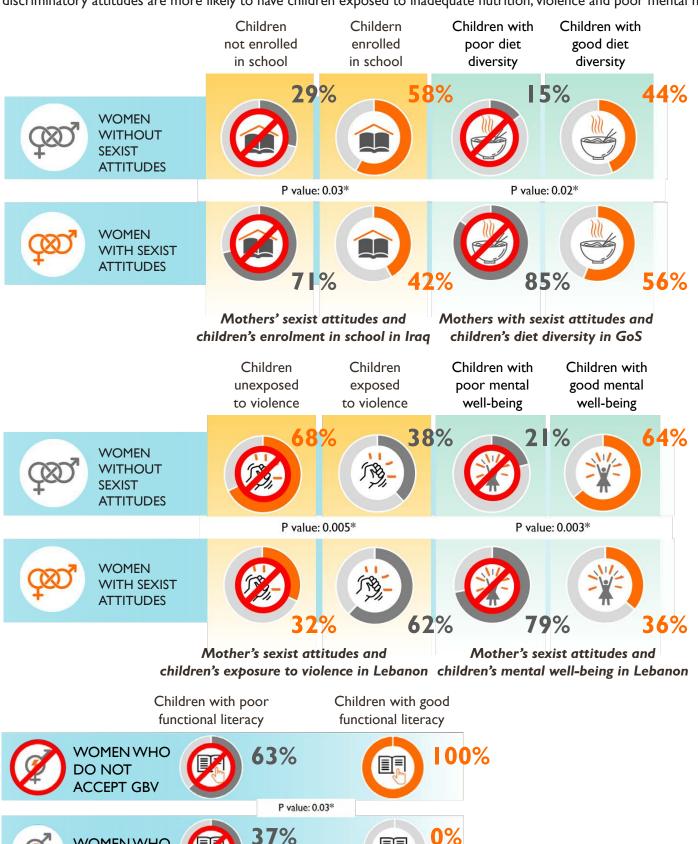
¹³ World Vision Australia. 2021. Equality and Empowerment: Critical Pathways to Child Well-being. Exploratory research to understand gender equality and women's empowerment pathways and contributions to child well-being.

¹⁴ UNFPA; World Health Organization. (2008). Maternal Mental Health and child health and development in low and middle income countries. Report of the meeting held in Geneva, Switzerland 30 January – I February 2008, Department of Mental Health and Substance Abuse World Health Organization.

Finding #9:

Sexism in women is linked to educational, nutritional, protection and psychosocial outcomes in children

The findings showed that the children of women who are free from gender-based discriminatory attitudes were more willing to learn and pursue their education, and had higher-level functional literacy. Furthermore, mothers who accept GBV and have discriminatory attitudes are more likely to have children exposed to inadequate nutrition, violence and poor mental health.



WOMEN WHO
ACCEPT GBV

Children's functional literacy by mother's acceptance of GBV in Lebanon

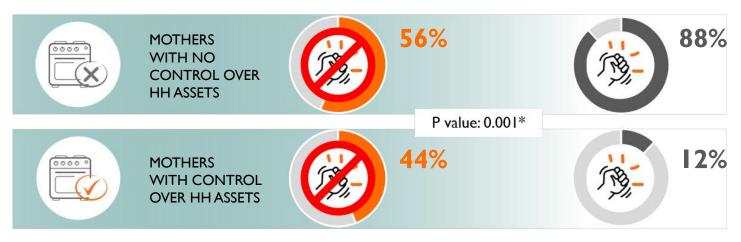
Finding #10:

Women's decision-making power at household level is associated with better educational and protection outcomes in children

The data showed that women with decision-making power in HHs are more likely to have children with positive attitudes towards learning and higher literacy. Women who exercise their decision-making power and have control over the HH assets, inflict less abuse on their children themselves and are more effective at protecting them from abuse. The external studies confirm that child well-being is closely linked to the degree of independence of women with decision-making power at HH level. Research also suggests that women with more control over HH decisions, including related to food consumption, are more likely to have well-nourished children. If



Women's decision-making power and children's exposure to violence in Lebanon.

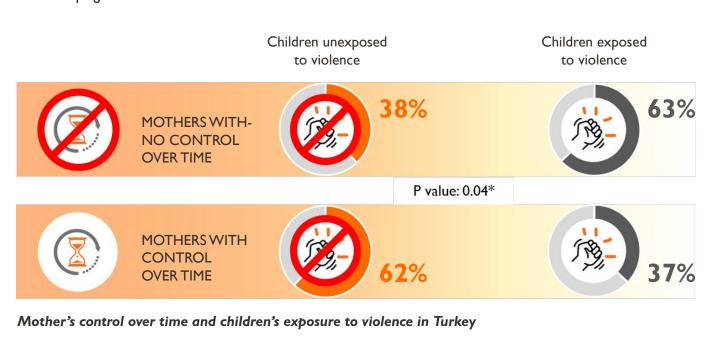


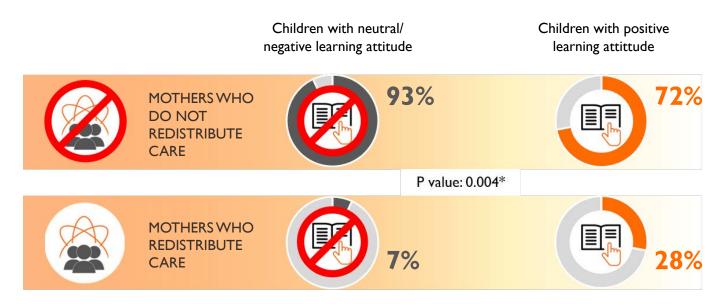
Women's control over HH assets and children's exposure to violence in Iraq.

Finding #11:

Women who experience time poverty are linked to worse educational and protection outcomes in their children

Interestingly, the survey revealed that a woman's ability to delegate care activities is linked to her children's motivation to learn and better functional literacy. Furthermore, women with more control over their own time are better able to protect their children from abuse. The literature suggests that care work is essential for child development and well-being, and yet the responsibility of providing care, both in developed and developing contexts, is overwhelmingly left to women. While the 'care gap' has a negative impact on a woman's quality of life, a lack of care can be detrimental to her children. The unfortunate reality is that if women are engaged in paid labour, they have less control over their own time which puts their children at greater risk of abuse. The solution lies in creating a safe and caring environment for children through other family members, not in keeping women at home.



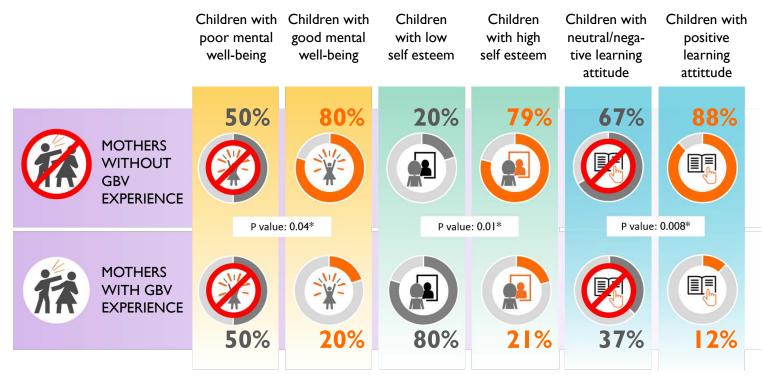


Redistribution of care and children's attitude towards learning in Iraq

Finding #12:

Women's experience of GBV is negatively associated with almost all aspects of children's wellbeing

A direct association was observed between women who experience GBV and the exposure of their children to violence. Thus, the children of women who have experienced GBV are more likely to experience violence themselves. Moreover, children experience both short- and long-term impacts from witnessing IPV, even when they are not physically or sexually harmed themselves; for example, the experience of GBV for mothers was associated with poor, non-diverse and inadequate nutrition in children. Not surprisingly, mothers free from GBV are more likely to have children who are willing to learn, pursue education and have better functional literacy. This finding is supported by a substantial body of external literature. For example, a study by Straus and Smith (1990) revealed that even minor violence is associated with a 150 per cent increase in child abuse. Straus (1994) also found that mothers who had been subjected to physical violence by their partners had a 71 per cent chance of hitting their child compared to 48 per cent of women who had not experienced physical violence. ^{18,19}



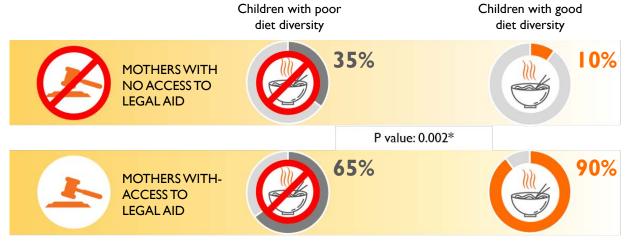
Children's mental health and mother's GBV experience in Iraq Mother's GBV experience and children's self-esteem in Lebanon

Children's attitude towards learning and mother's GBV experience in Jordan

Finding #13:

Mothers' access to legal aid is associated with better educational and nutritional outcomes in children

The data analysis showed that mothers who have access to legal aid and civil counsel in divorce, custody, and protective order proceedings can significantly improve the outcomes for their children, especially the access to formal education and diverse nutrition.

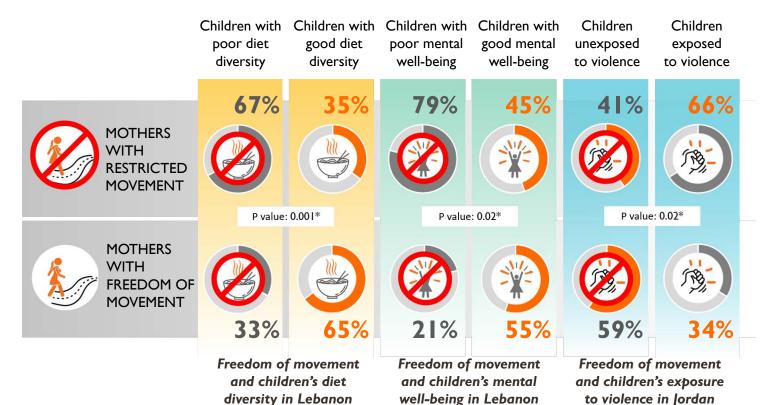


Access to legal aid and children's diet diversity in Lebanon

Finding #14:

Freedom to move outside home for mothers is associated with better nutritional, health, and psychosocial outcomes in children

The data showed that freedom to move outside home is linked with adequate and diverse nutrition in children, as well as positive health behaviour and greater mental health. Furthermore, women who have freedom of movement tend to protect their children more effectively from abuse.



9. Recommendations

Recommendations for donors, policymakers, and governments:

Invest in addressing population displacement and its implications,

by providing sustainable funding and durable solutions to refugees and IDPs.

Prioritise women's empowerment projects,

with a strong focus on preventing GBV, shifting gender norms, provision of life skills, women's employment and access to legal services.

Invest in adapting and expanding services such as shelters, safe spaces and essential housing

along with psychosocial support and advice for individuals experiencing or at risk of GBV.

Strengthen the application of gender markers,

that ensure proposed projects address root causes of gender inequality, by specifically tackling gender norms and gender relations.

State and non-state actors to better coordinate their efforts

to ensure women's empowerment dimensions are prioritised and addressed while developing and implementing national policies.

Recommendations for Programming:

Consider women's empowerment as a critical precondition for achieving children's well-being

accordingly embed women's empowerment approaches into child-focused policies, strategies, and action plans.

Provide income-generating activities for women

and potentially create sustainable economic participation opportunities within the community.

Provide targeted mental and psychosocial support for mothers and their children,

especially for the ones affected by GBV and IPV.

Thoroughly apply gender markers

that ensure proposed projects address root causes of gender inequality, by specifically tackling gender norms and gender relations.

Ensure consulting with women on their needs, barriers, and wishes,

while designing new projects and interventions, even when they primarily target children's wellbeing.

Invest in addressing harmful social and cultural norms,

through awareness-raising in close partnership with local CSO and faith leaders, as the leading power holders for social change.

Ensure that all projects, regardless of the sector, are grounded in sound gender and social analysis,

which seeks to understand the different experiences, needs and barriers of women/men and girls/boys.

Provide mothers with education opportunities,

connected with future employment, to improve their basic literacy and numeracy skills.

Ensure adoption of project models/ approaches that are genderresponsive,

and provide explicit opportunities to address gender norms and relations in the project design.

State and non-state actors to better coordinate their efforts,

to ensure women's empowerment dimensions are prioritised and addressed while developing and implementing national policies.

Through informal power holders, strategically engage men and boys in dialogue to change social norms,

and strengthen their engagement in reproductive and caregiving roles, as well as women's participation in the economy.

Engage UN agencies, Civil Society Organisations, and organisations focusing on women's rights and empowerment

for effective coordination and work alignment.

This study empirically investigated the association between women's empowerment dimensions and various child well-being outcomes. This was done through the analysis of quantitative and qualitative data gathered from World Vision beneficiary children and their respective mothers in Lebanon, Iraq and Syria (including NWS, GoS and Syrian refugees in Jordan and Turkey).

The research has demonstrated that fragile countries are a long way from achieving gender equality and women's empowerment.

1

Women are dependent on their own inner empowerment capacities

Adverse conditions that women face at home and in their communities suppress their agency and realisation of human rights, making them dependent on their own personal/inner empowerment capacities.

2

Women's empowerment is essential for the well-being of children

The study also demonstrated that women's empowerment is essential for the well-being of children. A mother's household decision-making power, protection from GBV and good mental well-being are all important factors for improving children's physical and psychosocial well-being, including reducing the risk of child violence.

3

Gender-transformative and gender responsive actions are critical

Gender-transformative and gender-responsive actions, that address IPV, focus on increasing women's access to education and employment, promote women's status and rights within the family and community, are some of the critical strategies necessary for achieving gender equality and the subsequent well-being of children in the contexts of fragile states.